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CUL 13(3) CATERHAM & WARLINGHAM

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

and

CHIEF SANITARY INSPECTOR

for the year

1952



June 1953

1932

ANNUAL REPORT

of

THE MEDICAL DIVISION OF HEALTH

and

CRISP CHARITARY INSTITUTION

for the year

1932



June 1932

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you my Annual Report for 1952, this being my third Report as your Medical Officer of Health.

The same arrangement has been retained as has been used for the last two years, and the Chief Sanitary Inspector's Report is included as a separate report.

It will be noted that, as judged by the vital statistics the health of the District remained reasonably satisfactory, but there was a very marked drop in the birth rate, even the corrected rate being well below that for England and Wales. The illegitimacy rate again increased slightly, but the still birth rate remained low. The general death rate decreased to the lowest since 1939 and the only outstanding point to which attention should be drawn is the very high proportion of deaths due to cancer of the breast in women. As deaths from this cause were twice as common locally as in the Country as a whole, emphasis must be laid on the importance of seeking early advice with regard to any persistent lump which is noted. Early treatment of this kind of cancer can be most successful, hence it is very regrettable when lives are lost from this preventable cause.

It is very pleasing to observe that the infant mortality rate for 1952 was one of the lowest known in this District, no deaths occurring in young babies from post-natal influences. Similarly it is most commendable that not one maternal death has occurred in the last six years.

The year was also a good one in respect of the prevalence of infectious disease, but the reappearance of diphtheria after four clear years was a timely warning not to neglect diphtheria immunisation, particularly in young children. Fortunately on this occasion the disease was apparently limited to a small number of adults, but it would be wise not to rely on this coincidence recurring in the future.

Scarlet Fever remained mild in type and was consequently difficult to control, but some success appeared to result from the increased visitation of the schools affected by the Health Visitors. A scheme to encourage Whooping Cough Immunisation was also instituted in the second half of the year and it is hoped that parents will take full advantage of this form of preventive treatment, which can be given at the same time as diphtheria immunisation treatment. It is most desirable that this treatment should be commenced while babies are still quite young.

The fact that the death rate from pulmonary tuberculosis in 1952 was the lowest this District has known is very encouraging, even if there was an increase in the number of new cases discovered. Maybe it is becoming appreciated that the outlook in this disease is very much more hopeful if early treatment is instituted; this is certainly the case, and full use should be made of routine X-ray examinations when these are available.

No case of food poisoning was notified during the year and in part this may reflect the publicity given to this subject. Incidentally notices asking customers to refrain from taking dogs into food shops have been exhibited locally, but far more important is the practice of meticulous personal hygiene by all food handlers and the storage of cooked meat dishes in clean, cold surroundings for as short a time as is possible if their retention cannot be avoided.

Summarising, in so far as the state of the public health at any given time can be assessed, the deduction from this annual survey is that progress is being made in certain directions, but that there are still plenty of opportunities for improvement in others. More and more, however, the responsibility for future progress devolves upon the individual residents rather than on official action. To encourage recognition of this is, of course, the object of Health Education, a subject which, while it is not otherwise mentioned in this Report, constitutes an important part of the day to day duties of all officers to whom reference is made. The opportunities to inculcate sound hygienic practices are, however, not limited to this restricted circle and an appeal is made to all who get the chance to focus attention on this fundamental subject to do so both by example and by precept.

In conclusion, Mr. Chairman, Ladies and Gentlemen, I would again express 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 happy co-operation which has continued throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

F. R. EDBROOKE.

Medical Officer of Health.

STATISTICS FOR 1952

Area (in acres)	6,250
Registrar General's estimate of the population at mid-year 1952 (including military stationed in the area)	32,380
Number of Inhabited Houses December 1952 according to rate books	7,839
Rateable Value	£298,296
Sum represented by a penny rate	£1,190

<u>Live Births.</u>	<u>Total.</u>	<u>Males.</u>	<u>Female.</u>
Legitimate	428	213	215
Illegitimate	17	6	11
	<u>445</u>	<u>219</u>	<u>226</u>
Birth rate per 1,000 of the estimated population	...	<u>13.74</u>	
Corrected birth rate	...	<u>14.43</u>	

<u>Still Births.</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	8	5	3
Illegitimate	-	-	-
	<u>8</u>	<u>5</u>	<u>3</u>
Rate per 1,000 total (live and still) births	...	<u>17.66</u>	

<u>Deaths.</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
	301	150	151
Crude death rate per 1,000 of the estimated population	...	<u>9.29</u>	
Corrected death rate	...	<u>9.76</u>	

<u>Deaths of Infants under one year of age.</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	8	4	4
Illegitimate	-	-	-
	<u>8</u>	<u>4</u>	<u>4</u>

<u>Death Rate of Infants under one year of age.</u>	
All infants per 1,000 live births	... 17.98
Legitimate infants per 1,000 legitimate live births	... 18.69
Illegitimate infants per 1,000 illegitimate live births	... -
Deaths from measles (all ages)	... Nil
Deaths from whooping cough (all ages)	... Nil
Deaths from diarrhoea (under 2 years of age)	... Nil

HEALTH REPORT FOR 1952.

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 was 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 steadily increased to the 1951 Census figure of 31,290. In the middle of 1952 the Registrar General estimated the home population, i.e. including the military stationed in this area, to be 32,380.

The District, which contains some of the most beautiful parts around London, is chiefly residential, with at least four centres of population partially separated from each other by tongues of the Green Belt which practically 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, some light industries, or providing food or other services for the residents.

VITAL STATISTICS

Birth Rate:- The crude birth rate of 13.74 represents a considerable decrease on recent years and was in fact the lowest since 1927. Even the corrected birth rate of 14.43 was lower than any local rate since 1934. By comparison, the War time maximum locally was 21.00 in 1942 while the birth rate for England and Wales in 1952 was 15.3.

Illegitimacy:- The percentage of illegitimate births fell from 2.7 in 1948 and 1949 to 2.1 in 1950, which was the lowest since 1928, but in 1951 it rose slightly to 3.3 and increased again in 1952 to 3.8. This still compares favourably, however, with the peaks of over 8% in 1919 and 1941-5.

Still Births:- The still birth rate of 16.39 in 1951 was lower than in the past 20 years, hence with the usual swing of the pendulum, the slight rise in 1952 to 17.66 is not unexpected. It still compares very favourably with the corresponding rate for recent years.

Death Rate:- The crude death rate for the District decreased from 9.84 per 1,000 population in 1951 to 9.29 which is the lowest since 1939. As however, the age and sex distribution of the population is not quite typical of that of the Country as a whole, an adjustment is required which produces the corrected death rate of 9.76 which is comparable with the rate of 11.3 for England and Wales.

Causes of Death:- These are set out in Table II in the Appendix which also indicates the ages at which death occurred.

As usual, deaths from heart and circulatory diseases formed the largest group, accounting for 152 deaths, or 50.5% of the total deaths, which is 3.5% more than in 1951. In so far as this group includes an appreciable proportion who virtually died of old age, this increase is welcome, but unfortunately the proportions over 65 years (77%) and over 75 years (53%) were less than in 1951. Postponement of death from these conditions until at least 65 years of age should normally be practicable, given the avoidance of worry and undue stress or strain, including those habits which contribute to persistent tension and over demands upon the circulatory system.

The next commonest causes of death were cancer with 54 deaths (18% of all deaths) and respiratory diseases, excluding tuberculosis, (33 deaths - 11%). The cancer death rate of 1.64 per 1,000 population was rather higher than in 1951 and about the average for the last 20 years, but even so it compares very favourably with other Districts.

