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Guildford Rural District

ANNUAL REPORT

- OF THE -

Medical Officer of Health

For the Year

1 9 5 2

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Guildford Rural District

ANNUAL REPORT

- OF THE -

Medical Officer of Health

For the Year

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Together with the Annual Report of the Sanitary Inspector

CONTENTS

			37.3			Pages
STATISTICAL AND SOCIAL (CONDIT	IONS OF	THE .	AREA		6—11
GENERAL PROVISION OF HE	EALTH S	SERVICE	ES FOR	THE AR	REA	12—17
SANITARY CIRCUMSTANCES	OF THE	AREA				18
Housing						19-22
Inspection and Supervis	ION OF	Food				23-26
PREVALENCE OF, AND COM	NTROL	OVER.	Înfect	TOUS A	ND	
OTHER DISEASES						27-43
SANITARY INSPECTOR'S RE	PORT					44-53
	IND	EX				
						Page
Ambulance Facilities						12, 13
Ante-Natal Clinics						15
Anthrax						25
Area						6
Birth Control		*****				16
Burial of the Dead		*****				17
Births and Birth-Rates			******		******	8, 10-11
Cancer						39
Causes of Death Chest Clinics		******	•••••			9
Cleansing Services						52-53
	entres		******	******	******	15
Deaths and Death-Rates			*****	*****	******	8-11
Dirhthania						30
Diphtheria Immunisation				30-	-31	
District Nurses						14
Drainage and Sewerage						18
Factories Act, 1937						51
Food Unfit for Human C	onsum	ption				49
Food and Drugs Act, 195	38			*****		25
Foods, Meat and Other						48-49
Graph—Births and Deat	hs		******	******		10
Graph—Tuberculosis						41
Health Visitors	N.					14
Health Department Visit		ırse	*****		******	32 16—17
Hospitals Hospital Bed Service	*****	*****	******	******	******	17
Home Nursing and Home	Help S	Service	******			16
month of the state	Troib,	OCT LICE	******	******		20

					Page
Home Visiting					31
Housing					19-22
Ice Cream					23
Immunisation (Diphtheria)					33, 34
Infant Mortality				,,	6, 8
Infantile Paralysis (Poliomye	elitis)				28-29
Infectious Diseases		******	*****		27-43
Inspection and Supervision			23—26.	45,	
Laboratory Facilities				Marie San	12
Maternal Mortality					6, 8
Maternity and Child Welfare					15
Meat and Other Foods	Contros			******	48, 49
Midwiyes		*****		******	14
Milk Analyses	******			24,	
Milk Supply	******	******	******	23,	
Magazitasa			******	20,	18
75 71 75 751	ning Ch	ounde			
Montmonios	ping Gr	ounds			19, 50 17
			******		17
National Assistance Act, 1948					14
Nursing in the Home					
Notices Served			******		15 16
Orthopædie Clinie			******		15—16
Pathological Examinations					12
Pest Destruction Act, 1949					52
Population by Parishes				10	7
Public Cleansing				18,	
Rateable Value					6
Rodent Control					52
Scarlet Fever					29—30
School Absentees					38
Slaughterhouses and Knacker	s' Yards				52
Smallpox		*****			28
Staff					4
Statistical Summary					6, 8
Still Births					8
Tillingbourne Valley Mobile I	Physiothe	erapy	Service		16
Tuberculosis					40-42
Tuberculosis Care Committee		*****			43
Vaccination					32
Venereal Diseases Clinic					16
Visiting Nurse					32
Vital Statistics					6, 8
Water Analyses					12
Water Supplies				18,	49 - 50
Whooping Cough Immunisatio	n				31
Zymotic Diseases	10,		·		6

Guildford Rural District Council

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

*J. E. HAINE, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health:

*MARGARET A. POLLOCK, M.B., Ch.B., B.A.O., D.P.H.

Visiting Nurse:

*Mrs. E. M. E. LYDDIARD, S.R.N., S.C.M.

Chief Sanitary Inspector:

P. MEDDOWS TAYLOR, M.R.San.I., M.S.I.A., Cert. R.S.I. Meat and Other Foods Inspection.

Sanitary Inspectors:

K. G. FREEMAN, M.S.I.A., Cert. R.S.I. and S.I.J.B., Cert. R.S.I. Meat and Other Foods Inspection.

R. B. BROWN, M.R.San.I., M.S.I.A., Cert. R.S.I. Meat and Other Foods Inspection.

Mrs. M. E. WILKIE (nee NUNN), A.R.San.I., M.S.I.A., Cert. R.S.I. Meat and Other Foods Inspection.

E. M. ORGAN, M.S.I.A., Cert. R.S.I. Meat and Other Foods Inspection. (Appointed 1st April).

Cleansing Inspector:
A. H. SMITH, M.I.W.H.S.

Health Department:

Clerical Staff:

*Chief Clerk, C. B. STUART.

*N. C. BELLAMY. *Miss D. L. MONK.

*Miss M. H. JEFFERSON.

Sanitary Inspector's Department:

W. F. A. JOHNSTONE. Mrs. D. S. PATRICK. Mrs. M. ROGERS. Mrs. E. RUSSELL.

* Also acts in similar capacity for the Hambledon Rural and Haslemere Urban Districts.

Guildford Rural District Council

PUBLIC HEALTH DEPARTMENT,
MILLMEAD HOUSE,
GUILDFORD.

August, 1953.

To the Chairman and Members of the Guildford Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the District for the year 1952.

The report is in the usual form, as laid down by the Ministry of Health.

The population shows another large expansion: an increase of 1,600 or 3.5 per cent. over 1952. Since the number of births is 44 less than in 1951, the increased population must be due to immigration. The Birth Rate, at 14.19 per 1,000, is substantially lower than the 15.68 for last year, and is low compared with that of 15.3 for England and Wales as a whole. The Death Rate, too, is remarkably low, being 8.93 per 1,000 of the population compared with 9.13 in the previous year and 11.3 for the country as a whole.

Deaths from chest and lung troubles were remarkably few, especially considering the long drawn out winter and the absence of any real summer. The tuberculosis figures show a remarkable improvement, though it must be remembered that the figures are small and therefore liable to marked fluctuations. The Death Rate from tuberculosis in 1952 was 0.10 per 1,000 of the population, compared with 0.24 for the country as a whole.

The Council continued its vigorous measures on the two main problems of the district: housing and main drainage. The rapidly increasing population no doubt accounts, in part at least, for the continuing and undiminished high demand for housing.

I am grateful for the continued cordial relations with the Council and the members of the Council's staff, and for much friendly co-operation and assistance. I take the opportunity also of thanking my own staff for their continued good work.

I have the honour to remain,

Your obedient servant,

J. E. HAINE, Medical Officer of Health.

STATISTICS & SOCIAL CONDITIONS OF THE AREA

SUMMARY		
Done of the control o	1952	1951
Area in Acres	59,782	59,782
Estimated resident population in July (esti-	4W 400	45 500
mate supplied by Registrar-General) *	47,480	45,790
Number of Inhabited Houses according to Rate Books	12,912	19 700
		12,700
Rateable Value (at 1st April following year)	£372,271	£365,995
A sum represented by a Penny Rate (actual)	£1,490	£1,468
Number of Births (legitimate and illegitimate)	674	718
Birth-Rate (actual) per 1,000 of the population	14.19	15.68
Birth-Rate (after correction by the Reg General's Comparability Factor)	13.76	15.21
Number of Still Births	18	16
Number of Deaths	471	465
Death-Rate (actual) per 1,000 of the popula-	9.92	10.15
Death-Rate (after correction by the Reg	3.0%	10.10
General's Comparability Factor)	8.93	9.13
Natural increase of population during year by		
excess of births over deaths	203	253
Number of Deaths of Infants (under the age		
of one year)	15	21
Infant Mortality per 1,000 live births	22.25	29.25
Number of women dying in, or in consequence	3.771	NIII
of, child-birth	Nil	Nil
Death-Rate from Influenza per 1,000 of the population	0.00	0.17
Death-Rate from Pneumonia (all forms) per	0.00	0.11
1,000 of the population	0.44	0.35
Death-Rate from Bronchitis per 1,000 of the		
population	0.40	0.39
Death-Rate from Measles per 1,000 of the		olodz
population	0.00	0.02
Death-Rate from the seven principal zymotic diseases: Smallpox, Whooping-cough,		
Measles, Gastritis, Enteritis and Diarr-		
hœa, Diphtheria, Scarlet Fever and		
"Fever" (Typhoid, Enteric and Typhus),	0.00	0.00
per 1,000 of the population Death-Rate from all forms of Tuberculosis per	0.00	0.09
1,000 of the population	0.10	0.15
Death-Rate from Cancer per 1,000 of the		
population	1.60	1.64
Death-Rate from Heart Disease per 1,000 of		
the population	3.26	3.34
Death-Rate from Nephritis and Nephrosis per	0.01	0.44
1,000 of the population	0.21	0.11
*See also Appendix showing estimated Pop	ulation by I	arishes.

GUILDFORD R.D.—POPULATIONS BY PARISHES (according to Rating Department estimates as at 1st January, 1953)

Albury					1,335
Artington					465
Ash and Norma	andy				8,019*
Normandy					2,270
Clandon, East					365
Clandon, West					841
Compton					963
Effingham					2,066
Horsley, East			.,,	- 4	3,222
Horsley, West					2,606
Ockham				***	. 619
Pirbright					1,593§
Puttenham					673
Ripley					1,973
St. Martha (Ch	nilwort	h)			594
Seale .					1,002
Seale (Tongham	1)				931
Send					3,243
Shackleford					881
Shalford					3,709
Shere					4,325
Wanborough					347
Wisley					211
Worplesdon					5,030
					47,283‡

^{*=}plus 700 military.

