

**[Report 1935] / Medical Officer of Health, Guildford U.D.C. / Borough.**

**Contributors**

Guildford (England). Urban District Council.

**Publication/Creation**

1935

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BOROUGH OF GUILDFORD.

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1935,

TOGETHER WITH

THE ANNUAL REPORT

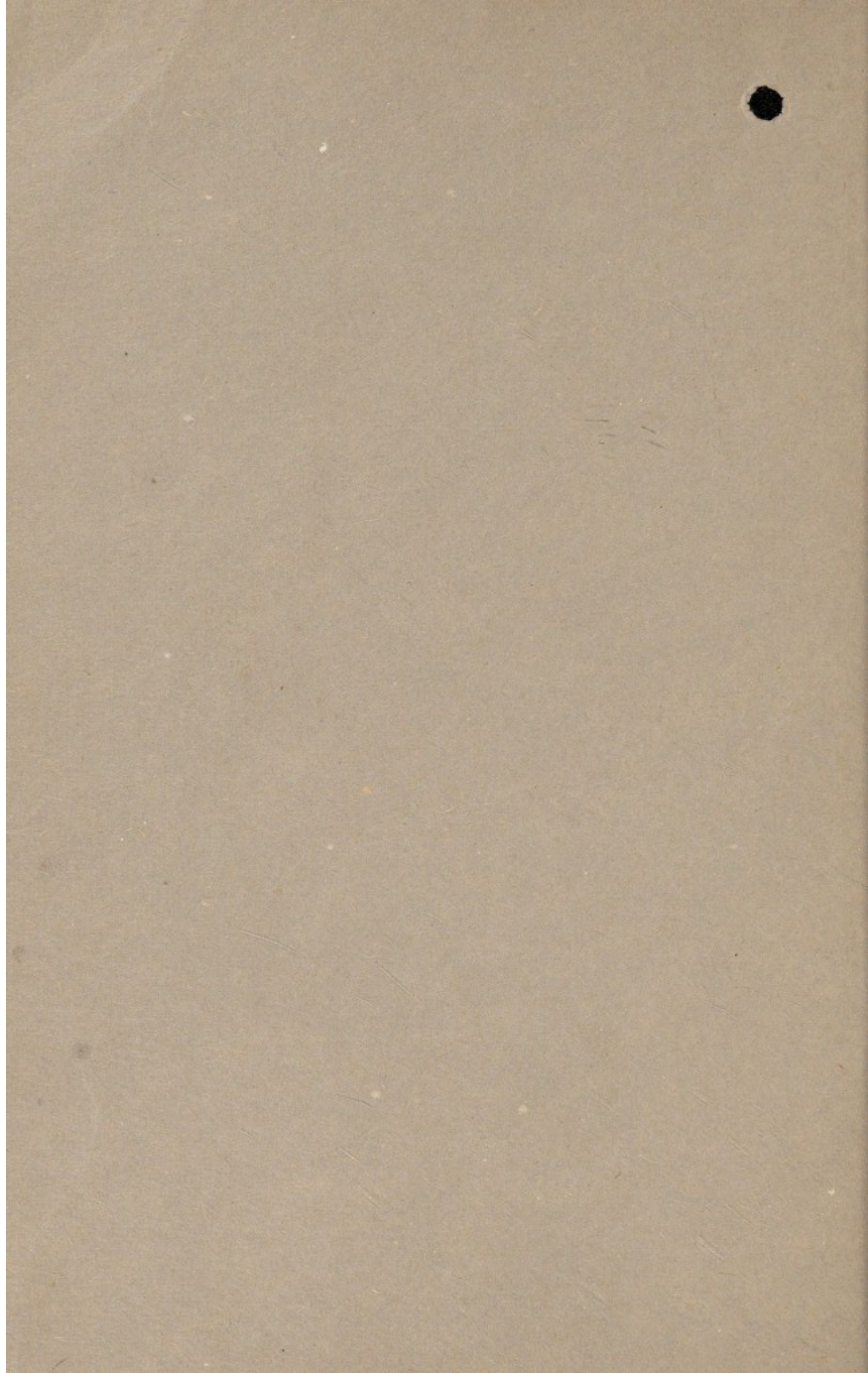
OF THE

Sanitary Inspector.

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BOROUGH OF GUILDFORD.

