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CATERHAM AND WARLINGHAM URBAN DISTRICT COUNCIL.

ANNUAL REPORT
of
THE MEDICAL OFFICER OF HEALTH
and
CHIEF SANITARY INSPECTOR
for the year
1950.



September 1951.

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CATHAM AND WAREHAM URBAN DISTRICT COUNCIL.

ANNUAL REPORT
of
THE MEDICAL OFFICER OF HEALTH
and
CHIEF SANITARY INSPECTOR
for the year
1900.



September 1901.

Mr. Chairman, Mrs. Sims and Gentlemen,

I have pleasure in presenting to you my Annual Report for 1950, this being my first Report as your Medical Officer of Health. Actually I did not commence this appointment until 1st February 1950.

It will be found that in general it resembles its predecessors with the exceptions that the sections have been slightly re-arranged, an appendix added to avoid interrupting the written matter unduly, and certain passages expanded when this has appeared desirable. It is hoped that the result will increase interest and prove useful. In accordance with local custom the Chief Sanitary Inspector's Report is included as a separate report.

Briefly, it will be noted that the state of the public health in this District remained fairly satisfactory, as judged by the vital statistics. The birth rate only decreased slightly and there was an accompanying slight improvement in the crude death rate.

It is very pleasing to note that for the fourth year in succession, no maternal deaths have occurred locally. There is, however, room for improvement in the infant mortality rate even if allowance is made for "the swing of the pendulum" after an exceptionally low infant mortality during 1949. More attention might well be given to preventing the spread of infection, and particularly "colds" to young babies, and to the avoidance of excessive exertion in the later months of pregnancy.

There is scope for improvement, too, in the number of deaths from cancer, and here early diagnosis is all important. Any person noting a persistent lump, haemorrhage or pain which is not already under observation by a doctor, would be well advised to get such attention. The relief of a negative diagnosis is of almost as much importance as the early treatment of a recognised case.

Acute notifiable infectious disease was not unduly prevalent during the year, which, but for the wave of mild scarlet fever, would have been considered a very good one. For the third successive year no case of diphtheria was notified, and, although nationally poliomyelitis was more prevalent than usual, only 2 mild cases occurred in the District. Partly owing to the absence of diphtheria, there is a tendency

to neglect immunisation against this disease, but unfortunate publicity, based on a relatively small number of cases of paralytic poliomyelitis which followed certain prophylactic injections given in other parts of the Country, has also tended to discourage immunisation.

The fact that in the County of Surrey during 1950, about 34,000 children were given some 50,000 diphtheria immunisation injections, but not one of the 175 cases of poliomyelitis which occurred had received a recent injection, should help to restore confidence. The risks of this complication are obviously very slight indeed.

Attention is drawn to the trends of tuberculosis in the District. While some improvements were noted in the 1950 rates partly masked by the very useful initial visit of the Mass Radiography Unit, a progressive decrease in the incidence of pulmonary tuberculosis must be aimed at.

Some improvements were also effected during the year in the environmental conditions of residents, and the Sanitary Inspectors again made a very useful if inconspicuous contribution to the health services of the area. With the amalgamation of offices, the team spirit among all engaged in the local Health and Welfare Services will increase in strength each year.

May I conclude this introduction by expressing my thanks to the members of the Council, to my colleagues and especially to the Chief Sanitary Inspector and the staff of the Public Health Department, for the cordial way in which they have welcomed the extension of my duties to this District, and for their happy co-operation during the year.

I am, Mr.Chairman, Mrs.Sims and Gentlemen,

Your obedient Servant,

F. R. EDBROOKE

Medical Officer of Health.

STATISTICS FOR 1950

Area (in acres) 8,250

Registrar General's estimate of the
population at mid-year 1950 30,980

Number of Inhabited Houses December
1950 according to rate books 7,709

Rateable Value £290,721

Sum represented by a penny rate £1,162

Live Births.

	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	465	222	243
Illegitimate	10	6	4
	<u>475</u>	<u>228</u>	<u>247</u>

Birth rate per 1,000 of the
estimated population ... 15.33

Still Births.

	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	8	8	-
Illegitimate	1	-	1
	<u>9</u>	<u>8</u>	<u>1</u>

Rate per 1,000 total
(live and still) births ... 18.59

Deaths.

	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
	293	133	160

Crude death rate per 1,000 of
the estimated population ... 9.46

Corrected death rate ... 10.02

Deaths of Infants under one year of age.

	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	18	10	8
Illegitimate	-	-	-
	<u>18</u>	<u>10</u>	<u>8</u>

Death Rate of Infants under one year of age.

All infants per 1,000 live births ... 37.89

Legitimate infants per 1,000
legitimate live births ... 38.71

Illegitimate infants per 1,000
illegitimate live births ... -

Deaths from measles (all ages) ... 0

Deaths from whooping cough (all ages) ... 1

Deaths from diarrhoea (under 2 years of age) ... 0

HEALTH REPORT FOR 1950

The Urban District of Caterham, which was constituted in 1899 became the Urban District of Caterham and Warlingham in 1929, and as a result of the latest revision of boundaries in 1933, the original area of 2,438 acres has increased to 8,250 acres.

At the beginning of the century the population of Caterham was just under 10,000, including over 3,000 residents in the Guards Depot and St. Lawrence's Hospital. By the time the present Urban District was constituted the total population had become 17,590, and this has steadily increased to the 1951 Census figure of 31,290. (The Registrar General estimated the population in mid-year 1950 as being 30,980, this being 1,890 more than in 1949 and a very close approximation to the Census figure). The rather large increase in 1950 is chiefly due to the inclusion of the military population, the 1949 figure relating to civilians only.

The District, which is one of the most beautiful around London, is chiefly residential, with at least four centres of population partially separated from each other by tongues of the Green Belt which virtually surrounds the District.

There are no heavy industries and many residents work in London or Croydon. Those working in the District are mostly connected with the military or the mental hospital, with building, a few light industries, or providing food or other services for the residents.

VITAL STATISTICS

Birth Rate:- The birth rate of 15.33 was only slightly below that of 15.90 in 1949 and slightly above the average for the decade before the War. The war-time maximum was 21.00 in 1942.

Illegitimacy:- The percentage of illegitimate births fell from 2.7 in 1948 and 1949 to 2.1, which is the lowest since 1928, and compares very favourably with the peaks of over 8% in 1919 and 1941-5.

Still Births:- The still birth rate of 18.59 per 1,000 total births was an improvement on the 19.07 for 1949, and it has, in fact, only once been lower in the last 20 years. The average rate for that period was 29.91.

Death Rate:- The crude death rate for the District decreased slightly from 9.59 to 9.46. As the age and sex distribution of the population is not quite typical of that of the Country as a whole, an adjustment is required to produce the corrected death rate of 10.02 which is comparable with the 11.6 for England and Wales.

Causes of Death:- These are set out fully in Table II in the Appendix. As is usual, heart and circulatory diseases form the largest group, accounting for 134 deaths (46% of

the total deaths), followed by cancer 36 (12%) and respiratory diseases 31 (11%). Insofar as the group of deaths attributed to heart and circulatory diseases include many who virtually died of old age, an increase in the size of this group is desirable. The cancer death rate which was 1.16 per 1,000 population has only been lower twice in the last 18 years, the average for which was 1.42. Both rates compare very favourably with those of other areas.

