

**[Report 1915] / Medical Officer of Health, Godstone R.D.C.**

**Contributors**

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1915

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The Grange,

Elechingley,

March 1916.

To The Chairman & Councillors of the

Rural District of Godstone

*Godstone*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report for 1915.

In accordance with the request of the Local Government Board no recurrent matter has been included in this report which is confined purely to the work done in the year. The subjects dealt with are as follows:

- (1) Notifiable Diseases
- (2) Hospital Report
- (3) Military Camps
- (4) Sanitary Administration and work done in 1915.
- (5) Subjects of Circular letters from Local Government Board considered in 1915.
- (6) Statistical.

Postcard

The Grange,

Blechingley,

March 1916.

TUBERCULOSIS.

The cases of Pulmonary Tuberculosis notified during 1915  
To The Chairman & Councillors of the Rural District of Godstone  
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these received institutional treatment.

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- (5) Subjects of Circular letters from Local Government Board  
considered in 1915.
- (6) Statistical.

Thereas in 1914 the South Ward was mostly attacked, in  
1915 the South East and West wards were mainly attacked, and  
it was in these wards that there was most contact with the  
Military. The majority of the cases in the East Ward occurred  
in the spring and were clearly due to importation from a  
soldier's family coming into the district, immediately on the  
discharge of one of the members of that family from an isol-  
tion hospital after scarlet fever. The disease broke out next  
door very promptly.

The majority of the cases in the West Ward occurred in  
the summer and early autumn. The infection in the West showed  
no clear connection with the Military and I think was traceable  
to neighbouring towns.



The Grange,

Highland,

March 1918.

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The subjects dealt with are as follows:-

- (1) Notifiable Diseases
- (2) Hospital Report
- (3) Military Camps
- (4) Sanitary Administration and work done in 1918.
- (5) Subjects of Circular Letters from Local Government Board considered in 1918.
- (6) Statistical.

## NOTIFIABLE DISEASES.

### TUBERCULOSIS.

The cases of Pulmonary Tuberculosis notified during 1915 were 21. Of these 11 received Sanatorium Benefit. Of other forms of tuberculosis there were six notifications and two of these received institutional treatment.

There were 11 deaths of residents in the district from Pulmonary Tuberculosis and 8 from other forms of Tuberculosis including one from Tuberculous Meningitis. The majority of the deaths from Pulmonary Tuberculosis took place between the ages of 25 and 45.

Disinfection after removal or death was carried out in the usual manner.

### SCARLET FEVER.

There were 83 notifications of this disease in 1915 (as against 54 in 1914) 23 in East, 21 in North, 33 in West and 6 in South Ward.

A rate per 1000 of estimated population of 3.5.

The attack rate for 1914 was 2.12 per 1000.

Whereas in 1914 the South Ward was mostly attacked, in 1915 the North East and West wards were mainly attacked, and it was in these wards that there was most contact with the Military. The majority of the cases in the East Ward occurred in the spring and were clearly due to importation from a soldier's family coming into the district, immediately on the discharge of one of the members of that family from an isolation hospital after scarlet fever. The disease broke out next door very promptly.

The majority of the cases in the West Ward occurred in the Summer and early Autumn. The infection in the West showed no clear connection with the Military and I think was traceable to neighbouring towns.



NOTIFIABLE DISEASES

TUBERCULOSIS.

The cases of Primary Tuberculosis notified during 1915 were 21. Of these 11 received Sanatorium Benefit. Of other forms of tuberculosis there were six notifications and two of these received institutional treatment.

There were 11 deaths of residents in the district from Primary Tuberculosis and 8 from other forms of Tuberculosis including one from Tuberculous Meningitis. The majority of the deaths from Primary Tuberculosis took place between the ages of 25 and 45.

Distinction after removal or death was carried out in the usual manner.

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A rate per 1000 of estimated population of 2.5.

The attack rate for 1914 was 2.12 per 1000.

Whereas in 1914 the South Ward was mostly attacked, in 1915 the North East and West wards were mainly attacked, and it was in these wards that there was most contact with the Military. The majority of the cases in the East Ward occurred in the spring and were clearly due to importation from a soldier's family coming into the district, immediately on the discharge of one of the members of that family from an isolation hospital after scarlet fever. The disease broke out next door very promptly.

The majority of the cases in the West Ward occurred in the Summer and early Autumn. The infection in the West showed no clear connection with the Military and I think was traceable to neighbouring towns.

The most of the North Ward cases occurred in the Autumn and last months of the year. The cases were all of school age.

It is significant that the ward attacked one year and showing the majority of cases (mostly of school age) in that year, is almost immune next year. It will be interesting to note if the wards which had most of the disease in 1915 have least of it in 1916.

Of the 83 cases notified 52 were in children of school age, and 14 between ages of one and five. There were 3 deaths from scarlet fever. 2 died in our hospital, one was a "transferred" death.

#### DIPHTHERIA.

12 notifications of this disease in 1915.

The attack rate per 1000 was .58 in 1915 as compared with .41 in 1914. These were divided between the wards as to North Ward 6, South Ward 5, and West Ward 1. 8 of the cases were of school age. There were no deaths. All the cases were mild, 3 were bacteriological only. The cases occurred at long intervals in single families. There was never during the year an epidemic of the disease.

I have called attention of practitioners in the district to the value of early swabbing and administration of antitoxin in this disease. The hope is an ultimate reduction of the incidence of the disease to the vanishing point.

#### ERYSIPELAS.

Of the 10 notifications of this disease six were in the West Ward. All the cases were mild, and none of them were connected. There were no deaths.

#### CEREBROSPINAL MENINGITIS.

There were two cases notified with one death. One was in an infant diagnosed when moribund. The child appeared to me to have died of broncho-pneumonia and convulsions. The



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other turned out to have no meningococci in the cerebro-spinal fluid, which was sterile, and the subsequent appearance of the case suggested tuberculosis. This case recovered.

#### POSTERIOR BASIC MENINGITIS.

One case of a resident was reported from Paddington Green Hospital for children.

There was one case of Acute Anterior Poliomyelitis in a child of 3½. This child recovered without permanent paralysis.