^{§=}plus 1,500 military.

^{‡=}plus 2,200 military.

EXTRACTS FROM VITAL STATISTICS

•	Male	Female	Total
Live Births:		1000	
Legitimate	347	299	646
Illegitimate	15	13	28
Birth-Rate (per 1,000 estimated resident			
population)		1	14.19
			15.68
1951 For the five years, 1947 to 1951			17.11
Still Births:			
Legitimate	10	7	17
Illegitimate	1	Nil	1
Rate per 1,000 total births			26,71
1951		and the second second	22,28
Deaths (net)	249	222	471
1951	241	224	465
Death-Rate			9.92
Death-Rate, 1951			10.15
For the five years, 1947 to 1951			10.69
Deaths from Pregnancy, Childbirth, and Abortion			Nil
1951			Nil
Rate per 1,000 Total (live and still) Births			0,00
Deaths of Infants under one year of age	8	7	15
Deaths of Infants under four weeks of age	7	5	12
Death-Rate of Infants under one year of age:			
All infants per 1,000 live births			22,25
Legitimate infants per 1,000 legitimate			
live births		THE PERSON NAMED IN	15.48
Illegitimate infants per 1,000 illegitimate			
live births		The state of the s	357.14

COMPARATIVE BIRTH AND DEATH-RATES

The following Table shows the birth and death-rates per 1,000 of the population for the District, and for England and Wales, for 1951 and 1952.

	Ann		es per 1,000 of pulation. Infantile Pre Child Pre Child Ab			per 1,000 of Infantile Pre Child Pre 1,000 Ab		s from nancy, irth and rtion
	Birth	-Rate	Death	1-Rate	live births		per 1,000 total births	
	1952	1951	1952	1951	1952	1951	1952	1951
Guildford R.D.—Crude	14.19	15.68	9.92	10.15	22.25	29.25	0.00	0.00
Comp	13.76	15.21	8.93	9.13	_	_	_	_
England and Wales	15.3	15,5	11.3	12.5	27.6	29,6	-	-

The Table on page 11 shows the birth-rate, death-rates, and analysis of mortality for certain diseases during 1952 in respect of England and Wales, London, and the Hambledon Rural District.

TABLE II.—CAUSES OF DEATH (ALL AGES)

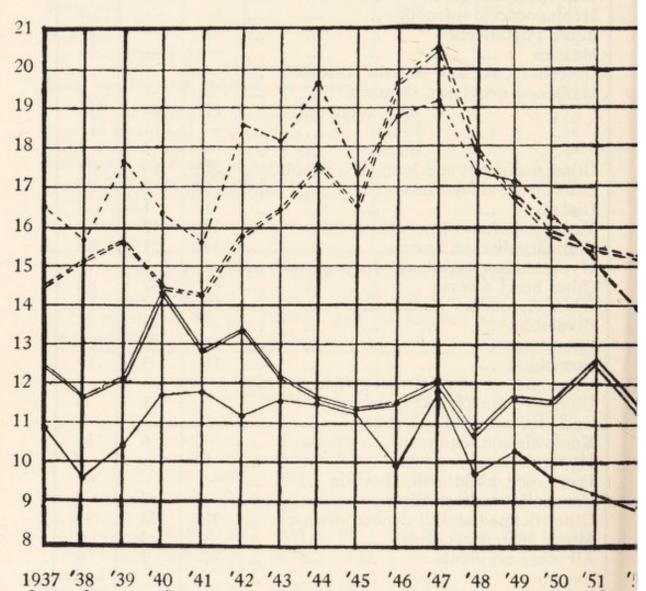
(Figures supplied by Registrar-General)

Caus	e of Death			Male	Female	Total
Tuberculosis, resp	piratory			3	2	5
Tuberculosis, oth	7.			_	_	_
Syphilitic disease				2	- 3	5
Diphtheria				_	_	_
Whooping Cough				_	/_	
Meningococcal in				_	_	_
Acute Poliomyeli				1		1
Measles			-			
Other infective an		diseases		_	1	1
Malignant neopla				8	1	9
The second secon	lung, bro			11		11
, ,,	breast				11	11
1) 1)	uterus			_	4	4
Other malignant a		ic neonla	···	22	15	37
Leukaemia, aleuk				1	3	4
				1	1	2
Vascular lesions of	f narrous s			32	47	79
Coronary disease,				34	21	55
		•••		5	7	12
Hypertension wit Other heart disea				41	47	88
				10		14
Other circulatory					4	
Influenza				11	10	21
Pneumonia				16	3	19
Bronchitis				10	3	19
Other disease of				5	1	6
Ulcer of stomach				3	1	0
Gastritis, enteritis				4	6	10
Nephritis and nep				8	0	8
Hyperplasia of pr				0	_	0
Pregnancy, child				1	3	4
Congenital malfor		diagona	•••	10		
Other defined and			• • • •	18	26	44
Motor vehicle ac				4	4	8 9
All other acciden				7	2	3
The state of the s				3		1
Homicide and or	erations of	war		1		1
TOTALS				249	222	471

GRAPH SHOWING BIRTH AND DEATH RATES PER 1,000 OF THE POPULATION

			Guildford R.D.	England and Wales.
Births		****	 Mag(III per	
Deaths	P-101.84		 	

*=Guildford Rural District Death Rate (and Birth Rate from 1951), after correction by the Registrar-General's Comparability Factor.



BIRTH-RATES, DEATH-RATES AND ANALYSIS OF MORTALITY DURING THE YEAR 1952.

						-	
RATE PER 1,000 Live BIRTHS		Total Deaths under	27.6	31.2	25.8	23.8	22.2
RATE 1,000 BIRT		Deaths from Diarrh Enteritis (under 2 y	1.1	1.3	0.5	0.7	1
RATE PER 1,000 TOTAL (LIVE AND	STILL) BIRTHS	Still Births	22.6	24.6	23.0	19.2	26.0
		Pneumonia	0.47	0.52	0.43	0.58	0.44
OME	si	Acute Poliomyelitis and Polioencephalit	0.01	0.01	00.00	0.01	1
Н 000		Smallpox	00.00	1	1	1	1
ANNUAL DEATH-RATE PER 1,000 HOME POPULATION		Influenza	0.04	0.04	0.04	0.05	1
TH-RATE PEI POPULATION		Tuberculosis	0.24	0.28	0.22	0.31	0.10
ВАТН-]		Diphtheria	0.00	0.00	0.00	0.00	1
AL DI		Whooping Cough	00.00	0.00	0.00	00.0	-
ANNI		Typhoid and Paratyphoid Fevers	00.00	0.00	0.00	1	1
		All Causes	11.3	12.1	11.2	12.6	8.9
res ,000 ME	JLA-	Still Births	0.35	0.43	0 36	0.34	0.38
RATES PER 1,000 HOME	POPULA- TION	Live Births	15.3	16.9	15.5	17.6	13.8*
			England and Wales	160 County Boroughs and Great Towns, including London	160 Smaller Towns (Estimated Resident populations 25,000 to 50,000 at 1951 Census)	London	Guildford R.D

*After correction by Registrar-General's Comparability Factor.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

LABORATORY FACILITIES.

Pathological Examinations.—The Pathological Department of the Royal Surrey County Hospital undertakes all routine examinations.

The following are details of examinations carried out during the year:

				1952	1951
Diphtheria	 	 		1	
Scarlet Fever	 	 		72	50
Tuberculosis	 	 		_	_
Fæces	 	 ***		_	
Miscellaneous	 	 		21	4
			_		_
				94	54
			_	_	

Public Health Laboratory Service. This laboratory is made use of for special investigations. It is also always available for advice, and the assistance given is greatly appreciated. It was made use of in 2 different occurences during 1952.

Water Analysis.—The Counties Public Health Laboratories continue to undertake the examination (both chemical and bacteriological) of water samples. 120 samples were examined in 1952.

AMBULANCE FACILITIES.

Particulars are given on the next page of the ambulance services operating in the District:

(i) Ambulances available for the conveyance of cases of Infectious Disease:

Name of Authority	No. of Ambu lances	Address of Ambulance Station	Telephone Number
Green Lane Hospital	1	1 at Green Lane Hospital, Farnham only.	Farnham 6015.
Ottershaw Isolation Hospital	inter 1	All Ambulances obtained from Woking Ambu- lance Station.	

(ii) Ambulances available for accident and sickness cases:

Name of Authority	No. of Ambu lances	Address of Ambulance Station	Telephone Number
St. John Ambulance Brigade, Guildford.	6 + 2 sitting case cars	Leas Road, Guildford.	Guildford 66334
British Red Cross Society, Godalming.	2	Church Street, Godalming.	Godalm'g 1375
Aldershot Borough Council.	5	Laburnum Road, Aldershot.	Aldershot 299
St. John Ambulance Brigade, Farnham.	2 2 sitting case cars	50, West Street, Farnham.	Farnham 6749
Leatherhead U.D.C.		Council Offices, Leatherhead.	Via L'hd. Fire Bgde L'head 2226
Surrey County Council Red Cross. St. John Ambulance Brigade.	1 1 1 ·) *1 sitting case car	West Street, Dorking.	Smallfield 271 Horley 62 (Emergency)

NURSING IN THE HOME.