Infant Mortality Rate:- After one of the lowest infant mortality rates known in this District, viz, 17 in 1949, it is not surprising that it rose in 1950, but the rate of 38 was higher than those of the preceding 3 years. Rates such as this, which are based on small figures, are apt to show violent fluctuations, and the only way to overcome this is to compare the average for 5 or 10 year periods. Adopting this procedure in this case, it is found that the infant mortality rate dropped steadily from the beginning of this century until the War, the averages for the decades being 75, 67, 55 and 36. From 1940-44 it rose again with an average of 54, thus causing a slight increase in the average for 1940-9 to 38. It is hoped that the 1950 rise is thus only a temporary increase.

Reviewing the 18 deaths which occurred in 1950 among children under 1 year of age, it is found that the causes of death can be grouped as follows :-

Prematurity	- 8
Atelectasis	- 3
Congenital malformation	- 2
Birth injury	- 1
Broncho-pneumonia	- 2
Whooping cough	- 1
Meningococcal meningitis	- 1

The chief hope of improvement lies in the prevention of the infections, and especially "colds" spreading to babies, and in the avoidance of prematurity and birth injuries.

Only 4 of these deaths occurred after the babies were a month old, hence the neonatal mortality rate, i.e. the number of deaths in infants under a month per 1,000 live births. was 29, which is relatively high.

Maternal Mortality:- It is very satisfactory to be able to report that for the fourth year in succession, no deaths have occurred among mothers which were associated with child birth. During the period 1921-30, 1931-40 and 1941-46, the number of deaths from this cause were 4, 14 and 4 respectively, hence, compared with the average for these years, it is satisfactory to feel that recently the loss of one mother's life has been avoided each year.

BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY FOR THE YEAR 1950

	Rates per 1,000 Home Population		Death-Rates per 1,000 Home Population								Rates per 1,000 Live Births		Rates per 1,000 Live & Still Births	
	Live Births	Still Births	All Causes	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Acute Poliomyelitis & Polioencephalitis	Pneumonia	Diarrhoea & Enteritis (under two years)	Total Deaths under one year.	Sepsis - Maternal Mortality	Other Causes - Maternal Mortality	
England and Wales	15.8	0.37	11.6	0.01	0.00	0.36	0.10	0.02	0.46	1.9	29.8	0.03	0.83	
126 County Boroughs and Great Towns including London.	17.6	0.45	12.3	0.01	0.00	0.42	0.09	0.02	0.49	2.2	33.8			
148 Smaller Towns (Resident Populations 25,000-50,000 at 1931 census).	16.7	0.38	11.6	0.01	0.00	0.33	0.10	0.02	0.45	1.6	29.4			
London Administrative County	17.8	0.36	11.8	0.01	0.00	0.39	0.07	0.01	0.48	1.0	26.3			
Caterham & Warlingham Urban District	15.3	0.29	10.0	0.03	-	0.29	-	-	0.52	-	37.9	-	-	

A dash (-) signifies that there were no deaths.

INFECTIOUS DISEASES

Table III in the Appendix shows the number of cases of infectious disease notified during the year, the ages and distribution throughout the District of these cases and the number of deaths from this cause.

Diphtheria.

For the third year in succession no notification of a case of diphtheria was received, which is very gratifying.

During the 20 years preceding the institution of a diphtheria immunisation scheme in this District there was an average of at least 10 cases of diphtheria each year with 2 deaths in every 3 years.

The saving in life, incapacity, hospital bed space, manpower and expense which has resulted from the absence of any cases of diphtheria for 3 years is obvious. To maintain this very satisfactory state, however, it is imperative for parents to ensure that the immunity of their children against diphtheria is maintained.

Scarlet Fever.

A total of 67 notifications of this disease was received including 16 affecting military personnel, which is slightly above the average for past years. Fortunately the disease remained of a very mild type, and in fact only 1 death has occurred from this cause during the last 10 years, compared with 4 in the preceding 20 years.

Before the War, waves of scarlet fever appeared to occur in this District about every 4 or 5 years, but following the last big wave in 1942-3 there were 3 years with about 50 cases a year, followed by 3 years with only 31 cases a year. The mildness of the present disease naturally increases the difficulty of preventing its spread.

Erysipelas.

This disease, which is also caused by a streptococcus, produces a steady average of about 6 notifications each year, but except possibly in hospital, the cases appear to be isolated ones and there is no corresponding increase when scarlet fever is very prevalent.

Puerperal Pyrexia.

No cases were notified compared with an average until recently of one case a year.

Dysentery.

Six cases were notified and as usual almost all were associated with St. Lawrence's Hospital.

Food Poisoning.

Six cases were notified of whom 5 formed part of one outbreak involving at least 7 persons including 2 from

outside the District. Several of these were acutely ill and admitted to hospital, being infected with *S. typhimurium*, but in spite of very careful investigation the exact source of the infection was not discovered. Similarly the other isolated case who was infected with *S. muenchen*, was admitted to hospital and recovered, but the origin of the infection was not found.

Poliomyelitis.

This disease was again prevalent in this Country but only 2 civilian cases were notified in this District and both recovered, one having only very slight residual paralysis. Eight cases of this disease occurred locally in the previous 3 years with 2 deaths.

Meningococcal Infection.

Three cases of meningococcal meningitis were notified compared with an average of one case a year since 1939. All were admitted to hospital where one young baby died. There was an interval of about 5 months between the cases, which appeared to be in no way interconnected or associated with other cases.

Measles.

This disease and whooping cough were not notifiable during the inter-War years. Except in the years 1941-3, presumably due to the movement of population then occurring, local outbreaks of measles have occurred in alternate years, and 1950 was an inter-epidemic year, with only 21 notifications compared with 316 in 1949. No deaths occurred, and in fact only 3 have occurred locally in the last 11 years.

At the present time it is doubtful whether notification of measles is of any use in a District such as this. Postponement of the infection until the children are old enough to withstand the disease and its complications is all that can be aimed at, but in epidemic times, the number of notifications is so heavy that only a proportion can be visited, when it is usually found the inevitable delay in diagnosis and notification has negated the value of any advice on prevention from the Health Department. Only general advice, coupled with personal recommendations from the private doctor can be effective. Fortunately, the National Health Service has resulted in more cases getting skilled medical attention from the first, while modern methods of treatment have greatly reduced the risks of complications.

Whooping Cough.

Similar considerations affect the notification of whooping cough with the exceptions that, as fewer cases have been notified annually to date more can be visited, but on the other hand the delay between onset and notification is almost inevitably longer. The chief hope for the reduction of ill-health through whooping cough lies in the general adoption of a scheme for immunisation when more reliable materials are available. Very recent evidence suggests that an officially recognised scheme may be practicable in the comparatively near future.

There were 33 notifications of this disease in 1950 and death occurred in one young baby.

There appears to have been no regular periodicity in respect of whooping cough, the peak years for notifications recently being 1941, 1944 and 1949.

