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**BOROUGH OF GUILDFORD**

**ANNUAL (Survey) REPORT**

OF THE

**Medical Officer of Health**

FOR

**1925**

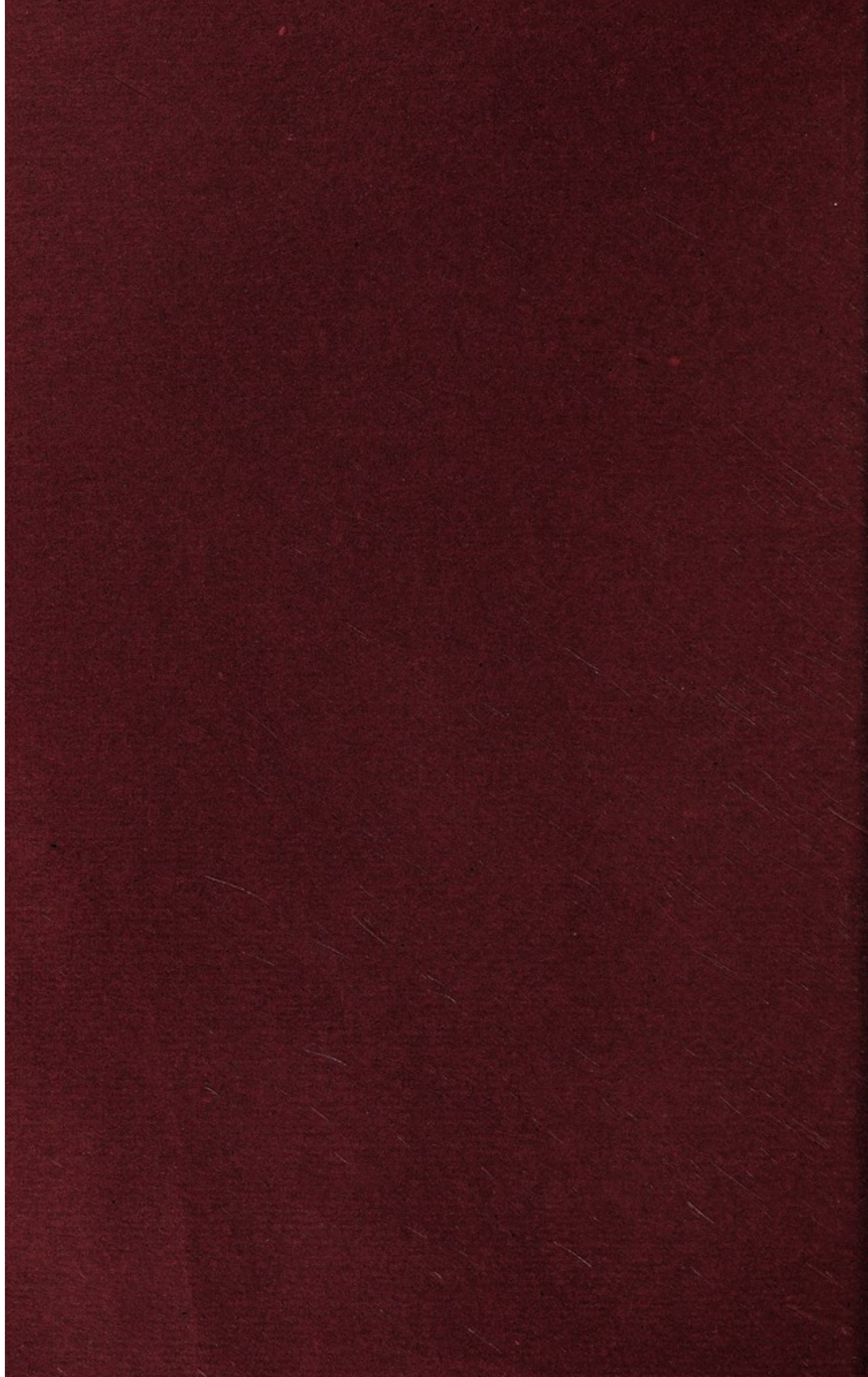
TOGETHER WITH THE

**ANNUAL REPORT**

OF THE

**Sanitary Inspector**







**BOROUGH OF GUILDFORD**

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**ANNUAL REPORT**

OF THE

**Medical Officer of Health  
for 1925.**

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**To the Mayor & Corporation of the Borough of Guildford.**

GENTLEMEN,

I beg to present to you my twenty-first Annual Report upon the Health and Sanitary circumstances of the District.

This Report is drawn up on the lines set out in the Ministry of Health's circular dated December 10th, 1925, as to the contents and arrangement of the Annual Reports of Medical Officers of Health for 1925, and is on this occasion a quinquennial "Survey" Report, the first of the series.

The health of the Borough, so far as shown by the Death Rate, was better than in the previous year, the rate being 11.0, as compared with 12.3 per 1,000. The rate for the 157 smaller towns in England and Wales was 11.2, the same as in 1924.

The infant mortality was 45 per 1,000 births, compared with 52 in the previous year. It was 37 per 1,000 births in



1923, 45 in 1922, 70 in 1921, 33 in 1920, and 52 in 1919. The rate for smaller towns last year was 74.

The Birth Rate increased last year to 17.4 from 15.3 in 1924, and was 17.8 in 1923 and 17.0 in 1922. The England and Wales (smaller towns) rate last year was 18.3.

There were only a very few cases of mild Scarlet Fever and comparatively few cases of Diphtheria during the year. Whooping Cough occurred in a few localities. There was a good deal of Influenza, which accounted for no less than 20 deaths, and also of Pneumonia, from which there were 11 deaths.

In this Survey Report I am expected to report upon the measure of progress made during the last five years in the area in the improvement of the public health. The sources of information available to me, however, for forming a reliable estimate on this matter are very limited. The Death Rate, infantile mortality and prevalence and deaths from notifiable infectious disease yield only partial indications of the public health of the district, unless the rates are persistently high year after year. The prevalence of sickness generally is a far more important factor in gauging the health of a district, more especially, of course, those illnesses which are liable to be produced or aggravated by insanitary conditions, such as overcrowding, dampness and insufficient lighting, and ventilation of rooms and insanitary back yards. As regards these conditions, it may be claimed that as much attention as practicable has been paid to them by the Inspectors, and a fair amount of systematic house-to-house inspection has been carried out during recent years. I have no doubt whatever but that the improvements brought about as a result of these inspections have had a definite but incalculable influence in the improvement of the public health. The following table gives a record of the work done in this respect during the last five years:—



	1921	1922	1923	1924	1925
Total houses inspected ... ..	329	224	196	431	517
Total houses inspected under Housing Regulations ...	179	100	88	195	149
Total houses found not reason- ably fit ... ..	268	179	170	282	226

The Sanitary inspection of the Borough is, however, in my opinion, inadequately carried out. The qualified Assistant Sanitary Inspector, who carries out most of the house-to-house inspections, which are so important, has to spend about half his time in the office keeping the books and typing out the necessary notices, work which could well be performed by a less expensive clerk. I have pointed out to the Council without avail that many working class dwellings have never been systematically inspected, and that at the present rate of progress the whole area will not be inspected for about 25 years, instead of the generally accepted standard of once every five years.

I can recommend no surer method of improving the public health of the Borough than by the visitation of the homes of the people by competent and tactful Sanitary Inspectors and Health Visitors, who, in addition to finding and remedying defects, are able to give advice to the tenants on cleanliness and various health matters.

Frequent and efficient scavenging and the sufficiency of dustbins and the cleanliness of back yards are also powerful means of improving the public health. The tarring of roads has diminished to some extent the necessity for the water cart, but it can still be very usefully employed in keeping down the dust, which is so generally harmful.

Further, as mentioned under their respective headings, a large number of houses (although an altogether insufficient number) have been built by the Council, scavenging



and food inspection have been satisfactorily carried out. With regard to what further action in the organisation of public health services is contemplated or considered desirable by the Medical Officer of Health, increasing stress is being laid in official quarters on the desirability for Local Authorities to undertake public health propaganda, and power is given by the Public Health Act, 1925, to incur expenses for these purposes. There is no doubt that the public in general are either ignorant of or do not carry out health precepts. But to reach those most in need of advice is a difficult matter. Lectures would be of only very partial utility. The most ignorant would not attend them, even if they were made entertaining by competent and fluent speakers, and if these could be found in sufficient numbers to go round. Lectures, if instituted, would be of greatest use by being given to teachers or those in a position to influence others. Probably a more effective kind of propaganda to reach those most in need would be the use of the cinemas, and very probably, in due course, wireless transmission.