Nationally there appears to be a true increase in cancer of the lung among males, and publicity has been given to the possibility of heavy cigarette smoking being a contributory factor. The rate for this type of the disease is about the same locally as for the Country as a whole, and the young especially are advised to consider the practical implications of this suspicion before becoming addicted to what at the least is an uneconomic habit and one which probably also affects health adversely in other ways.

The proportion of cancer deaths attributed to cancer of the breast in females was nearly double what it is nationally and justifies a reminder that any persistent lump should be reported to a Doctor without delay. The relief of

a negative finding is almost as important as the early treatment in confirmed cases, which can be so successful.

Infant Mortality Rate:- On the average during the first ten years of this century, 75 babies died before reaching their first birthday out of every 1,000 babies born alive in this District. In each of the following periods of ten years this proportion decreased, the averages being 67, 55, 36 and 38, the last being chiefly due to an increase to the average of 54 for the War years.

In 1952 the Infant Mortality Rate was only 18, which is one of the lowest experienced in this District, thus compensating for the relatively high rate of 35 in 1951.

Reviewing the 8 infant deaths which occurred in 1952, the causes of death can be grouped as follows:-

Prematurity	...	5
Atelectasis	...	1
Congenital defects	...	1
Rhesus incompatibility	...	1

It is very pleasing to note that not one death occurred as a result of post-natal influences, including infections, while there was an improvement also in the number of deaths due to ante-natal conditions.

As only 2 of these deaths occurred after the babies were a month old, the Neonatal Mortality Rate, i.e. the number of deaths in infants under a month per 1,000 live births was 13, which is low.

Of the births notified during the year, a total of 17 were premature and 6 of these occurred at home and 11 in institutions. Unfortunately 3 of the premature babies born in hospital died within 48 hours. This suggests that 18% of the premature babies died in the first month, which is a distinct improvement on the 32% in 1951.

Maternal Mortality:- It is most satisfactory to be able to report that for the sixth year in succession, no deaths have occurred among mothers which were associated with child birth. Compared with the average for the years 1921-46, this represents the saving of one mother's life annually.

BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY FOR THE YEAR 1952.

	Rates for 1,000 Home Population		Death Rate per 1,000 Home Population								Rates per 1,000 live Births		Rates per 1,000 Live & Still Births		
	Live Births	Still Births	All Causes	Typhoid & Paratyphoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Smallpox	Acute Poliomyelitis including Polioencephalitis	Pneumonia	Diarrhoea & Enteritis (under two years)	Total Deaths under one year.	Sepsis - Maternal Mortality	Other Causes - Maternal Mortality
England and Wales	15.3	0.35	11.3	0.00	0.00	0.00	0.24	0.04	0.00	0.01	0.47	1.1	27.6 ^b	0.09	0.63
160 County Boroughs and Great Towns (including London)	16.9	0.43	12.1	0.00	0.00	0.00	0.28	0.04	-	0.01	0.52	1.3	31.2	-	-
160 Smaller Towns (Resident Population 25,000-50,000 at 1951 census).	15.5	0.36	11.2	0.00	0.00	0.00	0.22	0.04	-	0.00	0.43	0.5	25.8	-	-
London Administrative County	17.6	0.34	12.6	-	0.00	0.00	0.31	0.05	-	0.01	0.58	0.7	23.8	-	-
Caterham & Warlingham Urban Dist:	14.4	0.26	9.7	-	-	-	0.12	0.03	-	-	0.28	-	17.9	-	-

A dash (-) signifies that there were no deaths
 * Corrected rates
 ∅ Deaths from all forms of pneumonia
 a Per 1,000 Total (live & still) Births
 b Per 1,000 related live births

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 4 years or more no case of diphtheria had occurred in this District, hence the diagnosis was thought improbable in the case of 2 young sisters living in Caterham Valley who were admitted to two general hospitals early in January suffering from tracheo-bronchitis. Both had been incompletely immunised 4 years previously. The younger died shortly after admission despite large doses of penicillin and a late tracheotomy. The Pathologist thought that death had been due to diphtheria but in spite of every attempt to identify it, the organism was not discovered. The older child had milder but similar symptoms and in view of the suspicion regarding her sister, a diagnosis of diphtheria was made although it was even more doubtful. Again the diphtheria organism could not be found and the same applied to all contacts, none of whom was at all ill.

At the end of January information was received that a nurse who had left St. Lawrence's Hospital 2 days previously had been taken ill in Scotland with diphtheria. It was, of course, just possible that her infection had been contracted during the journey. Early in March however, 2 male attendants working in an isolated part of St. Lawrence's Hospital were diagnosed as suffering from diphtheria and admitted to hospital where in one case the diagnosis was confirmed. The other, who normally lived out with his family, was found to be suffering from non-diphtheritic tonsillitis. (Incidentally only 2 of his 4 children had been immunised).

Later that month 2 married women living at Caterham-on-the-Hill and working as nurses in the main part of the Hospital were thought to be suffering from diphtheria and one was admitted to hospital but the organism was not isolated. The other, treated at home, had a very definite attack of diphtheria but ultimately recovered. She had not previously been immunised, but her adult son, who nursed her, had been. At the end of April, a Guardsman was admitted to hospital and the diagnosis of diphtheria was confirmed. This was the last definite case during the year but 3 suspects were admitted to hospital, 2 in January and 1 in November. None of these resembled diphtheria either clinically or pathologically.

It is interesting to conjecture why the spacing in this series of cases was so pronounced and why further cases did not occur, particularly as there were ample contacts, directly or indirectly with the public. Not even a single carrier was found, although in the case of the Hospital contacts this may have been due to the medium used.

The unexpected reappearance of this organism in the District is a reminder that the immunity of the children especially must be maintained.

Scarlet Fever

A total of 83 notifications was received in 1952 which is about the average for recent years. The disease remains of a very mild type and this, together with the non-notification of streptococcal infections which have not produced a rash, greatly increases the difficulty in preventing its spread. It is noted that, as usual, the vast majority of cases were in school children, particularly in the 5 - 10 year old group or in children below school age. More than half of the cases occurred in the early part of the year in Warlingham, and were mainly associated with the Warlingham, Hamsey Green and Chelsham schools, the outbreak involving also children in the adjoining Urban and Rural Districts. A concerted effort by all concerned and the arrival of the Easter holidays brought this outbreak to an end, only an occasional case occurring among pre-school children in that part of the District in the Autumn.

Of the 83 cases, 62 were admitted to Hospital (Bletchingley 47, Dorking 10, Croydon 3 and Cuddington and Queen Mary's, Carshalton, 1 each) which is a very high proportion for present day practice, but is mainly attributable to the type of housing chiefly concerned.

Erysipelas.

Nine notifications of erysipelas were received during 1952, 2 being inmates of St. Lawrence's Hospital, which is about the average for recent years.

Puerperal Pyrexia.

One case was notified in 1952, this being the only case in the last 4 years. The cause may have been pyelitis. The patient was admitted to hospital and recovered.

Enteric Fever.

One case of paratyphoid "B" was notified during the year. Neither the source of infection nor the Phage type could be ascertained.

Dysentery.

Twelve cases of dysentery were notified, all being associated with St. Lawrence's Hospital. One was due to the Flexner type of this disease and the remainder were cases of the milder Sonne variety. One of the latter was notified posthumously, however.

Food Poisoning.