PREVENTION OF ACUTE INFECTIOUS DISEASE

As previously suggested, the chief hope in the prevention of the most important infectious diseases now lies in some form of immunisation when it is practicable and desirable to recommend it for all children. Pending such measures, it is the practice to exclude cases and in some instances, contacts from school, and thus possibly by diminishing the degree of infection, to reduce the number and severity of the cases which occur. The main aim is to postpone the onset in infants until at least school age is reached. These steps can obviously be only partially successful, however.

Diphtheria Immunisation.

The success of this procedure has already been referred to. The problem now is to maintain the standard of immunity among the population against the risk of the disease reappearing. The absence of cases engenders slackness, while the unfortunate publicity on the slight risk of injections preceding paralysis in those harbouring poliomyelitis, has tended to reduce the acceptance of the facilities offered.

During 1950, however, in spite of immunisation at the schools being postponed owing to the prevalence of poliomyelitis nationally, 397 primary courses were given and 120 children were "boosted" in this District.

It was estimated at the end of the year that 50.86% of the children under 5 years of age had been immunised and 87.16% of the children aged 5-15 years.

Vaccination.

During the year the following vaccinations were performed in this District:-

Primary vaccinations	0 - 15 years	...	271
"	over 15 years	...	15
Revaccinations	0 - 15 years	...	30
"	over 15 years	...	86

Tuberculosis.

The following table shows the ages for each sex at which, during 1950, new cases were notified, and deaths occurred from both forms of tuberculosis.

AGE PERIODS	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 -	-	-	-	-	-	-	-	-
1 -	-	1	1	-	-	-	-	-
5 -	1	1	-	1	-	-	-	-
10 -	1	1	1	-	-	-	-	-
15 -	2	2	-	-	-	-	-	-
20 -	2	1	-	-	-	-	-	-
25 -	1	3	-	-	-	1	-	-
35 -	5	3	-	-	2	1	-	-
45 -	2	-	-	-	2	-	-	1
55 -	-	1	-	-	1	-	-	-
65 and upwards	1	-	-	-	1	-	-	-
TOTALS	15	13	2	1	6	2	-	1

In order to determine the trend of this disease locally, a further table has been prepared showing the average five-yearly rates for the last 30 years and the actual rates for 1950. (In order to avoid decimals, the rates per 100,000 population have been given).

AVERAGE RATES PER 100,000 POPULATION.				
For the quinquennial periods 1921-50				
YEARS	Case Rate		Death Rate	
	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis
1921-25	72	11	58	9
1926-30	68	21	44	12
1931-35	79	20	30	9
1936-40	70	34	37	8
1941-45	88	41	45	10
1946-50	104	30	26	7
1950	100	26	26	3

It will be seen that, whereas the case and death rates from non-pulmonary tuberculosis are decreasing, the incidence of pulmonary tuberculosis has increased since the beginning of the War and, although there was a slight improvement in 1950, there has been an even heavier percentage of cases since the War than during it.

On the other hand the death rate from pulmonary tuberculosis is now lower than it has been.

Both trends are observable nationally, the death rate for England and Wales falling to 32 in 1950. While the increase in notifications may be attributable to some extent to earlier diagnosis, due in part to the influence of Mass Radiography, etc, (the Mass X-ray Unit visited Caterham for the first time in November 1950), the incidence of pulmonary tuberculosis is relatively high locally. Hopes of its reduction lie chiefly in the provision of more hospital beds, the encouragement of immunisation and segregation of contacts, and preferential treatment of cases in the matters of rehousing and rehabilitation, but there is also an individual responsibility upon each adult resident to take all reasonable precautions.

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

The local Tuberculosis Clinic is held every Monday from 2 - 4 p.m at the Surrey County Council Clinic, 62 Whytecliffe Road, Purley, and any suspected cases can attend for diagnosis.

Non-notifiable Infectious Diseases:- Scabies.

The arrangements were continued whereby cases of this disease could be provided with the necessary treatment and, what is more important, contacts with them could be given preventive treatment.

Fortunately the incidence of this complaint has been greatly reduced as illustrated by the following numbers of actual cases treated annually since 1942, viz:- 82, 182, 137, 384, 240, 90, 34, 13 and 3 in 1950.

Occasional cases are still occurring and it might be advisable for the Public Health Department to be informed of these, unless the home conditions and degree of co-operation of the family are exceptionally good.

Bacteriological Examinations.

The following specimens were examined at the Epsom laboratory during the year:-

Throat swabs	83
Vaginal swabs	6
Blood	2
Faeces	9
Sputa	17

SANITARY CONDITIONS

Water.

The water supply for this District, which is constant, is obtained from the East Surrey Water Company which has works and resources in neighbouring areas. The supply is lime softened and chlorinated, and throughout 1950 was satisfactory both in quality and quantity.

By an arrangement with other Districts receiving this supply, samples of the water going into supply are submitted for bacteriological examination quarterly in accordance with an agreed rota, the results being circulated. All the results were satisfactory during 1950.

In addition, one sample was taken from a house in Warlingham and submitted for chemical examination with the following result:-

CHEMICAL EXAMINATION.	Parts per 100,000	Grains per gallon.
Total solids (dried at 180°C) ...	17.0	11.9
Combined chlorine (as Cl) ...	1.7	1.2
equivalent to sodium chloride (NaCl) ...	2.8	2.0
Nitric nitrogen (nitrates) ...	0.62	0.43
Nitrous nitrogen (nitrites) ...	Faint trace	Present
Ammoniacal nitrogen ...	0.0006	0.0004
Albuminoid nitrogen ...	0.0006	0.0004
Oxygen absorbed in 4 hours at 27°C ...	0.005	0.004
Lead or Copper ...	Nil	Nil
Temporary hardness (equivalent to CaCO ₃) ...	4.0	2.8
Permanent hardness (") ...	3.0	2.1
Total hardness (") ...	7.0	4.9

All dwelling houses provided with the Company's water have the supply within the premises, and standpipes are non-existent. Only 11 dwellings (approximately 0.1%) in an undeveloped rural section of the District are without a public water supply and the cost of extending the water main to these properties is not regarded as reasonable by the Council.

Samples are also taken when considered desirable from sources other than the above which are utilised in the District.

Drainage and Sewerage.

Some sewers were extended to make provision for the drainage of new Council Estates, but no important works of sewerage were undertaken in 1950. Additional

sewers are required in Caterham, Chaldon and Woldingham and in 1944 the Council approved in principle schemes estimated to cost over £88,000. Recently, in preparing plans for capital outlay in the next 5 to 20 years, priority has been recognised for the extension of the sewers at Chaldon but owing to the present economic condition of the Country and the conflicting demands for manpower and materials none of the major extensions are expected to commence this year.

Closet Accommodation.

A number of pail closets exists in the unsewered rural parts of the District and must await conversion until the sewers are extended to such areas.

Public Cleansing.

1. Collection and Disposal of House Refuse.

This branch of public cleansing is carried out by the Engineer and Surveyor's department in this District. One new collecting vehicle was obtained during the year. Difficulty was experienced in maintaining a weekly collection throughout the District owing to the lack of a suitable reserve of collectors, but in general this was effected.

