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Contributors

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Borough of Epsom and Ewell

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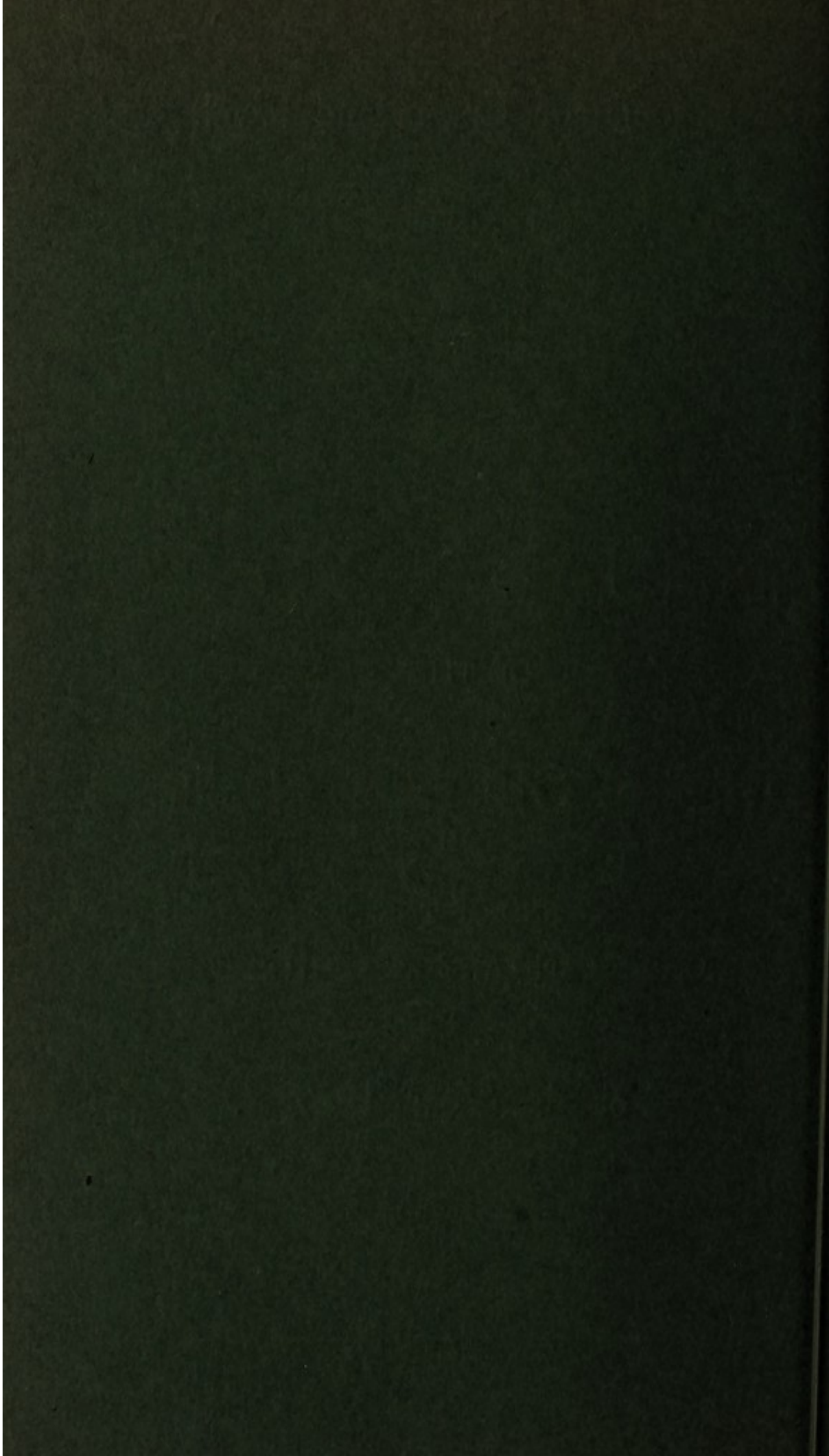
OF THE

Medical Officer of Health

AND OF THE

CHIEF SANITARY INSPECTOR.

For the Year 1947



Borough of Epsom and Ewell

ANNUAL REPORTS

OF THE

Medical Officer of Health

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CHIEF SANITARY INSPECTOR

For the Year 1947

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Borough of Epsom and Ewell

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health:

CYRUS IVE, M.B., B.S.(Lond.), M.R.C.S.(Eng.), L.R.C.P.(Lond.),
D.P.H.

Chief Sanitary Inspector:

†WM. H. C. HAGGER, M.R.San.I., F.S.I.A.

Deputy Chief Sanitary Inspector:

*†L. H. GRACE, A.R.San.I., M.S.I.A.

Additional Sanitary Inspectors:

°†S. J. T. WOOD, M.S.I.A.

†H. W. ELLIS, M.R.San.I., M.S.I.A. (Resigned 18-1-47.)

†E. THOMPSON, A.R.San.I., M.S.I.A. (Appointed 17-3-47.)

Staff of the Scabies Treatment Clinic:

Miss E. HAUXWELL, S.R.N.

H. GARMAN. (Part time.)

Medical Officer of Health's Clerical Staff:

Senior Clerk: C. H. ARGENT.

Junior Clerk: M. A. FORSHAW. (Temporary.)

Typist: Miss B. E. CROFT.

Chief Sanitary Inspector's Clerical Staff and Outside Staff:

Chief Clerk: H. T. J. WOOLFORD, A.R.San.I.

Shorthand Typist: Miss D. D. WOOD.

Clerk: C. W. BAILEY.

Junior Clerk: D. BRISK. (Returned from H.M. Forces 17-11-47.)

Junior Clerk: M. A. FORSHAW. (Transferred to M.O.H's
Dept. 17-11-47.)

General Assistants and Mortuary Attendants:

W. GOODENOUGH and J. STEPHENS.

Rodent Officer's Assistant: A. E. READ.

(The Medical Officer of Health and his clerical staff act in a similar capacity for the Dorking and Leatherhead Urban Districts and for the Dorking and Horley Rural District.)

† Holds The Royal Sanitary Institute Certificate as Inspector of Meat and other Foods.

* Holds Sanitary Science Certificate of The Royal Sanitary Institute.

° Holds Smoke Inspectors' Certificate of The Royal Sanitary Institute.

PUBLIC HEALTH DEPARTMENT,
WEST HILL HOUSE,
WEST HILL,
EPSOM.

September, 1948.

*To the Mayor, Aldermen and Councillors of the
Borough of Epsom and Ewell.*

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for the year 1947, which has been prepared in accordance with the Ministry of Health Circular 170/47.

The vital statistics of the district for the year were satisfactory. The death rate was lower than in any year since 1939 and the infant mortality rate was the lowest yet recorded.

With regard to the incidence of infectious diseases, it is to be noted that there were no cases of diphtheria in persons under the age of fifteen years. On the other hand there were many cases of whooping cough and one death as a result. The production of an effective immunising agent or of a drug specific in its action against this disease would be of great value in preserving child health. Research work of an encouraging nature is being carried out in this direction.

The most important epidemiological feature of the year was the largest outbreak of anterior poliomyelitis yet recorded in this country, which occurred in the second half of the year, and in which this district shared to the extent of thirteen cases with one death and much resultant crippling in some of those affected.

The improvement noted last year in the mortality rate from tuberculosis was not maintained, and the figure returned to a level considerably higher than in the years before the war. Owing to the shortage of beds there was often great delay in admitting patients to hospital for treatment, which must have had an adverse effect on the course of the disease in many cases. There was also the unfortunate result that contacts continued to be exposed at a time when infectivity was likely to be high.

The National Health Service Act came into operation on July 5th, 1948. Its immediate effect on the work of the Public Health Department of this Council will be small, as most of the functions dealt with in the Act have been a responsibility of other authorities in the past. Responsibility for immunisation schemes will pass to the County Council, whose proposal it is to ask the Borough Council to allow the Medical Officer of Health to direct the local administration of this work.

The repeal of the Vaccination Acts, with the abolition of compulsory vaccination and of the appointments of Public Vaccinators and Vaccination Officers, will enable the County Council to make similar arrangements for voluntary vaccination as it has done for other immunising procedures.

A matter of interest to the County district authorities, including this Borough, is the proposal of the County Council to set up sub-committees of its health committee to function in the nine divisions of the County which have been created for the purpose of health administration. The Borough lies within the Central Division, together with the Borough of Sutton and Cheam, the Urban Districts of Banstead and Leatherhead, with fractions of the Rural Districts of Dorking and Horley and of Guildford added. The area of the division coincides with that of the Divisional Executives set up in the Central Division under the Education Act. The strong representation of County districts on the divisional health sub-committees will have the effect of arousing greater local interest in the administration of the functions with which they will be concerned, which mainly relate to the health of mothers and young children.

Under the National Health Service Act the ambulance service for which the Borough Council has hitherto been responsible will be transferred to the County Council, an abstract of whose proposals will be found in the report.

It is a pleasure to record again the great assistance which I have received from the Chief Sanitary Inspector and his staff, and from my own clerical staff. I am very conscious of the continued goodwill and support which I have received from the Council.

I am,

Mr. Mayor, Aldermen and Councillors,

Your obedient Servant,

CYRUS IVE,

Medical Officer of Health.

TABLE 1.—COMPARATIVE BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASE IN THE YEAR 1947:—

	<i>England and Wales.</i>	<i>Borough of Epsom & Ewell.</i>
Rates per 1,000 Civilian Population.		
BIRTHS—		
Live Births	20·5	15·5
Still Births	0·50	0·40
DEATHS—		
All Causes	12·0	8·8
Typhoid and Paratyphoid Fevers	—	—
Scarlet Fever	—	—
Whooping Cough	0·02	0·01
Diphtheria	0·01	—
Influenza	0·09	0·06
Smallpox	—	—
Measles	0·01	—
NOTIFICATIONS—		
Typhoid Fever	0·01	0·01
Paratyphoid Fever	0·01	0·01
Cerebro-spinal Fever	0·05	—
Scarlet Fever	1·37	0·70
Whooping Cough	2·22	2·15
Diphtheria	0·13	0·04
Erysipelas	0·19	0·13
Smallpox	—	—
Measles	9·41	6·44
Pneumonia	0·79	0·63
Rates per 1,000 Live Births.		
DEATHS under 1 year of age	41·0	20·7
DEATHS from Diarrhoea and Enteritis under 2 years of age	5·8	0·94
Rates per 1,000 Total Births (Live and Still).		
MATERNAL MORTALITY—		
Puerperal and Post Abortive Sepsis	0·26	—
Other Maternal Causes	0·91	—
NOTIFICATIONS—		
Puerperal Pyrexia	7·16	17·5

Borough of Epsom and Ewell

Annual Report of the Medical Officer of Health for the Year 1947

1.—STATISTICS AND SOCIAL CONDITIONS FOR THE AREA.