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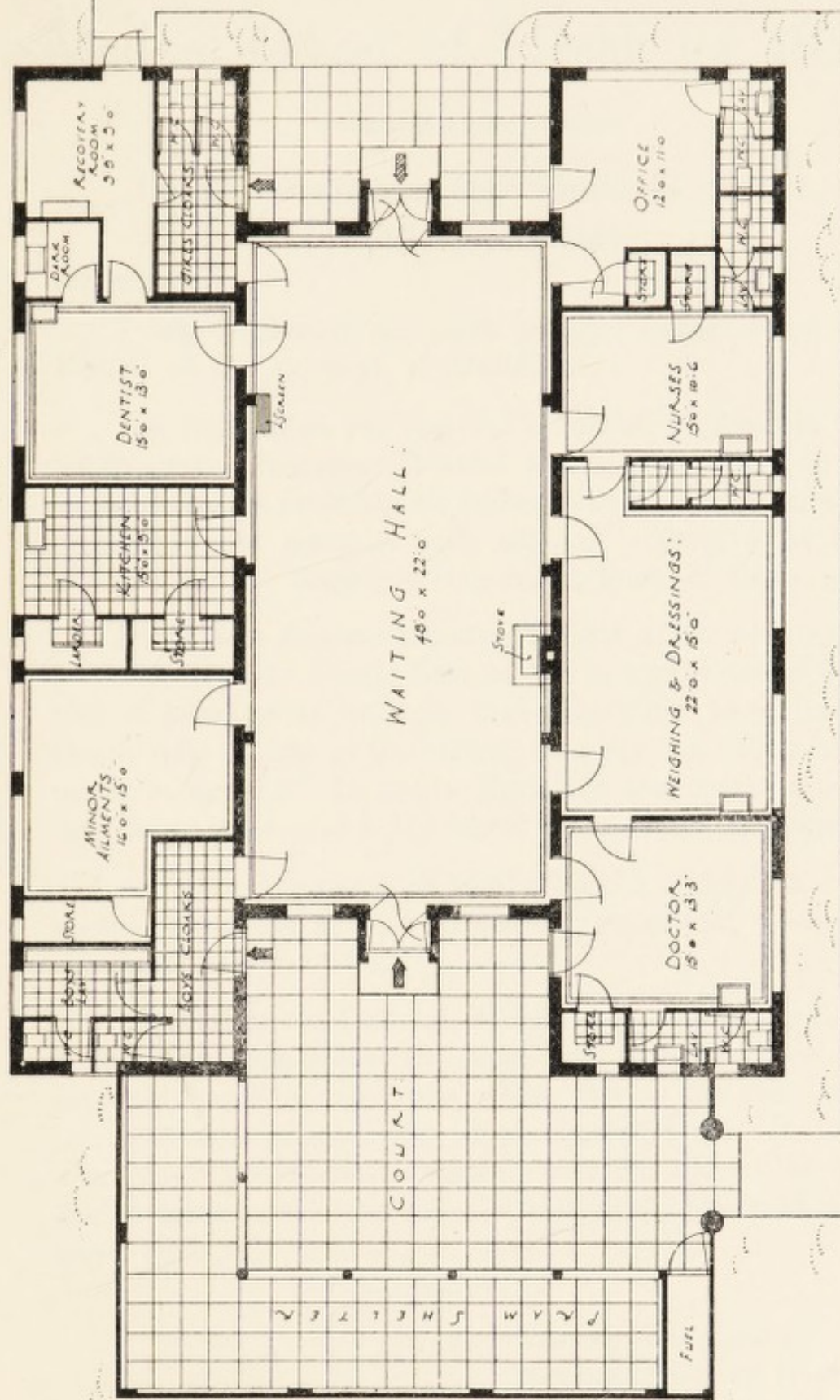
THE ANNUAL REPORT

OF THE

Sanitary Inspector.







New School and Maternity and Child Welfare Clinic at Stoughton.





ANNUAL REPORT  
OF THE  
Medical Officer of Health for 1935.

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**To the Chairman and Members of the  
Health Committee.**

GENTLEMEN,

I beg to present my ninth Annual Report upon the Health of the Borough of Guildford.

The population has received a further increase in the hands of the Registrar General and is now stated to be 38,020. This is probably an under estimate, as the number of immigrants remains high, and, of course, it is not possible for the Registrar General to know of those.

Birth Rate remains the same as that of the country as a whole, but our Death Rate of 7.8 is exceptionally low, and it seems most unlikely that any other town has a Death Rate as low as Guildford; that for the 140 smaller towns being 11.2. Infantile Mortality also remains very low, being little over half that of the country as a whole.

An annual increase in Public Health legislation continues to provide an ever increasing amount of work for the Health Department.

Housing of the Borough is definitely satisfactory, and I have no hesitation in describing Guildford as an extremely healthy town where longevity is the rule, two-thirds of our deaths being in persons over 65. In fact, nearly half are deaths in persons over 70, 160 out of 335 deaths being persons between 70 and 96, 55 being 80, and seven being 90.

Yours faithfully,

F. A. BELAM, M.D., D.P.H.,  
*Medical Officer of Health.*



## STAFF OF THE PUBLIC HEALTH DEPARTMENT.

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### Medical Officer of Health:

F. A. BELAM, M.D., CH.B., D.P.H.

### Chief Sanitary Inspector:

F. G. ENGLAND, M.R.SAN.I.

### Assistant Sanitary Inspector:

E. A. SMITH, A.R.SAN.I., succeeded by W. S. GREGORY  
in September.

Each Sanitary Inspector holds the Meat Inspector's Certificate.

### Health Visitors and School Nurses:

MISS E. SMITH, Certs. General Training and C.M.B.	
MISS M. GRICE	}
MISS N. K. RICHARDS	
	Certs. General Training, C.M.B., and Health Visitors.