Negotiations for additional land suitable for the tipping of refuse were satisfactorily completed during the year and tipping on a new site was begun in December. Thanks to an agreement with the British Electricity Authority a very adequate supply of ash for cover is being provided.

2. Cesspool Emptying.

Details of this service are given in the Chief Sanitary Inspector's report.

Sanitary Inspection of the Area.

Details of the sanitary inspection of the District, which is carried out as circumstances demand and permit are also given in the Chief Sanitary Inspector's report.

Swimming Baths.

There is no swimming bath in the District which is owned by the public, but there is one to which the public is admitted on payment, and another owned by a school, both of which are kept under regular supervision.

Four satisfactory and one unsatisfactory samples were taken from the former during 1950, and one good sample from the latter.

Both baths are equipped with filters and chlorination plant.

Schools.

Close co-operation exists between the local Health Department and the members of the Divisional School Health

Service as your Medical Officer of Health is also Divisional School Medical Officer, while the main clinic is situated in the same building as the Health Department, an advantage which is often not fully realised.

While there is room for much improvement in the schools generally, both from the point of view of their structure and the health facilities, and two should be evacuated as soon as practicable, progress in effecting improvements is inevitably slow. The Divisional Medical Officer makes representations direct to the Divisional Executive, which has only limited powers, or, in the case of the school canteens, indirectly to the main County Committee dealing with this service. Unfortunately, there are other areas in the County with schools which are even more sub-standard, hence, with the limitations in manpower and materials, and on public expenditure, the local schools can only obtain a fraction of the County expenditure on these services. Gradually, however, slight improvements are being secured.

The public water supply is available at all the schools and only 2 are not connected to the sewers, although they now have a water carriage system.

As suggested earlier, the Head Teachers are advised on school exclusions in an attempt to reduce the spread of infectious disease, while cases known by them to be suffering from communicable diseases are notified to the Medical Officer of Health.

Factories and Workshops.

The usual table indicating the inspections made, defects found and defaults notified during 1950 is included as Table IV in the Appendix.

Housing.

Similarly the Housing statistics are presented as Table V in the Appendix. It is well recognised how difficult the housing problem remains in spite of the endeavours of the Local Authorities and others to provide additional and better accommodation. While this is one of the fundamental factors underlying many of our social problems, including that of the public health, it has to share with other services the national resources of manpower, etc. Whether it gets the degree of priority which is desirable is debatable. Some progress is, however, being made, as will be seen by referring to the statistics.

Inspection and Supervision of Food.

As the Sanitary Inspectors are primarily responsible for the inspection and detailed supervision of the food supply, details of this service are given in the Chief Sanitary Inspector's report.

In general, a slow but steady improvement in the hygienic production and distribution of foods is observable where they come within the sphere of influence of the local Sanitary Inspectors. Further advances are, however, to be desired, especially in matters not coming directly within their purview.

Chemical and Bacteriological Examinations of Food.

Examinations of milk and ice-cream were carried out by The Public Health Laboratory Service.

Adulteration.

The County Council is the Food & Drugs Authority for this District and a statement of the number of samples collected and examined by their officers during 1950 is included as Table VI in the Appendix.

OTHER HEALTH SERVICES.

The Surrey County Council is the local health authority for this area and in the execution of its duties under the National Health Service, Act, 1948, the following arrangements have been made:-

1. Ambulances.

There are two ambulance stations in the District which are mainly manned by local divisions of the St. John Ambulance Brigade:-

Timber Hill Road,
Caterham Valley.

Caterham 3178

c/o Mayes Laundry,
Limpsfield Road,
Warlingham.

Upper Warlingham
2681

2. Maternity and Child Welfare.

(a) Midwives and District Nurses.

This service is passing through a transitional stage but at present arrangements are as follows:-

Mrs. D.M.Howells,
32a Godstone Road,
Caterham Valley. (Cat.2408)

Full time Midwife
covering Caterham
Valley, Whyteleafe
and Woldingham.

Mrs. D.Smith,
74 Foxon Lane,
Caterham-on-the-Hill. (Cat.3766)

Full time General Nurse
covering Caterham
Valley, Whyteleafe
and Woldingham.

Miss J.G.Baillie,
13 Warren Park,
Warlingham. (Upper Warl.258)

Full time Midwife
covering Warlingham
and area.

Mrs. E.Battle,
44 Church Road,
Warlingham. (Upper Warl.405)

Full time General Nurse
covering Warlingham
and area.

Miss B.N.Cull,
8 Foxon Lane,
Caterham-on-the-Hill. (Cat.2742)

Full time Midwife
and General Nurse
covering Caterham-on-
the-Hill and Chaldon.

Miss E.A.Wallace,
8 Foxon Lane,
Caterham-on-the-Hill.(Cat.2742)

Full time Midwife
and General Nurse
covering Caterham-on-
the-Hill and Chaldon.

(b) Ante-Natal Clinics.

Pelham House,
54 Harestone Valley Road,
Caterham Valley.

2nd, 4th and 5th Friday
in each month - 2 p.m.

Westway,
Caterham-on-the-Hill.

1st, 3rd and 5th Tuesday
in each month - 2 p.m.

Church Hall,
The Green,
Warlingham.

2nd and 4th Wednesday
in each month - 2 p.m.

(c) Child Welfare Clinics (including
Diphtheria Immunisation and Vaccination).

Pelham House,
Caterham Valley.

Tuesday 2 p.m.

Westway,
Caterham-on-the-Hill.

Friday 1.30 p.m.

Church Hall,
Warlingham.

Tuesday 2 p.m.

St.Luke's Church Hall,
Whyteleafe.

Thursday 2 p.m.

Parish Hall,
Woldingham.

1st and 3rd Friday
2 p.m.

(d) Family Planning Clinic.

Westway,
Caterham-on-the-Hill.

2nd Tuesday 2 p.m.
(By appointment with Divisional
Medical Officer, 115 Brighton
Road, Purley, Uplands 9277)

(e) Home Help Service.

Applications for the service of a Home Help should be addressed to the Home Help Organiser, 115 Brighton Road, Purley. In case of emergency the following telephone numbers may be used:- Uplands 7014 or 9277 preferably between 9.30 and 10.30 a.m. Home Helps can also be supplied to cases genuinely needing their assistance in which ill-health or old-age are involved: the capacity of the Service is limited, but preference is given to those in the greatest need, the degree of help varying with the physical and social circumstances of the family.

(f) Consultant Service.

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

(g) Emergency Units.

The Emergency Units of "Flying Squads" based on Redhill County Hospital are available at any time for bona fide service in this District.

(h) Health Visitors

Initial contact with Health Visitors may be made through the Divisional Medical Officer or the Divisional Health Visitor at 115 Brighton Road, Purley. The three Health Visitors serving this District are based at:-

(a) Pelham House, Caterham Valley. Cat.1010. Ex.29.

(b) Westway, Caterham-on-the-Hill. Cat.2320.

(c) (For Woldingham and Warlingham)
at Divisional Office, 115 Brighton Road, Purley. Up1.9277.

3. School Medical Service.

(a) Minor Ailments and Inspections.

Pelham House, Caterham Valley. Tuesday 1.30 - 2 p.m.

Westway, Caterham-on-the-Hill. Wednesday 9.30 a.m.