Area (acres)	8,427
Population (Census 1931)	35,231
Population (estimated mid-year 1947)	68,330
Density (persons per acre)	8.04
Number of inhabited houses according to the Rate Books at 31st December, 1947	16,840
Rateable value at 31st December, 1947... ..	£720,958
Sum represented by a Penny Rate	£2,924

The district is a diamond shaped area situated in the central part of the County of Surrey. Its southern boundaries reach the lower slopes of the North Downs. To the north it merges into the built-up area of Greater London. On the east it is separated from the neighbouring district by Nonsuch Park, and on the west by Epsom Common. It is particularly fortunate in possessing a large amount of public and private open space, some of which is in its natural state, and some developed as recreation grounds and parks. The subsoil of the southern third is chalk, and of the remainder clay, save for a narrow strip between these areas in which the Tertiary sands appear. The Hogsmill stream rises in Ewell village in springs derived from the chalk, and traverses the district in a north-easterly direction.

The area is mainly residential in character, a large proportion of the working population taking advantage of easy access to London. Hospitals, racing stables, transport undertakings, and an increasing number of light industries create local employment.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

	<i>Total.</i>	<i>M.</i>	<i>F.</i>	
<i>Live Births:—</i>				
Total live births	1,060	539	521	} Birth Rate per 1,000 Civilian Population 15.5
Legitimate ...	1,022	516	506	
Illegitimate ...	38	23	15	
<i>Still Births:—</i>				
Total still births	27	17	10	} Rate per 1,000 total live and still births 24.8
Legitimate ...	24	16	8	
Illegitimate ...	3	1	2	
<i>Deaths (net)</i> ...	600	291	309	Crude death rate ... 8.8

Deaths of Infants under

1 year of age:—

Total infant deaths	Total.	M.	F.	
Legitimate ...	22	10	12	
Illegitimate ...	22	10	12	
Death Rate of all infants per 1,000 live births	...	...	...	20.7
Death Rate of legitimate infants per 1,000 legitimate live births	...	...	...	21.5
Death Rate of illegitimate infants per 1,000 illegitimate live births	...	...	...	—

Deaths from Puerperal Causes:—

	Deaths.	Rate per 1,000 total (live and still) births.
Puerperal and Post Abortive Sepsis...	—	—
Other Maternal Causes ...	—	—

Deaths from:—

Measles (all ages) ...	—
Whooping Cough (all ages) ...	1
Diarrhoea (under 2 years of age) ...	1
Cancer (all ages) ...	94

Table II shows a comparison of vital statistics for the district since 1931, with the figures for England and Wales during the same period.

BIRTHS.

Live births numbered 1,060, of which 539 were of males and 521 of females, representing a birth rate of 15.5 per 1,000 of the civilian population, compared with the rate of 20.5 for England and Wales. The local birth rate is artificially lowered by the presence of the London County Council Hospitals, whose inmates are included in the resident population, but who make little contribution to the reproductive life of the community. Reference to Table II shows a continuation of the higher level of the birth rate which commenced in 1942.

Twenty-seven still-births were registered during the year, giving a still-birth rate of 0.40, compared with the rate of 0.50 per thousand population for England and Wales.

TABLE II.—COMPARATIVE BIRTH, DEATH AND INFANT MORTALITY RATES.

Period.	Average Annual Birth Rate per 1,000 Civilian Population (Annual Rates 1940—47)		Average Annual Crude Death Rate per 1,000 Civilian Population. (Annual Rates 1940—47)		Average Annual Death Rate of Children under 1 year of age per 1,000 live births. (Annual Rates 1940—47)	
	England and Wales.	Epsom and Ewell.	England and Wales.	Epsom and Ewell.	England and Wales.	Epsom and Ewell.
—1940	14.9	12.6	12.2	7.3	58	41
1940	14.6	13.2	14.3	9.1	55	30.6
1941	14.2	12.1	12.9	10.2	59	37.1
1942	15.8	16.0	11.6	9.4	49	34.6
1943	16.5	17.4	12.1	10.6	49	35.8
1944	17.6	16.3	11.6	9.9	46	33.5
1945	16.1	13.0	11.4	9.1	46	31.8
1946	19.1	15.8	11.5	9.1	43	26.2
1947	20.5	15.5	12.0	8.8	41	20.7

DEATHS.

The deaths registered in the area after correction for inward and outward transfers numbered six hundred. This represents a crude death rate of 8.8 per 1,000 of the estimated resident population, compared with the figure of 12.0 for England and Wales. The total included two hundred and ninety-one males and three hundred and nine females.

In Table II will be found crude annual deaths rates covering the period 1931-1947. A marked rise will be noticed to have occurred in 1940 and to have persisted in subsequent years, whereas the corresponding figures for England and Wales show a small but steady decline. The explanation of this local increase lies in administrative arrangements in the Registrar General's office, whereby at the outbreak of war alterations were made in the statistical treatment of transferable deaths to meet the abnormal conditions caused by evacuation. Up to that time the deaths of persons dying in hospitals or institutions were assigned to their place of permanent residence. Under the new arrangement the deaths of many persons occurring in hospitals or institutions are assigned to the area in which the death occurred. The effect of the change has been particularly noticeable in this district, which has a large hospital population whose place of residence is normally in one or other of the metropolitan boroughs. There is no evidence that there has been any increase in the death rate of permanent residents. This is confirmed by the fact that the level of the death rate has remained steady since 1940. The death rate remains substantially below the figure for England and Wales.

The causes of death are set out in Table III.

TABLE III.—CAUSES OF DEATH IN THE BOROUGH OF EPSOM AND EWELL.

<i>Cause of Death.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
1. Typhoid and Paratyphoid Fevers	—	—	—
2. Cerebro-spinal Fever	—	—	—
3. Scarlet Fever	—	—	—
4. Whooping Cough	—	1	1
5. Diphtheria	—	—	—
6. Tuberculosis of Respiratory System	17	4	21
7. Other forms of Tuberculosis	3	3	6
8. Syphilitic Disease	3	2	5
9. Influenza	3	1	4
10. Measles	—	—	—
11. Acute Poliomyelitis and Polioencephalitis	1	1	2
12. Acute Infectious Encephalitis	—	1	1
13. Cancer of Buccal Cavity and Oesophagus (males)	5	—	5
13A. Cancer of Uterus (females)	—	6	6
14. Cancer of Stomach and Duodenum	8	4	12
15. Cancer of Breast	—	14	14
16. Cancer of all other sites	30	27	57
17. Diabetes	2	2	4
18. Intra-cranial Vascular Lesions	26	34	60
19. Heart Disease	83	96	179
20. Other Diseases of the Circulatory System	12	13	25
21. Bronchitis	11	15	26
22. Pneumonia	15	15	30
23. Other Respiratory Diseases... ..	7	5	12
24. Ulceration of the Stomach or Duodenum... ..	4	1	5
25. Diarrhoea (under 2 years of age)	1	—	1
26. Appendicitis	3	—	3
27. Other Digestive Diseases	4	5	9
28. Nephritis	4	8	12
29. Puerperal and Post-Abortive Sepsis	—	—	—
30. Other Maternal Causes	—	—	—
31. Premature Birth	2	1	3
32. Congenital Malformation, Birth Injury, Infantile Disease	5	7	12
33. Suicide	3	5	8
34. Road Traffic Accidents	3	—	3
35. Other Violent Causes	7	7	14
36. All Other Causes	29	31	60
	291	309	600

INFANT MORTALITY.

Deaths of children under one year of age numbered twenty-two, which included ten males and twelve females. The infant mortality rate for the year is 20.7 per 1,000 live births and is the lowest so far recorded in this district. Thirteen of the deaths occurred within twenty-eight days of birth, and six of these within one day. In seven deaths the cause was attributed directly or indirectly to prematurity. Of the remainder, three deaths were due to congenital malformations, four to broncho-pneumonia, two to accidental asphyxiation of which one was due to the inhalation of regurgitated food, and the other to smothering by bed clothes, and one each to postmaturity, acute lymphatic leukaemia, gastro-enteritis, impetiginous eczema, tuberculosis and whooping cough.

Reference to Table II will show the low infant mortality rate which has been a feature of the vital statistics of this district for many years, and which this year, with a rate of 20.7 per 1,000 live births, is the lowest yet recorded. The figures prove the effectiveness of the various measures which have been taken in the past forty years for the specific purpose of saving infant life. The pioneer efforts of medical and social workers were supported in the first place by voluntary welfare associations ; at a later date legislation gave power to County Councils, County Borough Councils and certain other local authorities to set up a maternity and child welfare service. The activities of many persons in many different directions have built up in the comparatively short time of two generations the service as it is to-day, and have placed at the disposal of its staff the experience and information on which the modern methods of child care are based. Many improvements in the management of infants have been brought about, and particularly in the technique of infant feeding, whether by breast or bottle. A great effort in the education of the public in these ideas has been made and credit is due to the medical and health visiting staff of the service who have spent a considerable proportion of their effort in disseminating information of a practical nature. In considering the reasons for the continued fall in the infant mortality rate recognition should also be made of the willingness and ability of the modern mother to accept new ideas and to put them into practice in the home, often under great difficulties by reason of the housing shortage.