There would be greater hope of reaching all the homes of the people in the extension of home visiting by competent Health Visitors and Sanitary Inspectors.

On the other hand, the education of grown-ups is difficult, for housewives of some years' experience are loth to alter their views and practices. For which reason, in my opinion, it is necessary to go further back and get at the children, and especially the girls during school life.

I have long held that the best hope for the future improvement of the health of the general community lies in an extension of the training of girls in cooking and housewifery generally, before they leave school. I understand that no housewifery beyond cookery is taught in the Borough schools. The education they now receive during their last

year at school helps to fit them more for commercial work than for housewifery.

If no more time can be spared for these subjects during the last year, it would be time well spent if girls were required to devote their fifteenth year to them.

Without wishing to minimise the importance of sunshine, fresh air and sanitary dwellings in the promotion of health, yet of the essential requirements, I would put first a sufficiency of suitable and properly cooked food, and no condition is more likely to make home attractive and its inmates healthy than that it should be presided over by a competent housewife who is also a good cook.

I am,

Your obedient Servant,

R. W. C. PIERCE.

LONGDOWN ROAD,

GUILDFORD,

April, 1926.

### **Natural and Social Conditions of the Area.**

Area 3,199 acres.

Population (1921 Census), 24,926. Registrar-General's figures for 1924, 26,260 for Birth Rate purposes and 26,070 for Death Rate purposes.

### **Physical Features and General Character of the Area.**

The town is built for the most part on the declivities of the North Downs, and to a less extent in the Valley of the Wey. The Stoughton area to the north is also elevated, the subsoil here being clay, whilst the southern part of the town has a chalk or gravel subsoil. The River Wey runs



northwards through the Borough, and divides the North Downs from the Hog's Back, an elevated chalk ridge which is the continuation of the Downs westward. The position of the town on the slopes of hills ensures efficient drainage, both by allowing ample falls for the sewers, and also for the draining away of the surface water. —Owing to the irregularity of the surface the aspect is varied, and positions can probably be found in one part or other to suit all requirements.

The Rainfall is low, with an average of about 26 inches.

The town is to a considerable extent residential. The chief industries are breweries, motor and engineering works, and printing works, and a considerable number of men are employed at Guildford Railway Junction. All the above are situated near the river and away from the better residential portions. It is also a market town of some importance, and forms the business centre of a considerable district.

Number of inhabited houses (1921) : 5,329.

Number of families or separate occupiers : 5,906.

At the date of the last Census (June, 1921) there were in the Borough 176 families, consisting of 291 persons living in single rooms, 464 families of 1,135 persons living in two rooms, and 498 families, consisting of 1,711 persons, living in three rooms. This represents a considerable increase in the percentage of families living in similar accommodation in 1911.

In 1921 there were 5,906 families living in 5,329 houses, so that (neglecting the houses with three families) there were about 577 houses occupied by two families.

Rateable value (March, 1925) : £199,316.

Sum represented by a penny rate : £760.

On October 1st, 1922, the Borough was extended by the inclusion of 606 acres of the northern part of the Parish of Artington, which contained 307 houses.

### Extracts from Vital Statistics of the Year.

		Total	M.	F.	
Births	{ Legitimate ...	441	225	216	{ Birth Rate 17.4
	{ Illegitimate ...	16	6	10	

The corresponding rates for some neighbouring urban districts were as follows:—

	Birth Rate	Crude Death Rate	Corrected Death Rate	Infant Mortality
Woking .....	15.5	8.8	8.3	21.5
Reigate .....	14.1	12.1	9.9	37.0
Chertsey .....	15.3	9.7	8.3	46.0
Walton .....	14.7	9.7	8.3	18.6
Weybridge .....	13.7	10.9	—	45.0
Carshalton .....	20.0	10.0	9.8	42.0

The number of births notified under the Notification of Births Act was 485, of which 119 were notified by Doctors (8 still-births), 361 by Midwives (12 still-births), and 5 names were sent in by the Registrar of Births not previously notified by either Doctor or Midwife.

Deaths, Civilians only—Males 136, Females 151, Total 287. Death Rate 11.0 per 1,000 population.

Death Rate (Corrected for age and sex distribution) : 9.6 per 1,000.

Number of women dying in or in consequence of Child-birth : From Sepsis, one ; from other causes, three.

Deaths of infants under one year of age (per 1,000 births) : Legitimate 43, illegitimate 125 ; total 45.

Deaths from Measles (all ages) : None.



Deaths from Whooping Cough (all ages) : Five.

Deaths from Diarrhœa (under two years of age) : 3.

The other certified causes of death were as follows :—

Typhoid Fever	...	...	...	...	...	1
Encephalitis Lethargica	...	...	...	...	...	3
Influenza	...	...	...	...	...	20
Pulmonary Tuberculosis	...	...	...	...	...	17
Other Tuberculous Diseases	...	...	...	...	...	1
Cancer	...	...	...	...	...	38
Cerebral Hæmorrhage	...	...	...	...	...	21
Heart Disease	...	...	...	...	...	44
Arterio-sclerosis	...	...	...	...	...	15
Bronchitis	...	...	...	...	...	13
Pneumonia	...	...	...	...	...	11
Other Respiratory Diseases	...	...	...	...	...	3
Appendicitis	...	...	...	...	...	2
Ulcer of Stomach or Duodenum	...	...	...	...	...	5
Cirrhosis of Liver	...	...	...	...	...	4
Diabetes	...	...	...	...	...	2
Bright's Disease	...	...	...	...	...	5
Congenital Debility and Malformation, Premature Birth	...	...	...	...	...	12
Suicide	...	...	...	...	...	3
Other deaths from Violence	...	...	...	...	...	4
Other Causes	...	...	...	...	...	51

The England and Wales (smaller towns) rates for 1925 were as follows :—

Birth Rate 18.3. Death Rate 11.2. Infant Mortality 74.

There were 30 fewer deaths than in the previous year, but 32 more than in 1923.

The Cancer deaths increased from 26 to 38 last year, but the Tuberculosis deaths were reduced from 24 to 17.

Influenza claimed about the same number of deaths as in the previous year.

The amount of Poor Law outdoor relief for the year was £3,869, as compared with £2,024 for Woking, £2,165 for Godalming, and £2,625 for the Guildford Rural District—the other districts comprised within the Union. The average number of persons maintained in the Guardians' Institution was 324.

### **General Provision of Health Services in the Area.**

#### **HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.**

(1) TUBERCULOSIS.—None.

(2) MATERNITY.—There are none provided by the Authorities; but cases are admitted to three Nursing Homes in the Borough, and six beds are provided by the Queen's Jubilee Nursing Association at their Home in Woodbridge Road. These premises are up to date and fully equipped as a Maternity Home. During last year 31 cases were admitted to the old premises in Stoke Road, and 40 the latter half of the year to the new premises. The Surrey County Nursing Association have a Home at Redhill, into which they are prepared to admit Borough Cases on payment.

(3) CHILDREN.—None provided or subsidised by the Authorities. The Royal Surrey County Hospital is in the Borough, and has Children's Wards and out-patients' departments.

(4) FEVER.—The Town Council is one of the constituent authorities of the Guildford, Godalming and Woking Joint Hospital Board, which maintain a Hospital of 72 beds (44 Scarlet Fever, 22 Diphtheria, 6 Typhoid) at Woodbridge, within the Borough.



Below is a list of the cases admitted to the Board's Hospital from the various districts last year.

Admissions to Hospital during 1925:—

	Scarlet				Proportion	
	Fever	Diph.	Typh'd	Ttl.	per 1,000 population	Deaths
Guildford Rural Dist.	21	4	0	25	1.14	—
Guildford Borough	14	25	0	39	1.57	—
Godalming Borough	14	3	0	17	1.85	1 Diph.
Woking Urban Dist.	26	64	0	90	3.67	1 Diph.
Hambledon Rural Dist.	31	3	0	34	1.47	—
Totals	106	99	0	205	1.98	2 Diph.

Nine cases were found after admission not to be suffering from the disease for which they were sent in, viz.:—4 Diphtheria and 1 Scarlet Fever from Woking, 1 Scarlet Fever each from Hambledon, Guildford Rural and Godalming, and 1 Diphtheria from Guildford.