Midwives.—There are 14 Midwives practising in the Rural District supervised by the County Medical Officer of Health. They are distributed in the following parishes:

Albury		Pirbright		 -
Artington	—	Puttenham		 _
Ash and Normandy	2	Ripley		 _
Clandon, East	—	St. Martha		 _
Clandon, West	1	Seale		 1
Compton	1	Send		 2
Effingham	–	Shackleford		 1
Horsley, East	–	Shalford		 1
Horsley, West	1	Shere	• • •	 1
Normandy and		Tongham		 1
Wanborough	1	Wisley		 -
Ockham		Worplesdon	·	 1

District Nurses.—District Nurses are available in every parish.

This service is administered by the County Nursing Association, acting as agents for the Local Health Authority.

Health Visitors.—County Health Visitors visit homes under the School Medical and Child Welfare Services. There are nine H.V.s distributed in the following districts: (a) Pirbright, (b) Send, Ripley, Wisley, Ockham, E. and W. Clandon, (c) Ash Green, Ash Wyke and Seale (excluding Tongham), Normandy, (d) Artington, Compton, Puttenham, Shackleford, Eashing, Wood St., Wanborough, Worplesdon, (e) Albury, St. Martha, Shalford, Shere and Gomshall, Peasmarsh, Peaslake, Brook, Farley Green. (f) Holmbury, St. Mary and Abinger Hammer, (g) E. and W. Horsley, Effingham, (h) Tongham, (j) Ash Common, Ash Vale.

CLINICS AND TREATMENT CENTRES.

Maternity and Child Welfare.—Centres within the District are set out in the table below:

Centre	Address	Days of Centre
Ash	Keogh Bks., Mytchett	1st and 3rd Fridays
(Mytchett)	a far the attendance of	
Ash	Health Centre, Shaw-	
may 1-185.5	field Road, Ash	2nd and 4th Mondays
Ash Vale	Gospel Hall, Ash Vale.	Every Thursday
Ash Wyke	The Village Hall, Nor-	
	mandy	1st and 3rd Mondays
Chilworth	Village Hall, Chilworth	1st and 3rd Fridays
Effingham	Women's Institute,	and build technolis evening
	Effingham	1st and 3rd Tuesdays
Horsley, West	Village Hall, West	
	Horsley	1st and 3rd Thursdays
Holmbury St.	Holly Bush, Holmbury	
Mary	St. Mary	2nd and 4th Fridays
Peaslake	Old School Room,	
	Peaslake	2nd and 4th Mondays
Pirbright	Red Cross Hut	Every Tuesday
Puttenham	Old School Room,	
	Puttenham	1st and 3rd Tuesdays
Ripley	Church Hall, Ripley	2nd and 4th Thursdays
Send	Red Cross Hut, Sandy	
	Lane	1st and 3rd Mondays
Shere	Memorial Hall, Shere	1st and 3rd Thursdays
Shalford	The Institute, Off King's	
	Road, Shalford	Every Wednesday
Wood Street .	Church Hall, Wood	
	Street	2nd and 4th Thursdays
Worplesdon .	Memorial Hall, Perry	
	Hill	2nd and 4th Wednesdays

Ante-Natal Clinics.—Clinics serving the District are held as follows:-

Ash ... Godalming ... Farnham ("Brightwells") Wednesdays at 2 p.m. Woking Maternity Home, Heathside Road, Woking

ford ...

... 2nd and 4th Tuesdays, at 2 p.m. ... 1st and 3rd Tuesdays, 9.30 a.m.

> Every Friday at 10 a.m., 2nd and 4th Wednesdays at 2 p.m., and 2nd Monday at 10 a.m.

Monday and Thursday, 1.30 p.m. St. Luke's Hospital, Guild-Booking Clinic, Monday and Friday, 10 a.m. to 11 a.m.

Orthopædic Treatment. - In-patient treatment is given at the Royal Surrey County Hospital and at the Rowley Bristow Home at Pyrford.

Orthopædic Clinics for out-patient treatment are available at the Royal Surrey County Hospital on Tuesday afternoons at 1.15 p.m., and at the Rowley Bristow Home on Thursday mornings from 10.30 to 1 p.m.

Chest Clinic.—The Chest Clinic is at Tower House, Epsom Road, Guildford. Days and times for the attendance of the patients are as follows:

Mondays	 	 	 	1.30-4 p.m.
Wednesdays		 	 	1.30-4 p.m.
Fridays	 	 	 	9.30-12 noon

Venereal Diseases Clinic.—A Clinic is held at the Royal Surrey County Hospital, Guildford, four days weekly, as follows:

Mondays (Females)	 	 ·	3-7 p.m.
Thursdays (Females)	 	 	9.30-11 a.m.
Tuesdays (Males)	 	 	5-7 p.m.
Fridays (Males)	 	 	5-7 p.m.
Saturdays (Males)	 	 	9.30-11 a.m.

Birth Control.—The Birth Control Clinic at Queens Nursing Home, Stoughton Road, Guildford, is held every 1st, 2nd and 3rd Wednesday in the month at 2 to 4 p.m., and is administered by a Voluntary Committee.

The Clinics mentioned above are all administered by and under the control of the Surrey County Council, except where otherwise stated.

Home Nursing and Home Help Service.—The scheme is operated by the County Council.

TILLINGBOURNE VALLEY MOBILE PHYSIOTHERAPY SERVICE.

This voluntary service continues to serve the villages of Abinger Hammer, Albury, Chilworth, Holmbury St. Mary, Peaslake, Shalford, Shere and Gomshall, as well as part of the Hambledon Rural District. A most useful service, it is kept fully employed, and is greatly appreciated in the area. During 1952, 2,336 treatments were given, 7,274 miles being covered.

HOSPITALS.

The hospitals serving the District are as follows:

General.—St. Luke's Hospital, Guildford, 404 beds, of which at least 57 are maternity. Farnham County Hospital, Hale Road, Farnham, 180 beds. Royal Surrey County Hospital, Guildford, 299 beds, including 23 private beds.

Infectious Disease. Ottershaw Isolation Hospital, 66 beds. Green Lane Hospital, Farnham, 50 beds.

Hospital Bed Service.—This service is made use of when necessary, as it is still far from easy to obtain hospital admission for all cases.

MORTUARIES.

The District depends on mortuaries at Godalming, Cranleigh, Woking and Farnham. The numbers of bodies removed thereto from this District in 1952 were: Godalming 7, Cranleigh 2, Woking 12 and Farnham 9. The mortuary at Shalford is used only occasionally.

The mortuary at Cranleigh, formerly managed by the Parish Council, was acquired by the Hambledon Rural District Council early in the year. The mortuary is essentially nothing more than a postmortem room, but it no longer meets the requirements of the present day. Plans for modernisation and improvement are being prepared, and the whole question of the mortuary's future is under consideration.

BURIAL OF THE DEAD: Sec. 50 of National Assistance Act, 1948.

Two cases were dealt with under this Section during 1951.

NATIONAL ASSISTANCE ACT, 1948, Section 47, and Care of the Aged.

It was not necessary to take any statutory action under this Section of the Act. The Health Department Visiting Nurse pays periodical visits to old people under our purview.

During the autumn it was possible to make an arrangement with the Women's Voluntary Services for Village Representatives of that organisation to visit people confined to their homes through age or infirmity, and who were in need of a little help and contact with the outside world. Up to the end of the year 1 case had been referred to them, and it is satisfactory to know that such a service is now available if needed.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLIES.

Routine, regular sampling of all water supplies has been carried out during the year.

The anticipated formation of the Guildford, Godalming and District Water Board took place in October. This Board embraces the supplies of the Boroughs of Guildford and Godalming, the Shere and Hurtwood supplies, the Cranleigh and Chiddingfold Water Company and the Hambledon Rural District Council's supply at St. Martha. Arrangements for the exchange of information, results of analyses of samples, etc., have been made with the Board's Engineer.

DRAINAGE AND SEWERAGE.

The Ripley Sewage Works continue to function satisfactorily, and the effluent is always of a high standard. The small disposal plants serving 9 of the Council's housing estates are working to a reasonable standard, and the effluents are being maintained at a satisfactory level.

The sewerage scheme for the Jacob's Well area was commenced and completed during the year. Work was commenced on the Ash and Tongham portion of the North-Western Area Sewerage Scheme, and a large proportion of it was completed. Similarly, the Tilling-bourne Valley scheme was commenced and was well in hand by the end of the year.

PUBLIC SCAVENGING.

The disposal of refuse continued to be carried out by tipping at the Council's 3 sites at Shalford, Ash Vale and Shere. Further details of the services are contained in the report of the Chief Sanitary Inspector.

ERADICATION OF BED BUGS.

Six cases of infestation were reported during 1952, and in all cases disinfestation was carried out.

MOSQUITOES: Shalford and Bramley Area.

Complaints of mosquitoes were again numerous during the summer months, although the weather was generally unfavourable to mosquito breeding. It is regrettable that the energetic antimosquito measures, carried out at the Godalming Corporation's Sewage Farm during 1951, were not pursued this year. It is known that the Godalming authorities are awaiting permission to proceed with substantial improvements to the works as a whole, but, as proved last year, a great deal can be done to lessen the nuisance by large-scale measures for mosquito control.

HOUSING

The demand for housing continues pressing and urgent. Unfortunately the shortage during the post-war years, and the dependence on the local authority, has led to a large proportion of the community losing the initiative and enterprise to provide for themselves: there has been complete dependence on the local authority, and that spirit has translated itself to the feeling that there is a right to expect the local authority to provide.