There were no other notifiable diseases notified.

The comparison of the attack rates of Scarlet Fever and of Diphtheria in our District with the general attack rate for the rural districts of Surrey works out as follows:-

<u>Scarlet Fever:</u>	our rate	3.49	per 1000	of the population.	Rate
	in Surrey rural districts	3.00	"	"	"
<u>Diphtheria:</u>	our rate	0.58	per 1000	of the population.	Rate
	in Surrey rural districts	1.10	"	"	"

The Surrey county rate for Scarlet Fever is 3.11 and for Diphtheria is 1.24.

So that we had more than our share of Scarlet Fever last year and much less than our share of Diphtheria.

#### ADDINGTON.

This parish was added to our district on 1st of April 1915. On my recommendation an arrangement was entered into with Croydon Corporation whereby the latter undertakes to remove to their non Isolation Hospital cases of infectious disease from the Parish of Addington - the Godstone Rural District Council bearing the cost of maintenance at two guineas per week per case and also the cost of removal and disinfection.



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Scarlet Fever: our rate 3.48 per 1000 of the population. Rate  
in Surrey rural districts 3.00  
Diphtheria: our rate 0.88 per 1000 of the population. Rate  
in Surrey rural districts 1.10

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## ISOLATION HOSPITAL

The Isolation Hospital, situated east of Blechingley on a hill sloping to the North now consists of four blocks. (1) The Old Scarlet Fever Pavilion, of wood with corrugated iron roof, has four wards Matron's room and bedroom, bath-room, disinfection or discharge room and kitchen with scullery attached. There are 18 beds and 4 cots. The four wards are two larger containing 6 beds and 2 cots each and two wards with 3 beds each.

This block, after a useful existence of nearly twenty years, now stands condemned and the Committee and Council had just decided upon the erection of a new Scarlet Fever Block and also an Administration Block when the Military Authorities of the Eastern Command asked for permission to erect a block or pavilion (Model C.) L.G.B. for the reception of 22 cases of infectious disease in the military, and also an administrative block. Permission was granted by the Council at once, and in May the two blocks were erected.

(2) The War Block or Pavilion for Infectious cases is two long wards of 11 beds each with nurses kitchen and offices in the centre and opening off ward on either side is an observation ward with one bed. This pavilion is built of thin sheeting of "Asbestone" nailed on wooden supports the joinings covered in with outside wooden fillets. The roof is of "Ruberoïd". The whole structure is lined with wood painted over with several coats of paint and finally waterproof varnished. The foundation is on concrete and bricks - the foundation where the hill slopes to the North required levelling up. Negotiations were entered into between the Council and the Eastern Command, before the erection of this block and the Administrative block, on the question of the Council taking over these two blocks at the conclusion of the War. If the Council would take over both blocks they would both

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This block, after a useful existence of nearly twenty years, now stands condemned and the Committee and Council had just decided upon the erection of a new Scarlet Fever Block and also an Administration Block when the Military Authorities of the Eastern Command asked for permission to erect a block or pavilion (Model C.) D.S.B. for the reception of 32 cases of infectious disease in the military, and also an administrative block. Permission was granted by the Council at once and in May the two blocks were erected.

(2) The War Block or Pavilion for infectious cases is two long wards of 11 beds each with nurses kitchen and offices in the centre and opening off ward on either side is an observation ward with one bed. This pavilion is built of thin sheet iron of "Asbestone" nailed on wooden supports the joinings covered in with outside wooden fillets. The roof is of "Ruberoid". The whole structure is lined with wood painted over with several coats of paint and finally waterproof varnished. The foundation is on concrete and bricks - the foundation where the hill slopes to the North required leveling up. Negotiations were entered into between the Council and the Eastern Command, before the erection of this block and the Administrative block, on the question of the Council taking over these two blocks at the conclusion of the War. If the Council would take over both blocks they would both



be built in a manner that would allow the Local Government Board to grant a 25 years loan on any sum required to purchase such buildings - that is they were said to have a life of 25 years. In the case of the Pavilion for Infectious Disease the Council agreed to take it over at the conclusion of the War. The Council was influenced by two considerations mainly; first that the cost of building a new permanent block to replace the condemned old block would be a very heavy drain on the rates at the present time on account of the rise in the price of building materials, secondly that it would take a long time to complete on account of the shortage of labour, while here was a block offered which was to last 25 years, take only about a month to erect, and be erected at a cost of £1,500 and further be handed over to the Council at the conclusion of the War at a valuation. When it was stated that the erection of a brick building similar in style to the Diphtheria Block would cost the Council something like £9,000 the Council decided to close with the bargain offered by the Eastern Command. Soon after the erection of the block defects were discovered - in defective sheets of Asbestone - but, most important, in the absence of concrete bedding for the foundations of the wooden supports of the erection - and in the fact that on the South side the whole erection was laid simply on the ground with no surrounding concrete. A few heavy showers of rain with a general flooding rushing down the slopes of the hill soon revealed the last defect by rushing into the ventilators under the floors of the wards and flooding the hospital. Although the building had been handed over to the management of the Council complaints were at once made to the War Office and a building expert was sent down who rectified the omissions. After some months the whole block was surrounded with concrete on its upper or southern side. This has cured the defect of rain getting beneath the flooring. However at the end of the



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rain getting beneath the flooring. However at the end of the

year the Block was not yet opened for reception of patients. But it will be opened early in 1916. For the equipment of this block the Eastern Command allowed £10 per bed - £220 in all. The Matron and Medical Officer drew up a list of equipment which was largely cut down by the Military Authorities to bring it within the prescribed limit.

(3) The Administration Block. In view of the erection by the Eastern Command of an administrative block the question of the erection of such a block by the Council was postponed although the Council has plans of this block from an architect. But the present administration block is of temporary nature erected by the Eastern Command and to be removed at the conclusion of the War.

The future administration block is to occupy the site of the present old Scarlet Fever block. The present Administration block is placed close to the drive half way up the hill and is in line with the new War Block. It has a nurses' common room, matron's room and four bedrooms with Kitchen and usual offices. It is a temporary structure of asbestone and wood. Outside of this lies a boiler house supplying hot water to both these new blocks. This boiler works satisfactorily.