Tracheotomy had only to be performed on one case, the patient making a complete recovery.

The following table shows the admissions during the past ten years:—

	Borough of					
	Guildford Rural Dist.	Guildfd.	Godalmg.	Woking	Hmbldn.	Totals
1916	29	25	25	31	—	110
1917	12	17	16	28	—	73
1918	13	36	22	27	1	99
1919	29	14	13	28	11	95
1920	45	45	12	56	56	214
1921	51	103	24	68	49	295
1922	28	66	19	36	61	210
1923	50	43	11	66	69	239
1924	30	16	6	80	65	197
1925	25	39	17	90	34	205
	—	—	—	—	—	—
	312	404	165	510	346	1737

The rates of admission for the 10 years work out as follows per 1,000 population:—

<b>Whole District (excluding Hambledon)</b>	...	...	...	<b>18.1</b>
Guildford Rural District	...	...	...	15.5
Guildford Borough	...	...	...	16.7
Godalming Borough	...	...	...	18.3
Woking	...	...	...	21.7

Four hundred swabs from patients in the Hospital were examined by me during the year—the great majority being from the noses and throats of Diphtheria convalescents before discharge.

The Fever Hospital at Woodbridge, Guildford, consists of four permanent blocks and two temporary blocks. One permanent block of 22 beds with two single-bedded side wards is of up-to-date construction, and is used as an acute Scarlet Fever ward, the convalescent cases being accommodated in a large block of wood framing and asbestos lining, purchased after the war from the War Department.

Two of the other permanent blocks and a Humphreys' Iron Building are used for Diphtheria cases. The block for acute cases is small, and although designed for eight cases, has to accommodate twelve. The cases soon overflow into the second block of seven beds (designed for five), which renders this nursing more difficult and expensive. There are no small wards provided for complicated cases or those requiring isolation for other reasons, which, of course, is a great drawback.

Plans were prepared before the war for a new and thoroughly up-to-date block for 20 Diphtheria cases, with four single-bedded wards, but it was thrown out both then and after the war for reasons of economy.

Plans had also been prepared for a verandah to the Scarlet Fever pavilion, which would admit of more open-air



treatment of the cases, with consequent shortening of the period of stay and curtailment of expense, but this was also thrown out.

The accommodation of the Hospital is therefore of an indifferent character, more especially for Diphtheria cases.

(5) SMALL POX.—The same Board have provided a Hospital of 10 beds for cases of Small Pox at Whitmoor Common, Worplesdon, about three miles from Guildford.

(6) OTHERS.—The Royal Surrey County Hospital (of about 130 beds), as already mentioned, is in the Borough, and serves an area with a radius of at least ten miles from Guildford. The number of beds has often proved inadequate for patients requiring hospital treatment, especially medical cases. Additional ward accommodation and a new out-patient department were, however, opened in 1924, but the pressure for beds seems as great as ever.

#### ANY INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN IN THE DISTRICT.

Within the district the only provision made is at the Union Infirmary. There is a Home at Epsom, partly maintained by the County Council, to which cases from the Borough can be admitted on payment.

AMBULANCE FACILITIES. — (a) For infectious cases the Joint Board have two motor ambulances at Woodbridge Hospital, and a horse ambulance for Small Pox cases.

(b) For non-infectious and accident cases the local branch of the St. John Ambulance Association maintain an excellent service with their two up-to-date motor ambulances.

## CLINICS AND TREATMENT CENTRES.

## Maternity and Child Welfare Centres (Consultation and Treatment).

A Centre for Consultation is maintained by the Town Council at Arundel House, 5, Stoke Road. Dr. Helen Moss attends weekly (Thursday afternoons). Many lady helpers are also present to receive the mothers, weigh the babies, sell clothing, Virol, dried milk, etc., at cost price. Mrs. Hicks, who acts as Honorary Secretary, has kindly supplied the following particulars for 1925:—

Number of days the Centre was open	...	...	...	48
Number of expectant mothers on books	...	...	...	7
Number of children under one year	...	...	...	163
Number of children over one year	...	...	...	73
Number of total attendances made	...	...	...	1,449
Average attendances	...	...	...	30.2
Number attending for first time—				
Children under one year	...	...	...	139
Children over one year	...	...	...	18
Number of interviews with doctor	...	...	...	707
Average of interviews with doctor	...	...	...	14.7
Number of mothers and babies from outside villages	...	...	...	2
Total number of attendances of same	...	...	...	12
By Sale of Dried Milk, Virol, Ovaltine,				
Groats, Wool and Clothes at cost price...	£82	8	8	
Receipts from teas supplied to mothers	£4	9	10	
Cost of ditto	£2	16	8	

The Council's two Health Visitors visited 337 new babies during the year. 4,501 total visits were paid, viz., 2,636 to babies under one year, and 1,865 to those over one year.



Of the new babies visited, 202 were entirely breast fed up to about six months, 61 were bottle fed, 16 had mixed feeding, and 58 had breast feeding for about three months.

Visits are only paid to working-class homes, which accounts partly for the discrepancy between the live births notified (465) and the new babies visited (337). In addition, 104 babies were notified who were born in Institutions or Nursing Homes, and 13 died before the first visit was due.

The Council's Health Visitors paid last year 4,501 home visits in connection with the Notification of Births Act, 38 to cases of Measles, 145 to cases of Whooping Cough, and 48 visits to homes in connection with the Mothers' Dental Clinic.

A Mothers' (and Children under 5) Dental Clinic is also held fortnightly at the Centre, Mr. Davies being the Dentist. This was open on 18 half-days.

Fifty-one mothers (of whom nineteen were from outside the Borough), as against 30 in the previous year, were treated during the year, and also seven children under 5. Of these 17 were old cases.

Fifteen patients were fitted with 29 dentures, and 13 had repairs and alterations made. There were 46 attendances on nine days for extractions with gas, and five for extractions with local anæsthetics. There were five attendances for fillings and 19 for consultation. The numbers show a light increase as compared with the previous year.

Of the children, there were six attendances for consultations, 2 for extractions under gas, 1 for extractions under local anæsthetics and 4 for fillings.

SCHOOL CLINIC.—This is maintained by the Borough Education Committee also at Arundel House, 6, Stoke Road.

Treatment is provided for eye, dental, tonsils and adenoids and general cases.

**TUBERCULOSIS CLINIC.** — A Tuberculosis Dispensary is maintained in Farnham Road by the County Council, and is open every Wednesday and Friday morning, under the charge of the Local Tuberculosis Officer.

**VENEREAL DISEASES.** — A Clinic is held every Tuesday evening at the County Hospital, Farnham Road, and is also maintained by the County Council.

### **Public Health Officers of the Local Authority.**

(With note of special diplomas or certificates of qualification.)

Medical Officer of Health—R. W. C. Pierce, B.Sc. & M.D. (State Medicine) (Lond.), D.P.H. (Camb.), who holds other Public Health Appointments.

Chief Sanitary Inspector—F. G. England, M.R.San.I., and Special Meat Certificate.

Sanitary Inspector — J. H. Lott, A., R.S.I., who was appointed in December, and who has since spent about 60 per cent. of his time in office work.

Part-time man (Legg) from the Surveyor's Department, to assist in disinfecting and drain-testing.

The minimum staff required for the Department is a Chief Inspector and a qualified Assistant, as well as a competent Clerk. An additional qualified assistant could also be most usefully employed.

Health Visitors—Nurse Tylecote and Nurse Davis, both Trained and Certificated Nurses, and holding the C.M.B. Certificate.

Nurse Davis was appointed by the Education Committee. Both Nurses, however, carry out the necessary



school and child welfare work for their respective halves of the Borough.

**PROFESSIONAL NURSING IN THE HOME.—**  
**GENERAL.**—There are three local private Nursing Associations.

The Queen's Jubilee Nursing Association maintain two District Nurses, in addition to four midwives. They have undertaken to visit cases of ophthalmia neonatorum, measles, whooping cough, epidemic diarrhoea, and infantile paralysis at a prescribed fee per visit, payable by the Town Council. They paid last year 174 visits to 8 cases of Pneumonia, 6 visits to a case of Measles, 38 visits to 2 cases of Whooping Cough, and 17 visits to 2 cases of Mumps.

The two Health Visitors employed by the Council also pay home visits to cases of Measles and Whooping Cough.