### Clerk:

S. HARPER.

### PART-TIME OFFICERS.

#### Obstetric Consultant and Medical Officer for Maternity and Child Welfare and Ante-Natal Clinics:

WINSOME D. GRANTHAM, M.B.

#### Consultant for Puerperal Fever and Pyrexia Cases:

H. B. BUTLER, F.R.C.S.E.

#### Mothers' and Toddlers' Dental Clinic:

REX PEATFIELD, L.D.S., succeeded by E. E. LEWIS,  
L.D.S. (Borough Dental Surgeon).

### Anæsthetist:

O. H. BROWN, M.R.C.S., L.R.C.P., succeeded by  
H. F. PARKER, B.A., M.B.

### Public Analyst:

E. HINKS, B.SC., F.I.C.

## Annual Report of the Medical Officer of Health for 1935.

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### Statistics and Social Conditions of the Area.

Area (in acres): 7,173.

Registrar General's estimate of resident population, mid-1935: 38,020.

Number of inhabited houses (end of 1935) according to Rate Books: 10,549.

Rateable Value at 31st December, 1935: £434,244.

Sum represented by a penny rate (at 1st April, 1935): £1,665.

Owing to the kindness and courtesy of the Manager of the Local Employment Exchange, I am able to include his report upon the position of employment in Guildford during 1935. Mr. Kenny states that the employment position remained consistently good throughout 1935 in this area. In the second half of the year registers remained approximately 100-150 lower than during the corresponding period of 1934. The unemployed figure fluctuated from 729 in January to 495 in March and 435 in April; there was a slight increase in May on the conclusion of the Spring house decorating season, and thereafter figures remained fairly steady until September, when the register reached 503. An increase to 572 was recorded in October, but the total fell again to 504 in November on account of Christmas trade, and only reached 541 in December. This level of unemployment represents an unemployment rate of from 4% to 4.5%, which compares with an unemployment rate at the end of December of approximately 7.5% for London and 15% for the country. As in previous years, the most noticeable feature of unemployment in Guildford has been the rapidity of the turnover of registers. Very few of those registering are unemployed for long periods, as is



shown by the following analysis of the "Wholly Unemployed" register as at 16th December, 1935.

Unemployed for less than 4 weeks	...	284
" " 4 to 6 weeks	... ..	26
" " 6 to 8 "	... ..	30
" " 8 to 13 "	... ..	44
" between 3 weeks to 16 weeks	...	31
" " 6 " 9 months..		12
" " 9 months 1 year	...	1
" more than 12 months		3
TOTALS		431

The main source of activity during last year has been the building trade. There have been an unusually large number of public contracts under construction, and, in addition, there has been a steady expansion in housing development in and around the Borough. Other industries have, however, in general, enjoyed equal prosperity, and the outlook for the coming year suggests a continuance of these satisfactory conditions.

### Extracts from Vital Statistics of the Year.

Live Births—	Total	M.	F.	}	Birth Rate per 1,000 of the esti- mated resident population, 14.8.
Legitimate ...	535	274	261		
Illegitimate ...	29	12	17		
Still Births ...	17	8	9	}	Rate per 1,000 total live and still births, 29.2.
Deaths ...	334	162	172		

	Deaths.	Rate per 1,000 total (live and still) births.
Deaths from puerperal causes :		
Puerperal Sepsis ... ..	1	1.7
Other puerperal causes...	2	3.4
	—	—
TOTAL ...	3	5.1
	—	—

Death Rate of Infants under 1 year of age :

All infants per 1,000 live births ... ..	30.1
Legitimate infants per 1,000 legitimate births ...	29.9
Illegitimate infants per 1,000 illegitimate births..	34.4
Deaths from Measles (all ages) ... ..	2
Deaths from Whooping-Cough (all ages)...	1
Deaths from Diarrhoea (under 2 years of age) ...	Nil

The population figure as estimated by the Registrar General for mid-1935 is 38,020. Though this is an increase of 1,000 over that of 1934, it is still an under estimate, as it is well known that the immigration of families to Guildford is still rapidly progressing, and over this, of course, the Registrar General has no check. There is not much doubt, however, that our population cannot be far from 40,000.

Our Birth Rate is rising and our Death Rate falling, which indicates very clearly the healthy nature of the town. Our Birth Rate is exactly the same as that of the 121 County Boroughs and also the 140 smaller towns. Our Death Rate is remarkably low, and by using the comparable factor (0.89) the figure of 8.8 is further reduced to 7.8, which must be the lowest death rate ever recorded. That for the country as a whole is 11.7, and for the 140 smaller towns 11.2.

With regard to Infantile Mortality, Guildford rate of 30 is most satisfactory and compares very favourably indeed with the 57 of the country as a whole, or the 55



of the 140 smaller towns. Of the 17 infant deaths, 14 occurred in infants under one month old. Of these, 13 were due to congenital debility or prematurity. Seven babies did not survive their first day of life. Actual ages of death were: One each at 1 minute, 30 minutes, 35 minutes, 40 minutes, 50 minutes, 2 hours and one day; two at 2 days, two at 3 days, and two at 2 weeks. From dysphagia one infant of five days old died. From pneumonia one baby of 6 months and one of 10 months died. Lastly, an infant of 4 months died of inanition and vaccinia, a rare cause of death.