(4) The Diphtheria Block is built of brick and is the only permanent erection, except the lodge at the gates in the grounds.

It consists of two wards with central offices. Each ward can take six beds but usually only four are provided - 8 beds and 4 cots in all. The whole Hospital can now take 52 patients. In view of the fact that the Military Authorities expect us to take any infectious disease from Military Camps and hospitals the old Scarlet Fever block with its four separate wards will be kept for miscellaneous cases and the new block will be devoted to Scarlet Fever only, with the two observation beds for doubtful Scarlet Fever cases.



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(3) The Administration Block. In view of the erection by the Eastern Command of an administrative block the question of the erection of such a block by the Council was postponed although the Council has plans of this block from an architectural point of view. But the present administrative block is of temporary nature erected by the Eastern Command and to be removed at the conclusion of the war.

The future administration block is to occupy the site of the present old Boer War Block. The present Administration Block is placed close to the drive half way up the hill and is in line with the new War Block. It has a nurses' common room, Major's room and four bedrooms with kitchen and usual offices. It is a temporary structure of asbestos and wood. Outside of this lies a boiler house supplying hot water to both these new blocks. This boiler works satisfactorily.

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It consists of two wards with central offices. Each ward can take six beds but usually only four are provided. 8 beds and 4 cots in all. The whole Hospital can now take 83 patients. In view of the fact that the Military Authorities expect us to take any infectious disease from Military Camps and hospitals the old Boer War Block with its four separate wards will be kept for miscellaneous cases and the new block will be devoted to Boer War fever only, with the two observation beds for doubtful Boer War fever cases.



During the year the admissions have been -

Civil cases 73 scarlet fever  
10 diphtheria  
1 cerebrospinal meningitis

Total 84 cases

Military Cases 6 scarlet fever  
3 diphtheria  
3 tonsillitis  
2 measles

2 mumps  
1 German measles

Total 17 cases

There remained in Hospital at the end of the year 3 civil cases of scarlet fever and 2 Military cases of scarlet fever.

Analysing the cases we find -

(a) Of the Scarlet Fever cases:

(1) Mild and with no complications: (c) Civil cases 31  
(m) Military cases 3

(11) Complications occurred as follows :-

Adenitis C.26  
Malignant S.F. }  
M. 1 with septicæmia } C.2

Otitis C.15

M. 1 There were 2 deaths both of the

Rheumatism C.10 malignant cases.

M. 1

Rhinitis C. 2 There was one error of diagnosis in the

M. 1 civil cases which was German measles. This

Cardiac C. 4 case did not get scarlet fever during his

M. 1 stay in hospital.

Tonsillar abscess M. 1

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Civil cases 73 scarlet fever

10 diphtheria

1 cerebrospinal meningitis

Total 84 cases

Military Cases 8 scarlet fever

3 diphtheria

3 tonsillitis

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2 mumps

1 German measles

Total 14 cases

There remained in Hospital at the end of the year 3

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(a) Of the Scarlet Fever cases:

(1) Mild and with no complications: (c) Civil cases 31

(m) Military cases 3

(ii) Complications occurred as follows: -

Adenitis 0.28

Malignant S.F. with septicaemia } 0.3

Otitis 0.15

There were 2 deaths both of the

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- (b) Diphtheria. These were all mild, some only bacteriological - only one had any complication and that was albuminuria. There were no cases of diphtheritic paralysis.
- (c) Cerebrospinal Meningitis. This case was an error in diagnosis - probably tuberculosis. The cerebrospinal fluid was sterile.

The number of Infectious diseases than can be simultaneously treated now in the Hospital has risen to seven since the opening of the new block has enabled us to clear the separate wards of the old Block.

DISINFECTION. The routine of this has been carried out to my satisfaction and I will not repeat the lines of this, which will be found in previous reports. A great strain was put on this department during the year, disinfecting bedding for troops.

During the year the subject of disinfection after infectious disease came up for discussion.

It then appeared that the Council had no officer specifically elected to the duty of superintending disinfection, although the Sanitary Inspector had been doing so voluntarily ever since his appointment. On the attention of the Council being drawn to the Local Government Board Regulation of December 1910 that if the Sanitary Inspector were specifically appointed to the work an increase of his salary is required in accordance with the work to be done, it was decided to accept the Sanitary Inspector's offer to continue as before. In my opinion it is open to doubt whether the Council can accept this offer without paying for it.

During the year the strain on the disinfection referred to above was caused by the amount of clothing to be dealt with from the Military camps - clothing mostly infected by

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parasites - further, disinfection in connection with refugees and with the billets in villages increased the strain on the Sanitary Department.

#### MILITARY CAMPS & BILLETING IN THE DISTRICT in 1915.

We had three large camps in the district for most of summer of 1915, at Warlingham, Woldingham and Tandridge. Also extensive billeting in many villages. The fact that we only admitted 17 cases of infectious disease from these camps to the hospital speaks well for the health of the troops. But I have no doubt the constant vigilance of your sanitary department in helping with the sanitary side of these camps and in inspecting billets was largely contributory to this satisfactory state of affairs. There must have been quite 8,000 soldiers in the district at one time.

The Council were the contractors for the emptying of pails in both Warlingham and Tandridge Camps. The co-operation of the Civil and the Military Authorities was found to be perfectly satisfactory.

#### SANITARY ADMINISTRATION OF THE DISTRICT and WORK done.

The number of inspections made during 1915 was 1439. 49 Statutory notices were served and 536 informal notices, either by letter or given verbally, and the re-inspections amount to 2790. The number of complaints received, written and verbal, was 151.

#### Housing & Town Planning Act 1909 &c.

The Council adopted a resolution of the Sanitary Committee early in the year that systematic house inspections should be postponed during the War - on account of the difficulty of obtaining labour and building materials.

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The Council were the controllers for the supply of  
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### SANITARY ADMINISTRATION OF THE DISTRICT AND WORK DONE.

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### Household & Town Planning Act 1909 &c.

The Council adopted a resolution of the Sanitary Committee  
early in the year that systematic house inspections should be  
postponed during the war - on account of the difficulty of  
obtaining labour and building materials.