The number of new houses built or in course of construction at the end of the year, however, shows a substantial improvement over those of the previous year: 156 new houses as compared with 108 for 1951, and 144 in the course of construction at the end of 1952 as against 66 at the same time last year.

There were still over 1,000 applicants on the Council's waiting list at 31st December.

MOVABLE DWELLINGS.

The number of caravans in the district again shows an increase. There is now no question that this type of dwelling as a substitute for a house must be regarded as a permanent feature and no longer merely a temporary problem associated with the housing shortage. Measures of control to ensure reasonable standards have been agreed by the County Planning Authority, and these standards should be insisted upon wherever possible where there is an established caravan site. They require the provision of proper and sufficient sanitary accommodation, washing and laundry facilities, and the satisfactory disposal of waste water. Probably the surest and quickest method of dealing with the problem is for the District Council to provide or control camping sites and provide such amenities, so setting a standard which caravan owners will, in due course, demand from private site owners also. Some progress has been made with the Council's scheme to establish its own site and thereby effect clearance of single caravans and small groups from undesirable sites.

In some private sites the Council continued to press for improvements to bring them up to the minimum standard agreed with the County Council (as Planning Authority). In general, improvements were achieved, and in some cases further improvements have been promised.

The question of caravan rents would appear now to require some consideration with a view to effecting control. The rents paid are sometimes higher than for a house, e.g. £2 0s. 0d. or even £2 10s. 0d. a week, and in addition 10s. 0d. or 12s. 6d. a week for a stance. Although, of course, caravans require no furniture and a minimum of equipment, such high charges are so crippling to families' finances that they deprive them of the chance of obtaining a house or saving for the furnishings necessary for one.

HOUSING STATISTICS.

1.	Inspection	on of Dwelling Houses during the year.	
	(1) (a)	Total number of dwelling houses inspected for	
		housing defects (under Public Health or	
		Housing Acts)	306
	(b)	Number of inspections made for the purpose.	1268
	(2) (a)	Number of dwelling houses (included under	
		sub-head (1) above) which were inspected	
		and recorded under the Housing (Consolidated)	949
	41.	Regulations, 1925/32	248
	(b)	Number of inspections made for the purpose.	968
	(3)	Number of dwelling houses found to be in a	
		state so dangerous or injurious to health as to	
		be unfit for human habitation	19
	(4)	Number of dwelling houses (exclusive of those	
		referred to under the preceding sub-head)	
		found not to be in all respects reasonably fit	and the
		for human habitation	201
2.		of Defects during the year without service of fe	ormal
	notice		
		Number of defective dwelling houses rendered fit in consequence of informal action by the	
		Local Authority or their Officers	161
3.	Action u	mder Statutory Powers during the year.	
		ceedings under Sections 9, 10 and 16 of the Ho	using
	A	Act, 1936.	
	(1)	Number of dwelling houses in respect of	,
		which notices were served requiring repairs.	1
	(2)	Number of dwelling houses which were render-	
		ed fit after service of formal notices:	
	(a)	By Owners	-
	71.1	By Local Authority in default of Owners	1

В.	Proceedings under The Public Health Acts.	
(1)	Number of dwelling houses in respect of which	
	notices were served requiring defects to be	
	remedied	:
(2)	Number of dwelling houses in which defects	
	were remedied after service of formal notices:	
	(a) By Owners,	5
	(b) By Local Authority in default of Owners	8
C.	Proceedings under Section 11 and 13 of The Housing 1936.	Act
(1)	Number of dwelling houses in respect of which	
(-/	Demolition Orders were made	5
(2)	Number of dwelling houses demolished in pur-	
	suance of Demolition Orders	5
(3)	Notices served under Section 11(1) of the	
	Housing Act, 1936, dwelling houses closed on	
	undertaking of Owner	10
(4)	Notices served under Section 11(1) of the	
	Housing Act, 1936, dwelling houses rendered	
	fit on undertaking of Owners	1
D.	Proceedings under Section 12 of The Housing Act, 1	936.
(1)	Number of separate tenements or underground	
	rooms in respect of which Closing Orders	
	were made	-
(2)	Number of separate tenements or underground	
	rooms in respect of which Closing Orders were	
	determined, the tenement or room having been	
	rendered fit	-

HOUSING PROGRAMME.

The following table shows the Council's Housing Programme as at 31st December, 1952.

Parish	No. of Dwellings ultimately to be erected	Total Immediate Pro- gramme	No. of Dwellings in course of construc- tion	No. of Dwellings Completed
Artington	4	4	_	
Albury	39	30	_	9
Ash & Normandy	430	56	- 4	370
Clandon (West) .	88	20	16	52
Compton	74	43	_	31
Effingham	124	84	8	32
Horsley (East) .	74	_	32	42
Horsley (West) .	360	256	_	104
Pirbright	68	40	_	28
Puttenham	8	-	_	8
Ripley	119	_	13	106
Seale & Tongham	211	148	47	16
Send	102	6	2	94
Shackleford	50	22	6	22
Shalford	172	44	12	116
Shere	99	23	_	76
Worplesdon	412	250	4	158
Total	2,434	1,026	144	1,264

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLIES.

The routine for examination of milk supplies, arranged two years ago, has been continued, and 239 samples were examined during 1952. One sample, produced outside our area, was found to be tuberculous. The matter was referred to the Medical Officer of Health for that area, and to the Veterinary Inspector, and following investigation 1 cow was slaughtered under the Tuberculosis Order, 1938.

Ice Cream.—Samples of ice cream are taken regularly from all retailers in the district. A series of unsatisfactory analyses were received in the case of one producer outside our district, coliform organisms and fæcal coli being frequently present. The question was taken up with the manufacturers, and it is hoped that our complaints will result in the discovery of the fault in manufacture. Unfortunately there is still no statutory standard of cleanliness for ice cream, since it has so far proved impossible to devise suitable, simple and dependable tests of bacterial purity. Presumably the presence of fæcal coli does suggest human contamination after the pasteurisation of the mix, and therefore indicates the risk of human infections being conveyed into the ice cream.

GUILDFORD RURAL DISTRICT COUNCIL-MILK SAMPLING.

Total		153	152	147	145	152	142	143	146	144	137	148	147	145	137	137	146		ailable	
	Ordinary	1	1	1	71	69	1	1	1	1	57	72	71	65	65	62	89		not ava	
Producers	T.T.	_	1	1	20	10	1	1	1	1	20	14	15	31	29	37	43			
I	Accredited	1	1	1	69	73	1	1	-	1	09	62	61	46	43	38	35	_	Information)
Licences to Sell Pasteur-	(Inc. Dealers)	-	1	1	1	S	1	1	1	1	11	14	7	111	17	24	26	31	31	34
No. Cows		1	1	1	1	1	1	1	1	2	1	6	N	1	1	Nil	II.	7	1	1
No. T.B.	Losino	1	1	1	1	1	1	1	3	7	9	Nil	1	1	1	Nil	1	2	4	3
No. Un-	satistaciói y	10	16	29	18	11	14	37	28	57	29	10	7	20	22	41	51	21	21	Nil
Total No. of Samples	Taken	66	195	203	147	147	93	136	134	230	187	92	53	194	187	212	356	378	261	239
Year		1934	1935	1936	1937	1938	1939	1940	1941	1942	-1943	1944	1945	1946	1947	1948	1949	1950	1951	1952

ANTHRAX.

Two cases of anthrax, both in pigs, were confirmed during 1952, and the necessary precautions were taken. No infections of humans occurred.

FOOD AND DRUG ACT, 1938.

This Act is administered by the Surrey County Council, and I am indebted to the County Medical Officer of Health for the following table, which shows the number of samples analysed, and action taken in respect of this District, during 1952.

Articles	A	nalyse	ed		lterate regula	Prose-	Con-	
	Formal	In- formal	Total	Formal	In- formal	Total	Cutions	victions
FOOD:								
Milk	137	15	152	7		7		
Almonds, ground	1	-	1					
Cake Decorations	-	1	1		1	1		
Cereal Food	1	_	1			8 8-1	4	
Confectionery	_	2	2		1	1		1 8
Curry Powder	1	-	1					
Fruit Lollies	1	_	1					18
Ice Cream	1	1	2					
Marzipan	1	_	1			80		
Mincemeat	1	_	1					
Sausages	2	1	3		1	1		
Soft Drink	_	1	1			1		
Soya Flour	1	_	1					
Wine	2	_	2		6 6 1			
DRUGS:								
Bicarbonate of Soda	_	2	2				9	
Bismuth Carbonate	-	1	1					
Totals	149	24	173	7	3	10		

SHORT PARTICULARS OF MILK SAMPLING FOR THE YEARS 1946, 1947, 1948, 1949, 1950, 1951, 1952.

ANALYSIS RESULTS.

Taken Designated 93 Undesignated 101 Designated 106 Designated 229 Undesignated 127 Designated 299 Undesignated 299
187 tory 212 83 356 195
194 — Phosphatase Tee tory 45 5 5 5 212 83 4 4 25 5 746

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

GENERAL.

The total number of cases notified during the year was 420, as compared with 1,025 in 1951. The decrease is due mainly to the lower number of measles notifications. This disease occurs in epidemic form every other year, so the number for 1953 may therefore be expected again to be large. The greater number of notifications received nowadays is no doubt largely due to the fact that, since it is now not necessary to pay for medical attendance, doctors are called in for this disease much more often than hitherto.