As three of the infants only surviving a few minutes were triplets and two premature twins, as well as premature twins who lived two weeks, the large number of neo-natal deaths is partly explained. The other deaths due to this cause, only ante-natal care and intra-natal care can hope to ameliorate. The problem of neo-natal deaths is, however, not easy of solution and exercises the minds of our leading obstetricians and pædiatricians.

Our Death Rate, however, as well as our infantile mortality rate, is so low as to challenge betterment by any other town. I should be most interested to know of any other town which can show a death rate of 7.8 and an infantile mortality of 30. It shows up Guildford as a really healthy town.

Of the other deaths, as usual, most were due to heart disease, and of the 94 deaths ascribed to this cause 79 were persons of 65 and over, most being in the 70's. Next as a cause of death is cancer, with 59 cases, 35 being over 65. After various other diseases the next largest group is 19 cases of violent death, of which many were due to street accidents—mostly motor. Other diseases specified took but little toll of Guildford people, infectious and lung diseases being commendably low. Of the total 334 deaths, 204 were persons over 65, giving our usual two-thirds of total deaths in those over 65. There is not much to fear for the health and longevity of Guildfordians from

this. Influenza only causing three deaths, pulmonary tuberculosis 12, in place of the nine and 24 of 1934, is an excellent sign of an increasing resistance to disease and, moreover, points to good housing conditions and lack of overcrowding, which our recently completed survey of houses has proved conclusively. Only 74 overcrowded houses in Guildford, and nearly all these due to large families; practically none due to lodgers. The Corporation deserve great credit for conditions such as these, and it is a pleasure to be Medical Officer of Health of a town where so much is done for the health of the people.



# BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY IN THE YEAR 1935.

England and Wales, 121 County Borough and Great Towns, and 140 Smaller Towns.

*Provisional Figures.*

	RATE PER 1,000 TOTAL POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 Live Births.		PERCENTAGE OF TOTAL DEATHS				
	Live Births	Still-births	All Causes	Typhoid and Paratyphoid fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis under 2 years.	Total Deaths under One Year.	Certified by Registered Medical Practitioners.	Inquest Cases	Certified by Coroner after P.M. No Inquest	Uncertified Causes of Death
England and Wales	14.7	0.62	11.7	0.00	0.00	0.03	0.01	0.04	0.08	0.18	0.52	5.7	57				
121 County Boroughs and Great Towns, including London	14.8	0.68	11.8	0.00	0.00	0.04	0.01	0.04	0.09	0.16	0.45	7.9	62				
140 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census 1931).	14.8	0.64	11.2	0.00	—	0.03	0.01	0.03	0.07	0.17	0.41	3.8	55				
London	13.3	0.52	11.4	0.00	0.00	0.00	0.01	0.04	0.06	0.11	0.51	11.2	58	86.4	8.9	4.7	0.0
Guildford M.B.	14.8	0.44	7.8	0.00	0.00	0.05	0.02	0.02	0.05	0.07	0.49	0.00	30				

The maternal mortality rates for England and Wales are as follows: per 1,000 Total Births ... Puerperal Sepsis Others Total  
1.61 2.32 3.93

Cause of Death.	1935. All Ages.			Nett Deaths at the subjoined ages of residents whether occurring within or without the district.									
	M.	F.	Total	Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65 and over	Sex	
Measles ...	1	1	2	1	1	1	1	1	1	1	1	M	
Scarlet Fever ...	1	...	1	...	...	...	...	1	...	...	...	M	
Whooping Cough ...	...	1	1	...	1	...	...	...	...	...	...	F	
Diphtheria ...	1	1	2	1	...	1	1	...	...	...	...	M	
Influenza ...	2	1	3	...	...	...	...	...	1	...	1	M	
Respiratory Tuberculosis ...	7	5	12	...	...	...	...	1	4	1	1	M	
Cancer ...	29	30	59	...	...	...	...	...	2	10	19	M	
Diabetes ...	1	3	4	...	...	...	...	...	...	...	3	M	
Cerebral Hæmorrhage ...	8	11	19	...	...	...	...	...	2	6	8	M	
Heart Disease ...	48	46	94	...	...	1	1	...	1	6	39	M	
Aneurysm ...	2	2	4	...	...	...	...	...	...	5	40	F	
Other Circulatory ...	8	11	19	...	...	...	...	...	1	2	7	M	
Bronchitis ...	5	4	9	...	1	...	...	...	...	...	4	M	
Pneumonia ...	7	6	13	1	...	...	...	...	1	2	4	M	
Peptic Ulcer ...	...	1	1	...	...	...	...	1	...	...	...	F	
Appendicitis ...	...	3	3	...	...	...	1	...	1	1	...	F	
Other Liver Diseases ...	...	1	1	...	...	...	...	...	1	...	...	F	
Other Digestive Diseases ...	3	8	11	1	...	1	...	1	1	3	1	M	
Nephritis ...	4	3	7	...	...	...	...	...	1	...	3	M	
Puerperal Sepsis ...	...	1	1	...	...	...	...	...	1	...	...	F	
Other Puerperal ...	...	2	2	...	...	...	...	...	2	...	...	F	
Congenital Causes, etc. ...	8	5	13	8	...	...	...	...	...	...	...	M	
Senility ...	...	5	5	...	...	...	...	...	...	...	5	F	
Suicide ...	4	1	5	...	...	...	...	...	...	4	...	M	
Other Violence ...	13	6	19	...	...	...	2	2	...	5	4	M	
Other Defined Causes ...	10	13	23	...	...	...	...	1	...	2	6	M	
Illdefined Causes ...	...	1	1	1	...	...	...	...	2	4	7	F	
Totals	162*	172	334	17	2	5	5	8	22	69	204		