I myself suggested a relaxation of the systematic inspections but not a general abandonment of these during the War. In view of the rising death rate and decreasing birth rate it is most important to maintain the housing conditions to the best obtainable standard, and this can only be achieved by the continuance of a systematic house-to-house inspection.

The following is a summary of the work in house inspection done before the above resolution was passed.

HOUSE TO HOUSE INSPECTION 1915.

DEFECTS.

Houses inspected	105
Defects	66
<hr/>	
Windows defective	1
Walls damp	5
Ceilings dirty and defective	6
Leaky roofs	27
Scullery Sink defective	1
Drainage defective	2
<u>Closest accommodation.</u>	
" condition dirty	5
" structurally defective	4
Houses cleaned throughout	1
Guttering and Rain Water Pipes defective.	7
Overcrowding	1
Defective stairs	1
Floors defective	3
Insufficient ashpits	2
	<hr/>
	66
	<hr/>

All notices served were complied with.

During the year the houses built by the Council in Limpsfield were opened and immediately occupied. I reported

I myself suggested a relaxation of the systematic inspections but not a general abandonment of these during the war. In view of the rising death rate and decreasing birth rate it is most important to maintain the housing condition to the best obtainable standard, and this can only be achieved by the continuance of a systematic house-to-house inspection. The following is a summary of the work in house inspection done before the above resolution was passed.

HOUSE TO HOUSE INSPECTION 1918.

DEFECTS.

Houses inspected 105  
 Defects 88

1	Windows defective
3	Walls damp
6	Ceilings dirty and defective
27	Leaky roofs
1	Sewerage Sink defective
2	Drainage defective
	<u>Closet accommodation.</u>
2	" condition dirty
4	" structurally defective
1	Houses cleaned throughout
7	Guttering and Rain Water Pipes defective.
1	Overcrowding
1	Defective stairs
3	Floors defective
2	Inefficient asphalts
<u>88</u>	

All notices served were complied with. During the year the houses built by the Council in Lambeth were opened and immediately occupied. I reported



SUBJECTS OF CIRCULAR LETTERS FROM LOCAL GOVERNMENT

at the time that I considered the rental (5/9 per week) too high to be within the means of the poorest labouring classes and that accordingly I thought the efforts of the Council to house working classes would not be successful in getting the poorest out of the very old and cheaply-rented cottages which are always on the borderland of uninhabitability. The cottages are a good standard to which to work.

Representations were made by me for the closing of nine dwellings in the Parish of Tatsfield. These dwellings were all closed accordingly, and one was demolished voluntarily, and another was destroyed by a fire. The remaining dwellings are still in existence but closed. My application for a demolition order for these remaining cottages was suspended.

In connection with the various V.A.D. Hospitals the assistance of the Sanitary department with regard to condition of drainage was sought and was willingly given.

111. CIRCULARS RELATING TO CO-OPERATION OF CIVIL and MILITARY AUTHORITIES IN SANITARY MATTERS.

#### WATER SUPPLIES

A considerable amount of time was spent on Water Supplies.

Samples were taken for chemical and bacterial analyses from the Public Mains and from several sources of supply.

At Addington, a private supply entailed a large number of inspections and conferences. These ended in the Croydon Water Main being extended to supply several residences previously supplied from the unsatisfactory private source.

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A circular letter from Chief Inspector of Foods (Local Government Board) was received with a list of farms in the year.

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Recurrent matters of water supply are excluded this year.



SUBJECTS OF CIRCULAR LETTERS from LOCAL GOVERNMENT  
BOARD during 1915.

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1. PUBLIC HEALTH (SHELL FISH) REGULATIONS 1915.

There are no "layings" of shell fish in this district within my knowledge.

11. CIRCULARS DEALING WITH SPOTTED FEVER or CEREBRO SPINAL  
MENINGITIS.

In conjunction with the County Medical Officer of Health we now have satisfactory machinery for dealing with cases of this disease. We can isolate the cases in the Isolation Hospital at Blechingley and the bacteriologist from Kingston comes at once to take cultures from contacts and co-operate in dealing with them, also to make cultures from the modified cases. The two cases of this disease in our district in 1915 both proved to be errors in diagnosis.

111. CIRCULARS RELATING TO CO-OPERATION OF CIVIL and  
MILITARY AUTHORITIES in SANITARY MATTERS.

We have faithfully followed out the directions in these circulars. Much time has been consumed by the Officers of the Sanitary Department in conferences with the Military Sanitary Officers on sanitary matters in camps and Billets. I have no doubt the general health of the district and of the troops quartered within it benefitted largely by this wholehearted co-operation.

FOOD SUPPLIES AT CAMPS:-

A circular letter from Chief Inspector of Foods (Local Government Board) was received with a list of firms in the

BOARD during 1915.

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II. CIRCULARS DEALING WITH SPOTTED FEVER OR CEREBRO SPINAL MENINGITIS.

In conjunction with the County Medical Officer of Health we now have satisfactory machinery for dealing with cases of this disease. We can isolate the cases in the isolation Hospital at Basingstoke and the bacteriologist from Kingston comes at once to take cultures from contacts and co-operate in dealing with them, also to make cultures from the modified cases. The two cases of this disease in our district in 1915 both proved to be errors in diagnosis.

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FOOD SUPPLIES AT CAMPS:-

A circular letter from Chief Inspector of Foods (Local Government Board) was received with a list of firms in the



district supplying food stuffs to the various camps and requesting inspections of these premises. This request was complied with.

#### IV. COMPULSORY NOTIFICATION OF MEASLES, GERMAN MEASLES and WHOOPING COUGH.

The first circular gave power to Sanitary Authorities to adopt compulsory notification of these diseases after taking the circular into consideration. In discussing the question I advised the Council as follows:-

(1) Compulsory notification of all these diseases had been tried in various boroughs in the United Kingdom. It had not succeeded in diminishing the mortality. Most boroughs had given it up as useless, and expensive.

(2) Measles and whooping cough are both infectious before such characteristics of them, as make them unmistakeable, are developed. Consequently as the mischief has already been spread before notification becomes effective notification is always behind hand as a preventive of the spread of these diseases. This consideration does not invalidate the contention that the mortality might be lessened by securing medical assistance which a system of notification might bring about.