Following are details of cases notified:

Disease	1952	1951	1952 Increase + Decrease -
Puerperal Pyrexia	1	2	- 1
Paratyphoid Fever	2	_	+ 2
Scarlet Fever	77	28	+ 49
Diphtheria	_	_	_
Pneumonia	12	17	— 5
Poliomyelitis	14	2	+ 12
Erysipelas	6	4	+ 2
Smallpox (Variola Minor)	1	_	+ 1
Dysentery	4	2	+ 2
Ophthalmia Neonatorum	1	_	+ 1
Measles	254	769	-515
Whooping Cough	48	201	-153
Total	420	1025	605

SMALLPOX.

Following an outbreak of mild smallpox in Rochdale, and the occurrence of one case at Aldershot, 1 child aged 2, living at the Longacre Housing Estate, Ash, was notified as suffering from a mild attack of smallpox. Investigation showed that the child had had severe chicken pox 6 months earlier. The distribution and appearance of the rash strongly suggested smallpox, particularly the development of the rash over 3 days, and therefore the case was kept under close observation. The child was seen several times by specialists and consultants, and was finally sent to the Smallpox Hospital at Winchester, where the Aldershot case was already under treatment.

Fullest precautions were taken, all contacts were at once vaccinated and the household was placed in quarantine.

The child eventually made a full recovery. The case was so mild that there may remain some element of doubt about the reality of the smallpox diagnosis, but in any case it was fortunate there was no spread of infection.

POLIOMYELITIS.

Poliomyelitis appears to be with us permanently since the epidemic of 1947. This year 14 cases occurred, as against 2 only in 1951. This disease is definitely seasonal, usually commencing in July and continuing into November, September being the peak month. In past years the earliest cases have been mild and late cases most serious In 1952, however, this was reversed, the earliest cases being the most severe, with sudden onset, extensive paralysis and respiratory involvement, and in 1 case death. 7 of the sufferers were under 5 years of age, 3 between 5 and 10, 1 of 12 years and 3 adults. All were definitely confirmed cases, and resulted in paralysis.

Of the 14 cases, 9 were in villages without main drainage.

The age of attack suggests that the population as a whole has not been protected by the disease of previous years, and casts doubt on the suggestion that infection is widespread and that the majority of people develop an immunity from such slight infections. No suggestion of case-to-case infection has been noted here except in 1 school where 3 of the pupils were affected, nor do fomites appear to play much part in the spread.

The fatal case was a child of 15 months, who, 2 weeks after immunisation at a Welfare Centre, developed very sudden polioencephalitis and died within 24 hours. This case was fully investigated: the injection was intra-muscular in the deltoid, and the paralysis affected the legs. The site of the paralysis and the type of disease made this appear to be a coincidence, and not a relationship between immunisation and poliomyelitis.

I have grave doubts as to the advisability of moving every patient into hospital during the acute stage. In 3 or 4 cases over the past year or two transference to hospital has been followed almost immediately by extremely sudden and unexpected exacerbation of the disease with serious consequences. It is suggested that a team should be available to visit the homes, especially in remote rural parts, equipped if possible with some means of artificial respiration by mechanical means, and with a specialist experienced in assessing risks to the patient of leaving at home until the acute stage is past. Otherwise special facilities might be provided for removal to hospital with very special care and precautions to avoid the slightest risk to the patient.

It seems desirable also that special hospitals should be equipped to receive poliomyelitis cases. A resident medical staff seems essential, as well as all necessary apparatus and preparation for artificial respirations. The usual Infectious Diseases Hospitals serving this district do not have these requirements; indeed there is no resident medical officer, and this fact has to be taken into account in deciding to hospitalise the patient or take the added risk of respiratory failure by leaving him at home. It is not always in the best interests of the patient to play for safety by sending every case to hospital at once, though this is essential if the symptoms suggest in any way that the respiratory centre may become involved.

The value of physiotherapy at the earliest reasonable stage is now generally accepted. This, unfortunately, appears seldom possible in cases kept at home in rural areas. Before the present National Health Service came into operation, it was arranged comparatively easily. Now no provision is made for it, yet it would be infinitely cheaper, more practicable, and more in the patient's interest to provide treatment in the home rather than provide transport to hospital for physiotherapy or alternatively to admit even unnecessary cases to hospital for no reason other than to secure such treatment.

Four residents in the district were notified to us as being contacts of cases in other districts. They were visited and advised as to precautions to be observed; there were no developments.

A number of boys from Eton College were returned home to addresses in this district as a result of cases occurring there, and advice was given to their parents; again, fortunately, there were no developments.

SCARLET FEVER.

For many years the incidence of Scarlet Fever has been low, but the numbers are now increasing, 77 cases having been notified during 1952. Nowadays, however, they are seldom typical. As I have mentioned before, the term Scarlet Fever has now become a misnomer: more accurately it should be defined as a haemolytic streptococcal infection, the infectivity being the same as with a true Scarlet Fever and the presence of the rash being the only additional

symptom warranting the latter label. The fact that more notifications are received than formerly may be due to the fact that, since it is no longer necessary to pay private doctors for attendance, they are called in for "bad throats" much more than in the past.

Following the discovery of a haemolytic streptococci carrier among the staff at a children's residential nursery, investigation was made of all the children and staff. A number of children were found to have haemolytic streptococcal throat infections, 3 of them developing eventually into true cases of scarlet fever. The latter were removed to Isolation Hospital. Further checking was carried out until all the inmates of the nursery were quite clear of infection. Treatment with penicillin and appropriate drugs was, of course, instituted immediately.

PSITTACOSIS.

Information was received from the Medical Officer of Health, Birmingham, that psittacosis had been discovered in a consignment of parrots from Australia, and that a man contact in Birmingham had died from the disease. Another person who had been in contact with the birds was a resident in the Guildford Rural District, and he was kept under surveillance for the required period. Fortunately there were no developments. All his birds, too, remained healthy.

DIPHTHERIA.

During the year 1952 no cases of diphtheria were notified in the Guildford Rural District.

DIPHTHERIA IMMUNISATION.

School Children:—The number of children attending the maintained schools continues to increase. 453 more children attended these schools in 1952 than in the previous year, 377 more children had completed a full course of immunisation at the end of the year than in 1951. 58 School Sessions were held during the year. In many cases parents accepted the invitation to be present during the treatment.

Of the few children " not immunised" most have already commenced treatment, but are not counted as immunised until treatment is completed.

The immunisation state in the schools is very satisfactory.

The percentage of children immunised yearly during the past 6 years are shown below:—

1947	 	84.05
1948	 	88.23
1949	 	89.25
1950	 	90.80
1951	 	91.08
1952	 	90.35

Immunisation of Pre-School Children:—The percentage of children under 5 years of age immunised during the last 6 years are shown in the following table:—

1947	 	38.25
1948	 	39.00
1949	 	45.07
1950	 	49.05
1951	 	41.23
1952	 	43.76

The percentage for 1952 shows an improvement on the previous year. The Registrar General again estimates an increase of 200 in the child population under 5 years of age.

Home Visiting Scheme for Pre-School Children:—Parents who for various domestic reasons cannot visit their private doctors or the Welfare Centre are visited in their homes by appointment. Immunisation against diphtheria, whooping cough, and vaccination against smallpox are offered. The number of requests for this service continues to increase, so much so that with the introduction of whooping cough immunisation in October, 1952, the work became quite overwhelming.

168 treatments against diphtheria and whooping cough were given in the homes during 1952 by Dr. Pollock. (Home visits for vaccination will be found in the appropriate section). Details are as follows:—

Diphtheria Immun	isation	Whooping Cough Immu	nisation
First injections	72	First injections	23
Second injections	54	Second injections	17
		Third injections	2

WHOOPING COUGH IMMUNISATION.

Since this scheme was launched in October, 1952, the response has been very gratifying. Whooping cough immunisation is commenced at the fourth month, or as soon as possible afterwards, 3 injections at monthly intervals being required. It is hoped that as the percentage of children immunised increases, the incidence of whooping cough in children under 12 months will at once commence and continue to fall. The results of this immunisation will be carefully watched.

Re-immunisation may be carried out after an interval of 3 years where this is requested.

SMALLPOX VACCINATION.

Vaccination is offered to all children at the same time as diphtheria and whooping cough immunisation, and is performed also in the home if this is desired. The following table gives details of vaccinations carried out in the district during 1952:—

Age at date of Vaccination Number Vaccinated Number Re- vaccinated	Num	iber of	Persons	Vaccinated	(or Re-vaccina	ated)		
	Under 1	1	2 to 4	5 to 14	15 or over	Tota		
	366	17	53	83	97	616		
Re-	_	1	17	78	241	337		

All the above were carried out by general practitioners with the exception of 159 successful vaccinations carried out by this department and 117 reported from Welfare Centres.

In all 177 vaccinations were performed in the homes by Dr. Pollock and myself.

No cases of illness or other complications arising out of vaccination were specially reported during the year.

SCHOOL ABSENTEES.

The table on page 38 shows the number of children absent from school on account of infectious or contagious disease.

HEALTH DEPARTMENT VISITING NURSE.