\* Includes 1 male death not traced in local returns or found in inward transfers.



## General Provision of Health Services for the Area.

**Public Health Officers.**—The only change in the staff during 1935 was in the post of Assistant Sanitary Inspector, when Mr. Smith obtained another post and Mr. Gregory was appointed to the vacancy in September.

**Laboratory Facilities.**—These are still available at the Pathological Laboratory at the Royal Surrey County Hospital. Medical practitioners obtain forms and material from the Laboratory for use in swabs from suspected cases of diphtheria and carriers of scarlet fever infection (occasionally), sputa for tubercle bacilli and blood for widal reaction. The Council pay 2/6 per sputum or throat swab for diphtheria and 10/6 for examination for hæmolytic streptococci. During 1935 there were 306 examinations, of which 246 were swabs, 44 sputa and 16 swabs for hæmolytic streptococci. The utility of the last named procedure is, as before noted, very limited and is really only useful for midwives to detect their liability to infect a lying-in woman or for a food worker. A positive swab does not necessarily indicate scarlet fever, nor does a negative indicate its absence. Occasionally, swabbing is useful to determine the infectivity of an aural discharge, and a negative swab should rule out a person as carrier of scarlet fever. Unfortunately, as before reported, the numerous types of hæmolytic streptococci are not uniform in their action and only a limited number are capable of causing scarlet fever as generally described, while others cause sore throats or other infections in some people and typical scarlet fever in others. In fact, it is quite possible for a person to have a second attack of typical scarlet fever immediately after a first typical attack, and I see such cases annually. As a rule, fortunately, immunity to all strains is conferred by a single attack, but by no means invariably.



Milk samples are also examined bacteriologically and biologically at the County Hospital.

Water samples are dealt with at the Counties Public Health Laboratories, 91 Queen Victoria Street, London.

Foodstuffs are examined by the Borough Analyst, Mr. Edward Hinks, B.Sc., F.I.C., of 16 Southwark Street, London.

**Ambulance Facilities.** — Accident and non-infectious cases are dealt with most efficiently by the well-equipped motor ambulances of the St. John Ambulance Brigade, Woodbridge Road. Calls are answered most expeditiously, and the service is in all respects most satisfactory. The work done by the St. John Ambulance Brigade in 1935 was as follows:— 1,802 cases were moved by ambulance, 355 accidents were dealt with, 567 long-distance invalid transport cases and 717 Borough cases. 41 fire calls were dealt with and 1,138 patients were treated. In all, 2,940 cases were handled and 17,651 miles were covered. There are 75 men, 40 nurses and 35 girl cadets in the Guildford Corps. Infectious cases are dealt with by the ambulances of the Woodbridge Hospital.

**Nursing in the Home.** — With the exception of nine private midwives, the whole of the District Nursing and midwifery in the Borough is done by the Queen's District Nursing Association. They employ 3 midwives for the District and 2 for the maternity ward in the Home, 3 extra midwifery pupils and 3 fully trained midwifery pupils for the ward. During 1935, 203 midwifery cases were attended without, and 36 with, a doctor. In the ward 89 were attended without, and 22 with, a doctor. This makes a total of 350 births attended by Queen's Nurses, rather more than half the total notified births of the year. 837 visits were paid to 80 children over five years of age and 1,729 visits to 170 children under five years of age, making a total of 2,566 visits for the nursing of 250 children.



Of these children 9 over and 9 under five were sent to hospital, none over and 2 under five died.

It is very satisfactory to know that at last a site on the Paynter Estate has been arranged for the building of the new Queen's Nurses' Home. This comprises nurses' hostel and maternity, isolation and ante-natal clinic blocks. The commencement of the building will not now be long delayed. The excellent work done by these self-sacrificing and hard-working nurses will thus be carried out under first-class conditions of housing, and will be facilitated and rendered more pleasant.