**MIDWIVES.**—Twenty-eight midwives gave notice of their intention to practise during 1926, as compared with 23 in 1925; but only eight are actively engaged in the district, viz., the five Queen's Nurses, and midwives resident at Bellfields, Onslow Village and Recreation Road. The remainder are temporarily resident at the Surrey County Nurses Home, 50, Woodbridge Road.

The Town Council pay an annual subsidy of £125 to the Queen's Jubilee Nursing Association to enable them to maintain a fourth midwife for the district.

The Association have recently acquired more commodious premises in Wellington Place, Woodbridge Road.

**CHEMICAL WORK.**—The water supply from the three wells owned by the Town Council is periodically, and as occasion requires, analysed by Drs. Thresh and Beale, of 91, Queen Victoria Street.

The Public Analyst under the Food and Drugs Acts is

Mr. Edward Hinks, B.Sc., of Southwark. Particulars of his results are given later in the Report.

As a result of information from the Ministry of Health that a consignment of arsenical apples had been sent to Guildford, samples were taken and examined by the Public Analyst, who found them to contain 1.4 parts per million of arsenic. Although not an excessive amount, the apples were surrendered and destroyed.

### **Legislation in Force.**

#### LIST OF ADOPTIVE ACTS, BYE-LAWS, AND LOCAL REGULATIONS, RELATING TO PUBLIC HEALTH, WITH DATE OF ADOPTION. ACTS.

The Guildford Corporation Act, 1886. (Certain portions.)

The Public Health Acts (Amendment) Act, 1890. Parts 2, 3, 4 and 5. Adopted 16th December, 1890.

The Infectious Diseases (Prevention) Act, 1890.

The Housing of Working Classes Acts, 1890. Part 3 only. Adopted 12th February, 1901.

Private Street Works Act, 1892.

The Public Health Acts (Amendment) Act, 1907 (with the exception of Sections 28, 82, 83, 84, 85 and 93). Adopted 29th July, 1909.

The Baths and Wash-houses Acts.

Additional Offensive Trades allowed by Order of Local Government Board, 11th May, 1912.

Public Health Act, 1925.



## BYE-LAWS.

Adopted.

Nuisances (Keeping of Animals), etc	12th January, 1897.
Nuisance (Carpet beating) ... ..	4th March, 1915.
Slaughterhouses ... ..	12th January, 1897.
Common Lodging Houses ... ..	12th January, 1897.
Public Baths ... ..	10th January, 1890.
Offensive Trades ... ..	11th May, 1912.
Cattle Market (diseased and unhealthy animals) ... ..	17th April, 1916.
New Streets and Buildings ... ..	27th July, 1911, & 14th March, 1913.
Slaughterhouses ... ..	13th January, 1923.
Tents, Vans, Sheds and Similar Structures used for Human Habitation ... ..	31st March, 1925.

## REGULATIONS.

Dairies, Cowsheds and Milkshops Order, 1885. Adopted  
1st August, 1905.

**Sanitary Circumstances of the Area.**

The water supply of the Borough is owned by the Town Council, and is derived from a well of 36 feet deep into the chalk and lined with iron cylinders, and from two boreholes of over 300 feet deep, also into the chalk—these three being situated at Millmead. In addition, a borehole into the chalk through the overlying clay was sunk at Joseph's Road in 1914, but although of the purest quality the water from this well has only been partially used, owing to its alleged interference with the supply in the neighbouring Dapdune well, which is also inside the Borough, owned by the Woking Water Company.

The water at Millmead, although under average weather conditions is of the highest chemical and bacterial purity, and undergoes slight deterioration under the pressure of floods on the meadows in the valley above, but there has never been any evidence that the water has, even under these conditions, been in the least detrimental to health. As a matter of precaution, however, when the highly sensitive bacteriological test indicates the presence of surface micro-organisms, pumping is reduced or stopped altogether, as the occasion requires, until a satisfactory analysis is obtained.

**RIVERS AND STREAMS.** — The Thames Conservancy Board exercise control over the rivers and streams in the district. No complaints of pollution have been received by the Council during the last year. In previous years a few complaints had been received from the Conservancy of pollution by oil and petrol, but this has been overcome by the provision of petrol traps on the drains of the premises involved.

**DRAINAGE AND SEWERAGE.**—The whole area is sewered, and there are at present only a very few cesspools in different parts of the district.

The sewage disposal works consist of bacteria beds and land filtration. Proposals for the improvement of the works are now under consideration.

**CLOSET ACCOMMODATION.** — Water closets are practically universal, but possibly about 30 pail closets exist in outlying parts.

**SCAVENGING.**—A system of weekly scavenging of house refuse is carried out by the Town Council with their own staff, and refuse from business premises more frequently. The refuse is burnt in the Destructor. In 1924, 26 movable ashbins were substituted for fixed ashpits, and 36 in 1925. 72 fixed ashpits were abolished in 1920.



ANNUAL REPORT OF THE SANITARY INSPECTOR  
FOR THE YEAR 1925.

Ordinary Inspections (including complaints, infectious disease, etc.)	...	...	...	...	...	...	...	679
House-to-house Inspections	...	...	...	...	...	...	...	149
Inspections of work in progress	...	...	...	...	...	...	...	192
Appointments and Advisory visits	...	...	...	...	...	...	...	162
Houses and premises re-inspected	...	...	...	...	...	...	...	783
Inspections of Slaughterhouses	...	...	...	...	...	...	...	904
„ Food Shops	...	...	...	...	...	...	...	657
„ Cowsheds, Dairies and Milkshops	...	...	...	...	...	...	...	69
„ Bakehouses	...	...	...	...	...	...	...	45
„ Common Lodging Houses	...	...	...	...	...	...	...	44
„ Workshops	...	...	...	...	...	...	...	89
„ Outworkers' Premises	...	...	...	...	...	...	...	35
„ Factories	...	...	...	...	...	...	...	9
„ Stables	...	...	...	...	...	...	...	148
„ Markets	...	...	...	...	...	...	...	64
„ Offensive Trades	...	...	...	...	...	...	...	61
Smoke Observations	...	...	...	...	...	...	...	19
Total number of Inspections								5,109

## COMPLAINTS.

Animals kept as to be a nuisance	...	...	...	...	...	13
Accumulations of refuse, manure, etc.	...	...	...	...	...	39
Drains out of repair or stopped	...	...	...	...	...	53
Dilapidated houses	...	...	...	...	...	65
Dirty condition of houses	...	...	...	...	...	49
Damp conditions, defective roofs, gutters, etc.	...	...	...	...	...	31
Overcrowding	...	...	...	...	...	14
Rat-infested premises	...	...	...	...	...	52
Smoke nuisances	...	...	...	...	...	6
Water closets out of repair, etc.	...	...	...	...	...	21
Other complaints	...	...	...	...	...	30
						<hr/>
Total						373
						<hr/>

## NOTICES SERVED.

Statutory Notices served—

(a) Under the Public Health Act, 1875, Section 36, to provide water closets, dustbins, etc.	...	...	...	...	...	4
(b) Under the Public Health Act, 1875, Section 41, defective drainage	...	...	...	...	...	1
(c) Under the Public Health Act, 1875, Section 94, to abate nuisances	...	...	...	...	...	3
(d) Under the Public Health Act Amendment Act, 1890, Section 33, illegal occupation of building	...	...	...	...	...	3
(e) Under Bye-laws relating to Tents, Vans, Sheds and similar structures	...	...	...	...	...	2
(f) Under the Housing Act, 1925, Section 3, to ren- der houses reasonably fit for habitation	...	...	...	...	...	5
						<hr/>
Total						18
						<hr/>



In two instances the Town Council had the work carried out to comply with Statutory Notices under Section 36 of the Public Health Act, 1875, and charged the cost to the owner.