Church Hall, Warlingham. Tuesday 1.30 - 2 p.m.

Church Hall, Whyteleafe. Thursday 1.45 - 2 p.m.

(b) Dental.

Pelham House, Caterham Valley. Monday 9.30 a.m. and 1.30 p.m.
Tuesday 9.30 a.m.
Wednesday 9.30 a.m. and 1.30 p.m.
Thursday 9.30 a.m. and 1.30 p.m.
Friday 9.30 a.m. and 1.30 p.m (Orthodontic Clinic)

- | | | | |
|-----|----------------------------------|---|--------------------|
| (c) | Ophthalmic and Refraction Clinic |) | By appointment |
| (d) | Speech Therapy Clinic |) | with Divisional |
| (e) | Remedial Exercises Clinic |) | Medical Officer, |
| | | | 115 Brighton Road, |
| | | | Purley. |

4. Day Nurseries.

The two Day Nurseries at present functioning in this Division are situated as follows:-

"Hazelglen" Day Nursery, Sanderstead Road, Sanderstead.

(Sanderstead 5329) Matron: Miss J. Davison.

Old Coulsdon Day Nursery, Bradmore Green, Old Coulsdon.

(Downlands 4071) Matron: Mrs. L.C. Bryan,
S.R.N.

Admission to the Day Nurseries is limited to children from families in which the mother is the sole wage earner, where there is sickness in the family or where the home conditions are likely to seriously prejudice the health of the child.

5. Diphtheria Immunisation and Vaccination.

Under the National Health Service Act, 1948, diphtheria immunisation and vaccination can be obtained from general practitioners serving under the Act, or arrangements can be made by application to the Medical Officer of Health, Pelham House, 54 Harestone Valley Road, Caterham.

HOSPITALS.

The Regional Hospital Boards are responsible for the hospitals and staffing certain clinics.

1. Local Hospitals.

The hospitals chiefly serving this District are:-

Redhill County Hospital ... Redhill 3581

Caterham & District Hospital Caterham 52

Caterham & District Hospital
(The Dene) Caterham 2006

2. Clinics.

Tuberculosis

62 Whytecliffe Road,
Purley. (Upl.3549)

Every Monday
1.30 - 3.30p.m.

Venereal Disease

Croydon General Hospital

Males.

Tuesday 7 p.m.
Saturday 10.45 a.m.

Women and Children.

Wednesday 2.30 p.m.
Thursday 11.0 a.m.
Friday 5.30 - 7 p.m.

Redhill County Hospital

Males.

Monday 5 - 7 p.m.

Females.

Wednesday 5 - 7 p.m.

LABORATORY FACILITIES.

The bacteriological examination of throat swabs, sputa, blood, milk, water etc, is carried out by the Public Health Laboratory Service at Epsom.

The facilities afforded by the Clinical Research Association of London are also available for certain specimens and for the chemical examination of water.

REPORT OF THE CHIEF SANITARY INSPECTOR.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1950.

COMPLAINTS.

550 complaints were received as follows:-

Re drainage and sanitary defects	...	186
" housing defects	...	82
" rats and mice	...	160
" insect pests	...	19
" foodstuffs	...	14
" nuisances from refuse	...	26
" nuisances from the keeping of animals	...	12
" alleged overcrowding	...	19
" dirty premises	...	8
Miscellaneous	...	24
		<hr/> 550

The post-war flood of complaints has started to recede; the number of complaints made to this department in 1950 was 96 less than the total for the previous year. In the 1930's the number received annually varied from 85 to 168; the figure advanced to 427 in 1945 and rose again to its peak in 1949 when 646 complaints were received.

INSPECTIONS.

The following table sets out the visits made by Sanitary Inspectors during the year:-

Primary Inspections of premises	...	493
Re-inspections after service of notices	...	1484
Visits to Work in progress	...	430
" " Caravans or camping sites	...	78
" " Factories (excluding Bakehouses)	...	114
" " Workplaces	...	21
" " Bakehouses	...	58
" " Dairies	...	158
" " Other Food Premises & Food Delivery Vehicles	...	529
" " Schools and/or School Canteens	...	26
" " Stables and Piggeries	...	12
" " Hairdressers' and Barbers' premises	...	27
" " Swimming Baths	...	16
" " Shops under Shops Act	...	207
Patrols under Shops Act	...	40
Visits re Overcrowding	...	47
" " Rodent Control (including testing, etc, of sewers)	...	1281
" " Insect Pests	...	48
" " Notifiable Infectious Diseases	...	224
" " Cesspool Emptying	...	112
" " Health Education Publicity	...	73
" " Milk and Ice-cream Samples	...	300
" " Water Samples	...	12
Miscellaneous Visits	...	461
		<hr/> 6,251

SANITARY IMPROVEMENTS.

The following improvements were carried out:-

Premises drained to sewer	...	2
Defective drains relaid or repaired	...	62
Cesspools, provided, reconstructed, enlarged or repaired	...	5
Soakaways provided for rain and surface water	...	19
Drains unstopped and cleansed	...	144
Inspection chambers repaired or renewed	...	42
Inspection chamber covers renewed	...	12
Inspection chamber covers sealed	...	50
Ventshafts or soilpipes repaired	...	11
W.C.'s provided with new pans and traps	...	20
W.C.'s reconstructed	...	4
W.C. fittings provided, repaired or renewed	...	40
New sinks fitted	...	2
Curbs and channels to sink waste gulleys repaired or renewed	...	39
Trapped waste pipes fixed	...	17
Water Tests applied	...	35
Smoke Tests applied	...	14
Chimney stacks repaired	...	46
Roofs repaired	...	153
Guttering or downpipes provided or repaired	...	106
Damp walls remedied	...	106
External walls repaired	...	103
Yards paved or repaired	...	21
Footpaths paved or repaired	...	29
Steps provided or repaired	...	27
Defective floors repaired	...	79
Defective windows repaired or renewed	...	402
Additional light and ventilation to rooms provided	...	16
Doors repaired or renewed	...	83
Stoves repaired or renewed	...	61
Coppers repaired	...	7
Defective wallplaster repaired	...	158
Ceilings repaired or renewed	...	161
Dirty walls cleansed	...	159
Dirty ceilings cleansed	...	188
Dustbins provided	...	59
Nuisances from refuse or manure abated	...	28
Nuisances from animals abated	...	4
Nuisances from insect pests abated	...	12
Dirty premises cleansed (Occupier's neglect)	...	14
Overcrowding abated	...	9
Water service pipes repaired	...	13
Running hot water provided	...	5
Miscellaneous defects remedied	...	144

One of the most desired improvements carried out during the year was the substitution of water closets for chemical and earth closets at the Woldingham County Primary School.

NOTICES.

Informal Notices issued	...	330	
Informal Notices complied with	...	523	ø
Statutory Notices served	...	43	
Statutory Notices complied with	...	47	ø

ø Includes notices served in previous years.

HOUSING.

Inspections under the Housing Acts.

The work done by Sanitary Inspectors is set out in Table V of the Appendix. Of the 114 houses inspected for housing defects, the conditions at 21 premises were recorded in accordance with the Housing Regulations.