The following is a summary of the visits paid by the Visiting Nurse in the Guildford Rural District:—

Home Immunisation Visits	 	 	260
School Immunisation Visits	 	 V	83
Scarlet Fever Contacts	 	 	106
Tuberculosis Visits	 	 	107
Visits to Aged Persons	 	 	15
Vaccination Visits	 	 	132
Smallpox Visits (contacts)	 	 	1
Poliomyelitis Visits	 	 	13
Miscellaneous Visits	 	 	190
		Total	907

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| imminised | | 90.00 | 84.53 | 85.25 | 95.22 | 88.38 | 89.71 | 94.03 | 96.43 | 94.74 | 91.07

 | 89.72 | 87.43 | 95.35 | 98.65 | 92.24 | 89.19
 | 95 24 | 92.16 | 90.55 | 89.85 | 80.75 | 100.00 | 91.15

 | 94.24 | 98.78 | 81.11 | 94.76 | 93.18
 | 91.90 | 91.60 | 89.29
 | 79.41 | 90.35 |
| | Re-imm. | 14 | 29 | 58 | 75 | 51 | 42 | 4 | 13 | 10 | 7

 | 32 | 19 | 9 | 11 | 28 | 9
 | 10 | 27 | 34 | 12 | 15 | 00 | 20

 | 25 | 10 | 6 | 34 | 18
 | 45 | 25 | 20
 | 25 | 737 |
| and Ini | Zud mj. | 1 | 7 | 17 | 6 | 25 | 5 | 1 | 1 | 1 | 1

 | 60 | 22 | 1 | 1 | හ | 1
 | 1 | 11 | 3 | 1 | 1 | 4 | 1

 | 1 | 9 | 1 | 1 | 2
 | 1 | 1 | 12
 | 00 | 128 |
| 1ot Ini | ist inj. | 5 | 6 | 13 | 11 | 13 | 60 | 2 | 1 | 1 | 3

 | 1 | 00 | 2 | 1 | 5 | 20
 | 1 | 5 | က | 2 | 12 | 5 | 10

 | 1 | 9 | 9 | 22 | 6
 | 5 | 12 | 9
 | 13 | 180 |
| No. not | immunised | Ŀ | 41 | 55 | 21 | 28 | 25 | 4 | 2 | 2 | 10

 | 26 | 22 | 2 | 1 | 6 | 4
 | 67 | 12 | 12 | 7 | 36 | 1 | 20

 | 14 | 1 | 17 | 10 | 12
 | 20 | 11 | 18
 | 21 | 467 |
| No. immu- | nised. | 63 | 224 | 318 | 418 | 213 | 218 | 63 | 54 | 36 | 51

 | 227 | 153 | 41 | 73 | 107 | 33
 | 40 | 141 | 115 | 62 | 151 | 58 | 206

 | 229 | 81 | 73 | 181 | 164
 | 227 | 120 | 150
 | 81 | 4,371 |
| 1 1 1 | Total | 70 | 265 | 373 | 439 | 241 | 243 | 29 | 56 | 38 | 56

 | 253 | 175 | 43 | 74 | 116 | 37
 | 42 | 153 | 127 | 69 | 187 | 58 | 226

 | 243 | 85 | 06 | 191 | 176
 | 247 | 131 | 168
 | 102 | 4,838 |
| Schools. | | : | Common C. of E. | Ash Vale C.P | Ash Walsh C. of E | Ash Wyke C.P | Ash Yeomans Bridge Sec | Chilworth C. of E | Compton C. of E | East Clandon C. of E | West Clandon C. of E

 | Effingham Secondary | Effingham C.P | Holmbury St. Mary C. of E. | East Horsley C. of E | West Horsley C. of E | Ockham C. of E
 | Peaslake C. of E | Perry Hill, Worplesdon | Pirbright C.P | | | Seale C. of E | Send C. of E

 | Send Secondary | Shackleford C. of E | Shalford C.P. Infants | Shalford C.P. Mixed | Shere C of E
 | Tillinghourne Secondary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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DIPHTHERIA IMMUNISATION

	CHILDREN	UNDER F	IVE YEARS OF AGE	
	Immunised 1/1/52 to 31/12/52	Immunised prior to 1/1/52	Estimated Population under 5 years	Percentage Immunised
1952	460	1,356	4,150 (RegGen. Estimate 1952)	43,76
1951	449	1,179	3,949 (RegGen. Estimate 1951)	41.23

CHILDREN BETWEEN THE AGES OF 5-15 YEARS (Treatment carried out by Public Health Department)

	Immunised 1/1/52 to 31/12/52	Re- Immunised 1/1/52 to 31/12/52	Immunised prior to 1/1/52 and still at School	Estimated Population 5–15 years	Per- centage Immu- nised
1952	128	737	4,243	4,838 (S.C.C. Schools)	90,35
				7,110 (RegGen. Estimate 1952)	71.29
1951	141	711	3,853	4,385 (S.C.C. Schools)	91.08
				7,052 (RegGen. Estimate 1951)	66.34

IMMUNISED IN PRIVATE SCHOOLS

(Information obtained from Principals of 14 Private Schools out of 21 circularised)

No. of Children on Register	No. Immunised	Percentage Immunised		
753	698	92,69		

INFECTIOUS DISEASES, 1952.

TABLE SHOWING NUMBER OF CASES NOTIFIED AND WHERE TREATED.

Total	5 3 119 17 1 1 3 3 3 3 3 1 3 3 1 3 1 3 3 3 3 3	420
Ophthalmia Meonatorum	1111111-	1
Smallpox	111-111-	1
Paratyphoid Fever		2
Erysipelas	9	9
Pneumonia	10111111	12
Dysentery	4	4
Whooping-	1 1 2 54	48
Ристретаl Рутехіа	-1111111	1
Poliomyelitis	801-18 01 8	14
Scarlet Fever	112 12 1 1 1 1 1 1 1 1	77
Measles	4	254
Where Treated	St. Luke's Hospital Aldershot Isolation Hospital Green Lane Hospital Winchester Smallpox Hospital Ottershaw Isolation Hospital Cambridge Hospital, Aldershot Aldershot Isolation Hospital St. Peter's Hospital St. Peter's Hospital At Home	Totals

INFECTIOUS DISEASE, 1952, AGE INCIDENCE. (Other than Tuberculosis.)

Cases	5.10 10.15 15.20 20.30 30.40 40.50 50.60 and Hospital		2 5 50
	50 50.		00
	.4040.		- 8
rs.	0.30 30	-	6
At Ages—Years	5.20 2		6
Ages	10.15	0 - - -	18
At	5.10	101 101 1 1 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	170
	1-5	1111 122 222 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.9
	under 1	1 2 3 1	7
At	all	-1 25 4 4 4 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	420
	ы		-
	EASI	8 .	-
DIS		ttorun	
	3LE	Veonat er cough yrexia s Feve	Totals
	NOTIFIABLE DISEASE	Opthalmia Neonatorum Smallpox Measles Scarlet Fever Whooping-cough Dysentery Puerperal Pyrexia Poliomyelitis Preumonia Erysipelas Paratyphoid Fever	

INCIDENCE OF NOTIFIED INFECTIOUS DISEASE (other than Tuberculosis), 1952

PARISH BY PARISH.

	Total	177 11 12 12 12 12 14 14 18 48 48 48 48 48 48 48 48 48 48 48 48 48	420
	Morplesdon	104	119
	Wisley	-	-
	Wanborough	11111111111	
	Shere	E 4 L L	19
-	Shalford	115	127
	Shackleford	1	8
	Send	[8	N
	Seale	12 4 50 8	21
	St. Martha	0 1 0 0 1	14
ч	Kipley	1 1 7	0.
Parish	Puttenham	1111111111	1
-	Pirbright		4
	Оскрат	0	9
-	Horsley, West		4
	Horsley, East	4 41	œ
	Ettingham	122 3 24	33
	Compton	11121211	3
	Clandon, West	1-11111111	1
	Clandon, East	1111111111	1
	Ash & Normandy	14 11 840	41
	notgnittA	- - -	8
_	Albury		1
			:
	NOTIFIABLE DISEASE 1952	Smallpox Scarlet Fever Scarlet Fever Dysentery Puerperal Pyrexia Erysipelas Acute Poliomyelitis Measles Whooping-cough Paratyphoid Fever Opthalmia Neonatorum	Totals

SCHOOL ABSENTEES, 1952.

School	Scarlet Fever	Chickerpox	Measles	German Measles	Poliomyelitis	Jaundice	Mumps	Whooping-cough	Smallpox	Totals
Albury C. of E Ash Common C. of E Ash Vale County Primary Ash Walsh C. of E Ash Wyke Chilworth C. of E Clandon, East, C. of E Clandon, West, C. of E Compton C. of E Effingham County Primary Holmbury St. Mary C. of E Horsley, East, C. of E Ockham C. of E Peaslake C. of E Pirbright County Primary Puttenham C. of E Ripley C. of E Seale C. of E Seale C. of E Shalford County Primary Shalford Infants Tillingbourne Secondary Tongham C. of E Tongham C. of E Wood Street County Primary Worplesdon, Perry Hill County Primary	3 - - 2 3 2 1	13 30 24 16 — 1 — 6 4 — 7 — 30 12 34 2 38 14 123 9 3 — — — — — — — — — — — — — — — — —	- 2 1 - 9 2 2 46 30 32 31	9 13 9 5 2 2 13 13 2 		1-111111111111111	18 4 51 — 16 — — — — — — — — — — — — —		3	31 49 42 109 -21 -18 8 55 -23 3 32 12 40 2 39 18 138 13 56 38 2 2 50 38 41
Totals	75	389	156	87	-	1	125	44	3	880

CANCER.