Informal Notices served	...	...	...	...	...	...	636
Letters written referring to Notices, etc.	...	...	...	...	...	...	526

#### RESULT OF THE SERVICE OF NOTICES.

Statutory Notices complied with	...	...	...	...	...	17
Informal Notices complied with (including verbal notices)	...	...	...	...	...	529

#### SUMMARY OF WORK CARRIED OUT UNDER SANITARY NOTICES, ETC.

##### DRAINAGE.

Defective drains re-constructed	...	...	...	...	...	8
Defective drains repaired	...	...	...	...	...	61
Stopped drains cleared (soil)	...	...	...	...	...	51
Stopped drains cleared (surface water)	...	...	...	...	...	30
Defective soil or ventilating shafts re-constructed	...	...	...	...	...	4
Defective soil or ventilating shafts repaired	...	...	...	...	...	17
Additional soil or ventilating shafts provided	...	...	...	...	...	2
Manhole and inspection chambers provided	...	...	...	...	...	6

##### WATER CLOSETS.

Additional water closets provided	...	...	...	...	...	8
New pans provided	...	...	...	...	...	30
W.c.s unstopped, cleansed or repaired	...	...	...	...	...	34
New flushing cisterns provided or repaired	...	...	...	...	...	28

##### SANITARY FITTINGS, SINKS, BATHS, ETC.

New glazed sinks provided	...	...	...	...	...	34
Waste pipes trapped, repaired, or unstopped	...	...	...	...	...	17
New urinals provided	...	...	...	...	...	2
Urinals cleansed, etc.	...	...	...	...	...	7
Water supply provided to urinals	...	...	...	...	...	3

### DILAPIDATIONS.

House roofs repaired	...	...	...	...	...	...	62
Eaves gutters, rain water pipes, etc., repaired	...	...	...	...	...	...	54
Walls re-pointed, rendered, or repaired	...	...	...	...	...	...	20
Defective ceilings repaired, or renewed	...	...	...	...	...	...	139
„ internal walls repaired	...	...	...	...	...	...	216
„ floors repaired	...	...	...	...	...	...	53
„ windows repaired	...	...	...	...	...	...	137
Stoves or coppers repaired or renewed	...	...	...	...	...	...	130
Doors repaired or renewed	...	...	...	...	...	...	16
Rooms cleansed, distempered or re-papered	...	...	...	...	...	...	634
Yards paved and/or drained	...	...	...	...	...	...	18
Yard paving repaired	...	...	...	...	...	...	32
Other repairs	...	...	...	...	...	...	123

HOUSE REFUSE.

Brick ashpits abolished	...	...	...	...	...	...	...	34
New dustbins provided	...	...	...	...	...	...	...	128

## DAMPNESS OF WALLS, ETC.

Damp proof courses provided	...	...	...	...	...	10
External walls rendered with cement	...	...	...	...	...	24
„ „ coated with damp resisting solution outside	...	...	...	...	...	23
Internal walls rendered with waterproofed cement	...	...	...	...	...	34
Cement plinths provided at base of external walls	...	...	...	...	...	22
Repairs carried out to eaves gutters, window sills, etc.	...	...	...	...	...	55

## MISCELLANEOUS.

Ventilation under floors provided	...	...	...	...	...	18
Permanent means of ventilation provided to rooms	...					19
Nuisances from overcrowding abated	...	...	...	...		11
Accumulations of refuse, manure, etc., removed	...					45
Manure receptacles repaired	...	...	...	...	...	8
„ „ provided	...	...	...	...	...	3



Handrails provided	...	...	...	...	...	...	...	...	25
Verminous premises cleansed	...	...	...	...	...	...	...	...	18
Nuisances from animals, etc., abated	...	...	...	...	...	...	...	...	5
Rat-infested premises cleared	...	...	...	...	...	...	...	...	34
Pig-sties drained or abolished	...	...	...	...	...	...	...	...	3
Water supplies repaired, etc.	...	...	...	...	...	...	...	...	5

### SMOKE ABATEMENT.

Nuisances from black smoke issuing from the industrial chimneys in the town were dealt with during the year on four occasions, and 19 observations were taken on different dates. One Statutory Notice and four Informal Notices were served, which had the desired effect.

### PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

The following premises are controlled by Bye-laws and Regulations :—

- 4 Common Lodging Houses,
- 10 Slaughterhouses,
- 7 Cowsheds and 13 Dairies and Milkshops.
- 7 Fried Fish Shops,
- 1 By-products Factory, embracing seven offensive trades, viz., that of a gut scraper, blood boiler, bone-boiler, fat melter, tallow melter, tripe boiler and fell-monger,
- 2 Rag and Bone Dealers.

One new Fried Fish Shop was established during the year.

### FACTORIES AND WORKSHOPS.

A new register of workshops is in course of preparation, and during the year 89 of the workshops on the old register (excluding bakehouses) have been inspected and transferred.

The following tabulated statement (required by the Secretary of State) gives details of inspections, etc. :—

# 1. INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

	Premises		Inspection	Written Notices	Prosecutions
Factories	(including	Factory			
	Laundries)	... ..	9	5	—
Workshops	(including	Workshop			
	Laundries)	... ..	89	28	—
Workplaces	(other than	Out-			
	workers' premises)	... ..	29	15	—
Total ...			127	48	Nil

# 2. DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars	Number of Defects			Number of Prosecutions	
	Found	Remedied	Referred to H.M. Inspector		
Nuisances under the Public Health Acts—					
Want of cleanliness ...	21	21	—	—	
Want of ventilation ...	2	—	—	—	
Overcrowding ... ..	1	1	—	—	
Want of drainage of floors	—	—	—	—	
Other nuisances ... ..	8	8	—	—	
Sanitary Accommodation—					
Insufficient ... ..	—	—	—	—	
Unsuitable or defective ...	4	4	—	—	
Not separate for sexes ...	—	—	—	—	
Offences under the Factory Workshop Acts—					
Illegal occupation of Underground B a k e-houses ... ..	—	—	—	—	
Other offences ... ..	6	6	—	—	
	—	—	—	—	
Total ...	42	40	Nil	Nil	



### **Schools.**

The elementary schools of the Borough, with two exceptions, may be said to be in good sanitary condition, and all are provided with water closets drained to the sewers.

No schools were closed last year for infectious diseases. The means adopted were the exclusion of the infected children and any contacts, and the frequent examination of the children in the infected class or the whole school.

The Board of Education now disallows the closure of schools on account of infectious disease save under exceptional circumstances and until all other means, such as the exclusion of particular scholars, have failed. In most instances, by the time these methods have failed, it is too late to close to any purpose, as closing, to be effectual in stamping out disease, must be early. It would be very difficult to prove that school closure in a district like Guildford has no effect in limiting the spread of infectious disease. It is most important to prevent children under five from contracting such diseases as measles and whooping cough, owing to the frequency of a fatal termination to the attack, and the risk of conveyance of the infection to these younger children from the school is worth guarding against. Whatever the comparative ultimate effects may be of closing or of keeping open the school, it would appear, on general grounds, hardly justifiable to compel the attendance of children at a school which is known to be at the time a centre of infection.

### **Housing.**

#### **(1) GENERAL HOUSING CONDITIONS IN THE AREA.**

The housing conditions are of a very variable character, as is bound to be the case in an old town like Guildford. The houses in the more modern outlying portions of the dis-



strict are, for the most part, up to a very fair standard, but there are several courts and alleys in the old areas which are insanitary, and a good many of these are on the "condemned" list. About 50 can be classified as "unfit," and at least the same number, in addition, would come under the description of "not being in all respects reasonably fit for human habitation."

(2) (a) EXTENT OF SHORTAGE.—This is difficult to estimate accurately, but it can be definitely stated that it is still very great. The Census returns of 1921 showed that there were about 577 houses occupied by two families, and the number at the present time would probably not be less. A large proportion of these sub-tenants would be glad of a house of their own, but no doubt many could not afford the high rents of the houses recently built.

(b) MEASURES TAKEN OR CONTEMPLATED TO MEET ANY SHORTAGE.

The Town Council built 58 cottages before the war, and have also been very active since the war in building cottages in different parts of the Borough, no less than 406 having been erected.

The 58 houses built pre-war now let at from 8s. 1d. to 9s. 5d. (rates included) for non-parlour and parlour types respectively.

Since the war 251 houses have been erected under the Addison scheme, 113 under the Wheatley scheme, and 42 under the Chamberlain scheme.

In spite of the large number built, several hundred applicants remain unsatisfied.

In the 83 Shepherd's Hill houses built under the Addison scheme the rents run from 12s. 6d. to 17s. 6d. (rates included).



In the 268 Guildford Park houses the rents for parlour houses are 15s. 10d. to 18s. 9d., including rates, and for non-parlour 12s. 11d. to 15s. 5d.

Twenty-two flats of one and two bedrooms have fortunately been recently built, and are greatly appreciated. Their rents are 9s. 2d. and 11s. 6d., including rates, for the one and two bedroomed respectively.

The loss of rental for the 268 houses in the Guildford Park area for the whole of the period of the scheme was, up to last year, only one-eighth of one per cent., and for the 83 houses at Shepherd's Hill about one per cent., a striking testimony to the thrift and honesty of the tenants, many of whom, I am convinced, are only able to pay the high rents, which absorb such a large proportion of their income, at the cost of food and necessities.