(3) Most measles and whooping cough is caught in schools. As deputy school Medical Officer I am already notified of the first cases of measles and of whooping cough occurring in all schools in the district.

On these considerations the Council elected not to apply for powers to put compulsory notification in practice.

#### V. 2nd CIRCULAR COMPULSORY NOTIFICATION OF MEASLES AND GERMAN MEASLES.

This made these two diseases compulsorily notifiable on

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Further reflection on the Compulsory notification of Measles leaves me to remark as follows:-

The object that this notification must have is the lessening of the mortality from measles. Now the age at which a child is afflicted with measles has much to do with the mortality. The younger the child the more dangerous the disease. The obvious course then seems to me to be to be to raise the School-entrance age. It is well known that the School is the great disseminator of measles. The eldest child reaches five years old, goes to School, gets measles, brings it home and infects the baby who gets broncho-pneumonia and dies. That is an all-too-common sequence of events. Raise the school age to 7 years and the incidence of Measles on the poorer classes would

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decline, and the mortality would surely decline with it. This would entail the abolition of "Infant" Schools and a very great saving of money to the Country. For although the Infant School must be a very great comfort to the mother of many, the Infant School is the danger spot.

As a matter meriting attention I put forward the proposition that the school age should be from 7 years to 16 years instead of from 5 years to 14. Besides abating the dangers at the lower end of the scale the children would be kept under the disciplinary eye of the teacher between the years of 14 and 16 years when such discipline with refining influence would be of incalculable benefit to the youth of the Country.

#### VACCINATION STATISTICS

The latest returns for a complete year, available are those for 1914.

The number of births was 635.

Of these 294 were vaccinated.

Postponement, removals, deaths before vaccination could be done and other causes accounted for 71.

Deducting this 71 from 635 we might expect that 564 children would be vaccinated. But of this only 294 were vaccinated and the remaining 270 were unvaccinated because of "conscientious objection" Only 53 per cent of those that might have been vaccinated were vaccinated. These figures reflect the public

indifference to the dangers of small-pox. Sanitary Department and I have to thank the Officers for the cordial help and co-operation.

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As a matter worthy attention I put forward the  
proposition that the school age should be from 7 years  
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VACCINATION STATISTICS

The latest returns for a complete year, available  
are those for 1914.  
The number of births was 638.  
Of these 284 were vaccinated.  
Postponement, removals, deaths before vaccination  
could be done and other causes accounted for 71.  
Deducting this 71 from 638 we might expect that  
567 children would be vaccinated. But of this only  
384 were vaccinated and the remaining 283 were  
unvaccinated because of "conscientious objection." Only  
53 per cent of those that might have been vaccinated  
were vaccinated. These figures reflect the public  
indifference to the dangers of small-pox.



VACCINATION RETURNS (in Union)

Year	No. of Births in Union District	Successful-ly vaccinated or Insus-ceptible	Conscient-ious Objec-tors.	Died un-vaccinated	Removee &c.
1st. Jany to 31st. Dec. 1911	676	390	219	36	26
1st Jan to 31st Dec. 1912.	626	337	226	20	32
1st Jan. to 31st Dec. 1913.	627	333	337	26	31
1st Jan. to 31st Dec. 1914.	625	294	260	35	36

VITAL STATISTICS

The estimated population at the middle of 1915 is given me from the Registrar-General as 22,463.

This makes the nett death rate, corrected stand at 12.7. per 1000.

It is to be noted that these figures apply to the civilian population alone.

The birth rate figure is 15.2. per 1000.

The Death Rate under 1 year, is 76.7. per 1000 - the highest for some years.

These figures show what has been expected for some time namely a steadily rising death-rate combined with a steadily decreasing birth rate and give point to the Local Government Board's letters on the importance of Maternity and Infant Welfare Work.

The year 1915 has been an arduous one for the Sanitary Department and I have to thank the Officers for the cordial help and co-operation.

I have the honour to be, Gentlemen,

Your Faithful Servant,

F. W. ROBERTSON, M.A. Glasgow.  
M.D. & B.S. London.  
M.R.C.S. & L.R.C.P.

Year	No. of Births in Union District	Successful-ly vaccinated or immunized	Consistent-ly vaccinated	Died un-vaccinated	Removes to.
1st Jan. to 31st Dec. 1911	676	360	319	38	38
1st Jan. to 31st Dec. 1912	688	387	336	30	32
1st Jan. to 31st Dec. 1913	687	333	337	38	31
1st Jan. to 31st Dec. 1914	685	394	360	35	38

VITAL STATISTICS

The estimated population at the middle of 1915 is given me from the Registrar-General as 53,485. This makes the net death rate, corrected stand at 13.7 per 1000. It is to be noted that these figures apply to the civilian population alone. The birth rate figure is 15.3 per 1000. The Death Rate under 1 year is 78.7 per 1000 - the highest for some years. These figures show what has been expected for some time namely a steadily rising death-rate combined with a steadily decreasing birth rate and give point to the local Government Board's letters on the importance of Maternity and Infant Welfare Work. The year 1915 has been an arduous one for the Sanitary Department and I have to thank the Officers for the cordial help and co-operation.

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**TABLE I.**  
**VITAL STATISTICS OF WHOLE DISTRICT DURING 1915 AND PREVIOUS YEARS**  
**GODSTONE RURAL DISTRICT.**

Year.	Population estimated to middle of each Year.	Un-corrected No.	Births.		Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
			Nett.		No.	Rate.	of Non-residents regist'r'd in the District.	of Resi-dents not regist'r'd in the District.	Under one year of age.		At all ages.	
			No.	Rate.					No.	Rate per 1,000 nett Births.	No.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1910	24 150	446		18·46	243	10·6			25	56	194	8·0
1911	22,675	469	471	20·77	222	9·7	5	18	28	59·4	235	10·3
1912	23,950	432	431	18·4	263	10·9	72	16	21	48·72	207	8·9
1913	24,410	436	437	18·3	266	10·9	72	26	21	48·0	220	8·7
1914	24,730	441	439	18·23	284	11·48	69	31	29	66·0	246	9·8
1915	22,463	362	365	15·2	333	13·61	85	38	28	76·7	286	12·7

Area of District in acres (land and inland water) ... 50,000  
 Total Population at all ages ... 23,317 } At Census,  
 Total Families or separate occupiers ... 4,600 } 1911.