**Clinics and Treatment Centres.** — The chief event which took place in this sphere during 1935 was the completion of the clinic at Stoughton. This clinic was first used on November 12th, when a maternity and child welfare clinic was held there. Up to that date a weekly clinic was held at Westborough Congregational Hall, but after that clinics have been held twice a week at Stoughton, on Tuesdays and Thursdays. The new clinic is quite up-to-date and is a combined school and maternity and child welfare centre. All services have been duplicated with those at Arundel House, except for certain school medical work. Equipment has been provided at Stoughton for an ante-natal clinic also, and this branch of the work commenced at Stoughton in January, being transferred from the Home of the Queen's Nurses. I am glad to say, however, that the Superintendent of the Queen's Nurses brings cases registered with her nurses to the Stoughton clinic, and has been present herself on every occasion since the transfer. This shows true and willing co-operation in the municipal health service which is most satisfactory.

A special feature at the new clinic is the provision of folding canvas cubicles for women to undress in for ante-natal clinic. These consist of a chromium-plated tubular steel framework with specially made canvas sheets to lace on. They fold back to the wall when not in use



and are very neat and extremely satisfactory. An electric sterilizer has been provided, and all necessary instruments and appliances.

Another most useful innovation has been provided for the maternity and child welfare clinic in a special toddlers' room, whose walls are beautifully painted with animals. In this room mothers can safely leave their small children to play in the care of a lady who kindly attends as a voluntary helper.

Dental work can be carried on at the same time as a maternity and child welfare clinic, as the hall of the clinic—which is the waiting room—can be subdivided by a folding screen to serve as two distinct rooms, one for dental patients, for whom there is a separate entrance, and the other, forming the bulk of the space, for maternity and child welfare purposes. The accommodation is clearly seen in the block plan at the front of this report.

Clinics for maternity and child welfare purposes, as at present constituted, are as follows:—

Arundel House, Stoke Road, every Thursday afternoon, 2-4.

Stoughton Clinic, North Road, every Tuesday and Thursday, 2-4; ante-natal, Wednesday, 2-4.

Merrow Village Hall, alternate Monday afternoons, 2-4.

The help of the ladies who so kindly assist at these clinics is absolutely invaluable. It would be quite impossible to run these clinics without their presence. Miss Williamson transferred her secretarial duties to Stoughton from Westborough and Miss Chaldecot continued to carry on as Hon. Secretary at Arundel House.

Despite a serious illness which necessitated a long absence at the end of the year, Miss Gates continued to act as lady-in-chief and was co-opted onto the Health Committee with Miss Gross in November, it having been



pronounced by the Town Clerk impossible to have three co-opted members, so Mrs. Kinggett, whose work for the past many years has been devoted, dropped out of her place on the committee.

The work of the clinics throughout the year is set out in the table:—

### Maternity and Child Welfare Clinics, 1935.

	Arundel House.	Westborough & Stoughton.	Merrow.	Totals.
Number of Sessions ...	46	53	21	120
<b>Number on Register—</b>				
Expectant Mothers ...	4	7	—	11
Children over 1 year	178	373	21	572
Children under 1 year	241	154	12	407
Totals ...	423	534	33	990
<b>Attendances—</b>				
Expectant Mothers ...	2	18	1	21
Children over 1 year	819	1844	173	2836
Children under 1 year	1802	2340	62	4204
Totals ...	2623	4202	236	7061
Average attendance per child ...	6.19	7.94	7.12	7.08
Average attendance per session ...	57	79.28	11.19	49.15
Interviews with Doctor	1403	1866	115	3384
Average per session ...	30.5	35.2	5.04	28.2
<b>Numbers attending for first time—</b>				
Expectant Mothers ...	5	3	1	9
Children over 1 year	36	113	3	154
Children under 1 year	160	154	7	321
<b>Numbers from outside the Borough—</b>				
Children over 1 year	2	7	1	10
Children under 1 year	3	6	3	12
Attendances ...	30	65	11	106

The attendances at all the clinics will be noted to have markedly increased, the total being 1,402 more than last

year. This shows the ever increasing popularity of the clinics and the necessity for the provision at Stoughton. It will be noted that it is at this clinic that the greatest increase has taken place.

Numbers on registers have also increased, except at Merrow, where there was one less than last year. At Arundel House there were 69 more and at Stoughton-Westborough 122 more.

No less than 60 per cent. of the Guildford children born during 1935 attended these clinics. This compares with the 59 per cent. of 1934 and 1933 and is very satisfactory when it is considered that a good proportion of the mothers make their own private arrangements and do not attend clinics.

The other ladies who so kindly help at these clinics, in addition to those already mentioned, are as follows: Mrs. Cambray, Mrs. C. Smith, Mrs. Edes, Mrs. Gyatt, Mrs. F. G. Hammond, Mrs. Larkman, Mrs. Mengham, Mrs. Rosevear, Mrs. Sandland, Mrs. Thompson, Mrs. Streatfield, Mrs. Gilmore, Miss Edgeley, Miss Finnemore, Miss Dansey, Miss F. Gates, Miss Jones, Miss Porcheson, Miss Starey, Miss M. Thompson, Miss Wraith, Miss Hunt, Miss R. Hobbs, Miss E. Hobbs, Miss Lawn and Miss Venables. The Health Committee owe thanks to these and, also, to Mrs. Gilliatt and Mrs. Preston and their friends at Merrow.