The increased cost of repairs and the uneconomic rents received by the owners continued to obstruct our efforts to get housing repairs effected, and the situation in relation to the repair of old properties is now reaching a critical stage. The number of properties which cannot be repaired at a reasonable cost is increasing, but with a long waiting list of applicants for new houses it is impracticable to operate Section 11 of the Housing Act, 1936 to secure demolition. Legislation has failed to keep up with the changing conditions, but a national solution of the problem of dealing with deteriorating property must soon be found unless a substantial loss of much of the housing accommodation now available is to be accepted as inevitable.

Demolition orders were made in respect of Nos. 7 and 9 Mint Walk, Warlingham, and these properties were demolished by the owner in October 1950.

Temporary Camping Site.

In October 1950, the Council renewed for three years their sanction to the use of 2 acres of land at Warlingham as a temporary camping site for the accommodation of caravans used because of the housing shortage throughout the year as dwellings.

Progress with the improvement of the public health facilities at this camp is being made in 1951.

DUSTBINS.

The Public Health Committee had under consideration reports covering the various methods of dustbin provision from serving notices up to full municipal provision. Because owners and occupiers, with few exceptions, maintain their refuse receptacles in good condition, the Committee decided to continue their procedure of serving notices under the Public Health Act.

CESSPOOL EMPTYING.

The following motor emptiers were used for pumping out the cesspools during the year 1950;

One 750 gallons emptier	(purchased in 1938)	} used full time
One 800 gallons emptier	(purchased in January 1950)	
One combined gully/ 800 gallons cesspool emptier	(purchased in 1946)	} used only occasion- ally

The work done by these emptiers is given below together with comparative figures for other years:

<u>Area.</u>	<u>1950</u> <u>Loads</u>	<u>1949</u> <u>Loads</u>	<u>1948</u> <u>Loads</u>	<u>1939</u> <u>Loads</u>	<u>1938</u> <u>Loads</u>	<u>1937</u> <u>Loads</u>
Caterham	169	150	147	178	464	274
Warlingham	134	130	102	239	127	169
Chaldon	2006	1710	1650	822	783	820
Woldingham	1527	1078	1247	1077	1224	1017
	-----	-----	-----	-----	-----	-----
	3836	3068	3146	2316	2598	2280
	-----	-----	-----	-----	-----	-----

In addition, the contents of a small number of cesspools were pumped out occasionally by the use of a hand-pump.

A study of the above record shews the increasing demand made for this service. At 65 premises the cesspool was emptied twelve or more times in the year. Drainage by means of cesspools always presents objectionable features, and should be abolished in the built-up areas as soon as possible.

SUPERVISION OF FOOD.

SLAUGHTERHOUSES.

Slaughtering of animals for human consumption is carried out at two slaughterhouses in this district, one on a farm of the South West Metropolitan Regional Hospital Board at Caterham-on-the-Hill, which supplies meat to the adjacent hospital and the other at privately owned premises licenced annually by the Council for the purpose of ensuring that pigs produced locally under the Self Suppliers of Pigs scheme are slaughtered humanely at satisfactory premises and that the carcasses and offal are examined by a competent Meat Inspector before consumption.

Meat Inspected and condemned at Slaughterhouses:

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number of animals killed	-	27	33	-	141
Number of carcasses inspected	-	27	33	-	141
<u>All diseases except Tuberculosis</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	1	-	-	4
Percentage of the num- ber inspected affected with disease other than Tuberculosis	-	3.7	-	-	2.84
<u>Tuberculosis only:</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	5
Percentage of the num- ber inspected affected with Tuberculosis	-	-	-	-	3.55

WHOLESALE DEPOTS AND RETAIL SHOPS.

Meat and Other Foods condemned as unfit for human
consumption at Food Premises other than slaughterhouses:

Meat.

Beef - Home killed	...	163 $\frac{1}{2}$ lbs.
Beef - Imported	...	115 $\frac{3}{4}$ lbs.
Ox Liver	...	12 lbs.
Ox Sweetbreads	...	2 $\frac{1}{4}$ lbs.
Mutton - Home killed	...	138 lbs.
Sausages	...	11 lbs.

Fish.

Dog Fish	...	62 lbs.
Witches	...	42 lbs.

Canned Meat.

Corned Beef	...	269½ lbs
Other Canned Meat	...	101 tins

Other Canned Foods.

Fish	...	75 tins
Fruit	...	831 tins
Milk	...	135 tins
Preserves	...	31 tins/jars
Vegetables	...	229 tins

Other Foods.

Apricots	...	53½ lbs
Blanc Mange	...	72 pkts
Chocolate Spread	...	1 tin
Cocoa	...	1 tin
Coffee	...	18 bottles
Custard Powder	...	14 lbs
Dried Egg	...	12½ lbs
Eggs	...	284
Fish or Meat Paste	...	2 tins
Jelly	...	1 pkt
Macaroni	...	1 tin
Malted Food	...	26 tins
Olives	...	7 bottles
Pea Flour	...	159 pkts
Pea-nut Butter	...	7 jars
Pickles and Sauces	...	36 jars/bottles
Puddings	...	67 tins/jars
Salad Cream	...	127 bottles/jars
Soup	...	61 tins
Spaghetti	...	9 tins

EXTRANEOUS MATTER IN FOOD.

Few complaints regarding extraneous matter in food had to be investigated during 1950, but the Public Health Committee issued a caution in connection with one of these, namely the discovery of fragments of cement mortar in bread. Enquiries revealed that structural alterations had taken place at a bakery situate outside the district, and that the area in which such work was being done had been inadequately screened.

MILK.

Distributors on Register at end of 1950.

Distributors with dairies within		
Urban District	...	7
Distributors with dairies outside		
Urban District	...	2
Distributors selling milk from local		
shops only in sealed		
bottles	...	4

158 visits were made to dairies during the year.

Considerable improvements, including the transfer of plant to more commodious premises and the provision of a new cold store and a bottle washing machine, were effected at one dairy in 1950.

Licences.

The following licences under the Milk (Special Designation) (Raw Milk) Regulations 1949/50 and the Milk (Special Designation) (Pasteurised and Sterilised) Milk Regulations 1949/50 were issued by the Council:-

Dealer's Principal Licences:

Tuberculin Tested	...	7
Pasteurised	...	7
Sterilised	...	12

Dealer's Supplementary Licences:

Tuberculin Tested	...	2
Pasteurised	...	2
Sterilised	...	2

<u>pasteuriser's Licences</u>	...	4
-------------------------------	-----	---

On October 1st 1949 the issue of these licences became the province of the County Council as the Food and Drugs Authority. The number of local pasteurising establishments was increased from 3 to 4 during the year 1950. The arrangements made in 1949 for the Sanitary Inspectors to act as agents for the County Council and to supervise local pasteurising plants were continued in 1950.

Sampling.

The results of tests on samples of milk taken during 1950 are given hereunder:-

Processed Milk.

Tuberculin Tested Milk (Pasteurised).

	<u>Passed.</u>	<u>Failed.</u>
Methylene Blue (to check probable keeping quality)	55	-
Phosphatase (to check efficiency of heat treatment)	52	3

Pasteurised Milk.