No cases of food poisoning were notified during the year.

Poliomyelitis.

Two cases were notified during 1952, one being a child who developed the disease in July, and the other a married woman who became ill in December. In both cases there was some paralysis which disappeared in hospital in the case of the child. In addition to these definite cases, another child was suspected of suffering from the non-paralytic type in August but diagnosis was not confirmed upon admission to hospital.

Meningococcal Infection.

One case of meningococcal meningitis occurred among the military during the month of February.

Measles.

Local outbreaks of measles normally occur in alternate years and 1952 was a non-epidemic year, only 67 notifications being received compared with 610 in 1951. Most of the cases occurred at Caterham-on-the-Hill and, as usual, the 5-10 year old group was chiefly affected. No deaths occurred, and in fact, only 3 have occurred during the last 13 years.

Whooping Cough.

Similarly there were only 43 notifications compared with 146 in 1951. The disease was fairly evenly distributed over the District. Immunisation against whooping cough is referred to in the following section.

PREVENTION OF ACUTE INFECTIOUS DISEASE

The chief hope of preventing most of the important infectious diseases now lies in some form of immunisation when that is practicable and it is desirable to recommend it for all children. Until immunisation can be recommended for any particular disease, it is the practice to exclude cases and in some instances, contacts, from school in the hope that, possibly by diminishing the dose of the infection, more children will only get sub-acute attacks and that the number and severity of the cases which do occur will be diminished. The main aim is to postpone the onset of infection in infants at least until school age is reached, most infections being severest when they affect children under 2 years of age. Obviously, these steps can only be partially successful but it appears not unreasonable to continue them, for example, with a disease like scarlet fever which was formerly of serious import and can at any time revert to its former severity. On the other hand, in such mild infections as chicken-pox and rubella, it might be thought desirable that all children should have these infections soon after entering school, rather than at a later stage when serious inconvenience might result with regard to examinations, etc.

Diphtheria Immunisation

The practice of diphtheria immunisation is

now well established. The occurrence of a few cases in the District during 1952 emphasises the importance of maintaining the high standard of immunisation among the population. During the year 380 primary courses were given, which is one more than in 1951, while 405 children were given "booster" doses, which is slightly more than the average for the two previous years.

At the end of the year it was estimated that 60% of the children under 5 years of age had been immunised and 92% of the children aged 5 - 15 years.

Vaccination.

During the year the following vaccinations were given:-

Primary Vaccinations	0 - 14 years	...	286
"	Over 15 years	...	24
Revaccinations	0 - 14 years	...	15
"	Over 15 years	...	72

The decrease in the numbers vaccinated at all ages compared with 1951 was undoubtedly due to the absence of the stimulus given by the Brighton outbreak in that year.

Whooping Cough Immunisation.

The position with regard to this form of immunisation has definitely improved of late and there is at least one preparation which can be expected to give good results, though not yet quite so reliable as is diphtheria immunisation with which it can be combined.

As a result the scheme whereby private medical practitioners are paid a fee for complete records of a full course of diphtheria immunisation was extended to include whooping cough immunisation with specified preparations in August 1952, and in January 1953 it also became practicable to provide this treatment at the Clinics.

It would now appear wise to encourage the general acceptance of whooping cough immunisation providing poliomyelitis is not prevalent at the time in the area concerned, in view of the possibility of previously immunised children passing on the infection to babies before the diagnosis is made and preventive measures taken.

At present it is recommended that treatment should be given at the 6th, 7th and 8th months, with a reinforcing dose at about 2 years, but these time intervals are liable to alteration in the light of further experience or if new materials are used.

Tuberculosis.

The following table shows the ages for each sex at which, during 1952, 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	-	-	-	-	-	-	-
5 -	2	-	-	-	-	-	1	-
10 -	1	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	2	3	-	-	-	-	-	-
25 -	8	5	-	-	-	-	-	-
35 -	2	-	-	-	-	-	-	-
45 -	-	2	-	-	1	-	-	-
55 -	3	1	-	-	-	1	-	-
65 and upwards	1	-	-	-	1	-	-	-
TOTALS	20	11	-	-	2	1	1	-

In 1951 the number of new cases notified was exceptionally low, hence from the swing of the pendulum, an increase in 1952 was almost inevitable. As will be seen from the following table, which shows the average 5-yearly rates for the last 30 years and the actual rates for 1952, the incidence of respiratory tuberculosis increased to very slightly above the post War average, but by contrast there was not a single new case of the non-pulmonary form of the disease. Even more pleasing is the fact that the death rate from pulmonary tuberculosis was the lowest this District has known and that from non-pulmonary remained very low.

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	102	27	26	7
1952	96	-	9	3

The Mass X-ray Unit which visited Caterham for the first time in November 1950, functioned for a period in South Croydon in the Autumns of 1951 and 1952, this being the nearest centre which could be found to meet the most urgent needs of the area as a whole.

The most important measures which are required to reduce the incidence of this disease are the early detection and treatment of cases, the encouragement of immunisation and segregation of contacts, and the preferential treatment of cases in the matters of rehousing and rehabilitation.

The Council continues to be responsible for two preventive measures, viz, rehousing and disinfection, but the County Council bears the responsibility for all other preventive measures involving official action except the treatment of cases, which has passed to the Regional Hospital Boards. There remains, of course, an individual responsibility upon each adult resident to take all reasonable precautions to avoid and resist infection by maintaining their health, and to take advantage of the Mass X-ray examinations when these are 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 or be referred for diagnosis. A second weekly session of this Clinic commenced in 1952, but no progress was made in the much needed independant Chest Clinic, which it is proposed to erect at Purley Hospital.

Non-notifiable Infectious Diseases:- Scabies.

Arrangements are in being whereby cases of this disease can be provided with the necessary treatment and, what is more important, contacts with them can be given preventive treatment.

Fortunately, the incidence continues to decrease as illustrated by the following number of actual cases treated annually by the Health Department since 1942, viz, 82, 182, 137, 384, 240, 90, 34, 13, 3, 4 and 2 in 1952.

Greater use might now be made of the services of the Public Health Department in an attempt to abolish this disease. Unless the home conditions and degree of co-operation of the family are exceptionally good, it is suggested that the normal practice should be to inform the Medical Officer of Health, who will see that the requisite advice and treatment or medicaments are given as tactfully as possible.

Bacteriological Examinations.

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

Throat swabs	62
Faeces	10
Sputa	4
Miscellaneous	18

94

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 1952 was satisfactory both in quality and quantity. Only minor adjustments at one of the local reservoirs were required.

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 of the samples so taken were satisfactory during 1952.

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

CHEMICAL EXAMINATION	Parts per 100,000	Grains per gallon
Total solids (dried at 180°C) ...	19.0	13.3
Combined chlorine (as Cl) ... equivalent to sodium chloride (NaCl) ...	2.0	1.4
Nitric nitrogen (nitrates) ...	3.3	2.3
Nitrous nitrogen (nitrites) ...	0.74	0.52
Ammoniacal nitrogen ...	Faint trace present	
Albuminoid nitrogen ...	0.0004	0.0003
Oxygen absorbed in 4 hours at 27°C ...	Nil	Nil
Lead or Copper ...	0.002	0.001
Temporary hardness (equivalent to CaCO ₃) ...	Nil	Nil
Permanent hardness (") ...	4.5	3.2
Total hardness (") ...	4.0	2.8
	8.5	6.0

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, and during the year, in co-operation with the Laboratory Service of the London County Council, measures were taken to ensure the purity of the private supply to St. Lawrence's Hospital.