Free milk was supplied to necessitous cases during 1935 as follows: 46 new cases out of a total of 62 mothers received a pint of fresh or a packet of dried milk per day for  $18\frac{1}{2}$  months, giving an average of three months per case. Of these, 23 were granted for one month, 13 for two months, 10 for three months, 4 for four months, 1 for five, 3 for six, 3 for seven and 3 for twelve months. Of these, 46 received fresh and 22 dried milk, as ordered by the Medical Officer. Fresh milk was received for 135 and dried milk for  $46\frac{1}{2}$  months. During 1935 31 new cases had fresh and 15 dried milk.



**Ante-Natal Clinic.** — This clinic was held during the whole of 1935 at the Home of the Queen's Nurses, at 2 Wellington Place, on Wednesdays from 2-4 p.m. The Council paid £1 per session to the Queen's Nurses for the use of the room, etc. This arrangement was terminated at the end of the year, and the ante-natal clinic is now held on the same day and at the same time at the new Stoughton clinic.

During 1935 Dr. Grantham saw 261 expectant mothers, who made 479 attendances. As in 1934, this gives a percentage of 49 to the total Guildford births. Post-natal examinations were continued and 54 mothers made 61 attendances, showing increased appreciation of the great benefit to be derived from the information made available by these examinations. In all, 315 mothers were seen by Dr. Grantham, making 540 attendances at 43 sessions.

The full report on the ante-natal work of the Queen's Nurses, as kindly supplied by Miss Champion, the Superintendent, is as follows: At 94 sessions, 51 of which were conducted by Miss Champion and 43 by Dr. Grantham, 319 mothers made 2,697 attendances. Miss Champion made 74 ante and 1 post-natal examinations, 1,995 urine examinations were made and such cases as were found to have albuminuria were treated by dieting in the first place and, if excessive, referred for treatment to their own doctors or to hospital. Six cases of glycosuria were cleared by dieting.

Three cases of high blood pressure were found and treated by being sent to hospital. Three cases were sent for X-ray examination, and in two twins and in the other triplets were found. Ten mothers were advised dental treatment. Fourteen other mothers were advised treatment for other conditions.

1,734 visits were paid to the homes by the Queen's Nurses for ante-natal purposes. The ante and post-natal care of Guildford mothers is thus well attended to.



**Mothers' Dental Clinic.** — Mr. Rex. Peatfield continued to hold the appointment of Dental Surgeon to this clinic until the end of July, 1935. During that time, that is from January to July inclusive, he held 16 sessions, at which 39 mothers made 98 attendances. Only 30 children under five were treated, these making 63 attendances. Twenty-four attendances were made by mothers for gas anæsthesia by Dr. O. H. Brown for extractions, and 10 dentures were supplied. Thirty-two impressions, etc., were taken and 5 fillings and 8 dressings were done at 28 consultations. The children had 23 consultations and made 15 attendances for gas.

In September, Mr. Lewis, the Borough Dental Officer, took over this work, in addition to his duties as School Dental Surgeon, at his own request. He held eight sessions between September and December inclusive, at which 39 mothers made 83 attendances, 26 attending for gas anæsthesia by Dr. H. F. Parker and three for local anæsthesia. 172 extractions were carried out under gas and four under local anæsthesia. Ten fillings were done, 13 impressions taken, and seven dentures supplied. Of children, at eight sessions 42 made 69 attendance, 36 having gas anæsthesia. 130 extractions and five fillings were done and there were 29 consultations.

Dentures are now made by a private dental mechanic to the specification of Mr. Lewis. Charges are altered to £2 10s. for a full and £1 5s. for upper or lower denture, remaining unaltered for children at 2s. 6d. for extracting and 1s. 6d. for fillings.

Mrs. Clarke kindly assists at the Mothers' Dental Clinic.

**Tuberculosis Dispensary.** — This is provided by the County Council at 49 Farnham Road, and sessions are held there at 10 a.m. on the first, third and fifth Wednesdays in each month, and at 5 p.m. on the second and fourth Wednesdays, also every Friday morning at 10 a.m.



**Venereal Diseases Clinic.** — This is held at the County Hospital on Mondays for females and Fridays for males, from 4.30 to 7 p.m. It is staffed and maintained by the County Council.

**Notification of Births.** — The number of births notified annually in Guildford continues to increase. From an annual average of 500, last year (1934) it was 601, and this year it is 670. Of these, however, 121 were non-residents who came into Guildford for confinement. 659 total births were notified, of which 330 were males and 314 females. There were 15 stillbirths. Eleven births were registered, but not notified—seven males and four females. Of the 34 illegitimate births, 18 were males and 16 females.

To Guildford residents there were 529 live births and nine stillbirths. By doctors there were 221 notifications, by midwives 409, and by both 29.