Methylene Blue	...	143	1
Phosphatase	...	144	-

Sterilised Milk.

Passed. Failed.

Turbidity	...	2	-
<u>Heat-Treated Milk(sold as Ungraded)</u>			
Methylene Blue	...	7	1
Phosphatase	...	7	1
<u>Raw Milk.</u>			
<u>Tuberculin Tested Milk.</u>			
Methylene Blue	...	3	-
Microscopical (for blood and dirt)		-	1
<u>Raw Milk (Ungraded)</u>			
Biological	...	2	-
Methylene Blue	...	15	1

The above results indicate satisfactory control over processing and efficient storage of milk by the dairy-men concerned.

One sample of milk was also tested for the presence of sodium chlorate - the detector used in standard cleansing solutions - with a negative result.

It is estimated that less than 2% of the fluid milk sold in the district in 1950 was ungraded raw milk.

ICE-CREAM.

In 1950 the Council granted five certificates of registration under the provisions of the Food and Drugs Act, 1938. At the end of the year, there were 46 premises on the register, including one manufacturer.

70 samples of ice-cream were sent to the Public Health Laboratory for examination by the Methylene Blue test for the purpose of grading ice-cream according to its bacterial cleanliness. The results, which indicate a further improvement in 1950 in the bacterial quality of ice-cream, were:

<u>Ministry's provisional</u>		<u>Samples.</u>		
<u>Grade.</u>		<u>Number.</u>	<u>% of total.</u>	<u>% in 1949.</u>
1.	...	38	54.29	33.75
2.	...	20	28.57	28.75
3.	...	9	12.86	22.50
4.	...	3	4.28	15.00

The standard required by the Public Health Service is that over a six monthly period, 50 per cent. of a vendor's samples should fall into Grade 1, 80 per cent. into Grades 1 or 2, not more than 20 per cent, into Grade 3, and none into Grade 4.

Only 7 retailers had their supplies sampled 3 times or more during the year: of these 2 failed to obtain 50 per cent. of their samples in Grade 1, 4 failed to secure 80 per cent. of their samples in Grades 1 and 2, 3 had more than 20 per cent. of their samples in Grade 3 and 2 each had one of their samples graded 4. Persistent grading of any one retailer's ice-cream in 3 and 4 did not occur in 1950.

CLEAN FOOD CAMPAIGN.

Bye-laws, which gave additional control over food-preparing premises, including stalls in the open air and mobile vehicles, came into operation in this district on April 9th 1950, and the movement towards a higher standard of cleanliness in food premises was continued throughout the year.

The following improvements (included in the table of sanitary improvements on page 21) were carried out at food premises:-

Drains unstopped and cleansed	...	2
W.C.reconstructed	...	1
Roofs repaired	...	3
Damp walls romodiod	...	1
Defective floors repaired	...	1
Additional light and ventilation provided	...	2
Defective wall plaster repaired	...	2
Ceilings repaired or renewed	...	5
Dirty walls cleansed	...	14
Dirty ceilings cleansed	...	14
Dustbins provided	...	3
Nuisances from refuse abated	...	3
Nuisances from insect pests abated	...	2
Dirty premises cleansed (occupier's neglect)	...	2
Running hot water provided	...	5

In addition, some improvement in the equipment and condition of meat and bread delivery vans was secured. Meat imported into this country is protected during transit whereas uncovered home-killed meat is, on occasion, found to be piled up on the floor of a meat delivery van. Carcasses and offal of animals slaughtered locally in the pre-war period in what were then considered to be small, faulty, and badly planned slaughterhouses were undoubtedly found in a condition superior to those now received from the central slaughterhouse situate some miles outside the district. Condemnation

for internal decomposition in home-killed meat was unknown in this district prior to the institution of centralised slaughtering and the present arrangements for the transport of home-killed meat. A complete solution for all the ills of the meat transport problem is not yet in sight, however, for it appears to involve the provision of improved facilities at the central slaughterhouses and the use of scarce materials for covering the meat during transit.

DESTRUCTION OF RATS AND MICE.

The year's work is summarised hereunder:-

Number of Complaints received and			
investigated	...	160	
" " Independent investigations			
made	...	529	
" " Premises found to be			
infested	...	203	
" " Premises treated and cleared:			
(1) by Local Authority's			
operators	...	175	ø
(2) by Occupiers	...	70	ø

Estimated Kill with poison used by
Local Authority's operators:

Rats	...	1291
Mice	...	2

(Bodies recovered: Rats 105, Mice 2)

Killed by means other than poisoning
by Local Authority's operators:

Rats	...	36
Mice	...	164

In addition, the routine annual testing of sewers required by the Ministry of Agriculture & Fisheries, was carried out in May 1950 when 128 manholes were test-baited and 12 "takes" were recorded. The necessary treatment was carried out and resulted in an estimated kill of 27 rats. The second half-yearly poisoning was not commenced until January 1951.

Since April 1st 1950, the Department has acted as Servicing Agent to the County Council at Schools and at five school canteens.

Co-operation with officers of neighbouring authorities, of the County Agricultural Executive Committee and of the Divisional Headquarters of the Ministry of Agriculture & Fisheries was maintained by means of quarterly meetings of the No. 3 Workable Area Committee.

No large infestation of the reservoir type has been found in the district, but if we are to keep the existing rat population as low as possible it is necessary that

ø Includes some infestations found in 1949

residents should remember that rats when undisturbed breed quickly and that one pair of rats can produce several litters of 7 and 8 rats every year, that their offspring become sexually mature within three months of birth and that these can multiply at the same rate; also that 20/25 rats eat food sufficient to keep a man and that they foul and waste more. Thus the golden rule for securing protection against rats is "no edible refuse of any sort to be made available for rats". It is believed that far too many people when feeding their animals or wild birds in 1950 also unwittingly fed rats.

DISINFECTION.

Number of rooms sprayed or fumigated	...	28
Bundles of bedding disinfected	...	6
Library books fumigated	...	87

DISINFESTATION.

Number of rooms sprayed or fumigated	...	33
Bundles of bedding and clothing disinfested	...	3
Wasps nests destroyed	...	11

I am, Mr.Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN J. CARDEN

Chief Sanitary Inspector.

September 1951.
C/ALL/I/LAC.

Table I

THE URBAN DISTRICT COUNCIL OF CATERHAM AND WARLINGHAM

-----1950-----

Public Health and Civil Defence

Committee.

Chairman: Councillor W.Howes

Councillor A.H.Bartley

Councillor F.Reynolds

" Mrs.J.Blackaby

" N.M.Smith

" H.W.Dailey

" Dr.H.Trafford

" E.P.Dampier

Ex-officio: Councillor A.H.James, J.P.

Public Health Department.

STAFF:

Medical Officer of Health:

* F.T.Hill, M.C., M.R.C.S., L.R.C.P. (Acting) (resigned 31.1.50)

* F.R.Eddbrooke, M.B., Ch.B., D.P.H. (from 1.2.50)

Deputy Medical Officer of Health:

* T.H.Harrison, M.R.C.S., L.R.C.P., D.P.H. (resigned 30.9.50)

* M.Sutcliffe, M.A., M.B., B.Chir., D.P.H. (from 27.11.50)

Chief Sanitary Inspector:

John J.Carden, M.S.I.A., A.R.San.I.