Drainage and Sewerage.

No important works of sewerage were undertaken in 1952, but some sewers were extended to make provision for the drainage of new Council Estates. Additional sewers are required in Caterham, Chaldon and Woldingham and in 1944 the Council approved in principle schemes estimated to cost over £88,000. During 1952 further steps were taken towards extending the sewers at Chaldon as soon as the economic situation permits.

Closet Accommodation.

A number of pail closets exists in the un-sewered rural parts of the District and must await conversion until the sewers are extended to these areas.

Public Cleansing.

1. Collection and Disposal of House Refuse.

This branch of public cleansing is carried out by the Engineer & Surveyor's department in this District, and a weekly collection throughout the District was maintained.

Full use was made of the additional land acquired for the tipping of refuse during 1950 and no nuisance resulted, thanks to the very adequate supply of ash which is available for cover. The quantity of the latter has proved so abundant however, that consideration had to be given before the end of the year to the next site which could be utilised and progress in this direction was being made.

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.

Two satisfactory and two unsatisfactory samples were taken from the former during 1952, and two good samples from the latter. Both baths are equipped with filters and chlorination plant.

Schools.

Close co-operation continues to exist 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 Caterham Valley clinic is situated in the same building as the Health Department, which is an added advantage.

While there is room for 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 improvement has been slow. Not only are there areas in the County where existing schools are much more sub-standard than those in this locality, but the present limited though very heavy public expenditure has to be primarily devoted to the provision of new schools and additional classrooms. Thus, locally, since the War we have seen the erection of the very fine Hamsey Green Primary School and later extensions, together with extensions to the Caterham Hill and Valley schools, while the building of the Hamsey Green and Caterham Hill Secondary Schools are about to begin. Slight improvements have been made from time to time in the older schools but as soon as possible a larger proportion of the annual estimates should be devoted to this purpose.

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.

The Head Teachers continue to be 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. As previously stated, more direct assistance has been given this year during outbreaks by the attendance of the Health Visitors, sometimes daily.

Factories and Workshops.

The usual table indicating the inspections made, defects found and defaults notified during 1952 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. This is one of the fundamental factors underlying many of our social problems, including that of improving the public health, and it is rightly being given some degree of priority in the present distribution of the national resources of manpower, materials, etc. It will be seen by referring to the statistics that good progress was made during 1952 and there is every hope that still more will result this year.

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, 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.

Examination of milk and ice-cream were carried out by the Public Health Laboratory Service.

Adulteration.

The County Council was the Food & Drugs Authority for this District during 1952. A statement of the number of samples collected and examined by their Officers is included as Table VI in the Appendix.

OTHER HEALTH SERVICES

The Surrey County Council is the Local Health Authority for this District and in the execution of its duties under the National Health Service Act, 1946, the following arrangements have been made:-

1. Ambulances.

There are two County Council ambulance stations in the District which are mainly manned by volunteers from the St. John Ambulance Brigade:-

Timber Hill Road, Caterham Valley.	Caterham 3178
c/o Green Circle Garage, Limpsfield Road, Warlingham.	Upper Warlingham 2681

2. Maternity and Child Welfare.

(a) Midwives and District Nurses.

The present arrangements are as follows:-

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 Caterham Valley Warlingham, Whyteleafe and Woldingham.
Mrs. E. Battle, 44 Church Road, Warlingham. (Upper Warl: 405)	Full time General Nurse covering Warlingham and area.
Mrs. E. Baker, 40 Glebe Road, Warlingham.	Part-time General Nurse for relief work in the Warlingham area.
Miss A. M. Johnson, 8 Foxon Lane, Caterham-on-the-Hill. (Cat: 2742)	Full time Midwife and General Nurse covering Caterham-on-the-Hill and Chaldon.
Miss A. Keown, 2 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.

The Health Centre,
Westway,
Caterham-on-the-Hill. 1st, 3rd and 5th Tuesday
in each month - 2 p.m.

The Church Hall,
The Green,
Warlingham. 2nd, 4th and 5th Wed-
nesday in each month
2 p.m.

(c) Child Welfare Clinics (including Diphtheria and Whooping
Cough Immunisation and Vaccination)

Pelham House,
54 Harestone Valley Road,
Caterham Valley. Tuesdays 2 p.m.

The Health Centre,
Westway,
Caterham-on-the-Hill. Fridays 1.30 p.m.

The Church Hall,
399 Limpsfield Road,
Warlingham. Tuesdays 2 p.m.

St. Luke's Church Hall,
Whyteleafe Hill,
Whyteleafe. Thursdays 2 p.m.

The Parish Hall,
Station Road,
Woldingham. 1st and 3rd Friday
1.30 p.m.

(d) Family Planning Clinic

The Health Centre,
Westway,
Caterham-on-the-Hill. 2nd Tuesday in each
month 2 p.m. (By appoint-
ment 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 follow-
ing telephone numbers may be used:- Uplands 7014 or
9277 preferably between 9.30 and 10.30 a.m. Home Helps
can only be supplied to cases genuinely needing their
assistance in which ill-health or old-age are involved.
The capacity of the Service is limited, but preference
is given to those in 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 Unit or "Flying Squad" based on Redhill County Hospital is 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 Health Visitors serving this District are based on:-

(a) Pelham House, Cat:1010. Exr.29.
54 Harestone Valley Road,
Caterham Valley.

(b) The Health Centre, Cat:2320.
Westway,
Caterham-on-the-Hill.

(c) (For Voldingham and Warlingham) Upl.9277.
The Divisional Office,
115 Brighton Road, Purley.

3. School Medical Service.

(a) Minor Ailments Sessions:-

Pelham House, Tuesdays 1.30 - 2 p.m.
54 Harestone Valley Road,
Caterham Valley.

The Health Centre, Wednesdays 9.30 a.m.
Westway,
Caterham-on-the-Hill.

The Church Hall, Tuesdays 1.30 - 2 p.m.
399 Limpsfield Road,
Warlingham.

St. Luke's Church Hall, Thursdays 1.45 - 2 p.m.
Whyteleafe Hill,
Whyteleafe.

(b) Dental Clinic (also available for pre-school children and ante-natal/nursing mothers).

Pelham House, Mondays 9.30 a.m & 1.30p.m
54 Harestone Valley Road, Tuesdays 9.30 a.m.
Caterham Valley. Wednesdays } 9.30 a.m
Thursdays } &
Fridays } 1.30 p.m.

(c) Ophthalmic and Refraction Clinic }
(d) Speech Therapy Clinic } By appointment with
(e) Remedial Exercises Clinic } Divisional 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. (3)
(Sanderstead 5329) Matron: Miss J. Davison.
(After 31.7.53-Acting Matron: Miss I.M. Bettridge)

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 and Whooping Cough Immunisation and Vaccination.

Under the National Health Service Act, 1946, diphtheria and whooping cough 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.

6. Loans of Medical Equipment.

The County Council has arrangements with the British Red Cross Society and the St. John Ambulance Brigade, whereby certain equipment required for patients being nursed in their houses can be hired. Application should be made to Mrs T. Prater, (B.R.C.S) 47 Markville Gardens, Caterham (Cat: 2430) or to the Officer-in-Charge, S.J.A.B. Headquarters, Timber Hill Road, Caterham. (Cat: 3178).

HOSPITALS.