There were 72 deaths from malignant disease during 1952. 41 male and 31 female. The age incidence of these persons is shown in the table below:

DEATHS FROM CANCER

	SITE	0	- 1	30	-40	40-	-50	50-	-60	60	-70	70	-80		ver 80	То	tals		and tals
			F	M	F	M	F	M	F	М	F	M	F	М	F	M	F	1952	1951
	mentary Canal	_	_	_	1	_	3	_	_	4	1	4	1	5	1	13	7	20	29
Bre	east	-	-	-	-	_	1	_	2		3	-	1	-	4	-	11	11	10
Lui	ng	_	-	-	-	_	-	2	-	4	-	5	-	-	_	11	-	11	14
Liv	er	_	-	_	-	1	_	-	_	-	-	-	1	-	-	1	1	2	1
Ton	ngue	_	-	-	-	_	-	_	_	-	-	-	_	_	-	_	_	_	-
Oll	er	_	-	-	-	2	1	2	4	6	2	5	3	1	2	16	12	28	22
	1 952 1951	_ _ 1	=	<u>_</u>	1 1	3 2	5 4	4 8	6 8	14 10	6 7	14 14	6 13	_ 6 _	7 7	41 36	31 40	72 —	76

The following table shows the deaths from cancer during the last sixteen years.

DEATHS FROM CANCER DURING THE LAST SIXTEEN
YEARS

Year	Male	Female	Total	Death-Rate
1937	28	31	59	1.75
1938	25	25	50	1.42
1939	28	37	65	1.62
1940	19	41	60	1.58
1941	30	42	72	1.75
1942	29	41	70	1.79
1943	38	55	93	2.47
1944	42	33	75	1.98
1945	41	34	75	2.35
1945	26	41	67	1.77
1947	43	33	76	1.96
1948	35	37	72	1.77
1949	37	46	83	1.90
1950	37	30	67	1.58
1951	36	40	76	1.64
1952	41	31	72	1.54

TUBERCULOSIS.

The following table shows the number and types of cases on the Register at 31st December for the last 12 years:

Γ	Year	Puln	nonary	Non-Pu	llmonary	Total No.		
	Tear	Male	Female	Male	Female	on Register at 31st December		
	1941	82	57	27	39	205		
	1942	85	64	30	45	224		
1	1943	90	61	33	32	216		
1	1944	101	70	37	60	268		
	1945	103	74	33	59	269		
	1946	113	81	41	57	292		
	1947	117	84	40	50	291		
1	1948	118	83	43	52	296		
1	1949	129	83	45	- 58	315		
	1950	131	90	50	53	324		
	1951	140	96	45	58	339		
	1952	144	102	48	65	359		

During 1952 there were 40 new cases (Primary). They were distributed in the following areas:

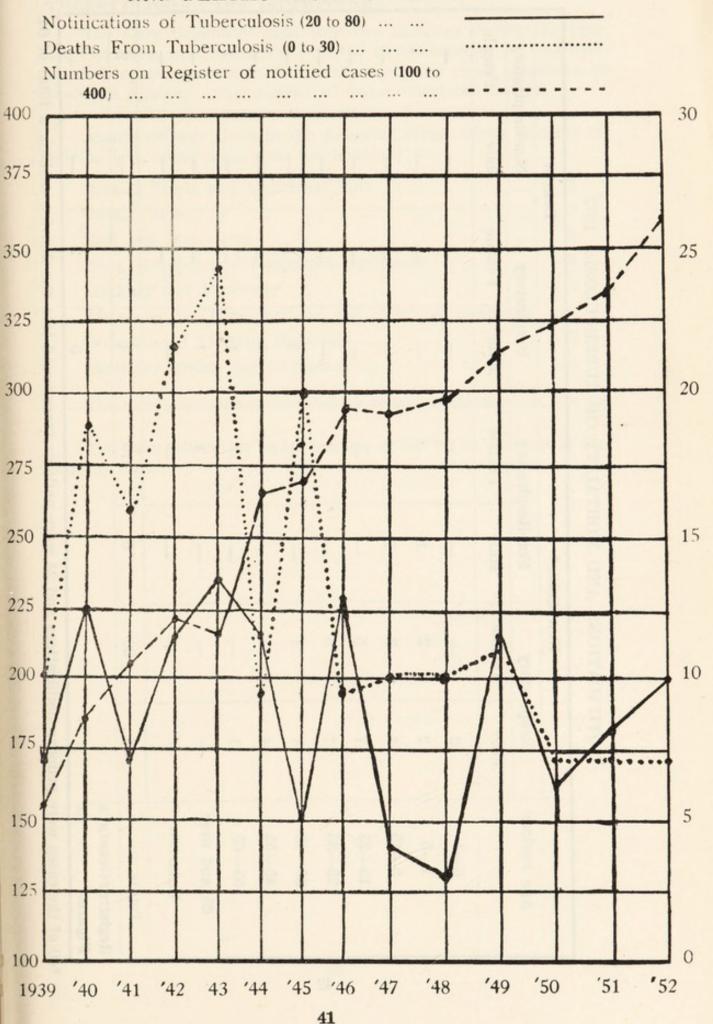
Ash & Ash Va	le	 7	Pirbright	 	1
Compton		 1	Ripley	 	2
West Clandon		 1	Seale	 	2
Effingham		 1	Shalford	 	1
Gomshall		 4	Send	 	5
East Horsley		 1	Shere	 	8
West Horsley		 1	Wood Street	 	1
Normandy		 1	Worplesdon	 	3

The table on page 42 shows the new cases and deaths in age periods; pulmonary and non-pulmonary figures are given separately.

The following table shows the notifications and deaths in the District, with the corresponding rates per 1,000 of the population during the past 10 years:

Year	New Cases Notified	Notification Rate	Deaths	Death-Rate per 1,000 of the Population
1943	47	1,25	24	0.64
1944	43	1.16	9	0.24
1945	30	0.82	20	0.54
1946	46	1.22	9	0.24
1947	28	0.72	10	0.26
1948	26	0.63	10	0.24
1949	43	1.03	11	0.26
1950	32	0.74	7	0.16
1951	36	0.79	7	0,15
1952	40	0.84	7	0.15

GRAPH SHOWING THE ANNUAL NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS.



NOTIFICATIONS AND MORTALITY OF TUBERCULOSIS, 1952

		New C	Cases*			D	Deaths	
Age Periods	Respin	Respiratory	Non-Res	Non-Respiratory	Respiratory	atory	Non-Re	Non-Respiratory
	Male	Female	Male	Female	Male	Female	Male	Female
I	23	1	-		1	-	1	1
1—5	2	2	ಣ	4	1	1	1	1
5—15	1	60	ಣ	4	1	1	1	1
15—25	7	10	1	1	-1	ı	1	1
25—35	1	6	1	1	i	-	1	1
35—45	4	1	1	1	1	1	1	1
45—55	4	1	1	1	1	1	1	١
55—65	1	1	1		1	1	1	1
65 and over	1	1	1	1	1	1	1	1
Unknown		1	1	ı	1	1	1	1
Totals	28	20	9	10	4	1	1	2
Registrar General's Figures					co	2	1	

*40 of the cases were primary notifications and 24 were patients transferred into the district, making a total of 64.

TUBERCULOSIS CARE COMMITTEE.

The Care Committee held only two meetings during the year, the Chairman, in consultation with the Hon. Secretary, having exercised delegated powers to deal with day-to-day cases submitted by the Care Almoner. The number of cases considered was 22.

Assistance was given in the following forms (some patients receiving help under more than one heading):—

Invalid Foods and A	dditional	Milk				3
Pocket Money .						5
Rail and Bus Fares						8
Beds, Bedding and H	Household	Equip	ment			3
Clothing and Footwe	ar					7
Assistance for Hire-I	urchase :	and Ins	surance	payn	nents	2
Occupational Therapy	y Materia	ls				3
Monetary grants for	Christma	as				15

The total expenditure involved by those grants was £91 15s, 2d.

The Care Committee had a balance of £87 7s. 3d. in hand at 31st March, 1953.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR

INSPECTIONS.

The total number of inspections made by the Sanitary Inspectors during the year was 5,629, in accordance with the following table:--

	-		
	 		259
	 		189
	 ***		310
	 		66
1	 		102
***	 		61
	 		23
	 		9
Stalls	 		56
	 		9
	 		63
			11
			24
	0.000		
-			366
			989
TO STATE OF THE PARTY OF THE PA	37.77		195
			729
			1,406
			14
			179
			4
			2
			32
			1
			10
1000	 		
	 		520
	Total		5,629
	 stalls nackers Yar poses):	Stalls	stalls

NOTICES. Statutory Notices Served 3 Preliminary Notices Served: Domestic Premises 279 Factories 11 Dairy Premises ... Piggeries, Poultry Premises ... 4 Licensed Premises ... 5 Cafes, Food Premises ... 7 Shops Caravans ... Schools Slaughterhouses, Knackers Premises 1 Miscellaneous 1 Total ... 328 Statutory Notices Complied With ... Preliminary Notices Complied With ... 203 205 Total INSPECTION AND SUPERVISION OF FOODSTUFFS. MILK SUPPLIES. Number of Registered Dairy Premises 18 Number of Registered Distributors ... 25 Number of Registered Distributors (Premises in Other Areas) 24 Licences for Sale of Milk under Special Designation were granted as follows: Dealers' Licences: Tuberculin Tested 17 ... Pasteurised 16 Sterilised 10 Total ... 43 Supplementary Licences: Tuberculin Tested 17 Pasteurised 18 Sterilised 3 Total ... 38

(iii) Milk Pasteurisation.

The Council continued during the year to act as agent for the Surrey County Council in respect of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Two pasteurising plants were operated, a small batch holder plant and a larger short time high temperature plant of modern design. In each case satisfactory results were obtained throughout the year, each plant being checked from time to time as to the accuracy of instruments provided and by sampling each alternate week from the plant and from the milk in distribution on the round.