Notes on above Table; reference to lettering;—

a These figures do not include 650 beds of inmates at Croydon Mental Hospital situated in the district.

These beds are occupied by Croydon residents.

b These figures include the above 650 inmates.

c The calculation is on a figure of 24,080 in 1915 and 1914, and of 23,790 in 1913.

d This figure is calculated on gross figure of 24,730.

One soldier—a non-resident—died in a War Hospital in the district—of a shell wound of the skull. This death is not included in this Table.

A Addington Parish was added to the Rural District on April 1st, 1915.

§ This figure for 1915 is supplied by the Statistical Department of the Local Government Board.

\* Calculated on population of 22,463.

MORTALITY CAUSES.		TOTALS	
Small-pox			
Cholera (C) Plague (P)			
Diphtheria (including)			
Membranous croup			
Erysipelas			
Scarlet fever			
Typhus fever			
Enteric fever			
Relapsing fever (R)			
Continued fever (C)			
Puerperal fever			
Cardiovascular			
Meningitis			
Polio-myelitis			
Optic atrophy			
Necrotic			
Pulmonary Tuberculosis			
Other forms of Tuberculosis			
Meningitis Post-tetanic			

**TABLE I.**  
**VITAL STATISTICS OF WHOLE DISTRICT DURING 1915 AND PREVIOUS YEARS**  
**GODSTONE RURAL DISTRICT.**

Year	Population estimated to middle of each year	Deaths		Total Deaths registered in the District		Transmissible Diseases		Net Deaths belonging to the District	
		No.	Rate	No.	Rate	No.	Rate per 1,000 net	No.	Rate
1915	21,462	302	1.41	333	1.55	28	1.30	280	1.30
1914	21,430	411	1.92	418	1.95	31	1.45	387	1.80
1913	21,440	437	2.04	466	2.17	36	1.68	430	2.00
1912	21,200	431	2.03	462	2.18	33	1.56	428	2.02
1911	21,675	469	2.16	511	2.36	38	1.75	473	2.18
1910	21,150	446	2.11	443	2.09	32	1.51	414	1.96

Area of District in acres (land and inland water) ... 20,000  
 Total Population at all ages ... 21,717 (At Census, 1911)  
 Total Families or separate occupiers ... 4,600 (1911)

Notes on above Table: references to following:—  
 1. These figures do not include 650 beds of inmates at Godstone Mental Hospital situated in the district.  
 2. These figures include the above 650 inmates.  
 3. The calculation is on a figure of 21,000 in 1912 and 1914, and of 21,700 in 1913.  
 4. This figure is calculated on gross figure of 21,750.  
 5. One soldier—a non-resident—died in a War Hospital in the district—of a shell wound of the skull. This death is not included in this Table.  
 6. Abington Parish was added to the Rural District on April 1st, 1912.  
 7. This figure for 1912 is supplied by the Statistical Department of the Local Government Board.  
 8. Calculated on population of 21,462.



**TABLE II.**  
**CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1915.**  
**GODSTONE RURAL DISTRICT.**

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.										TOTAL CASES NOTIFIED IN EACH LOCALITY (e.g. Parish or Ward) of the District.							TOTAL CASES REMOVED TO HOSPITAL	ERRORS IN DIAGNOSIS.								
	At All Ages.	At Ages—YEARS.										1	2	3	4	5	6			7							
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	North Ward.	East Ward.	West Ward.																
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Cholera (C). Plague (P)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus fever	83	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing fever (R)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever (C)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-spinal Meningitis	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis Posterior Basic...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	136	2	19	61	22	24	5	3	40	15	30	51	94	5	...	...	...	...	...	...	...	...	...	...	...	...	...

ISOLATION HOSPITAL situate at Blethingley in district, and provided by District Council, has now 58 Beds and Seven Diseases can be simultaneously treated. No Sanatoria.

8, San. Ben. Bk.  
 2, San. Ben. Bk.

Σύνολο Πνευματικών και Πνευματικών Ανεπιτυχών της Επιστημονικής Επιτροπής... (Επικριτική και Πνευματική Επιτροπή) ...

Πνευματική Διεύθυνση	Αριθμός Πνευματικών Ανεπιτυχών										Σύνολο Ανεπιτυχών	Αριθμός Ανεπιτυχών που επέστρεψαν	Ποσοστό Ανεπιτυχών που επέστρεψαν	Αριθμός Ανεπιτυχών που επέστρεψαν σε σχέση με τον συνολικό αριθμό			
	1	2	3	4	5	6	7	8	9	10							
	1	2	3	4	5	6	7	8	9	10							
Μουσική Διεύθυνση	1																
Σύνολο Ανεπιτυχών	1																
Επιστημονική Διεύθυνση	31	1	1	0	10	5	1										
Επιχειρησιακή Διεύθυνση																	
Πολιτισμική	1																
Στατιστική Διεύθυνση	5	1			1					3							
Πολιτισμική																	
Στατιστική Διεύθυνση (C)																	
Κοινωνική Διεύθυνση (K)																	
Επιστημονική																	
Πολιτισμική																	
Στατιστική	83	14	35	2	0	0				31	0			53	23		1
Επιχειρησιακή	10			3	7	3				1				7	0		
Πολιτισμική	15			2						0				2	1		
Στατιστική (αποβλητή)																	
Στατιστική (C) Διεύθυνση (L)																	
Στατιστική																	
Σύνολο	173	1	3	1	10	5	1										

ΣΤΕΣ ΟΙ ΙΠΕΚΣΙΟΝΣ ΔΕΣΤΕ ΖΟΛΙΕΣ ΔΕΣΙΣ ΤΗΕ ΛΕΥΚ 1912

Κατηγορία	Αριθμός										Σύνολο	Ποσοστό	Αριθμός που επέστρεψαν	Ποσοστό που επέστρεψαν		
	1	2	3	4	5	6	7	8	9	10						
Α	1															
Β																
Γ																
Δ																
Ε																
Σύνολο	1															