The Regional Hospital Boards are responsible for the hospitals and for 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 Annexe (The Dene).	...	Caterham 2006

2. Clinic.

Tuberculosis

62 Whytecliffe Road,
Furley. (Uplands 3549) Every Monday
1.30 - 3.30 p.m.

Venereal Disease

Croydon General Hospital

Males

Tuesdays 7 p.m.
Saturdays 10.45 a.m.

Croydon General Hospital

Women & Children

Tuesdays 11 a.m to 1 p.m
Fridays 5.30 - 7 p.m.

Redhill County Hospital

Males

Mondays 5 - 7 p.m.

Females

Wednesdays 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 West Hill House, West Hill, Epsom. (Epsom 2747).

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

MISCELLANEOUS ADDRESSES.

Principal Divisional Welfare Officer, 115a Brighton Road,
Purley (Upl.0776).

Mental Health/Authorised Officer, 44 Reigate Hill, Reigate.
(Reigate 3357).

Blind Welfare Visitor, 53 Abbey Road, Selsdon.
(Sanderstead 2790).

Guild of Social Service/
Citizens Advice Bureau, 105 Brighton Road, Purley.
(Upl.6800).

Caterham & District Old People's
Welfare Association, 6 Dome Hill Peak,
Caterham (Cat.3081).

Old Peoples Homes, "Santa Tecla" Stanstead
Rd, Caterham (Cat.2641).

Browning Bethany Homes, 60 Whyteleafe Hill,
Whyteleafe. (Upl.0442).

Moral Welfare Visitor, 1 Sunny Rise, Caterham.
(Cat. 3728).

Marriage Guidance Council, 38 Russell Hill, Purley.
(Upl. 9029).

N. S. P. C. C. 37 Hartley Road, Croydon.
(Tho. Heath 4250).
48 Grove Hill Road,
Redhill, (Redhill 2388).

W. V. S. (Meals on Wheels), Council Offices,
Caterham. (Cat.1010).

REPORT OF THE CHIEF SANITARY INSPECTOR

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1952.

COMPLAINTS

621 complaints, as under, were received:

Re drainage and sanitary defects	...	193
" housing defects	...	75
" rats and mice	...	168
" insect pests	...	119
" foodstuffs	...	9
" nuisances from refuse	...	16
" nuisances from the keeping of animals	...	11
" alleged overcrowding	...	18
" dirty premises	...	2
Miscellaneous	...	10
		621

This total is 40 in excess of the figure for the previous year.

INSPECTIONS

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

Primary Inspections of premises	...	732
Re-inspections after service of notices	...	1384
Visits to Work in progress	...	353
" " Caravans or camping sites	...	28
" " Factories (excluding Bakehouses)	...	149
" " Workplaces	...	18
" " Bakehouses	...	80
" " Dairies	...	120
" " Other Food Premises & Food Delivery Vehicles	...	553
" " Schools and/or School Canteens	...	72
" " Stables and Piggeries	...	33
" " Hairdressers' and Barbers' premises	...	25
" " Swimming Baths	...	15
" " Shops under Shops Act	...	379
Patrols under Shops Act	...	52
Visits re Overcrowding	...	58
" " Rodent Control (including testing etc, of sewers)	...	797
" " Insect Pests	...	76
" " Notifiable Infectious Diseases	...	290
" " Cesspool Emptying	...	144
" " Health Education Publicity	...	20
" " Milk and Ice-cream Samples	...	211
" " Water Samples	...	16
Miscellaneous	...	454
		6059

ANNEX
SANITARY IMPROVEMENTS

The following improvements were carried out:-

Premises demolished	...	2
Defective drains relaid or repaired	...	54
Soakways provided for rain and surface water	...	12
Drains unstopped and cleansed	...	124
Inspection chambers repaired or renewed	...	20
Inspection chamber covers renewed	...	13
Inspection chamber covers sealed	...	13
Ventshafts or soilpipes repaired	...	1
New W.C. apartments provided	...	1
W.C. fittings provided, repaired or renewed	...	18
W.C.'s provided with new pans and traps	...	14
New sinks fitted	...	4
Trapped waste pipes fixed	...	13
Curbs and channels to sink waste gulleys repaired or renewed	...	17
Water Tests applied	34	
Smoke Tests applied	65	
Chimney stacks repaired or renewed	...	25
Roofs repaired or renewed	...	83
Cuttering or downpipes provided or repaired	...	37
Damp walls remedied	...	61
External walls repaired	...	45
Yards paved or repaired	...	8
Footpaths paved or repaired	...	4
Stops provided or repaired	...	6
Defective floors repaired or renewed	...	47
Defective windows repaired or renewed	...	158
Additional light and ventilation to rooms provided	...	7
Doors repaired or renewed	...	29
Stoves repaired or renewed	...	12
Coppers repaired or renewed	...	5
Defective wallplaster repaired	...	54
Ceilings repaired or renewed	...	46
Dirty walls cleansed	...	38
Dirty ceilings cleansed	...	40
Dustbins provided	...	129
Nuisances from refuse or manure abated	...	10
Dirty premises cleansed (Occupier's neglect)	...	4
Overcrowding abated	...	8
Water service pipes repaired	...	5
Miscellaneous defects remedied	...	26

NOTICES

Informal notices issued	..	478	
Informal notices complied with	..	472	φ
Statutory notices served	..	38	
Statutory notices complied with	..	37	φ

The works required by three Statutory Notices were executed by the Council in default of the owners.

φ Includes notices served in previous years.

HOUSING

A summary of the work done by Sanitary Inspectors is set out in Table Vb in the Appendix. Of the 103 houses inspected for housing defects, the conditions at 26 were recorded in accordance with the Housing Regulations.

Towards the end of the year, a block of six old timber-framed weatherboarded dwellings (Nos. 13 - 23 Westway) was represented as a Clearance Area.

Demolition Orders were made in respect of Box Cottage, 47 Farleigh Road, Warlingham, and No. 4 Milton Road, Caterham-on-the-Hill. Nos. 1 and 2 Green Hill Lane, Warlingham, which were the subject of Demolition Orders made in August 1949, were demolished by the owner. Many more houses will become ripe for demolition within the next few years.

The 'repair' position, referred to in my previous reports, is unchanged. The rents of cottage property have no relation to the post-war cost of maintenance and the life of many small properties is being shortened through the inability of the landlord to keep his property in repair at a reasonable cost. One appeal against a S.9 notice was lodged with the County Court, but was subsequently withdrawn and the requisite work was executed by the date fixed for the hearing of the appeal. Another notice issued under S.9 was not complied with by the owner, and, in his default, the Council carried out the required works. The Council is, however, unable fully to enforce the 'repair' provisions of the Housing Act. A solution is now urgently needed of the complicated problem as to who is to bear the burden of repairing houses which ought to be repaired but which under existing legislation must be classified as dwellings which cannot be repaired at a reasonable cost. Arising from the inability of a property owner to keep his houses in repair at a reasonable cost, the Council purchased at site value in 1952 five small blocks of terrace dwellings with a view to their inclusion in a Clearance Area immediately the local housing situation proves opportune.

One certificate of disrepair was issued under the Rent Restrictions Acts.

The temporary camping site at Warlingham, used as an emergency housing site, was again occupied by about 40 caravans throughout the year. Without recourse to statutory action, the removal of two caravans from unauthorised sites was effected and the use of another unauthorised camping site was discontinued.