2.—GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

The Public Health Laboratory service is directed by the Medical Research Council for the Ministry of Health. A local laboratory of the service is working in temporary quarters in West Hill House, West Hill, Epsom. During the year 1947 the number of specimens sent by practitioners in this district was as follows:

For the diagnosis of	Diphtheria ...	...	...	71
" "	" Tuberculosis ...	...	...	71
" "	" Enteric Fever ...	...	...	44
" "	" Haemolytic Streptococcal infections			235
" "	" Venereal Diseases ...	...	...	2

The laboratory also examines and reports on the bacteriological conditions of samples of milk, food and water submitted by the Council's Public Health Department. Details of samples are as follows:

Water ...	...	...	...	28
Milk ...	...	...	...	45
Ice Cream ...	...	...	...	45

AMBULANCE FACILITIES.

The National Health Service Act places the ambulance service of the country under the control of the various county councils and county borough councils which act as local health authorities. Accordingly this Borough's ambulance service will be transferred to the Surrey County Council on July 5th, 1948, and 1947 will be the last full working year

under present conditions. After the transfer has taken place the local ambulance station will continue to be at Langton Avenue, Ewell (Tel.: Ewell 1852), where application should be made for ambulances required in connection with illness or accident.

A pamphlet has been received from the County Council's Public Health Department which gives information on the use of the ambulance service, and the following details are extracted from it:

In accidents in the home or elsewhere or in sudden illness in streets and public places, any responsible person may call the ambulance to remove the patient. Normal maternity cases will be removed if the applicant can give evidence that a maternity bed has been booked. Maternity cases with serious complications, or where birth is imminent, will not normally be moved without the authority of a doctor or certified midwife who should travel with the patient in the ambulance. The removal of other cases of illness or accident will be arranged by the hospital concerned, or by the medical practitioner in charge of the patient. For private removals a written request accompanied by a doctor's certificate, should be made to the County Medical Officer. Cases of infectious disease will normally be moved by ambulances stationed at the hospital to which the patient is to be removed.

Providing that these requirements are fulfilled, no charge will be made to users.

In addition to the public ambulance service, the Epsom Ambulance Service, a private hire firm, of West Street, Epsom (Tel.: Epsom 745) maintains three ambulances and provides a day and night service. Charges are made on a mileage basis.

NURSING IN THE HOME.

(a) GENERAL NURSING.—The greater part of this work is undertaken by two Nursing Associations operating in the district. The Epsom District Nursing Association maintains four nurses at 36, Temple Road, Epsom (Epsom 1153) and the Ewell District Nursing Association employs three nurses at 2, Bypass Road, Ewell (Ewell 2022).

After July 5th, 1948, the National Health Service Act places on local health authorities, in this case the Surrey County Council, the duty to provide nurses, employed either by themselves or by voluntary organisations, to attend persons who require nursing in their own houses. The service to be provided will be free of charge to the users of it.

The County Council proposes to carry out its obligations by supporting the continuance of the existing nursing association, through the agency of the Surrey County Nursing Association.

PROVISION OF NURSING EQUIPMENT AND APPARATUS.

A Medical Loan Depot is organised by the Epsom, Ewell & Stoneleigh Division of the British Red Cross. The depot is situated at West Hill House, Epsom, and is open Monday, Wednesday and Friday from 11—1 p.m. I am indebted to Mrs. D. Hutt, Divisional Secretary, for the information that 111 articles were loaned to residents of the Borough in 1947.

The equipment has a wide range of all that is necessary in Home Nursing, and includes water beds, bed tables and rests, and wheel chairs. This service fulfills an important need, particularly at a time when admission to hospitals is becoming more difficult.

CLINICS AND TREATMENT CENTRES.

MATERNITY, CHILD WELFARE AND TUBERCULOSIS.—The County Council is the responsible authority for these services. County Council Health Centres are situated at 44, Waterloo Road, Epsom, and at Ewell Court House, off the Kingston Road, Ewell. The Epsom Health Centre also serves as a tuberculosis dispensary for Epsom and Ewell, Leatherhead and part of Banstead.

FAMILY PLANNING ASSOCIATION'S CLINIC.—As a result of a movement organised locally, a branch of the Family Planning Association has recently been formed in the Borough. It provides a weekly clinic at the Epsom Hospital with the consent of the Hospital Management Committee and the Medical Superintendent. The medical staff is appointed by the Association and is assisted by voluntary workers. The work of the Association is concerned with the teaching of contraception to married persons, and also with the investigation of sub-fertility.

DIPHTHERIA IMMUNISATION.—Under the National Health Service Act the administrative responsibility for providing facilities for treatment will pass to the County Council. In the meantime an effective service is maintained by the co-operation of the County Council with the Borough Council, as a result of which use is made of the County Council Clinic premises and staff by the Medical Officer of Health. Valuable help has again been given during the year by voluntary helpers from the British Red Cross Society.

SCABIES TREATMENT.—The special clinic for people suffering from scabies has continued its work in the premises at the rear of "The Cedars," Church Street, Epsom. The work is carried out by a general trained State registered nurse, and has undoubtedly been effective in its results. The function of the clinic is essentially treatment, and patients are not accepted unless referred by a medical practitioner. Emphasis is laid on the importance of prophylactic treatment for close contacts.

Facilities of the clinic are open to the residents of Leatherhead Urban District, whose Council undertakes a proportionate share in the establishment. During the year two hundred and two persons were treated; of these one hundred and thirty-four showed clinical evidence of infestation and sixty-eight had been in close contact with known cases and were given precautionary treatment. Forty-six of the total were residents of Leatherhead. These figures compare with an attendance of five hundred and seven in the previous year, including one hundred and sixty-six from Leatherhead.

The clinic has also been used in assisting persons to rid themselves of infestation by head and body louse. Experience suggests that body louse infestation is rare in this district; head louse infestation is a more common occurrence, usually detected by the health visitors at the medical inspections of school children.

VENEREAL DISEASES.—The Surrey County Council is at present the authority responsible for the administration of matters dealing with the diagnosis and treatment of Venereal diseases.

Next year the responsibility for their junctions will be transferred to the authority of the Regional Hospital Board established under the National Health Service Act.

BLOOD TRANSFUSION SERVICE.—The South London Blood Transfusion Depot, situated at Benhill Avenue, Sutton, Surrey (Tel.: No. Vigilant 0068), has a day and night service for the issuing of blood for transfusion purposes. This can be obtained by medical practitioners on application direct to them.

A time-table of clinics available is set out below:—

<i>Ante-natal Clinic</i>	... Epsom County Hospital.	Monday and Thursday at 1.30 p.m.
	Ewell Court House, Kingston Road, Ewell.	1st, 3rd and 5th Thursdays in the month at 1.30 p.m.
<i>Child Welfare Clinics</i>	... 44, Waterloo Road, Epsom.	Monday and Wednesday 2—4 p.m.
	Ewell Court House, Kingston Road, Ewell.	Monday, Wednesday and Thursday at 1.30—4 p.m.
	Jubilee Institute, Malden Road, Worcester Park.	Monday and Thursday at 1.30 p.m.
	Priory Crescent, North Cheam.	Monday and Thursday at 1.30 p.m.
	Parochial Rooms, Malden Road, Cheam	Wednesday at 1.30 p.m.
	"Tanhurst," Rosebery Road, Epsom Downs.	1st and 3rd Wednesdays in the month at 2.0 p.m.
<i>Family Planning Association Clinic</i>	Epsom County Hospital...	Friday, 7.0 p.m.
<i>General School Medical Minor Ailments Clinics</i>	44, Waterloo Road, Epsom.	Wednesdays 9.30—12 a.m.
	Ewell Court House, Kingston Road, Ewell.	Tuesdays 9.30 a.m.
<i>Scabies Treatment Clinic</i>	"The Cedars," Church Street, Epsom.	By appointment only.
<i>Chest Clinic</i>	... .. 44, Waterloo Road, Epsom.	Thursday 2 p.m. Every 3rd Thursday in the month at 5.30 p.m.
<i>Venereal Diseases Clinics</i>	St. Helier Hospital, Wrythe Lane, Carshalton.	Males: Mondays 5—7 p.m. Females: Wednesday 5—7 p.m.
	County Hospital, Wolverton Avenue, Kingston-upon-Thames.	Fridays 1.30—3.30 p.m. Females: Thursday 5—7 p.m.
	(And at the Out-patient Departments of many London Hospitals.)	
<i>Diphtheria Immunisation Clinics</i>	44, Waterloo Road, Epsom.	By appointment on application to Medical Officer of Health or Health Visitor.
	Ewell Court House, Kingston Road, Ewell.	

3.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

That part of the district constituting the parish of Epsom is supplied by water from the Council's undertaking. The water is obtained from deep wells, borings and adits in the chalk situated in East Street, and is chlorinated before distribution. No softening is carried out though it is the Council's intention to install a softening process when it is able to obtain the sanction of the Ministry of Health to the financial expenditure and to the use of labour and materials. Frequent bacteriological samples and chemical samples of raw and treated water have been taken under the direction of the Borough Water Engineer. The results show that the raw water and the water pumped to supply have been of excellent quality.

Ewell and the greater part of Cuddington are supplied by the Sutton District Water Company with a softened water derived from wells in the chalk situated at Cheam, Sutton and Woodmansterne. Frequent samples have been taken at domestic premises in this area, and results found to be satisfactory. Copies of analytical results have also been received at regular intervals of samples taken by the Company's officials.

For reference, details are set out of typical results of chemical analyses of samples taken in the areas of supply of the Borough Water Undertaking and of the Sutton District Water Company.

CHEMICAL RESULTS IN PARTS PER 100,000.

BOROUGH OF EPSOM AND EWELL WATER UNDERTAKING.

Reaction pH Neutral	...	7.1	Free Carbonic Acid	...	2.6
Electric Conductivity at 20°C.	...	470	Total Solids, dried at 180°C.	...	31.5
Chlorine in Chlorides	...	1.3	Alkalinity as Calcium Carbonate	...	23.0
Hardness: Total	...	26.0	Temporary	21.0	Permanent 5.0
Nitrogen in Nitrates	...	0.44	Nitrogen in Nitrates	...	Absent
Free Ammonia	...	0.0000	Ammoniacal Nitrogen	...	—
Albuminoid Ammonia	...	0.0000	Albuminoid Nitrogen	...	—
Oxygen Absorbed in 4 hrs. at 27°C.	...	0.000			
Iron	...	0.010			
Metals—Zinc	...	0.1	Other metals absent.		