LYBIE II



**TABLE III.**  
**CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1915.**  
**GODSTONE RURAL DISTRICT.**

CAUSES OF DEATH.	Net Deaths at the Subjoined Ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District
	At all ages.	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 upwards	
All Causes (Certified ... Uncertified ...)	286	28	13	7	12	8	35	63	120	122
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	6	1	2	2	1	—	—	—	—	—
Scarlet fever ...	3	—	—	1	1	—	1	—	—	2
Whooping-cough ...	3	1	1	1	—	—	—	—	—	2
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Influenza ...	8	1	1	—	1	—	2	—	3	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—
Phthisis (pulmonary tuberculosis) ...	11	—	—	—	1	—	7	2	1	10
Tuberculous Meningitis ...	1	—	1	—	—	—	—	—	—	—
Other tubercular diseases ...	7	1	1	—	1	1	2	1	—	1
Cancer, malignant disease ...	29	—	—	—	—	—	11	18	—	4
Rheumatic Fever ...	1	—	—	—	—	1	—	—	—	1
Meningitis ...	5	3	—	1	—	1	—	—	—	—
Organic Heart Disease ...	20	—	—	—	—	—	5	4	11	21
Bronchitis ...	22	3	2	—	—	1	2	—	14	1
Pneumonia (all forms) ...	12	2	2	—	1	—	1	1	5	11
Other diseases of Respiratory organs ...	1	—	—	—	—	—	—	—	1	1
Diarrhoea and Enteritis ...	6	4	—	—	—	—	1	1	—	—
Appendicitis and Typhilitis ...	4	—	—	—	1	—	2	1	—	—
Cirrhosis of Liver ...	8	—	—	—	—	—	1	7	—	3
Alcoholism ...	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease ...	6	—	—	—	—	—	1	3	2	1
Puerperal fever ...	—	—	—	—	—	—	—	—	—	—
Other accidents and diseases of Pregnancy and Parturition ...	1	—	—	—	—	—	1	—	—	—
Congenital Debility and Malformation including Premature Birth ...	10	8	—	1	1	—	—	—	—	1
Violent deaths, excluding Suicide ...	11	1	1	1	2	2	2	2	—	2
Suicides ...	2	—	—	—	—	—	1	1	—	—
Other Defined Diseases ...	80	2	—	—	2	2	5	27	51	52
Diseases ill-defined or unknown ...	20	1	2	—	—	—	1	2	14	9
<b>TOTALS</b> ...	<b>286</b>	<b>28</b>	<b>13</b>	<b>7</b>	<b>12</b>	<b>8</b>	<b>35</b>	<b>63</b>	<b>120</b>	<b>122</b>
Sub-entries included in above figures.										
Cerebro-Spinal Meningitis ...	1	1	—	—	—	1	—	—	—	—
Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—
Co-existent Infectious Diseases ...	1	—	—	1	—	—	—	—	—	—
Pneumonia (lobar) ...	3	—	—	—	1	—	1	—	1	3





### TABLE IV.

#### GODSTONE RURAL DISTRICT.

INFANT MORTALITY, 1915. Nett Deaths from stated causes  
at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year.
All causes { Certified	6	...	2	2	10	5	7	4	2	28
{ Uncertified	...	...	...	...	...	...	...	...	...	...
( Small-pox ... ..	...	...	...	...	...	...	...	...	...	...
Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	1	...	...	...	1
Scarlet fever ... ..	...	...	...	...	...	...	...	...	...	...
Whooping-cough ... ..	...	...	...	...	...	...	...	1	...	1
Diphtheria and Croup ... ..	...	...	...	...	...	...	...	...	...	...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...
( Tubercular Meningitis ... ..	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...
( Other Tuberculous Diseases ... ..	...	...	...	...	...	1	...	...	...	1
Meningitis (not Tuberculous) ... ..	...	...	...	...	...	1	2	...	...	3
Convulsions ... ..	...	...	...	...	...	...	1	...	...	1
Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	1	...	...	1	2	1	...	...	...	3
Pneumonia (all forms) ... ..	...	...	1	...	1	1	...	1	...	3
( Diarrhoea ... ..	...	...	...	...	...	...	1	...	1	2
( Enteritis ... ..	...	...	...	...	...	...	2	...	...	2
Gastritis ... ..	...	...	...	...	...	...	...	...	...	...
Syphilis ... ..	...	...	...	...	...	...	...	...	...	...
Rickets ... ..	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ... ..	...	...	...	...	...	...	...	...	...	...
Injury at birth ... ..	1	...	...	...	1	...	...	...	...	1
Atelectasis ... ..	1	...	...	...	1	...	...	...	...	1
( Congenital Malformations ... ..	1	...	...	...	1	2	...	...	...	3
( Premature birth ... ..	2	...	1	...	3	...	...	...	...	3
( Atrophy, Debility and Marasmus ... ..	...	...	...	1	1	1	...	...	...	2
Other causes ... ..	...	...	...	...	...	1	...	...	...	1
<b>TOTALS</b> ... ..	<b>6</b>	<b>...</b>	<b>2</b>	<b>2</b>	<b>10</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>28</b>

Nett Births registered during the calendar year	{	Legitimate ... 350 Illegitimate ... 15	}	Nett Deaths registered during the calendar year of	{	Legitimate Infants ... 26 Illegitimate Infants ... 2	}
---	---	---	---	--	---	---	---