CESSPOOL EMPTYING

Motor emptiers, as under, were used for pumping out cesspools during 1952:

<u>Vehicle</u>	<u>Purchased</u>	<u>Used</u>
One 800 gallons emptier	August 1951	Whole of year
One 800 gallons emptier	January 1950	Whole of year
One combined gully/ 800 gallons cesspool emptier	June 1946	Occasionally (5% of work done was performed by this vehicle).

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

<u>Area.</u>	<u>1952</u> <u>Loads</u>	<u>1951</u> <u>Loads</u>	<u>1950</u> <u>Loads</u>	<u>1939</u> <u>Loads</u>	<u>1938</u> <u>Loads</u>	<u>1937</u> <u>Loads</u>
Caterham	215	141	169	178	464	274
Warlingham	121	110	134	239	127	169
Chaldon	2287	2194	2006	822	783	820
Woldingham	1672	1681	1527	1077	1224	1017
	-----	-----	-----	-----	-----	-----
	4295	4126	3836	2316	2598	2280
	-----	-----	-----	-----	-----	-----

This record shows how the Council's responsibility for cesspool emptying has increased and indicates the need for an extension of sewers.

With three machines available for the work, there was less difficulty in dealing with requests for emptying during 1952; but, occasionally during the months of March, April & May, so many applications for emptying were received at one time that it was impossible to cope with the work as promptly as was desirable. Many cesspools now require frequent emptying: at 78 premises the cesspool was emptied 12 or more times during the year.

SUPERVISION OF FOOD

SLAUGHTERHOUSES

Slaughtering of animals for human consumption is carried out at two slaughterhouses in this district. One is situated on a farm of the South West Metropolitan Regional Hospital Board at Caterham-on-the-Hill, which supplies meat to the Board's hospitals: the other is located at privately owned premises which are 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 Meat Inspector.

Meat Inspected and condemned at Slaughterhouses:

	Cattle excl. cows	Cows Calves	Sheep & Lambs	Pigs Goats
Number of animals killed	-	42 1	-	153 -
Number of carcasses inspected	-	42 1	-	153 -
<u>All diseases except Tuberculosis:-</u>				
Whole carcasses condemned	-	- -	-	- -
Carcasses of which some part of organ was condemned	-	8 -	-	6 -
Percentage of the number inspected affected with disease other than Tuberculosis	-	19.0 -	-	3.92 -
<u>Tuberculosis only:-</u>				
Whole carcasses condemned	-	- -	-	- -
Carcasses of which some part of organ was condemned	-	- -	-	- -
Percentage of the number inspected affected with Tuberculosis	-	- -	-	- -

WHOLESALE DEPOTS, RETAIL SHOPS AND CANTEENS.

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

Meat.

Beef - Home Killed	251½ lbs.
Goose	4½ lbs.
Lambs Livers	30½ lbs.
Ox Liver	2½ lbs.
Pigs Head and Pluck	24 lbs.

Fish.

Cod Fillets	34½ lbs.
Kippers	38 lbs.

Canned Meat.

Beef	6	lbs.
Brawn	1	lb.
Ham	73 $\frac{5}{8}$	lbs.
Jellied Veal	24	lbs.
Luncheon Meat	3	lbs.
Other Canned Meat	117	tins.

Other Canned Foods.

Fish	46	tins.
Fruit	485	tins.
Milk	18	tins.
Preserves	70	tins.
Vegetables	515	tins.

Other Foods.

Biscuits	22	lbs.
Cat & Dog Food	6	tins.
Cheese	9 lbs 7 $\frac{1}{2}$	ozs.
Fish and Meat Paste	4	jars/tins.
Prunes	28	lbs.
Pease Pudding	9	tins.
Puddings	2	tins.
Soup	38	tins.

EXTRANEIOUS MATTER IN FOOD.

One of the few complaints received in 1952 related to the finding of a small clump of hempen fibres in an imported biscuit. I received from the manufacturer concerned an assurance that he and his suppliers had undertaken investigations to determine how such fibres got into the biscuit and that, as a safeguard, a change of suppliers of raw materials had been arranged.

MILK.

Distributors on Register at end of 1952.

Distributors with dairies within		
Urban District	...	7
Distributors with dairies outside		
Urban District	...	3
Distributors selling milk from		
local shops only in sealed		
bottles	...	5

120 visits were made to dairies during the year.

Minor improvements were made at several of the dairies in this district during 1952; at one dairy the "soaker" type bottle washer was replaced by a larger machine, and a larger boiler was installed at another dairy.

The use of wide-neck bottles is decreasing fairly rapidly. To solve the problem of making a gradual conversion from "disc" to "cover-all" capping on an existing bottle

filler, one dairyman, in collaboration with a local engineer, devised an automatic portable capping machine. This proved so successful in operation that similar machines are now being manufactured and offered for sale to the dairy industry.

The abuse of milk bottles by the public continues to be a problem for the milk industry. The magnitude of the daily task at the dairies to make milk bottles clean and sterile, is probably not appreciated by those outside the industry, otherwise a larger number of milk bottles would be rinsed with cold water immediately the milk is emptied. A little trouble in the home would save a lot of work at the dairy. Far too many empties are put out with milk adhering to the bottles; these are sometimes left in the sun for several hours before collection with the result that milk fat is hardened on to the glass. The cleansing of such bottles presents difficulties at the dairy. Far too often one also finds a milk bottle which has been used for purposes other than the storage of milk. During the year under report, one bottle of milk was brought to the office for examination because of the presence of patches and streaks of a red colour, which showed up strongly against the background of the milk and gave the bottle an alarming appearance. The Public Analyst found that the interior of the milk bottle was soiled with red paint in the form of a firmly adherent film; the actual quantity of paint on the bottle was very small and there was no paint or foreign matter in the milk itself. The full introduction of narrow neck bottles will probably assist in securing a reduction in the dishonest use of milk bottles.

There is still a tendency for crates of milk to be dumped in odd corners pending their collection by milk roundsmen. While it is an offence to leave milk on the public highway except upon final delivery on a retail sale, the Milk Regulations are less useful when milk is dumped temporarily on private property. Milk so dumped must be protected, however, and dairymen should be able to solve the difficulties associated with large-scale deliveries of milk in a very hilly district by providing suitable storage sites and so end the indiscriminate dumping which has hitherto been practised.

This urban district has not yet been declared a "specified area" under the Food & Drugs (Milk, Dairies and Artificial Cream) Act, 1950, the effect of which would make a special designation obligatory for all sales of milk by retail for human consumption, but less than 1% of the fluid milk sold in this district is Ungraded raw milk.

Dealer's 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	...	6

Dealer's Supplementary Licences:

Tuberculin Tested	...	3
Pasteurised	...	3
Sterilised	...	2

Pasteuriser's Licences.

The issue of these licences is the province of the County Council as the Food and Drugs Authority, and your Sanitary Inspectors continued to act as agents for the County Council for purposes of sampling and the supervision of pasteurising plants. There are three pasteurising establishments in the district.

Sampling.

The results of tests on samples of milk taken during 1952 are as follows:-

Processed Milk:

<u>Tuberculin Tested Milk (Pasteurised).</u>	<u>Passed.</u>	<u>Failed.</u>
Methylene Blue (to check probable keeping quality) ...	60	4
Phosphatase (to check efficiency of heat treatment) ...	63	1

Pasteurised Milk.

Methylene Blue ...	...113	3
Phosphatase ...	...114	2

Sterilised Milk.

Turbidity 2	-
---------------	-------	---

Raw Milk:

Tuberculin Tested Milk.