In proof of this may be mentioned the fact that of the names of suitable candidates for the Mayor's Christmas bounty last year submitted by the two Health Visitors the great majority lived in the Council's post-war houses. This almost raises a doubt whether the acquisition of a high-rented sanitary cottage is in many cases an unmixed blessing. If they can only be acquired at the expense of a sufficiency of good food, one need have no hesitation in stating that they had better be avoided. It were better to have plenty of food in an overcrowded insanitary dwelling than to be half starved in a healthy one.

The burden of the rent in the Council cottages is so great that a large proportion of the tenants have to take in other families or lodgers to help them to pay their way.

In my opinion the need for building cheaper dwellings of any description is an imperative one. I have for a great many years advocated the building of cottage flats as one of the methods of accommodating small families at reduced



rents. Last year 22 of these were built in an excellent situation, and are enormously appreciated. They were only built reluctantly, and in spite of opposition. Why any scheme which offers a sanitary dwelling at a reduced rent should be opposed in these days when so many would-be tenants are unable to pay the larger rents of ordinary cottages passes one's comprehension. Granted that the latter may be on general grounds preferable, the ability of the working classes to pay the rent should be the first consideration.

In spite of the large number of houses built by the Council, nothing effectual has yet been done to provide for the families in the "condemned" and insanitary houses in the older parts of the Borough.

For this reason I regret the decision of the Housing Committee to turn down the offer of the Atholl Steel Houses Company to build in the Borough. I have inspected these cottages and one of the Weir type, and came to the conclusion that they were healthy and entirely satisfactory. It is claimed that they are cheaper than brick houses, but in any case they offer speedy production, employment of unskilled labour, and use of alternative materials, which would probably have the effect of reducing the cost of the tenders for brick houses.

It is hardly necessary to add that there is not the least desire to begrudge the working classes being supplied with the most substantial and best equipped cottage, but I would only urge that those who insist on a high standard under present economic conditions should be prepared to assist the tenants in the matter of rent until they are able to pay without making harmful sacrifices.

Whilst the ridiculously small percentage of bad rents from Council houses is gratifying from the financial point of view, it also conveys the impression that ability to pay the



rent has been the chief qualification considered in the selection of tenants. To the private landlord this would legitimately be the primary object, but to a local authority, who is after all responsible for the housing of all grades of the working classes, I venture to suggest that need of accommodation should form the greatest claim. I have in mind two families, whose pitiable condition I repeatedly brought before the Health Committee, who recommended the Housing Committee to grant them houses, but without avail, as they did not reach the high standard of character required. In the one case a man and wife, with four children, lived with his parents and another child in a small, dark living room in one of our courts, and slept in an insanitary attic without a fireplace, and of only 640 cubic feet capacity. I represented the house, the insanitary condition of which would scarcely be equalled in the worst parts of London, as unfit for habitation, and a Closing Order was made, but suspended in the hope that the Housing Committee would allot the man a house. He was in good employment, and maintained his ability to pay the rent.

The other was a case of gross overcrowding, in which a father and mother and nine children lived in a poor small cottage with two bedrooms—the back bedroom being of only 670 cubic feet capacity, but which had to accommodate six children, including a boy of 17 and a girl of 16. As the father is considered thriftless, he has been unable to obtain a house.

The Council last year acquired 96 acres of land for £4,500 on the Aldershot Road, on which it is proposed ultimately to build 700 houses.

OVERCROWDING.—Great difficulties have been met with in dealing with the numerous cases of overcrowding, and these will not cease until an ample supply of new houses are built.



The most frequent cause is the occupation of one house by two families, less frequently by the family being too large for one house.

Overcrowding has generally been judged by the bedroom accommodation only, or by the excess of occupants over two persons per room. In my opinion the size of the living room is more important, as this is usually less than the area of the bedrooms, and the whole of the family, and friends often also, congregate in it during some parts of the day.

Last year 19 cases of overcrowding were dealt with by the service of informal notices on both the lodger and tenant, and nine of these were abated.

Several other cases were reported to the Health Committee and passed on to the Housing Committee, some of which were in Council houses.

#### GENERAL ACTION TAKEN AS REGARDS UNFIT HOUSES.

Practically no action has been taken during recent years with regard to the closure of houses, owing to the impossibility of finding other accommodation for the tenants.

Notices for the remedying of defects are mostly served under the Housing Acts rather than under the Public Health Act, as one finds that it is more efficacious and speedy to carry out the work and charge the cost than to summon the owner. No difficulty has been found so far in recovering the cost.

BYE-LAWS. — The revision of the existing set of building bye-laws has been under consideration.

A set of bye-laws dealing with tents, vans and sheds was adopted last year, owing to the difficulty of dealing with a few vans that had settled near the river.



**Housing.**

Number of new houses erected during the year:—

(a) Total	...	...	...	...	...	...	...	...	220
(b) With State Assistance under the Housing Acts—									
(1) By the Local Authority...	...	...	...	...	...	...	...	...	80
(2) By other bodies or persons	...	...	...	...	...	...	...	...	84

**I. UNFIT DWELLING HOUSES.**

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	517
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	149
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	1
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	225

**II. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.**

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	...	...	242
---	-----	-----	-----	-----	-----

(This number includes 86 houses inspected prior to 1925.)

### III. ACTION UNDER STATUTORY POWERS.

#### A.—Proceedings under Section 3 of the Housing Act, 1925.

- |  |     |
|--|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring repairs ... ..   | 5   |
| (2) Number of dwelling houses which were rendered fit—   |     |
| (a) By owners ... ..   | 4   |
| (b) By Local Authority in default of owners ...  | Nil |
| (3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declaration by owners of intention to close ... .. | Nil |

#### B.—Proceedings under Public Health Acts.

- |   |     |
|---|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... .. | 2   |
| (2) Number of dwelling houses in which defects were remedied—   |     |
| (a) By owners ... ..  | 2   |
| (b) By Local Authority in default of owners ...   | Nil |

#### C.—Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909.

- |  |     |
|--|-----|
| (1) Number of representations made with a view to making of Closing Orders ... ..  | Nil |
| (2) Number of dwelling houses in respect of which Closing Orders were made ... ..  | Nil |
| (3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... | 1   |
| (4) Number of dwelling houses in respect of which Demolition Orders were made ... ..   | Nil |
| (5) Number of dwelling houses demolished in pursuance of Demolition Orders ... ..  | Nil |



## Inspection and Supervision of Food.

### (a) MILK SUPPLY.

There are seven cowkeepers and dairymen, ten dairymen and purveyors and one wholesale farm on the register with premises within the Borough, and 16 purveyors who live outside the district and are registered to retail milk in the Borough.

Three applications were received for registration as retailers during the year, and, after inspection of the premises as to their suitability, the applications were granted.

Two licences were granted for the sale of "Certified" milk on retailers premises. Acting under the instructions of the Ministry of Health, four samples of "Certified" milk were taken during the year, and these were well up to the standard.

During the year 44 samples of milk were taken for bacteriological examination for the detection of pus and dirt, and for the presence of tubercle by animal inoculation.

The following table shows the results of such examinations:—

Number of Bacteria	No. of Samples		Total
	Summer (April to Sept.)	Winter (Oct. to March)	
Bacteria under 30,000 per 1 c.c.	16	13	29
„ „ 200,000 per 1 c.c.	4	11	15
„ over 200,000 per 1 c.c.	Nil	Nil	Nil
	20	24	44

Bacillus Coli present			No. of Samples		Total
			Summer (April to Sept.)	Winter (Oct. to March)	
Negative	1/10th c.c.	...	11	17	28
"	1/100th c.c.	...	6	6	12
"	1/1000th c.c.	...	3	1	4
Positive	1/1000th c.c.	...	Nil	Nil	Nil
			20	24	44

The average temperature of the samples when delivered at the laboratory was 6.2 degrees Centigrade during the summer months, and 5 degrees in the winter months.

All the samples were reported free from Tubercle Bacilli.

This is the third year in which the bacteriological examination of milk has been undertaken by the Town Council, and the reports this year show a marked improvement in the purity of the milk over the preceding two years. Twenty-three of the specimens were up to the standard laid down by the Ministry of Health for "Certified" milk, 17 within the "Grade A" standard, and only four below either of these grades.