**TABLE IV.**

**GODSTONE RURAL DISTRICT.**

**INFANT MORTALITY, 1912.** Not Deaths from stated causes at various Ages under 1 Year of Age

Cases or Deaths	Age 1 under 1		Age 6-1		Age 1-2		Infant under 1		Total Deaths under 1 Year
	All cases (Unspecified)	Unspecified	All cases (Unspecified)	Unspecified	All cases (Unspecified)	Unspecified	All cases (Unspecified)	Unspecified	
Other causes	1		1				1		1
Marasmus	1		1				1		1
Atrophy, debility and	1		1				1		1
Pneumonia (not specified)	1		1				1		1
Cerebral Malnutrition	1		1				1		1
Adhesions	1		1				1		1
Injury at birth	1		1				1		1
Inflection, scapula	1		1				1		1
Rickets	1		1				1		1
Spleen	1		1				1		1
Gastric	1		1				1		1
Enteritis	1		1				1		1
Diphtheria	1		1				1		1
Pneumonia (all forms)	1		1				1		1
Bronchitis	1		1				1		1
Laryngitis	1		1				1		1
Croup	1		1				1		1
Croup	1		1				1		1
Other Tuberculous Diseases	1		1				1		1
Tuberculous Meningitis	1		1				1		1
Typhoid	1		1				1		1
Diphtheria and Comp.	1		1				1		1
Whooping cough	1		1				1		1
Scarlet fever	1		1				1		1
Measles	1		1				1		1
Chicken-pox	1		1				1		1
Small pox	1		1				1		1
<b>Total</b>	<b>10</b>		<b>10</b>		<b>2</b>		<b>10</b>		<b>20</b>

Total Deaths registered during the calendar year 1912 30  
 Total Deaths registered during the calendar year of 1912 28  
 Deaths registered during the calendar year of 1912 28



TABLE V.—HOME WORK.  
**TABLE V.**

ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901, IN CONNECTION WITH  
**FACTORIES, WORKSHOPS, WORKPLACES, and HOMEWORK.**  
 GODSTONE KURAL DISTRICT.

	1.—INSPECTION.			Number.
	Including Inspections made by Inspector of Nuisances.			
	Inspections.	Written Notices.	Prosecutions.	
Blacksmiths, Wheelwrights and Coachbuilders	...	...	...	24
Brickmakers	...	...	...	16
Builders and Decorators	...	...	...	7
Wood, Mahoe and Kauris	...	...	...	7
Drummers and Milliners	...	...	...	10
Factories (Including Factory Laundries)	11	...	...	6
Workshops (Including Workshop Laundries)	98	23	...	7
Workplaces (Other than Outworkers' premises)	12	3	...	2
Saddlers	...	...	...	2
Tailors	...	...	...	2
Total...	121	26	None.	
Total number of Workshops or Factories				148
2.—DEFECTS FOUND.				
Want of Cleanliness	...	...	26.	All remedied.

3 DEFECTIS EOGIB

Древн. ...	131	30	Истор.
Исторический (Исторический, Исторический)	13	3	
Исторический (Исторический, Исторический)	08	33	
Исторический (Исторический, Исторический)	11		
Исторический	Исторический	Исторический	Исторический

Исторический словарь

ИСТОРИЧЕСКИЙ

Словарь

ИСТОРИЧЕСКИЙ СЛОВАРЬ

Исторический словарь

ИСТОРИЧЕСКИЙ



TABLE V. (continued). 3.—HOME WORK.  
No Outworkers.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.	Number.
Bakers ... ..	23
Blacksmiths, Wheelwrights, and Coachbuilders ... ..	19
Brickmakers ... ..	6
Builders and Decorators ... ..	33
Boot Makers and Repairers ... ..	9
Dressmakers and Milliners ... ..	7
Engineers and Cycle Makers ... ..	10
Fly Proprietors .. ..	6
Laundries (Steam and Domestic) ... ..	7
Millers .. ..	3
Printers ... ..	2
Saddlers ... ..	8
Tailors ... ..	15
Total number of Workshops on Register ... ..	148

Total number of <i>H. columbicola</i> on <i>Rebentia</i>		192
Ligno	...	12
Zoophora	...	8
Biontia	...	5
Milvina	...	3
Truncatula (Squam and Pteropoda)	...	5
Ed. Iridocysta	...	0
Radialia and Sphaer. Murex	...	10
Diadematula and Murex	...	1
Pora Murex and Rebentia	...	0
Pringlea and Decapoda	...	37
Bryozoa	...	0
Wuchererinae Alveolaria and Coralliophila	...	10
Others	...	87
Total		215

*H. columbicola* on the *Rebentia* (p. 131) in the year 1922

1—RECEIVED MOKIENHOFF

20 October 1922

LYELL C. COWAN AND I—MOKIENHOFF



TABLE V. (continued). OTHER MATTERS

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133) ...	
Action taken in Matters referred by H.M. Inspector { Notified by H.M. Inspector	
as remediable under the Public Health Acts, but { Reports (of action taken) sent	
not under the Factory and Workshop Act, (s. 5) { to H.M. Inspector	
Other ...	
Underground Bakehouses (s. 101) :—	
Certificates granted during the year ...	
In use at the end of the year ...	None.

	<p>to see at the end of the year          Comptes rendus during the year          Οθήρα ... ..          not with the Faculty and Ηρώδης Δες (α 2)          we considered under the Ερώδη Ηρώδης Δες          Action with in Αθήνα required by Η.Η. Ιουβέρτος          Ερώδη to the Αθήνα of the Faculty and Ηρώδης Δες (α 113)          Αθήνα with in Η.Η. Ιουβέρτος of Ερώδη</p>	<p>None</p>
	<p>None</p>	<p>None</p>

TABLE A (continued) OTHER TITLES



SALE OF FOOD AND DRUGS ACT.

*Samples Analysed in 1915.*

GODSTONE RURAL DISTRICT.

ARTICLES.	Analysed.	Genuine.	Adulterated.	Prosecutions	Convictions.
Milk ... ..	38	34	4		
Butter ... ..	17	17			
Cheese ... ..	1	1			
Sugar ... ..	1	1			
Confectionery and Jam	1	1			
Beer ... ..	4	4			
Spirits ... ..	7	6	1		
Drugs ... ..	1	0	1		
Other Articles ... ..	4	4			

GODSTOWN RURAL DISTRICT  
 Twenty-fourth in 1912  
 SALE OF FOOD AND DRUGS ACT

Articles	Quantity	Value	Quantity	Value
Other Articles	...	4	...	1
Drugs	...	1	0	1
Spirits	...	7	0	1
Beer	...	4	4	
Confectionery and Jam	...	1	1	
Sugar	...	1	1	
Cheese	...	1	1	
Butter	...	17	17	
Milk	...	18	14	4