CHEMICAL RESULTS IN PARTS PER 100,000.

SUTTON DISTRICT WATER COMPANY.

Total Solids (dried at 120°C.)	...	26.0	Oxygen absorbed in 4 hours at 27°C.	...	0.015
Combined Chlorine (as Cl) equivalent to Sodium Chloride (NaCl)	...	2.10	Lead or Copper	...	Nil
Nitric Nitrogen (Nitrates)	...	3.47	Temporary Hardness (equivalent to CaCO ₃)	...	7.0
Nitrous Nitrogen (Nitrites)	...	1.04	Permanent Hardness (equivalent to CaCO ₃)	...	4.0
	...	Traces present	Total Hardness (equivalent to CaCO ₃)	...	11.0
Ammoniacal Nitrogen	...	0.0004			
Albuminoid Nitrogen	...	0.0004			

A number of houses in the northern part of the area are supplied by the Metropolitan Water Board and one cottage on the south-west outskirts of Epsom by the East Surrey Water Company.

One house only in the district is reported to be dependent on a stand-pipe for its supply.

Two houses obtain water for domestic purposes by the conservation of rain water.

DRAINAGE AND SEWERAGE.

Sewage from the Borough is dealt with at Works situated at Hook Road, Epsom, and off Ruxley Lane, Ewell.

The sewage from Epsom (including the London County Council Institutions) is delivered to the Hook Road Works, where part is treated by the Simplex Aeration Plant. The remainder gravitates to or is pumped and distributed over the land, passing finally through contact beds, storm water tanks being brought into operation during heavy flows. The whole of the effluent drains to a tributary of the River Hogsmill and amounts to about 1,600,000 gallons per day dry weather flow.

Sewage from Ewell and Cuddington (other than from a small area which discharges by arrangement to the Sutton and Cheam Works) gravitates to the Ruxley Works. From the West Ewell district sewage is pumped to a balancing tank where it combines with sewage from Chessington within the Borough of Surbiton. Treatment is by settling

tanks, percolating filters and contact beds and finally through humus tanks. Sludge is dealt with on sludge drying beds and storm water by a storm water tank. The whole of the effluent flows to the River Hogsmill, the dry weather flow being approximately 1,200,000 gallons per day.

Auxiliary treatment plant was constructed at Hook Road Works to treat the increased flow from the London County Council Hospitals due to war-time conditions. The plant consists of a small electric pumping station and two rectangular settling tanks. Additional treatment plant was also constructed at the Ruxley Works for treating sewage and process waste from certain Government buildings which were erected at Chessington.

There are 125 cesspools in the Borough, and at 21 premises, pail closets, chemical closets or privies are in use.

RIVERS AND STREAMS.

The condition of the Hogsmill stream, as a result of the heavy discharge into it of strong effluents from two sewage works in the district, has been far from satisfactory. Permanent improvement is not likely to be obtained until a major reorganisation is possible in dealing with the sewage from the Borough, such as is planned under the Hogsmill Valley Joint Sewerage Scheme. Unfortunately, this scheme appears to have made little progress during the year. Complaints of the offensive condition of the stream were again received from residents living nearby.

Another disquieting feature regarding the condition of the Hogsmill stream is the steady fall in the volume of water which reaches it from the Ewell springs, as measured by the Water Engineer by flow-meter. A similar reduction in flow has been noticed in other Surrey springs originating in the chalk, and is presumably the result of the increased volume of water taken from this underground source of supply combined with the abnormally low annual rainfall which has occurred in several recent years.

PUBLIC CLEANSING.

(a) COLLECTION OF REFUSE.—The arrangements for public cleansing are carried out under the supervision of the Borough Engineer and Surveyor. It is satisfactory to record that during the year it has been possible to reintroduce the weekly collection of house refuse, thus reaching in this respect the standard of pre-war years.

Trade refuse is removed by the Council under an arrangement whereby one bin of trade refuse is removed for every £40 of the rateable value of the premises, a standard charge being made for any additional quantity removed.

(b) DISPOSAL OF REFUSE.—Disposal of household and trade refuse continues to be partly by incineration at the Epsom Sewage Works, and partly by controlled tipping at the disused brick works in East Street. An important advantage of the latter system is the reclamation of useless land, which if left would tend to become a permanent eyesore and nuisance. In the hot weather of the summer complaints were received from householders in the vicinity of the tip of smells and the presence of large numbers of flies. There were reasons for the complaints caused by the need to store for a short time the waste collected from the pig bins, the waste being already in a putrefactive state when received at the tip. The nuisance was lessened by finding a more suitable site for the storage of this material.

SANITARY INSPECTION OF THE AREA.

A classified statement of the number of premises visited, the defects or nuisances discovered, the action and the result of action taken in regard to these will be found in the report of the Chief Sanitary Inspector.

SHOPS.

During the year twenty-four shops were inspected under the Shops Act, 1934. In several cases the repair and cleansing of W.C's or provision of washing facilities was found necessary. A number of new shops were inspected to ensure that proper sanitary accommodation was provided, also shop premises where repairs and alterations were carried out under building licences.

SMOKE ABATEMENT.

Complaints were received of the periodic emission of smoke and dust from the retort house at the Epsom Gas Works. Observations were made and the matter was reported to the Gas Company. Certain alterations were carried out at the Works and the retort house was provided with additional screening. This has resulted in some improvement, but it appears to be impracticable to eliminate entirely the cause for complaint.

The Gas Company admits that the Works are out-of-date, but owing to the difficulty in maintaining plants at other manufacturing stations, and the urgent demand for the production of gas, the Company had no alternative but to put them into operation again as a temporary expedient.

Complaints were also received of nuisance from smoke emitted by a boiler chimney at one of the local hospitals. This was found to be due to a defect in the boiler plant which was promptly remedied.

SWIMMING BATHS AND POOLS.

The Municipal Baths are situated in East Street, Epsom, and comprise a covered swimming bath (convertible into a hall), turkish, foam and slipper baths, and a café. Swimming bath water is subjected to continuous filtration and chlorination. Frequent bacteriological examinations are made to test the efficiency of the purification process.

There is one privately owned swimming pool in the Borough open to the general public. The pool is equipped with plant for continuous filtration and chlorination, and the water is subjected to periodical bacteriological examinations.

The other bathing pools in the Borough are provided in connection with schools and clubs and are not open to the general public.

ERADICATION OF BED BUGS.

Eleven houses were dealt with for bug infestation. Disinfestation was carried out by means of spraying with an insecticide, the work being done by the Sanitary Inspector's Department in co-operation with the respective owners of the premises.

MOSQUITO CONTROL.

Continuing the practice of former years, control measures were carried out in Wilmerhatch Lane area. Very few complaints of nuisance from mosquitoes were received following the treatment of the ponds and pools.

SCHOOLS.

Thirty-one inspections and visits by the Sanitary Inspectors were made during the year to schools in the Borough, including private schools, with regard to sanitary accommodation. A few minor repairs to drainage and sanitary fittings were found necessary and at one school additional sanitary accommodation was provided.

There are known to be twenty-five private schools in the Borough.

INSPECTION OF FACTORIES.

One hundred and fifty inspections and re-inspections were made during the year to fifty factories with mechanical power and three factories without mechanical power. The general sanitary conditions found were satisfactory, but the following is a summary of defects and infringements discovered. In most cases the matters were attended to after verbal notice, but written notice was necessary in six instances.

DEFECTS FOUND IN FACTORIES.

Want of cleanliness	17
Unreasonable temperature	1
Inadequate ventilation	3
Ineffective drainage of floors	1
Sanitary accommodation—	
(a) Insufficient	7
(b) Unsuitable or defective	4
Other offences against the Act	16

4.—HOUSING.

I.—*Inspection of dwelling-houses during the year:*

(1) (a) Total number inspected	328
(b) Number of inspections made	576
(2) (a) Inspected under Housing Acts	14
(b) Number of inspections made	70
(3) Number found unfit	Nil
(4) Number found not to be in all respects fit	14

II.—*Remedy of defects:*

Number of houses rendered fit	10
--------------------------------------	----

III.—*Action under Statutory Powers:*

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936	3
(b) Proceedings under Public Health Acts:	
(1) Number of dwelling-houses	23
(2) Number of dwelling-houses in which defects were remedied:—	
(a) By owners	19
(b) By Local Authority	2
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936	Nil
(d) Proceedings under Section 12 of the Housing Act, 1936	Nil

The observations of the Chief Sanitary Inspector with regard to the inspection of houses and overcrowding will be found in his report.

REHOUSING.

I am indebted to the Borough Engineer for the following information regarding the number of new houses erected during the year:—

(1) Erected by the local authority	...	...	52
(2) Erected by private enterprise	...	...	121
			173

In addition, seventy-three war-damaged houses were rebuilt and forty-one properties were subjected to conversion.

There is a very long waiting list of applicants for houses lodged in the office of the Council's Housing Manager. Many of these are undoubtedly in great need of improved accommodation, and the unavoidably long delay in fulfilling their requirements causes great irritation and a sense of frustration which in many cases affects the mental and physical health of those concerned. The remedy lies, of course, in the promulgation of an adequate building programme and in its vigorous prosecution, but these are matters which are largely out of the hands of the local authorities.

5.—INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The Chief Sanitary Inspector's report contains particulars of the number of cowkeepers and dairymen and the retailers supplying milk from premises within the area.