Sixty-nine visits were made to the cowsheds, dairies and milkshops in the Borough during the year, and, on the whole, these were found in a satisfactory condition.

#### (b) MEAT.

In carrying out the work of meat inspection 904 visits have been made to the 10 private slaughterhouses in the Borough. Most of these visits take place in the evening, so that the majority of the carcasses and viscera of the animals



slaughtered can be examined. The inspection is carried out in accordance with the Memorandum on Meat Inspection issued by the Ministry of Health for adoption by Local Authorities and their officers. These routine inspections entail a very large amount of additional work and overtime, especially on the part of the Chief Inspector.

Meat Marking has not been adopted by the Council.

The following table shows the amount of diseased and unsound meat, with other articles of food, surrendered during the year as unfit for human consumption:—

3	Carcases of Beef	Generalised Tuberculosis.
1	do. do.	Pleurisy and Pneumonia.
5	Forequarters do.	Localised Tuberculosis.
1	do. do.	Abscess.
5	Bullocks' Heads	Localised Tuberculosis.
1	do. do.	Actinomycosis.
19	Carcases of Pork	Generalised Tuberculosis.
2	do. do.	Dropsy.
2	do. do.	Moribund.
1	do. do.	Jaundice.
1	do. do.	Erysipelas.
1	do. do.	Peritonitis.
17	Pigs' Heads	Localised Tuberculosis.
10	Carcases of Mutton	Emaciation and dropsy.
1	Carcase of Veal	Unsound.
6	Hindquarters of Beef	do.
6	Pieces of Beef	do.
2	Legs of Pork	do.
1	Piece of Mutton	do.
14	Boxes of Haddocks	do.
8	do. Kippers.	do.
2	do. Bloaters	do.
1	do. Herrings	do.
3	Bags of Whelks	do.
69	Tins of Meat, Fruit, etc.	do.

2 Lots of Pressed Beef	Unsound.
90 Boxes of Tomatoes	do.
4 Oxtails	do.
1 Box of Apples	Arsenic.
5,169 Eggs	Unsound.

649 livers, lungs and other organs which, on examination, were found to be diseased and unfit for human food, were surrendered and destroyed.

The total weight of meat and unsound food destroyed was 5 tons 15½ cwt.

Diseased and unsound meat is sent to a local By-Products Factory, and converted into non-edible fat, fertilisers, etc. A nominal sum is received for this condemned meat, and is refunded to the persons surrendering the meat.

All other condemned foodstuffs are destroyed at the Council Destructor.

There are 30 Butchers' Shops, 4 Wholesale Meat Premises, 5 Meat Stalls and over 20 Provision Shops that come under the Public Health (Meat) Regulations, 1924.

Before the Regulations came into force on the 1st of April an abstract of the regulations was sent to each meat salesman, together with a circular letter, asking them to co-operate generally with the Council in ensuring cleanliness in the handling of meat. Printed notices to hang in the shops requesting the public not to handle the meat were also issued.

A thorough inspection of all premises were made, and the occupiers were notified of any infringements of the regulations. The matters requiring attention have since been attended to.

The main difficulty in connection with the regulations has been with respect to the exposure of meat to contamina-



tion on open shop fronts and stalls. No definite requirements are prescribed, but each case is dealt with on its merits.

Frequent inspections are made of the carriers' vans to ascertain if they were kept in a cleanly condition and the meat properly protected. Warnings have been given where found necessary.

#### Private Slaughterhouses in the Borough.

	In 1920	In Jan., 1925	In Dec., 1925
Registered .....	6	6	6
Licensed .....	4	4	4
	—	—	—
Total ...	10	10	10
	—	—	—

One change in occupation of a registered slaughterhouse has occurred during the year.

#### ACTION UNDER THE SALE OF FOOD AND DRUGS ACTS AND THE MILK AND CREAM REGULATIONS.

The Chief Constable (the appointed officer under the Act) reported to the Public Health Committee that 123 samples of a great variety of articles had been submitted to the Public Analyst (Mr. Edward Hinks, B.Sc.) during the year, of which 3 were informal samples. All were certified genuine, with the following exceptions:—

Milk. Deficiency of milk fat of .15 per cent.

Chocolate Roll. Boric Acid present 11.2 grains per pound.

Glauber Salts. Four parts arsenic per million (Genuine should not contain more than two parts.)

Malt Vinegar. Deficiency of six per cent. Acetic Acid.

Saveloy. Boric Acid 42 grains per pound.

Polony. Boric Acid  $31\frac{1}{2}$  grains per pound.

In all the above cases the vendors were cautioned.

Seasoning Mixture. Boric Acid 4.5 per cent. Salt 60 per cent. Flavouring ingredients, chiefly pepper, 35.5 per cent.

It is very satisfactory that out of 39 samples of milk taken, only one was not quite up to standard. Preservatives were absent in every case.

Of three samples of preserved cream analysed all contained less than the amount of Boric preservative allowed, and contained 51.5 per cent., 55.3 per cent. and 48.1 per cent. respectively of fat, as against the minimum allowed of 35 per cent.

### **Prevalence of and Control Over Infectious Disease.**

The notifications of the chief infectious diseases made during the last five years were as follows :—

	1921	1922	1923	1924	1925
Scarlet Fever .....	98	42	37	16	15
Diphtheria .....	22	24	11	6	27
Typhoid and Paratyphoid					
Fevers .....	2	1	—	6	1
Ophthalmia .....	2	4	3	1	1
Encephalitis .....	2	—	5	9	7
Pneumonia .....	8	30	14	28	14

It will be seen that the record since 1921 has been a good one. The number of Encephalitis cases (Sleepy Sickness) are mainly due to the admissions from surrounding districts in the County Hospital, where special facilities for diagnosis exist.



There were no " Return Cases " of Scarlet Fever during the year.

No use has yet been made of the Schick and Dick tests for Diphtheria and Scarlet Fever respectively.

Twenty deaths are reported last year as being due to Influenza, sixteen among women and four in men. Deaths from Influenza are oftenest caused by the supervention of Pneumonia, and it is somewhat strange that only 14 cases of Pneumonia with 11 deaths were notified last year.

Whooping Cough was very prevalent last year, and caused five deaths. Most of the cases notified by Head Teachers are visited by the Health Visitors, and nursing assistance is obtained from the Queen's Nurses if necessary.

The utility of an isolation hospital for Diphtheria cases cannot well be questioned, although the long detention of some cases on account of the presence of large or unhealthy tonsils render it expensive. The stay of these cases might be shortened if the tonsils were removed, but this procedure could not be generally adopted in Diphtheria convalescents owing to the danger of the anæsthetic. Still many cases occur, who, although fully recovered in other respects within 5 or 6 weeks, yet retain the germ in their throats for over three months. All patients are kept in until negative swabs are obtained. The average detention of Diphtheria cases last year was 49 days.

The removal of Scarlet Fever cases, on the other hand, to the Hospital, although in a large proportion of, but by no means in all, cases necessary has its drawbacks, and the effect of hospital so-called isolation has not produced a demonstrable effect on the prevalence of the disease. The reason for this, in my opinion, is that the patient is not really isolated when taken to the hospital, but is placed in a ward with cases of all degrees of severity. There is prob-



ably no disease offering greater difficulties in diagnosis, and I have been satisfied for many years that cases are not infrequently sent into hospital which, although indistinguishable from mild cases of Scarlet Fever, are in fact not true cases of the disease, but are due to septic or intestinal infection, although many of them "peel" to some extent. The result usually is that these have a relapse, having been infected by a different class of micro-organism. Even when mild cases of true Scarlet Fever are admitted they are liable in the general ward to have the germ of a more severe type implanted in their throats. In these two classes of cases the hospital may be considered to have done the patients harm and increased the danger to the community on their discharge. It would therefore appear that the only really satisfactory method of treating Scarlet Fever cases would be to isolate each case in a separate cubicle entirely shut off from the general ward. This would, of course, be troublesome and expensive, and extremely hard on the children suddenly removed from their homes. The isolation, moreover, would have to be kept up through the term of their detention, which would create great difficulties.

An alternative and less difficult method would be to have a number of small wards for different classes of cases, such as the severe, the ordinary definite case, and the mild case, and a cubicle ward for doubtful cases.

The occurrence of "Return Cases" is another drawback in the use of Isolation Hospitals, although they occur, but to a less extent, where patients are nursed at home. Their more frequent occurrence in Hospital cases is probably due to the re-infection previously mentioned.