Biological ...	... 2	-
Methylene Blue ...	... 4	-

Raw Milk (Ungraded)

Biological ...	... 4	-
Methylene Blue ...	... 4	-

In addition, 105 sediment tests of farmers' supplies were made during the year, and these were classified as follows:-

Clean	43
Fairly satisfactory	49
Dirty ...	9
Very dirty ...	4

All the unsatisfactory results related to milk supplied by two farms, both of which were within the County of Surrey. The Public Health Committee viewed with concern the bad cleanliness record of the milk supplied by these farms and at the end of the year strong representations were made to the Authority charged with the supervision of milk production at the farms. An improvement in the cleanliness of the milk supplied by these two farms was ultimately secured.

ICE-CREAM.

Only one registration of premises in this district for the manufacture of ice-cream has been made, and the manufacturer concerned uses a complete cold mix. 52 other premises are registered for the sale of ice-cream and the retailers concerned obtain their supplies from well known manufacturers. Three certificates of registration were issued during the year.

Most of the ice-cream sold in this district is packaged.

19 samples of ice-cream were examined by the Public Health Laboratory Service with the following results:-

Ministry's provisional Grade	Number	Samples % of total	% in 1951
1	11	57.89	58.57
2	6	31.57	24.30
3	1	5.27	17.13
4	1	5.27	00.00

Thus 10% of the samples failed to reach a satisfactory standard of cleanliness as determined by the methylene blue test. Although this test is not accepted as a perfect test for determining the bacterial contamination of ice-cream, the results shew an improvement over those for 1951, when 17% of the samples were classified as unsatisfactory.

FOOD HYGIENE.

As in past years, close attention was paid to premises where food was prepared, stored or exposed for sale, and also to vehicles used for the transport of food.

The following improvements (excluded from the table of Sanitary Improvement on Page 23) were secured at food premises:-

Roofs repaired	...	...	2
Floors repaired	...	...	4
Walls repaired	...	...	2
Windows repaired	...	...	4
Doors repaired or renewed	...	...	2
Wallplaster repaired	...	...	3
Ceiling plaster repaired	...	...	5
Floor coverings renewed	...	...	2
Defective drains relaid or repaired	...	...	2
Drains unstopped and cleansed	...	...	2
Soakaways provided for rain and surface water..	...	...	1
New W.C. apartments provided	....	...	2
W.C.'s provided with new pans and traps	...	...	1
W.C. fittings repaired or renewed	...	...	1
Trapped waste pipe renewed	...	...	1
Sinks or lavatory basins provided	...	...	8
Running hot water supply provided	...	...	17
Light and ventilation improved	...	...	5
Dirty walls cleansed	...	...	10
Dirty ceilings cleansed	...	...	10
Yards paved or repaired	...	...	4
Damp walls remedied	...	...	2
Accumulations of rubbish removed	...	...	5
Dustbins provided	...	...	2
Kitchen equipment renewed	...	...	4
New food stores constructed	...	...	2
Kitchens enlarged	...	...	2
Dirty food carrying vehicles cleansed	...	...	5
Miscellaneous	...	...	5

Seventeen warnings were given regarding the need for strict cleanliness in food premises.

"Wash your hands" notices are not popular, but generally little difficulty is experienced in securing compliance with the Council's "Clean food" byelaws.

ADULTERATION.

The sampling of food and drugs for adulteration will become the province of the Sanitary Inspectors if the Council is successful in obtaining a direction that the Urban District Council shall be the Food and Drugs Authority instead of the County Council.

DESTRUCTION OF RATS AND MICE

The year's work is summarised hereunder:-

Number of complaints received and investigated	...	162
Number of Independent investigations made	...	490
Number of Premises found to be infested by rats	...	204
Number of Premises found to be infested by mice	...	29
Number of Premises treated and cleared		
(i) by Local Authority's operators	...	251
(ii) By Occupiers	...	14

∅ Includes infestations found in 1951

In addition, the routine annual testing of sewers, required by the Ministry of Agriculture and Fisheries, was carried out in August 1952, when 139 manholes were test-baited and 8 "takes" were recorded. The necessary treatment was carried out & the second half-yearly poisoning was undertaken in April 1953.

Only one "major" infestation was found. Large infestations of the "reservoir" type are not likely to be seen in this district.

The Council's method of refuse disposal offers no inducement to rats and the tip used in 1952 was free from infestation throughout the year.

It was again notable that a number of residents unwittingly fed rats when feeding domestic animals or wild birds.

Provided the co-operation of the occupants

is forthcoming, rodent control at private dwellings is available as one of the Council's 'protective' activities and the services of the Rat Catcher are made available without charge.

The Department has continued to act as Servicing Agent to the County Council at schools and at six school canteens.

Liaison was maintained between officers of neighbouring authorities and officers of the County Agricultural Executive Committee and of the Divisional Headquarters of the Ministry of Agriculture and Fisheries at meetings of the No. 3 Workable Area Committee, which met three times during the year.

DISINFECTION

Number of rooms sprayed or fumigated	... 19
Bundles of bedding and clothing disinfected	... 23
Library books fumigated	... 304

DISINFESTATION

Number of rooms sprayed or fumigated	... 53
Bundles of bedding and clothing disinfested	... 4
Wasps nests destroyed	... 113

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN J. GARDEN.

Chief Sanitary Inspector.

June 1953
C/ALL/1

TABLE I.

THE URBAN DISTRICT COUNCIL OF CATERHAM AND WARLINGHAM

1952

Public Health Committee.

Chairman: Councillor A. H. James.

Councillor A.H.Bartley. Councillor J. Roberts.

" H.W.Dailey. " Mrs.K.M.C.Sims.

" W.Howes. " Dr.H.Trefford.

" Mrs. A.M.Tuck.

Ex-officio: Councillor Miss E.M.S.Marshall,C.C.,J.P.

Public Health Department.

STAFF;

Medical Officer of Health.

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

Deputy Medical Officer of Health.

* M. Sutcliffe, M.A.,M.B.,B.Chir.,D.P.H.

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, M.S.I.A.

Senior Clerk

A. H. Hadlow.

Clerks.

Mrs L. A. Capon.

Mrs D. R. Gaskell.

(* Part-time appointment only to this Council)

♠ Certificate for Inspectors of Meat and Other Foods.

TABLE II.

DEATHS OCCURRING DURING THE YEAR 1952.