MILK SAMPLING.—During the year forty-five samples of milk were taken from producers and retail purveyors in the Borough and submitted for bacteriological examination. Details of the grades of milk sampled and a summary of the results are as follows:—

Tuberculin Tested (certified)	...	...	...	...	1
Tuberculin Tested (Pasteurised)	...	...	...	...	6
Pasteurised	...	...	...	...	13
Heat Treated	...	...	...	...	18
Sterilised	...	...	...	...	1
Ordinary Milk (untreated)	...	...	...	...	6
					45
					45

Summary of results of tests:—

	Methylene Blue Test		Phosphatase Test	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. (Certified)	1	—	1	—
T.T. Pasteurised	6	—	6	—
Pasteurised...	13	—	13	—
Heat Treated	12	6	14	4
Sterilized	1	—	1	—
Ordinary Milk (untreated)	5	1	(Test not applied)	
	38	7	35	4

So far as these tests are concerned it will be seen that the majority of the samples were satisfactory, but in the "Heat-Treated" category there was a considerable proportion of failures including four which failed to pass the important phosphatase test. These were all taken from a local establishment licensed by this authority, for the pasteurisation and its subsequent sale as a designated milk. This licence was accepted by the Ministry of Food for the retailing of "Heat-Treated" milk under Regulation 55G, which is a war-time measure designed to promote heat treatment of milk without complying with the full requirements of pasteurisation, providing the phosphatase and methylene blue tests are satisfied. Milk treated in this way qualifies for a bonus paid by the Ministry of Food. The phosphatase test is a laboratory procedure designed to show whether or not adequate heat treatment has been applied to the milk.

Investigation made after the first unsatisfactory sample, which was of a routine nature, revealed the cause to be two defective valves in the pasteuriser. These were replaced and subsequent samples proved satisfactory.

Later in the year two routine samples taken from the same establishment failed in the phosphatase test. From enquiries made it was found that some of the milk received by the establishment from a wholesaler was presumed to have been heat-treated previously and was bottled and labelled "Heat-Treated" by the local establishment without being subjected to any further heat treatment. No infringement of the licence issued by this Authority under the Milk (Special Designations) Order could be proved as the milk was not sold as "Pasteurised" but as "Heat-Treated." The matter was reported to the Surrey County Council, being the authority responsible for the enforcement of Regulation 55G on behalf of the Ministry of Food. The County Council made a further investigation and finally reported that there was insufficient evidence to prosecute the dairyman in this case, but he had been given a strong warning and the supply would be kept under observation. A full report had also been submitted to the Ministry of Food.

The fourth sample which failed in the phosphatase test was also taken from the above establishment, and in this case it was found that there had been a slight error in the operation of the plant which had not affected the recorder or temperature thermometer. The matter was promptly attended to and subsequent samples were found satisfactory.

The matter had been reported in full in order to emphasize the importance placed on any failure of "Heat-Treated" or "Pasteurised" milk to comply with the phosphatase test. When milk is purchased under either of these names a sense of security is given to the purchaser, who relies upon his dairyman to retail an article which complies with the requirements laid down. It is inexcusable that the purchaser of "Heat-Treated" or "Pasteurised" milk should not be able to rely absolutely on the efficiency with which the process has been carried out. This is particularly so when the milk has been purchased for consumption by children as a measure to safeguard their health from the known dangers of the untreated article.

MEAT AND OTHER FOODS.

There is no Ministry of Food slaughter-house in the area, but the Chief Sanitary Inspector's report contains information regarding the inspection of animals following emergency slaughter, and details of unsound food surrendered and destroyed.

ADULTERATION OF FOOD.

The Surrey County Council continue to administer the Sections of the Food and Drugs Act, 1938, dealing with the adulteration of food. I am indebted to the County Medical Officer of Health for the information that a total of eighty-four samples for analysis were taken in this district by his staff. These included thirty-four samples of milk, twenty of drugs, four each of beer and soap and twenty-three of miscellaneous articles. Nine samples were found to be adulterated, including three of milk, three of drugs and one each of dried milk, fish paste and lemon substitute. No prosecutions were instituted.

6.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

NOTIFIABLE INFECTIOUS DISEASE.

Table IV shows the number of cases of infectious disease notified during 1947, classified according to age and sex, together with the number of patients removed to isolation hospital, and the number of deaths, if any, from the various diseases. Table V shows the number of cases notified from the Epsom County Hospital and the London County Council Hospitals in the district. Comparison of these tables indicates that the presence of these institutions had a considerable effect on incidence of certain infectious diseases. Thus, the great majority of the cases of dysentery and the only case of typhoid fever notified, were connected with L.C.C. Hospitals. Sixteen of the nineteen cases of puerperal pyrexia were patients in the Epsom County Hospital, of whom nine were normally resident outside the district.

SMALLPOX.—No case of smallpox was notified during the year. No primary vaccination or re-vaccination was performed by the Medical Officer of Health under the Public Health (Smallpox Prevention) Regulations, 1917.

VACCINATION.—It may be noted here that one of the results of the National Health Service Act will be the abolition of compulsory vaccination, and of the appointment of public vaccinator. Instead, local health authorities, in this district the Surrey County Council, are required to make a scheme for providing vaccination for all who seek it. The County Council proposes that the treatment should be given either by the applicant's own doctor or by its public health staff at the nearest Health Centre. At the request of the County Council, the local supervision of the scheme and the keeping of records have been made the duty of the Borough Council's Medical Officer of Health.

SCARLET FEVER.—Forty-eight cases of scarlet fever were notified during the year, compared with sixty-eight in the previous year. The case rate per 1,000 population was 0.70, as against 1.37 for England and Wales.

Thirty-six patients were admitted to hospital, and twelve were nursed in their own homes. For a number of years in this district the home nursing of scarlet fever, in houses where adequate isolation and nursing can be provided, has received what might be described as passive encouragement. The period of exclusion of school children contacts has

TABLE V.—CASES OF INFECTIOUS DISEASE NOTIFIED BY INSTITUTIONS.

Disease.	L.C.C. Institutions.	Epsom County Hospital.	Horton E.M.S. Hospital.	Total.
Scarlet Fever	—	—	—	—
Typhoid Fever	1	—	—	1
Dysentery	44	—	—	44
Cerebro-spinal Fever	—	—	—	—
Puerperal Pyrexia... ..	—	16	—	16
Diphtheria	1	—	—	1
Erysipelas	—	—	—	—
Measles	—	—	—	—
Pneumonia... ..	10	—	—	10
Totals	56	16	—	72

DIPHTHERIA IMMUNISATION.—Active immunisation against diphtheria has now been in operation in the Borough since 1935 and can claim a part in the reduction of the incidence and mortality rates which has occurred. The downward tendency of these rates, particularly as they relate to private residents, can be seen by referring to Table VI. The ideal is for every child to receive a primary treatment of two injections at about the age of nine months, with further single injections at five, ten and fifteen years of age to reinforce the original treatment. It is not claimed even with such treatment that absolute immunisation will be attained by every child, but there is clear evidence that the risk of an untreated child contracting diphtheria is four times as great as that of an immunised child, and that the risk of death is nearly thirty times as great.

Clinics are held at regular intervals at the Welfare Centres in Waterloo Road, Epsom, and at Ewell Court House, Ewell. Treatment can also be obtained at the Infant Welfare Centres in Worcester Park, North Cheam, Cheam Village and Langley Vale, of which details are set out in Part 2 of this Report. These arrangements are intended primarily for infants and others under school age. In conjunction with the education authority, clinics have been organised in the schools for pupils requiring treatment, usually the reinforcing course. Parents are informed of the need for further treatment and of the facilities available following the systematic medical inspections which take place during the school life of every child. As a result largely of the support of the teachers and of the School Medical Service, an excellent response has been obtained to this newly organised growth of the diphtheria immunisation campaign. The administration of the treatment in schools has been in the hands of the School Medical Service.

During the year 1947, 776 children are known to have completed primary immunisation and 905 to have received secondary treatment. Of the former, 575 were aged between one and two years, representing 53.8% of the births registered in the district during the previous year. Probably many children have been treated privately, or in other districts, about whom information has not been received.

It is known that 2,543 children under the age of five years and 6,205 over five years but under fifteen years have now received treatment, equivalent to percentages of 53.6% and 79.7% respectively of the estimated population in these age groups.

As with vaccination, immunisation against diphtheria has become a responsibility of the County Council under the Health Service Act. The County Council scheme contemplates that treatment will be obtained either from the family doctor or at the nearest Clinic. The local supervision of the scheme and the recording of results have been delegated to the Borough Council's Medical Officer of Health.

TABLE VI.—INCIDENCE OF DIPHTHERIA IN THE BOROUGH OF EPSOM AND EWELL, 1934-1947.

Year.	No. of Cases Notified.	Incidence Rate per 1,000 Population.	No. of Deaths.	Mortality Rate per 1,000 Population.	No. of Primary Treatments in each Year.
1934	34 (1)	0.78	3	0.06	—
1935	13 (1)	0.29	—	—	167
1936	20 (1)	0.39	—	—	500
1937	15 (3)	0.26	—	—	520
1938	17 (3)	0.29	1	0.02	597
1939	8 (1)	0.13	—	—	370
1940	6 (3)	0.09	—	—	463
1941	15 (5)	0.24	—	—	2654
1942	11 (6)	0.18	1	0.02	1727
1943	9 (—)	0.15	—	—	1117
1944	6 (6)	0.10	—	—	635
1945	10 (6)	0.16	1	0.02	853
1946	7 (5)	0.10	—	—	807
1947	3 (1)	0.04	—	—	776

Figures in parentheses denote that patient was in a residential institution.

ACUTE ANTERIOR POLIOMYELITIS AND ACUTE POLIO-ENCEPHALITIS (INFANTILE PARALYSIS).—In common with the rest of the country the Borough suffered in the largest outbreak of infantile paralysis yet recorded in this island. Thirteen notifications were received relating to persons resident in the district at the time of the onset of their illness. The incidence rate was 0.11. The first notification arrived in June, followed by one in July, two in August, six in September, two in October and one in November. The youngest person affected was aged one year and the oldest forty-five years; the age groups most frequently affected were five to ten years with four cases, and twenty-five to thirty-five years with five cases. Seven males and six females were affected and all the cases in the five to ten years of age-group were boys. There was one death in a male aged thirty-two years, which occurred within two days of onset.

In addition to these notifications, information was received of the illness and death while on holiday, of a child aged two years.