Prolonged detention probably minimises the risk of the patient being in an infectious state on discharge, or, more commonly, being liable to become infectious after return home on taking cold or being subjected to insanitary conditions, but it could probably not be eliminated in some cases



under a detention of six months. The period of detention in the case of patients with unhealthy throats could no doubt be shortened by operations for the removal of the enlarged tonsils and adenoids usually present. It would, however, be necessary to ensure that all inflammation of the throat as a result of the fever had first subsided.

The average period of detention of Scarlet Fever patients last year was 60 days, as compared with 51 days for the years 1919-23 inclusive. The average day of the disease on which the cases were admitted was 4.6 during the same period.

### **Laboratory Work.**

Swabs from suspected cases of Diphtheria are examined in the Medical Officer of Health's own laboratory at his private house. This arrangement has the advantage that specimens can be left at any hour and reported upon within eight or twelve hours of receipt.

One hundred and twenty-two swabs were examined last year, of which 108 were sent by medical men and 14 taken by the Medical Officer of Health during investigation of a few cases of Diphtheria.

Seventeen specimens of sputum from suspected cases of Phthisis and one specimen of blood from a doubtful case of Typhoid were examined by Dr. Matson at the County Hospital (who has taken over Dr. Pimm's laboratory), also at the expense of the Council.

Diphtheria Antitoxin is supplied by local chemists at the expense of the Council in the case of the poorer patients.

**CANCER.** This is another disease which, although not infectious and notifiable, takes a heavy and, singularly enough, about an equal toll of the community to Tuberculosis.



For the years 1910-14 there was an average of 30.8 deaths from Cancer in Guildford, for 1915-19 an average of 29.2, and for 1920-24 an average of 32.5, or a total average of 1.2 per 1,000 population, which is very near the England and Wales rate.

There has, therefore, been a distinct though not very marked increase during recent years.

No cure has been so far found for it, except surgical treatment in the early cases and radium and X-ray treatment in the superficial varieties of the disease. One certain fact about Cancer is that it frequently follows on chronic and prolonged irritation. All sources of irritation, especially in the mouth and intestinal tract generally, should therefore be avoided.

#### DISINFECTION.

There is a Steam Disinfector at the Isolation Hospital, and bedding, etc., requiring disinfection is removed there. During the year 79 rooms were disinfected by spraying with a dilute solution of formaldehyde. Notices were served for the walls of the rooms to be stripped where necessary. Liquid disinfectant is supplied to occupiers of infected premises.

Disinfection is also carried out, on request, where non-notifiable diseases have occurred, on the occupier agreeing to pay the expense.

The disinfestation of premises is dealt with by the service of notices on the owner or occupier. Assistance is sometimes rendered by the Sanitary Inspector's Department by spraying with a vermicide, whilst the work of extermination is in progress.

There are no facilities for the cleansing and disinfection of verminous persons and their belongings except at the Guardians' Institution.



### Notifiable Diseases during the Year.

Disease	Total Cases Notified	Cases admitted to Hospital	Total Deaths
Diphtheria ... ..	27	25	—
Scarlet Fever ... ..	15	14	—
Enteric Fever (including Paratyphoid) ...	1	1	1
Puerperal Fever ... ..	—	—	—
Pneumonia ... ..	14	—	11
Other Diseases generally notifiable—			
Erysipelas ... ..	3	—	—
Encephalitis ... ..	7	6	3
Malaria ... ..	1	—	—

### TUBERCULOSIS.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non- Pulmonary		Pulmonary		Non- Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
1—5	—	—	—	—	—	—	—	—
5—10	—	—	—	—	—	—	—	—
10—15	—	1	1	—	—	—	—	—
15—20	2	1	—	—	—	—	—	—
20—25	—	2	—	1	—	—	—	—
25—35	2	1	—	—	—	—	—	—
35—45	6	1	—	1	—	—	—	—
45—55	2	1	—	—	—	—	—	—
55—65	1	—	—	—	—	—	—	—
75—85	—	—	—	—	—	—	—	—
	13	7	1	2	11	6	—	—

OPHTHALMIA NEONATORUM. — Only one case was notified, from a private Nursing Home, which recovered with vision unimpaired.

The number of Diphtheria cases (27) was quite moderate in amount, although larger than in the previous year. The cases were mild, and there were no deaths. The numbers were swelled by the occurrence of five cases in one family and four in another. In at least three instances the infection was introduced from other districts. The cases were scattered over the district, and were for the most part unconnected with one another.

The cases of Scarlet Fever, 15 in number, were also scattered over the district, and call for no special remark. Three occurred in one house and two were notified from the County Hospital—otherwise all were single cases. There were no deaths.

Seven cases of Encephalitis Lethargica were notified, as compared with nine the previous year. All the patients except one were admitted to the County Hospital, but of the latter, three came from other districts. Of the four cases belonging to Guildford, three died, viz., a man, aged 67, and women aged 67 and 34 respectively. There was apparently no connection whatever between the cases, and no origin could be traced.

Only one case of Typhoid Fever (which proved fatal) was notified, and the infection in this case was in all probability contracted outside the district. This forms an excellent record.

There were 14 cases of Pneumonia notified, with 11 deaths. At the request of the Council the Guardians undertook to admit cases of Pneumonia without the usual formalities of application to the Relieving Officer, the patients being expected to pay the bare cost of maintenance if their means allowed. Occasionally cases are also sent to the County Hospital, so that, between the two institutions, hospital accommodation is available for the cases which need it.



No cases of Puerperal Fever were notified, which is a highly creditable record.

### **Prevalence of Tuberculosis.**

During the last six years 216 deaths from all forms of Tuberculosis were recorded, compared with 217 during the previous six years. This represents approximately .83 per 1,000 population, as compared with 1.1 for England and Wales.

Whilst the death rate from Tuberculosis was only slightly reduced during 1920-25, as compared with 1914-19, the corresponding rate for England and Wales was reduced from an average of about 1.5 per 1,000 to 1.1 during these periods. This represents a substantial reduction, being especially satisfactory in view of the fact that no specific remedy for the disease has yet been found. The use of Tuberculin has been disappointing. The disease is, however, still too prevalent, and the causes which militate against its prevention, in my opinion, are mainly these:—

1. In a large number of instances the attack is not recognised sufficiently early to enable a cure to be effected. One hears of persons keeping at their work without consulting their doctor until they are quite unable to perform it, when it is usually too late to be cured. A milkman was recently notified who had been at work probably in an infectious condition for some months. A possible remedy for this would be to make it compulsory for all insured persons to be medically examined every six months at least.

2. The second factor is that when patients are removed to Sanatorium from surroundings which are often unhygienic they almost invariably return to those surroundings which have originally fostered the disease. A relapse is therefore only too frequent and only to be expected.



The more thorough method of dealing with these cases would appear to be after a preliminary treatment in the ordinary sanatorium to send them to a working Tuberculosis Colony, such as that at Papworth, Cambridgeshire. These colonies should, in my opinion, however, not be confined to the patients themselves, but should be established in the most healthy spots that can be found, where the patients could permanently reside, if necessary, with their families, and pursue their vocation, and at any rate partially earn their livings under the most hygienic conditions.

With regard to the local control of Tuberculosis, there is divided responsibility, unsatisfactory as usual, owing to the fact that the County Council undertake the treatment of the cases, and their Health Visitors carry out the necessary home visits, and there is no co-ordination of the duties of the two authorities, which are carried out quite independently by the officers of the two authorities. Since, in addition to the notifying Medical Practitioner, the house is visited frequently by the Tuberculosis Officer and the County Health Visitor, it is most undesirable that further visitation should be inflicted on the patient. The work of the Local Authority is therefore practically confined to the supply of disinfectants, the disinfection of the premises on removal or death of the patient, and the correction of insanitary conditions if present.

### **Maternity and Child Welfare.**

Information on this part of the work is given in the Clinics and Treatment Centres Section.



The first part of the paper is devoted to a general survey of the history of the subject. It is found that the subject has been treated in a very general manner, and that the results have been very meagre. The second part of the paper is devoted to a more detailed examination of the subject. It is found that the subject is very complex, and that the results are very meagre. The third part of the paper is devoted to a more detailed examination of the subject. It is found that the subject is very complex, and that the results are very meagre.

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CONCLUSIONS

The results of the investigation are as follows: The subject is very complex, and the results are very meagre. The subject is very complex, and the results are very meagre. The subject is very complex, and the results are very meagre.