Additional Sanitary Inspectors:

F.R.Allerton, M.S.I.A.

E.R.Rogers, A.S.I.A., A.R.San.I.

Senior Clerk:

A.H.Hadlow

Clerks:

Miss B.Good (to 31.8.50)

Mrs.L.A.Capon

Mrs.I.M.Sales (from 25.9.50)

(* Part-time appointment only to this Council)

Table II

REGISTRAR GENERAL'S RETURN OF CAUSES OF
DEATH IN THE DISTRICT.

<u>Causes of Death.</u>	<u>Males.</u>	<u>Females.</u>
All Causes.	132	161
1. Tuberculosis, respiratory	6	2
2. Tuberculosis, other	-	1
3. Syphilitic disease	2	-
4. Diphtheria	-	-
5. Whooping Cough	-	1
6. Meningococcal infections	-	1
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	1	2
10. Malignant neoplasm, stomach	3	3
11. Malignant neoplasm, lung, bronchus	9	-
12. Malignant neoplasm, breast	-	7
13. Malignant neoplasm, uterus	-	1
14. Other malignant and lymphatic neoplasms	5	8
15. Leukaemia, aleukamia	1	-
16. Diabetes	-	1
17. Vascular lesions of nervous system	10	24
18. Coronary disease, angina	22	14
19. Hypertension with heart disease	2	3
20. Other heart disease	18	33
21. Other circulatory disease	4	4
22. Influenza	-	-
23. Pneumonia	5	11
24. Bronchitis	6	6
25. Other diseases of respiratory system	1	2
26. Ulcer of stomach and duodenum	4	1
27. Gastritis, enteritis and diarrhoea	-	1
28. Nephritis and nephrosia	-	2
29. Hyperplasia of prostate	6	-
30. Pregnancy, childbirth, abortion	-	-
31. Congenital malformations	3	3
32. Other defined and ill-defined diseases	19	25
33. Motor vehicle accidents	1	2
34. All other accidents	1	-
35. Suicide	2	3
36. Homicide and operations of war	1	-

Table III

NOTIFIABLE DISEASES

NOTIFIABLE DISEASES	At ages - years													Number of cases notified																
	At all ages.	Military Cases.	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and over	Caterham North-West (Including St. Lawrence's Hosp.)	Caterham North-East.	Caterham West	Caterham East	Caterham South	Warlingham East	Warlingham West	Chaldon	Woldingham	Whitelande	Total number of cases removed to Hospital.	Total Deaths.	
Scarlet fever	67	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Erysipelas	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dysentery	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Food poisoning	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute poliomyelitis non-paralytic	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute poliomyelitis paralytic	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Meningococcal infection	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pneumonia	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Measles	21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Whooping cough	33	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTALS	158	17	6	15	47	11	5	5	2	16	2	1	1	1	1	1	1	29	32	16	8	12	15	13	4	5	7	42	18	1

* includes 19 cases among patients at St. Lawrence's Hospital.

+ Deaths from all forms of pneumonia.

FACTORIES.

Table IV

1. Inspections.

Premises	Number on Register	Inspections	Number of Written Notices	Number of Occupiers prosecuted
Factories in which Section 1,2,3,4 & 6 are to be enforced by Local Authorities.	16	27	-	-
Factories not included above in which Section 7 is enforced by Local Authorities.	95	143	9	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	2	2	-	-
T O T A L	113	172	9	-

2. Defects.

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Re-mediated	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	18	15	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	1	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) insufficient	4	3	-	1	-
(b) unsuitable or defective	10	5	-	3	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	6	8	-	3	-
T O T A L	38	32	-	7	-

3. Defaults, etc, notified by H.M. Inspector of Factories on Form 144:-

Notified	6
Remedied	6

Table V

HOUSING STATISTICS

(a) New Houses.

Number of New Houses erected during the year:-

(i)	By Local Authority	...	96
(ii)	By other Local Authorities	...	Nil
(iii)	By other bodies and persons...		<u>40</u>
			<u>136</u>

(b) Existing Houses.1. Inspection of Dwelling-houses during the year.

Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	114
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2. Remedy of Defects during the year without Service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	260	ø
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3. Action under Statutory Powers during the year.

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act.1936

(i)	No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	22	
(ii)	No. of dwelling-houses in which defects were remedied after service of formal notices			
	(a) By Owners	...	21	ø
	(b) By Local Authority in default of Owners	...	Nil	

(b) Proceedings under Public Health Acts.

(i)	No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	21
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ø includes notices served in previous years.

(ii)	No. of dwelling-houses in which defects were remedied after service of formal notices:-		
(a)	By Owners ...	22	0
(b)	By Local Authority in default of Owners ...	4	
(c)	Proceedings under Section 11 and 13 of the Housing Act, 1936.		
(i)	No. of dwelling-houses in respect of which Demolition Orders were made ...	2	
(ii)	No. of dwelling-houses demolished in pursuance of Demolition Orders ...	2	
(iii)	No. of dwelling-houses in which defects were remedied by owner after service of Section 11 notice ...	N11	
(d)	Proceedings under Section 12 of the Housing Act, 1936.	N11	

4. Overcrowding.

(a) (i)	No. of dwellings overcrowded at the end of the year ...	7	
(ii)	No. of families dwelling therein ...	7	
(iii)	No. of persons dwelling therein ...	49	
(b)	No. of cases of overcrowding reported during the year ...	6	
(c) (i)	No. of cases of overcrowding relieved during the year ...	9	
(ii)	No. of persons concerned in such cases. ...	56	
(d)	No. of cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ...	N11	

0 includes notices served in previous years

Table VI

FOOD AND DRUGS ACT, 1938.

Statement on the number of samples taken during 1950:-

ARTICLES	Analysed			Adulterated or Irregular		
	Formal	Informal	Total	Formal	Informal	Total
<u>FOOD.</u>						
Milk	47	23	70	-	-	-
Biscuits	-	1	1	-	1	1
Butter	1	-	1	-	-	-
Fish	-	4	4	-	-	-
Jam	-	2	2	-	-	-
Potatoes	-	2	2	-	-	-
Sausage Meat	1	-	1	-	-	-
Sausages	4	-	4	-	-	-
Spirits	1	-	1	-	-	-
Sugar	-	1	1	-	1	1
Vinegar	-	1	1	-	-	-
T O T A L S	54	34	88	-	2	2

FOOD AND DRUG ACT, 1938

Statement on the number of samples taken during 1950:-

ARTICLES	Analyzed			Adjudicated or Intervenor		
	Formal Informal Total			Formal Informal Total		
FOOD.						
Milk	47	23	70	-	-	-
Almonds	-	1	1	-	1	1
Butter	1	-	1	-	-	-
Fish	-	-	-	-	-	-
Jam	-	-	-	-	-	-
Potatoes	-	2	2	-	-	-
Sausage Meat	1	-	1	-	-	-
Sausages	-	-	-	-	-	-
Spices	1	-	1	-	-	-
Sugar	-	1	1	-	1	1
Vinegar	-	1	1	-	-	-
TOTALS	52	34	86	-	2	2