In spite of careful enquiry, no common source of infection was established between any of the cases, and it is probable that the disease was spread by healthy immune carriers of the causative virus. In some of the cases a history of unusual physical activity or exertion prior to the onset of illness was obtained. The severity of the illness in those surviving varied from a mild attack with temporary paralysis, to severe illness with multiple, and in some cases, permanent paralysis.

TYPHOID AND PARATYPHOID FEVERS.—A fatal case of typhoid fever was reported in one of the London County Council Hospitals, the patient being a woman of fifty-eight years. The infection was contracted within the institution, in which there are known to be a considerable number of carriers of the causative organism.

A boy, aged five years, was taken ill with paratyphoid fever a few days after his return home from a holiday in the West Country, in the course of which the family visited a locality to which cases of the disease have been traced in the past few years.

Every case of enteric fever which occurs in an urbanised community should be considered as a sign of a possible fault in its system of hygiene, whether, for example, in insufficient cleanliness and care in the handling and preparation of foodstuff, inadequate control of water supplies, uncontrolled breeding of flies, or pollution of streams by dangerous effluents.

MALARIA.—As has occurred in a few previous years, a notification of indigenous malaria was received, the patient being a girl aged four years. It is clear that the child was infected in or near her home, probably by a stray infected mosquito. It has been known for many years that *Anopheles maculipennis*, the type of mosquito capable of carrying the malarial parasite, breeds in the Stew Ponds and in a stream running through the Epsom Sewage Farm. The numerous men and women who have returned recently from malarious districts abroad would probably be the source of the mosquito's infection.

The present condition of the Stew Ponds is especially likely to encourage the breeding of anopheline mosquitoes, the lower pond being almost completely overgrown with vegetation: the shallow water of the upper pond is in similar condition, thus providing suitable and safe breeding places. This matter was reported to the Council and the decision was taken to carry out some necessary clearance.

MEASLES.—Cases of measles were notified in every month of the year except November. The peak of the epidemic occurred in April. More than half the patients were in the age group five to ten years. There were no deaths from the disease.

WHOOPIING COUGH.—Notifications of whooping cough were received in every month of the year, being most numerous in the period April to July. The incidence rate was 2.15, compared with 2.22 for England and Wales. The majority of the cases occurred in children aged between three and ten years. There was one death due to the disease, giving a death rate of 0.01, compared with 0.02 for England and Wales.

Of all the acute infections in children, whooping cough now takes first place as a cause of temporary and frequently of permanent disability. The illness is often aggravated by complications which may be fatal. It is extremely infectious and it is impossible to prevent its spread without complete dislocation of organised community life of the child population. Intensive research work is taking place on the production of an effective immunising agent capable of easy administration and free from unpleasant reactions. Some materials have already been marketed, and are being used in controlled experiments in selected areas, the results of which have not yet been published. Promising claims are made by the manufacturers. The National Health Service Act places the responsibility for introducing new methods of immunisation against infectious diseases on the County Council as local health authority. If favourable opinions are formed on the efficiency of these new laboratory products it is to be hoped that they will be included without delay in the County Council's scheme. Meanwhile many private practitioners are already giving the treatment at the request of parents, and consider that they are obtaining good results.

TUBERCULOSIS.—The names of one hundred and ten persons were added to the tuberculosis register during the year. They include eighty-two names of persons already domiciled in the Borough, twenty-four of persons who came to live in the district from other areas in which they had already been notified and four persons who died from tuberculosis without previous notification. Ninety-nine of the notifications related to the pulmonary form of the disease, and eleven to non-pulmonary. Seventy-three of the persons affected were between the ages of twenty and forty-five years. Twenty-one deaths occurred from pulmonary tuberculosis, representing an annual death rate of 0.31 per 1,000 population. Six deaths were caused by non-pulmonary tuberculosis, with a death rate of 0.09, giving a total tuberculosis death rate of 0.40, compared with a rate of 0.55 for England and Wales. An analysis into types of disease and age groups is to be found in Table VII.

For comparative purposes figures relating to the notification of and the mortality from tuberculosis between the years 1938-47 are set out in Table VIII. The notification figures are those for persons domiciled in the district at the time of diagnosis of the disease. They show a deterioration on the 1938 figures, which were themselves above the average of several years. No doubt the cause for some of this increase can be found in the anxious and fatiguing conditions of recent years, in the difficulty of maintaining an accustomed diet scale, particularly in regard to fats, and in overcrowding. An increasing incidence rate may also reflect an improved system of diagnosis, as for example in the extended use of radiography. A more disturbing feature is that the death rate shows a considerable increase on that of last year, and is above that of the pre-war years.

So far as preventative means are concerned, more progress can be recorded in the efforts of the Council to improve the living conditions of badly housed families with a member suffering from tuberculosis in a communicable form. The principle on which the Council is proceeding is that it is important to safeguard, as far as possible, other members of the household, particularly children, from heavy infection under bad conditions. It is on account of the non-infected members of the family for whom priority in rehousing has been granted, rather than the patient. During the year fifteen families in this category have been rehoused. Altogether forty-one families with a tubercular member have been dealt with in this post-war housing effort.

It is unfortunate that no shortening can be reported of the period during which patients are obliged to wait for a hospital or sanatorium bed. Several months interval between recommendation for admission and the provision of a bed is the common experience. In this time there is likely to be a further deterioration in health, and an increased risk of infection is placed on the other members of the household. Under the National Health Service Act, hospitals will be placed in the hands of a new authority, and it is hoped that increased efforts will be made to remedy a situation for which blame is put principally on the shortage of nurses and domestic staff.

TABLE VII.

	Primary Notifications Relating to Persons Already Resident in The Borough. *				Secondary Notifications of Persons Already Notified in Other Districts and Now Resident in The Borough.				Deaths.			
	Pulmonary		Non- pulmonary		Pulmonary		Non- pulmonary		Pulmonary		Non- pulmonary	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year ...	—	—	—	1	—	—	—	—	—	1	—	—
1 to 5... ..	1	—	—	—	—	—	—	—	—	—	1	—
5 to 10... ..	—	1	1	—	—	—	1	—	—	—	—	—
10 to 15... ..	—	—	1	—	—	1	1	—	—	—	—	—
15 to 20... ..	3	3	—	—	1	1	1	—	—	—	—	—
20 to 25... ..	10	7	—	—	—	5	—	—	—	1	1	—
25 to 35... ..	10	—	1	1	3	5	—	—	1	1	1	—
35 to 45... ..	17	6	1	1	3	3	—	—	5	—	1	1
45 to 55... ..	6	2	1	—	1	—	—	—	6	—	—	—
55 to 65... ..	3	1	—	—	—	2	—	—	1	1	—	—
65 years and over ...	3	1	—	—	—	—	—	—	4	—	—	1
Totals	53	21	5	3	8	17	2	1	17	4	4	2

* Including inmates of institutions, whose notifications are not transferable.

TABLE VIII.—TUBERCULOSIS INCIDENCE AND MORTALITY.

Year.	Population.	Total Primary Notifications.	Rate per 1,000 Population.	Total Deaths.	Death Rates per 1,000 Population.
1938	59,930	58	0.97	16	0.27
1939	62,960	53	0.84	27	0.42
1940	63,190	58	0.92	38	0.60
1941	61,990	80	1.29	41	0.66
1942	61,130	74	1.21	27	0.43
1943	60,650	69	1.14	31	0.49
1944	60,270	79	1.31	26	0.45
1945	62,830	75	1.19	29	0.45
1946	67,770	71	1.05	12	0.18
1947	68,330	82	1.22	27	0.40

The Epsom, Leatherhead and District Tuberculosis Care Committee has continued its work with energy during the year under the chairmanship of Mrs. A. Winter. The secretary of the Committee is Miss Linford, who is also the Surrey County Council's Care Almoner in the area, and the treasurer is Lt.-Col. H. W. Lucy, O.B.E., T.D., manager of the Epsom branch of the Westminster Bank. Members of the Committee include representatives of the Borough Council, the Leatherhead Urban District Council, associations and societies interested in social welfare, and officers engaged in work connected with health, welfare and relief. Thus the Committee is in a good position to help solve the special problems of the tuberculous person and the household to which he belongs. Much valuable work has been done, and remains to be done in the future, notwithstanding the advent of new social legislation.

BOROUGH OF EPSOM AND EWELL

Annual Report of the Chief Sanitary Inspector for the Year 1947.

PUBLIC HEALTH DEPT.,
WEST HILL HOUSE,
WEST HILL, EPSOM.
April, 1948.

*To the Mayor, Aldermen and Councillors of the
Borough of Epsom and Ewell.*

LADIES AND GENTLEMEN,

I beg to submit herewith my Eleventh Annual Report on the work of the Sanitary Inspectors.

The report is compiled in accordance with directions of the Ministry of Health and as required by Article 27 (18) of the Sanitary Officers (Outside London) Regulations, 1935.

In reviewing the work of the Sanitary Inspectors for the year 1947, the number of inspections and visits, which exceeded 7,000, compares favourably with figures of recent years, but restrictions in the use of labour and materials have again proved a serious handicap in the carrying out of normal duties.

During the year 290 Notices were served requiring attention to housing defects and other urgent sanitary matters. It is still necessary to limit requirements to essential work, and this is becoming increasingly difficult, as there is a considerable amount of work requiring attention which cannot be regarded as essential, but under normal conditions would be advocated by the Sanitary Inspectors.

Over 500 certificates of essentiality were issued by my Department and nearly 300 applications were referred to me by the Borough Engineer, the Licensing Officer, for inspection by the Sanitary Inspectors to give an opinion as to whether the proposed work was considered necessary. By this means a considerable amount of essential work was carried out and in many cases statutory action avoided.

The inspection of food premises and supervision of foodstuffs received much attention during the year. The Ice-cream (Heat Treatment) Regulations, 1947, came into operation on the 1st May, making it necessary for greater care and attention to be given in the manufacture, storage and distribution of ice-cream. Shortage of necessary equipment has to some extent prevented the Regulations from having an immediate effect, but recent inspections have shown an improvement in the general standard of cleanliness.

Milk sampling has been carried out regularly and the summary of reports shows that the milk supplied in the Borough is of a good standard of cleanliness.

The report summarises the various inspections and visits made by the Sanitary Inspectors and gives details of other routine work.