Cause of death.	Males.	Females.	Total.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and over.
Respiratory tuberculosis	2	1	3	-	-	-	-	-	-	2	1
Other tuberculosis	1	-	1	-	-	-	1	-	-	-	-
Syphilitic disease	1	-	1	-	-	-	-	-	-	-	1
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	1	1	-	-	-	-	-	-	1	-
Malignant neoplasm, stomach ...	8	1	9	-	-	-	-	-	1	3	5
Malignant neoplasm, lung, bronchus	7	4	11	-	-	-	-	-	-	2	9
Malignant neoplasm, breast	-	9	9	-	-	-	-	-	1	3	3
Malignant neoplasm, uterus	-	1	1	-	-	-	-	-	-	1	-
Other malignant and lymphatic neoplasms	14	10	24	-	-	-	-	-	-	7	17
Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	-	-	-
Diabetes	-	5	5	-	-	-	-	-	-	1	4
Vascular lesions of nervous system	18	25	43	-	-	-	-	-	1	13	29
Coronary disease, angina	26	16	42	-	-	-	-	-	1	10	31
Hypertension with heart disease	1	1	2	-	-	-	-	-	-	-	2
Other heart disease	21	35	56	-	-	-	-	-	-	9	47
Other circulatory disease	3	6	9	-	-	-	-	-	-	-	9
Influenza	1	-	1	-	-	-	-	-	-	-	1
Pneumonia	7	2	9	-	-	1	-	-	-	1	7
Bronchitis	12	7	19	-	-	-	-	-	-	3	16
Other respiratory diseases	3	1	4	-	-	-	-	-	-	2	2
Ulcer of stomach and duodenum..	1	1	2	-	-	-	-	-	-	2	-
Gastritis, enteritis and diarrhoea	1	1	2	-	-	-	-	-	-	-	2
Nephritis and Nephrosis	3	1	4	-	-	-	-	1	1	1	1
Hyperplasia of prostate	2	-	2	-	-	-	-	-	-	-	2
Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations	1	-	1	1	-	-	-	-	-	-	-
Other defined and ill-defined illnesses	11	18	29	7	-	-	2	1	-	4	15
Motor vehicle accidents	3	-	3	-	-	-	-	2	-	1	-
All other accidents	1	4	5	-	-	-	-	-	-	1	4
Suicide	2	1	3	-	-	-	-	-	-	2	1
Homicide and operations of war.	-	-	-	-	-	-	-	-	-	-	-
TOTALS	150	151	301	8	-	1	3	4	5	71	209

TABLE III
NOTIFIABLE DISEASES

NOTIFIABLE DISEASES	Number of cases Notified													Total Deaths							
	At all ages - years																				
	1	2	3	4	5	10	15	20	35	45	65 and over	Wards									
												Caterham West	Caterham East	Caterham South	Warlingham East	Warlingham West	Chaldon	Woldingham	Whyteleafe	Total number of cases removed to Hospital	
Diphtheria	1	1	5	14	53	6	1	2	1	2	1	4	7	3	1	1	1	1	7	2	1
Scarlet Fever	1	1	1	1	1	1	1	1	2	2	5	1	1	3	10	1	1	1	1	62	2
Erysipelas	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	4
Para-typhoid Fever	1	1	1	1	4	3	1	1	3	1	2	1	1	1	1	1	1	1	1	1	1
Dysentery	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute poliomyelitis paralytic	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Measles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Meningococcal Meningitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Puerperal Pyrexia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Benign Testicular Malaria	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTALS	3	83	9	13	2	10	67	43	1	1	234	15	20	9	14	2	2	12	15	83	10

∅ includes 37 cases among patients at St. Lawrence's Hospital.

* deaths from all forms of Pneumonia

TABLE IV

FACTORIES.

1. Inspections.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
Factories in which Section 1,2,3,4 & 6 are to be enforced by Local Authorities.	13	36	2	-
Factories not included above in which Section 7 is enforced by Local Authorities.	106	158	8	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	13	15	1	-
T O T A L	132	209	11	-

2. Defects.

Particulars	Number of cases in which defects were				No. of cases in which prosecutions were instituted.
	Found	Re-medied	Referred		
			To H.M Inspector	By H.M Inspector	
Want of cleanliness(S.1)	14	16	-	-	-
Overcrowding(s.2)	-	-	-	-	-
Unreasonable temperature(S.3)	-	-	-	1	-
Inadequate ventilation(S.4)	-	-	-	1	-
Ineffective drainage of floors(S.6)	-	-	-	-	-
Sanitary Conveniences(S.7)					
(a) insufficient	3	1	-	-	-
(b) unsuitable or defective	-	1	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).	11	11	-	1	-
T O T A L	28	29	-	3	-

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

Notified	...	1
Remedied	...	2

TABLE V
HOUSING STATISTICS

(a) New Houses.

Number of New Houses erected during the year:-

(i)	By Local Authority ...	60
(ii)	By other Local Authorities ...	8
(iii)	By other bodies and persons ...	...
	(a) War damage rebuilds Nil	
	(b) New Dwellings <u>41</u>	<u>41</u>
		109

(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) ...	103
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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 ...	155 ϕ
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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 ...	12
---	----

(ii) No. of dwelling-houses in which defects were remedied after service of formal notices

(a) By Owners ...	11 ϕ
(b) By Local Authority in default of Owners	1

(b) Proceedings under Public Health Acts.

(i) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	26
---	----

ϕ includes notices served in previous years.

(ii)	No. of dwelling-houses in which defects were remedied after service of formal notices		
(a)	By Owners	...	26 ϕ
(b)	By Local Authority in default of Owners	...	2
(c)	Proceedings under Sections 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	...	2
(d)	Proceedings under Section 12 of the Housing Act, 1936	...	Nil

4. Overcrowding.

(a) (i)	No. of dwellings overcrowded at the end of the year	...	13
(ii)	No. of families dwelling therein	...	16
(iii)	No. of persons dwelling therein	...	98
(b)	No. of cases of overcrowding reported during the year	...	10
(c) (i)	No. of cases of overcrowding relieved during the year	...	6
(ii)	No. of persons concerned in such cases	...	33
(d)	No. of cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	...	Nil

ϕ includes notices served in previous years

TABLE VI

FOOD AND DRUGS ACT, 1938

Statement on the number of samples taken during 1952:

Articles	Analysed			Adulterated or Irregular			Prosecutions
	Formal	Informal	Total	Formal	Informal	Total	
<u>FOOD</u>							
Milk	70	12	82	3	1	4	-
Almonds, ground	-	1	1	-	-	-	-
Bacon	-	1	1	-	-	-	-
Biscuits	-	1	1	-	1	1	-
Broth	-	1	1	-	-	-	-
Butter	-	1	1	-	-	-	-
Cheese	-	1	1	-	-	-	-
Cooking Fat	-	1	1	-	-	-	-
Curry Powder	-	1	1	-	-	-	-
Lemonade Powder	-	1	1	-	1*	1	-
Lobster, tinned	-	1	1	-	-	-	-
Margarine	-	1	1	-	-	-	-
Sardines, tinned	-	1	1	-	-	-	-
Sausages	-	2	2	-	1	1	-
Wine	-	3	3	-	-	-	-
<u>DRUGS</u>							
Tincture of Quinine	-	1	1	-	-	-	-
Vitamin supplements	-	1	1	-	-	-	-
TOTALS	70	31	101	3	4	7	-

* Labelling offence

TABLE III
 ANALYSIS OF FOODS
 RECEIVED AT THE
 LABORATORY

Specimens on the number of samples taken during 1933

Articles	Analyzed				Total	Proces- sions
	Proces- sions	Admitted or Inspected	Admitted or Inspected	Admitted or Inspected		
<u>FOOD</u>						
Milk	70	12	22	1	105	-
Almonds	-	1	1	-	2	-
Apples	-	1	1	-	2	-
Bananas	-	1	1	-	2	-
Berries	-	1	1	-	2	-
Bread	-	1	1	-	2	-
Butter	-	1	1	-	2	-
Cheese	-	1	1	-	2	-
Cooking	-	1	1	-	2	-
Corn	-	1	1	-	2	-
Flour	-	1	1	-	2	-
Ice cream	-	1	1	-	2	-
Lard	-	1	1	-	2	-
Meat	-	1	1	-	2	-
Oranges	-	1	1	-	2	-
Peanut butter	-	1	1	-	2	-
Pineapples	-	1	1	-	2	-
Wine	-	1	1	-	2	-
<u>DRUGS</u>						
Aspirin	-	1	1	-	2	-
Alcohol	-	1	1	-	2	-
TOTALS	70	31	101	3	205	7