(iv) Milk Sampling.

During the year 239 samples of milk were taken of which 123 were samples of raw milk taken from the premises of dairymen prior to pasteurisation and submitted for biological examination. From the table it will be seen that 3 samples of milk showed positive tubercle bacilli; these were all from 1 producer and in respect of 1 animal which was isolated and slaughtered.

Samples of pasteurised milk, of which 111 were submitted to the phosphatase test, failed in 6 cases to satisfy the analyst; 3 of these were from a plant operated in another Local Authority area, the remaining 3 samples failing by a narrow margin and not recurring on the re-sampling.

MILK SAMPLING 1952—SUMMARY OF RESULTS

MICRO.	Failed	1	elm	nelo	n la	mbo	1	1
MIC	Satis.	1	1		1	60	1	60
EST FOR STREP.	Failed	1	1	1	1	1	1	-
TEST FOR STREP. COCC.	Satis.	1	1	61	8	2	1	7
AM.	Failed	1	1	1		1		1
GRAM. FILM	Satis	1	1	61	2	4	1	oo
IDITY	Satis. Failed Satis. Failed Satis. Failed	1	1		1			1
TURBIDITY	Satis.	1	1	1	1	1	1	1
0.	satis. Failed	1	1		9		1	9
PHOSI	satis.	1	1	9	105	1	1	111
BIOLOG. EXAM.	Satis. Failed	1	1	-1	1	9	1	3
BIOI		31	5	1	9	80	. 1	123
ST	Not done temp. over 65 deg.	1	1	1	27	1	1	28
METHYLENE BLUE TEST	Satis. Failed	1	1	1	1	1	1	1
ME7 BL		4	1	10	82	6	1	101
	Total samp- les taken	32	20	7	111	83	1	239 101
	Type of Milk	Tuberculin Tested	Accredited	Tuberculin Tested Pasteurised	Pasteurised	Ordinary	Sterilised	Totals

MEAT AND OTHER FOODSTUFFS

CARCASES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed (if known)	_	_	_	_	_
Number inspected	_	-	_		_
All diseases except					
Tuberculosis				N. S.	
Whole carcases condemned	_	_	_		_
Carcases of which some					1 3
part or organ was con-			-		
demned			_		-3
Percentage of the num- ber inspected affected					
with disease other				P BY B	
than tuberculosis	_	_	_	_	_
Tuberculosis Only.					
Whole carcases					
condemned	-	**************************************	***	-	_
Carcases of which some					
part or organ was con-					
demned	_		_	-	_
Percentage of the num-					
ber inspected affected with tuberculosis					
with tuberculosis					_

The following quantities of foodstuff were inspected and certified as unfit for human consumption:

				cwts.	qrs.	lbs.	oz.
Fresh Beef			 ***	 2	2	0	12
Fresh Offal			 			7	4
Fresh Lamb			 		3	6	0
Fresh Veal			 			6	0
Fresh Pork			 			25	12
Tinned meat	(inclue	ding					
Corned Bee	f)		 	 2	0	8	0
Bacon			 		2	24	0
Tinned Fish			 			9	0
Tinned Fruit			 	 2	1	15	10
Dried Fruit			 	 1	0	16	4
Tinned Vegeta	bles		 			25	9
Tinned Milk			 		1	19	1
Dried Milk			 			9	9
Soups, Stews,	etc.		 			1	0
Jams			 			11	14
Miscellaneous	Food	Items	 		3	3	15
			Total	 11	2	21	10

WATER SUPPLIES.

A total of 120 bacteriological and 23 chemical samples of water were taken from public main supplies.

In the case of the Shere supply the Analyst's reports at the end of the year showed some evidence of pollution which were the subject of immediate action by chlorination of the supply pending investigation and measures to effect a more permanent protection of this source.

All other supplies generally were satisfactory throughout the year.

In addition, 2 samples were taken from private wells where the water in 1 case was reported as unsatisfactory for domestic purposes.

- *Guildford Borough Supply.
- *Godalming Borough Supply.
- *Hambledon Rural District Council Supply.
- *Hurtwood Water Company.
- *Albury Estate Private Supply.
- *Shere Manor Estate Supply.
- Mid-Wessex Water Company.
- Wey Valley Water Company.
- Woking Water Company.

East Surrey Water Company.
Wanborough and City Estates Private Supply.
Eastbury Manor Private Supply.
Loseley Estate Private Supply.

*These supplies are now centralised under the Guildford, Godalming and District Water Board.

HOUSING.

MOVABLE DWELLINGS AND CAMPING GROUNDS.

(a) Public Health Act, 1936-Section 269.

Licences granted to erect or station and use movable dwellings ... 31

Licences granted to use land as a site for moveable dwellings ... —

(b) Surrey County Council Act, 1931.

The orders made by the Magistrates under the Act, prohibiting the use of land at the Bogs and the Quadrant, Ash Vale and Home Farm Estate, Effingham, as sites for movable dwellings, continued in force during the year, action being taken under the provisions of the Act from time to time where occasion arose.

These powers have proved helpful by virtue of the penalties imposed in preventing the growth of undesirable, sub-standard, gypsy-type encampments.

INSPECTION OF FACTORIES.

	Number	N	lumber of	
Premises	on Register	Inspections		Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities		3		**-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority		176	11	
(iii) Other premises in which Section 7 is enforced by the Local Authority* (excluding				
out-workers' premises) .		_	-	-
Total	128	179	11	

^{*}Electrical stations (Sections 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

CASES IN WHICH DEFECTS WERE FOUND.

A THE STANTE AS THE SALE		nber of Ca defects we			No. of Cases in
Particulars	F'ound	Remedied	Refer To H.M. Inspector		which prosecu- tions were instituted
Want of Cleanliness (S.1)	1	1	· -		
Overcrowding (S.2)	-	-	-		-
Unreasonable Temperature (S.3)	_	_	_		-
Inadequate Ventilation (S.4)	_	_	-	-	-
Ineffective Drainage of Floors (S.6)	_	_	_	-	-
Sanitary Conveniences (S.7) (a) Insufficient (b) Unsuitable or defec-	5	3	-	_	
tive (c) Not separate for	5	4	_	_	_
sexes	2	2	-	-	_
Other offences against the Act (not including offences relating to Outwork)			180	_	
Total	13	10			_

SLAUGHTERHOUSES AND KNACKERS YARDS.

Licences were granted for the use of premises in the following Parishes as slaughterhouses during the year:

Shalford	 	 	 1
Tongham	 	 	 1
Ripley	 	 	 1

Licences were granted for the use of premises in the following Parishes as knackers' yards:

Artington	 	 	•••	1
Ash	 	 		2

PEST DESTRUCTION ACT, 1949-RODENT CONTROL.

The Council continued to employ 1 full-time rodent operative to implement the provisions of this Act.

In addition to the inspection and treatment of Council's surface properties, Refuse Tips, Sewage Works, etc., inspections to ascertain the degree of infestation in various parts of the district and treatment of infestations found, both from inspection and on complaint, was carried out.

No charge is made in respect of the treatment of domestic premises where rat infestation is found. In the case of commercial premises the cost of the work is, however, recovered from the occupier.

No severe infestations by rats or mice were revealed despite an increased surveillance of agricultural holdings in co-operation with the Ministry of Agriculture and Fisheries.

CLEANSING SERVICES.

(a) Refuse Collection and Disposal.

Collection of house refuse continued to be carried out throughout the year fortnightly from all Parishes in the Rural District, the work being executed by the use of 8 side-loading refuse collection vehicles.

No major difficulties were experienced in the year. Where more frequent collection was requested, the service was provided on a rechargeable basis to one or two premises.

There is no general collection of trade refuse. At one or two premises where application was made arrangements for periodic clearance of trade refuse were made, the cost of the work being recovered.

The disposal of refuse continued to be carried out by tipping on land at the Council's Stonebridge Depot, Bramley, Frimley Road, Ash Vale and in Staple Lane, Shere.

No difficulties of a major nature were experienced with the Tips, periodic treatment for prevention of rat and mouse infestation and breeding of crickets and flies being carried out.

(b) Cleansing of Pail Closets.

Twice weekly collection of night soil is carried out in the Parish of Ash and the Tongham area of Seale from 760 permises; in the Ash Green area a further 120 premises are cleared once weekly.

The work proceeding in the year on the laying of a main sewer in the Tongham area of the Parish of Seale, should enable some relief to this Service in the coming year by conversion of pail closets to water carriage systems.

In the St. Martha, Shalford and Albury Parishes twice weekly collection continued to be carried out from 115 premises.

Disposal of night soil is by tipping to main sewers.

(c) Cleansing of Cesspools.

The Council continued to implement their undertaking providing for the emptying of cesspools once in every 3 months on a request being made for the execution of the work.

There was no increase in the number of vehicles engaged on the service, 9 machines being operated.

A total of 8,326 requests for cesspool emptying was received in the year; 8,397 cesspools were emptied, involving the removal and cartage to disposal points of 17,592 loads of sewage at approximately 800-gallons per load.

The disposal of sewage was, where possible, to main sewers either in the Guildford Rural area or the Boroughs of Guildford or Aldershot, or the Urban District of Farnborough, 10,938 loads being disposed of in this way; the remainder was tipped, either on rented sites or on farm land by agreement.

P. MEDDOWS TAYLOR.

Chief Sanitary Inspector and Public Cleansing Officer.

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