In conclusion, I wish to thank Dr. Ive, the Medical Officer of Health, for his continued support, and the members of my staff for their assistance during the year.

I am, Ladies and Gentlemen,
WM. H. C. HAGGER, M.R.San.I., F.S.I.A.,
Chief Sanitary Inspector.

SANITARY INSPECTION OF THE AREA.

SUMMARY OF INSPECTIONS AND VISITS MADE BY THE SANITARY INSPECTORS AND PARTICULARS OF OTHER DEPARTMENTAL WORK.

			<i>No. of Inspections and Visits.</i>
Inspections under Public Health Act, 1936	...	...	405
Re-inspections under Public Health Act, 1936	...	...	678
Inspections under Housing Act, 1936	...	...	147
Re-inspections under Housing Act, 1936	...	...	308
Visits to work in progress	...	...	496
Visits in connection with Infectious Disease	...	...	133
Visits in connection with Overcrowding	...	...	51
Visits in connection with Complaints	...	...	581
Inspections and visits regarding drainage	...	...	643
Inspections and visits regarding cesspools	...	...	32
Number of drainage tests carried out	...	130	—
Visits regarding rats and mice infestation (not including visits of rat-catcher)	...	...	77
Visits regarding vermin and insect pests	...	...	23
Number of verminous premises disinfested	...	9	25
APPLICATIONS FOR BUILDING LICENCES :—			
Number referred from Borough Engineer	...	296	
Number of visits in connection therewith	...	...	566
CERTIFICATES OF ESSENTIALITY :—			
Number issued by the Department	...	511	
Number of visits in connection therewith	...	...	608
Inspections of Tents, Vans and Sheds	...	...	55
Inspections of Vacant Lands and Dumps	...	...	32
Inspections of Common Yards and Passages	...	...	4
Inspections of Rivers and Streams	...	...	12
Inspections of Stables and Piggeries	...	...	50
Inspections of Public Conveniences	...	...	14
Inspections of Swimming Pools	...	...	13
Inspections of Theatres, Cinemas, etc.	...	...	5
Inspections of Schools	...	...	31
Inspections of Offices	...	...	2
Number of Smoke Observations	...	...	10
		<i>No. on Register</i>	
FACTORIES ACT, 1937			
Inspections of Factories (with power)	...	110	124
Inspections of Factories (without power)	...	22	19
Inspections of Workplaces	...	8	7
Inspections of Outworkers' Rooms	...	...	6
SHOPS ACTS, 1912—1938.			
Inspections of Shops (Shops Act, 1934)	...	...	24
Inspections of Shops (Shops Act, 1912-38, Hours, etc.)	...	...	15
MEAT AND FOODS. Inspections and visits to :—			
Bakehouses	...	17	44
Slaughterhouses	...	1	25
Butchers' Shops	...	36	107
Fishmongers and Poulterers	...	...	54
Fried Fish Shops	...	...	7
Greengrocers and Fruiterers	...	...	12
Grocers and Provision Shops	...	...	65
Cowsheds	...	3	11
Dairies and Milkshops	...	12	23
Ice-cream Premises	...	56	158
Manufacture or preparation of preserved food	...	...	27
Restaurants and Dining Rooms	...	...	63
Other Food Premises	...	...	11
Public Market and Food Stalls	...	...	10

	<i>No. of Inspections and Visits.</i>
Visits regarding unsound food	372
Number of milk samples taken	45
Milk bottles and churn rinses sampled	2
Number of water samples taken from main supplies (domestic)	18
Number of water samples taken from tanks and wells (domestic)	8
Number of water samples taken from rivers and streams	1
Number of water samples taken from swimming pools	9
Miscellaneous visits and inspections not included above	739
Total	<u>7007</u>

NUISANCES AND DEFECTS.

Number of premises where nuisances or defects found	418
Number of nuisances or defects found	1582

NOTICES.

Number of Notices served under the following Acts :—

Public Health Act, 1936 (Statutory)	23
Public Health Act, 1936 (Informal)	248
Housing Act, 1936 (Statutory)	3
Housing Act, 1936 (Informal)	—
Factories Act, 1937	13
Shops Acts, 1912-1938	1
Food and Drugs Act, 1938... ..	2
	<u>290</u>
Number of Notices complied with	226
	<u>64</u>

COMPLAINTS.—The following is a summary of the complaints received during the year. All complaints were investigated and steps taken to ensure abatement of nuisances found to exist :—

Insanitary condition of premises	245
Flooding	33
Overcrowding	6
Choked or defective drains	143
Defective dustbins	16
Offensive accumulations	16
Pig waste storage bins	27
Keeping of animals or poultry	15
Rats or mice infestation	458
Nuisance from flies and other insect pests	23
Vermin	10
Smoke nuisance	4
Offensive smells	37
Unsound Food	27
Milk supply	10
Factory and Shops Acts	5
Cesspools	8
Miscellaneous	43

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SUMMARY OF NUISANCES ABATED, DEFECTS REMEDIED AND OTHER
SANITARY MATTERS ATTENDED TO.

Choked drains cleared	123
Drains repaired or relaid	56
Inspection chambers built or repaired	71
W.C.'s repaired or renewed	414
W.C.'s cleansed	10
W.C.'s flushing cisterns repaired or renewed	64
W.C.'s new or additional	37
Soil, vent pipes or F.A.I.'s repaired or renewed	23
Waste pipes repaired or renewed	27
New gullies provided	29
New sinks or wash basins provided or renewed	96
Water service pipes repaired or renewed	63
New cesspools provided	2
Cesspools repaired or emptied	11
Cesspools abolished and drainage connected to sewer	11
New dustbins provided	38
Yard paving provided or repaired	14
Chimney stacks repaired or rebuilt	9
Roofs repaired	61
Eaves guttering or rainwater pipes repaired or renewed	66
Walls (external) rendered, re-pointed or repaired	20
Walls replastered or repaired... ..	136
Ceilings replastered or repaired	163
Walls and ceilings cleansed and redecorated	293
Floors repaired or renewed	82
Fireplaces or ranges repaired or renewed	47
Stairs repaired or renewed	5
Doors repaired or renewed	24
Windows repaired or renewed	64
Sashcords provided or renewed	57
Additional lighting and ventilation provided	6
Dampness remedied	49
Coppers provided or repaired... ..	4
Food stores ventilated, repaired or cleansed	2
Houses disinfected after infectious disease	52
Houses disinfected after Tuberculosis	12
Disinfection on request (cost defrayed)	18
Disinfestation of rooms, etc., for vermin	10
Rooms, etc., sprayed for flies or other insect pests	11
Cowsheds and dairies cleansed and limewashed	6
Bakehouses cleansed	15
Slaughterhouses, stables or pigsties cleansed	6
Keeping of animals—nuisances abated	9
Offensive accumulations removed	5
Miscellaneous defects remedied	198

HOUSING.

The inspection of houses under the Public Health and Housing Acts was mainly following complaints from occupiers, as the return to routine house-to-house inspection has not yet been possible.

There are many houses which are rapidly deteriorating owing to lack of repairs over a number of years. In some cases, particularly where the rent of the property has not been increased since before the War, owners are unable to meet the expense of essential repairs and a serious problem is being created.

Applications for building licences have shown that a considerable amount of essential work is being carried out, but this is mainly in respect of houses occupied by owners who realise the importance of keeping their premises in a good state of repair.

The number of housing defects remedied as a result of informal notices shows an increase, but it is frequently found necessary to serve Abatement Notices before owners will take any action to have work put in hand.

Restrictions in the use of labour and materials have been largely responsible for this, but the dilatory owner takes advantage of the position, using it as an excuse for neglecting his property and causing undue delay when called upon to carry out necessary repairs.

In criticising the owner who fails in his responsibility, it should not be overlooked that there is a tendency on the part of some tenants to aggravate the position. The landlord is of course responsible for structural repairs, but in many cases the tenants could do a great deal in these difficult times to help themselves by attending to minor defects in the house to preserve the comfort and amenity of the dwelling.

It should not be forgotten that although wages and prices have risen generally, the rents of many houses remain as in 1939, and whilst in no way wishing to absolve owners from their responsibilities in regard to the repair of their property, I feel it is not unreasonable to expect tenants to take an active interest in the matter and avoid unnecessary expense to the owner whenever possible.

OVERCROWDING.

Until there is a complete census, or a housing survey is carried out in the Borough, the extent of overcrowding cannot be estimated. Cases are only brought to light by inspection on complaint or through applications for housing accommodation.

Several serious cases have been reported to the Public Health Committee during the year and referred to the Housing Committee, with the result that the families concerned have been given priority in housing.

The Housing Committee have also given special consideration to overcrowded cases when dealing with applicants for housing accommodation, but there are still many families who are unavoidably sharing houses and living under overcrowded conditions.

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.—The keeping of cows at "Priesthill" Farm, Ewell, was discontinued in September, and at the end of the year there were 14 entries on the Register of Cowkeepers, Dairymen and Retail Purveyors of Milk as follows:

Cowkeepers (wholesale traders) ...	...	...	...	...	...	2
" (and Retail Purveyors) ...	...	...	...	...	...	1
Retail Purveyors (premises within the Borough) ...	...	...	...	...	...	6
" " (premises outside the Borough) ...	...	...	...	...	...	5
						<hr/>
				Total	...	14
						<hr/>

List of registered premises within the Borough :

COWSHEDS.

- " Highfield " Farm, Epsom.
- " The Durdans," Epsom.
- " Ruxley " Farm, Ewell.

DAIRIES AND MILKSHOPS.

Joys Dairy, South Street, Epsom.—Bottling Establishment.
 Joys Dairy, West Street, Epsom.—Milkshop.
 H. A. Job, Ltd., 186, Kingston Road, Ewell.—Milkshop & Receiving Depot.
 South Suburban Co-op. Soc. Ltd., Portland Place, Epsom.—Receiving Depot.
 South Suburban Co-op. Soc. Ltd., Dell Lane, Ewell.—Receiving Depot.
 Sutton Creameries, Ltd., 51, The Broadway, Ewell.—Milkshop & Receiving Depot.
 United Dairies, Ltd., Alexandra Road, Epsom.—Receiving Depot.
 United Dairies, Ltd., 107, High Street, Epsom.—Shop.
 United Dairies, Ltd., 14, Upper High Street, Epsom.—Shop.
 United Dairies, Ltd., Manor Green Road, Epsom.—Shop.
 United Dairies, Ltd., High Street, Ewell.—Shop.
 Mrs. Harbottle, 93, Dorking Road, Epsom.—Shop.

The three producers were granted licences by the Surrey County Council for the production and sale of "Accredited" Milk.

At the end of the year there were approximately 80 milch cows in the Borough exclusive of those kept at the L.C.C. farms.

THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936/1946.—The following licences to sell graded milk were granted in 1947:

Tuberculin Tested (Dealers)	...	...	...	...	...	...	7
" " (Supplementary)	...	...	...	...	...	...	4
Pasteurised (Pasteurisers)	...	...	...	...	...	...	2
" (Dealers)	...	...	...	...	...	...	8
" (Supplementary)	...	...	...	...	...	...	5
							—
						Total	26
							—

Fees amounting to £6 15s. 0d. in respect of these licences were forwarded to the Borough Treasurer.

MILK SAMPLING.—During the year 45 samples of milk were taken from producers and retail purveyors in the Borough and submitted for bacteriological examination.

A summary of the samples taken and results of tests will be found in Section 5 of the Medical Officer's report.

(b) MEAT AND OTHER FOODS. SLAUGHTER-HOUSES.—There is only one slaughter-house in the Borough which is "licensed" under the Food and Drugs Act, 1938, but it is not in regular use owing to the Centralised Slaughtering Scheme of the Ministry of Food. Arrangements have been made with local pigkeepers to use this slaughter-house for the occasional slaughter of pigs.

During the year the following were inspected after slaughter:

Under licence from Food Executive Officer	...	...	34 pigs.
By request of L.C.C. Hospital	...	...	3 cows.

The carcasses and organs were found satisfactory with exception of the carcass and organs of 1 cow and 1 pig's head, which were diseased and subsequently surrendered for destruction.

SLAUGHTER OF ANIMALS ACT, 1933.—Ten applications for the renewal of licences to slaughter animals under the above Act were received and considered by the Council. In each case the licence was granted, and the fees, amounting to 10s. (ten shillings) were forwarded to the Borough Treasurer.

CONDEMNED MEAT AND OTHER FOODS.—The following meat and other foods were inspected at shops and food stores within the Borough and found to be unfit for human consumption :

Bacon... ..	14½ lbs.	Breakfast Food ...	1 cwt.
	4 tins.		6 pkts.
Meat and Offal ...	3657 lbs.	Sausage Rusk ...	1 cwt.
Sausages and	322 lbs.	Tinned vegetables	
Sausage Meat ...	33 tins.	and Soup ...	390 tins.
Meat (Tinned) ...	518 tins.	Paste	44 jars.
Beef Cubes	70	Tea	3¾ lbs.
Pies	62	Jam and Marmalade	133 tins and
Eggs	403		jars
Fish	236½ stone.	Pickles	173 jars.
Whelks	1 bag.	Cake and Pudding	
Prawns	122 lbs.	Mixture	17 pkts.
Whale Meat	4 lbs.	Semolina	30 lbs.
Fish Cakes	288	Sugar	2 lbs.
Fish (Tinned) ...	1220 tins.	Flour	37 lbs.
Fruit (Misc. Tinned)...	290 tins.	Peas... ..	4 lbs.
Fruit—Prunes ...	60 lbs.	Sweets	7 lbs.
Milk (Tinned) ...	501 tins.	Potatoes	41 cwt.
Butter and Margarine	76½ lbs.	Jelly Crystals ...	216 pkts.
Cheese	65½ lbs.	Miscellaneous	11 jars.
	23 boxes.	Articles	38 tins.
Poultry	84		52 pkts.

Wherever possible foodstuffs found unfit for human consumption are disposed of for animal feeding (if not diseased) or utilised for other practical purposes to avoid waste.

BUTCHERS' SHOPS AND STALLS, ETC.—There are 36 butchers' shops in the Borough which have been periodically inspected. A refrigerator or other means of cold storage is provided at each shop, and 30 of the shops have permanent glass windows to protect the meat from dust, etc., from the highway.

BAKEHOUSES.—Forty-four inspections have been made of the 17 bakehouses on the register, when cleansing and minor defects were attended to on request.

OTHER FOOD PREMISES.—Twenty-seven inspections have been made of other premises where food is prepared or sold.

ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947.—The above Regulations came into operation on the 1st May, 1947, making it necessary for greater care and attention to be given by all concerned in the manufacture, storage and distribution of ice-cream.

The manufacture of ice-cream in the Borough is on a comparatively small scale and there were only eight premises registered for this purpose when the Regulations came into force. These were all visited and the requirements of the new Regulations were explained to the proprietors. In two cases the proprietors decided to discontinue manufacturing and the others were advised to provide additional apparatus and equipment where necessary.

Forty-one premises were registered for the sale of ice-cream where it was not manufactured on the premises, and these were inspected to ensure that the requirements of the new Regulations would be complied with.

Nine applications for registration were subsequently received, including one to manufacture on the premises, and the following is a summary of the premises registered at the end of the year:—

For manufacture and sale of ice-cream	...	...	...	...	7
For storage and sale of ice-cream	...	...	...	...	49
					—
Total	...	...	...	...	56
					==

ICE-CREAM SAMPLING.—Forty-five samples of ice-cream obtained during the year gave the following results when submitted for bacteriological examination:—

					Samples.
METHYLENE BLUE TEST					
Not decolourised at end of 4½ hours	...	...	...	...	4
Decolourised at the end of 4 hours	...	...	...	...	8
" " " " " 3 "	...	...	...	...	7
" " " " " 2 "	...	...	...	...	5
" " " " " 1 "	...	...	...	...	7
" " " " " 0 "	...	...	...	...	10
Test not applied or not stated	...	...	...	...	4
					—
					45
					==
BACILLUS COLIFORM					
Absent in	...	...	...	...	14
Present in 1 tube	...	...	...	...	3
" " 2 tubes	...	...	...	...	3
" " 3 "	...	...	...	...	24
Test not applied or not stated	...	...	...	...	1
					—
					45
					==
GRADING					
Grade 1	...	...	...	...	5
" 2	...	...	...	...	14
" 3	...	...	...	...	12
" 4	...	...	...	...	9
Grade not stated	...	...	...	...	5
					—
					45
					==

There is no statutory standard for ice-cream, and the attempt to grade ice-cream on bacteriological findings is still in an experimental stage. In those cases where there was early decolourisation in the Methylene Blue Test, Bacillus Coli present or low grading, the suppliers were visited and later re-sampled. In several cases where ice-cream was supplied from outside the Borough, the local authorities of the districts concerned were notified that samples had been found unsatisfactory. It can be claimed that as a result of the attention which has been focussed on the matter ice-cream production has improved considerably in its methods.

THE RATS AND MICE (DESTRUCTION) ACT, 1919, AND INFESTATION ORDER, 1943.

A full-time Rodent Officer's Assistant is employed by the Corporation and his work is carried out under the general supervision of the Sanitary Inspectors.

While it is the duty of the occupier of any premises to take such steps as may be necessary for the destruction and prevention of rats and

nice, advice and assistance are given to persons who report any infestation or apply for information as to preventive measures. Such advice is based on methods of destruction recommended by the Ministry of Food.

The following is a summary of the work carried out by the Corporation's Rodent Officer's Assistant and particulars of the number of rats caught and destroyed by employees at the Sewage Farm, also on L.C.C. Estates in the Borough:

Number of complaints and reports received and investigated during the year	...	...	...	...	...	...	...	458
Number of inspections and visits	...	...	...	...	...	...	...	1571
" " hunts with dogs and ferrets	...	...	...	...	...	...	...	13
" " cases where poisoned baits used	...	...	...	...	...	...	...	437
Number of rats known to have been caught and destroyed by:								
(a) the Corporation's Rodent Officer's Assistant	...	...	...	...	...	...	...	1039
(b) by employees at Sewage Farm	...	...	...	...	...	...	...	98
(c) on L.C.C. Premises (part of year)	...	...	...	...	...	...	...	361
								<hr/>
								1498
								<hr/> <hr/>

DOGS AND FERRETS.—Owing to improved methods of control and more frequent use of poison for the destruction of rats, the Committee decided, on advice from the Ministry's Infestation Department, to dispense with the dogs and ferrets used by the Corporation's Rodent Officer's Assistant. Their use was therefore discontinued after the end of March.

SEWER RAT CONTROL.—The treatment of sewers was continued during the year in conformity with Circulars N.S.11 and N.S.13, from the Ministry of Food Infestation Division.

The Rodent Officer's Assistant, with the help of sewer men from the Borough Engineer's Department, completed the test-baiting of 10% of all sewer manholes in the Borough, following up with poisoned-bait treatment in any sections of sewers found to be infested.

The following is a summary of the work carried out during the year:

Number of sections of sewers treated	...	...	...	...	...	...	...	14
Total number of manholes test baited	...	...	...	...	...	...	...	440
Result of test baiting:								
Number of complete takes	...	...	...	...	...	...	...	45
" " partial takes	...	...	...	...	...	...	...	17
" " no takes...	...	...	...	...	...	...	...	378
								<hr/>
								Total
								440
								<hr/> <hr/>
Number of complete takes	...	...	...	...	...	...	...	33
" " partial takes	...	...	...	...	...	...	...	43
" " no takes...	...	...	...	...	...	...	...	21
								<hr/>
Total number of manholes poison baited	...	...	...	...	...	...	...	97
								<hr/> <hr/>

MORTUARY.

Seventy-one bodies have been admitted to the mortuary and 68 post-mortems held during the year. The number includes 23 bodies from outside districts, fees amounting to £11 10s. 0d. being received for the use of the post-mortem room.

Details of other work carried out by the Sanitary Inspectors, including inspection of Factories, Shops, Schools, etc., are included in the report of the Medical Officer of Health.

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