These figures are adjusted by the Registrar General by the addition of Guildford births in other districts, and his figures are as follows: 564 live and 17 stillbirths, giving a birth rate of 14.8 per 1,000 of the estimated population. The stillbirth rate for 1,000 total births is 29.2 or 0.44 per 1,000 population, as against a figure of 0.62 for the country as a whole. The number of births in institutions is higher than ever, being 277, of which 18 were in the County Hospital, 126 at Warren Road Hospital, 115 at the Queen's Nurses' Home, and 18 in private maternity homes. Thus half Guildford births are in institutions. This, of course, ensures medical and nursing attention and good healthy surroundings with freedom from worry.

At Warren Road Hospital ante-natal cases are taken, and an arrangement was completed at the latter end of the year by which puerperal fever cases could be admitted into a specially prepared ward. The arrangement that such cases were to go to Queen Charlotte's Special Hospital at Ravenscourt Park has therefore been cancelled.



**Maternal Mortality.**—Only one case of puerperal fever and four of puerperal pyrexia were notified during the year. Of these the puerperal fever and two of the pyrexia cases were admitted to hospital. There were three deaths ascribed to puerperal causes. Of these one was due to eclampsia supervening upon a nephritis. In this case, unfortunately, ante-natal care did not include adequate urine testing, hence the condition was not anticipated until too late to avert mishap. In another case death was due to coronary embolism eight days after parturition, which could hardly have been anticipated, though the patient had heart disease. The third case was due to pulmonary embolism more than three weeks after parturition, when trouble would scarcely be suspected. All these cases received ante-natal supervision throughout.

**Infant Feeding.**—Of the 529 births in Guildford to residents, 317 were breast fed and 81 were wholly bottle fed, 69 were breast and bottle fed. This gives a percentage of 59 breast fed. The table below sets out how long each infant was kept upon breast or bottle, and from this it will be seen that not many of those originally breast fed were so fed for the full nine months. However, they got their good start, and their mothers obviously tried to feed them as long as possible.

	Months.												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Breast fed infants ...	60	36	30	24	21	26	26	38	28	21	7	—	317
Bottle fed infants ...	5	5	8	6	9	13	10	12	1	6	6	—	81
Breast and bottle fed...	20	10	10	9	3	6	2	4	1	4	—	—	69

**Hospital Provision.**—The Royal Surrey County Hospital offers 184 beds (162 general and 22 private), and treated 3,007 in-patients, 2,726 general, and 281 private during 1935. 12,528 out-patients made 33,382 attendances.



The Hospital is completely equipped with all special departments, including X-ray, radio-therapy, light therapy, massage, dental, ear, throat and nose, eye, including an orthoptic clinic, and orthopædic clinic; all under specialists. 133 cases of road accident were treated as in-patients (of whom 15 died) in 1935, representing 3,302 bed-days, and 147 as out-patients. 635 general and 102 private in-patients and 4,037 out-patients were Guildford residents.

For the Warren Road Hospital of the Surrey County Council Public Assistance Committee, the Medical Superintendent, Dr. J. O. M. Rees, reports as follows: "During the year the accommodation of the Hospital—265 beds—has been fully utilised. All types of cases were admitted—medical, surgical, obstetrical, etc.—totalling 1,209. The number of maternity cases increased and was 130, 40 per cent. of which were complicated cases. The Puerperal Ward has now been opened and a number of cases of puerperal infection accepted for treatment. Greater use has been made of the Ante-Natal Clinic on Monday afternoons, and the number of attendances was 515. The number of major surgical operations was 120. Equipment and staff are constantly being added to, and plans have been finally approved for many improvements which will take place during the coming year, including a new operating theatre and X-ray and electro-medical department, the provision of balconies to the wards, new isolation wards, and the much-needed extension to Nurses' Home (all of which I have been advocating since 1930)."

Isolation Hospital provision still remains the Woodbridge Hospital of the Guildford, Godalming and Woking Joint Hospital Board, and smallpox cases are received at the Whitmoor Hospital of the same Board. Guildford Corporation is a constituent authority. The Annual Report of the Medical Officer, who is also your Medical Officer of Health, is as follows:—



## ADMISSIONS TO HOSPITAL DURING 1935.

District	Scarlet Fever	Diph- theria	Typ- hoid	Chicken- pox	Total	Proportion per 1,000 population	Deaths
Guildford R.D...	72	7	—	—	79	2.5	1 (pneumonia)
Guildford M.B...	158	37	—	2	197	5.3	3 (2 diph. 1 empyema)
Godalming M.B.	17	3	—	—	20	1.6	1 (diph.)
Woking U.D. ...	56	7	—	—	63	1.7	1 (diph.)
Hambleton R.D.	57	2	—	—	59	4.7	
Farnborough (County Hosp.)	—	1	—	—	1	—	1 (diph.)
	360	57	—	2	419	3.2	7

The number of patients treated during 1935, though not so great as that dealt with in the peak year of 1934, still remains high and well over the annual average for the past ten years. This is due to the increasing population of the area and indicates that the decision of the Board to increase the hospital accommodation was a wise one. The population of the hospital area has indeed risen from 129,405 in 1933 to 131,248 in 1934, the last year for which returns are available.

Cases treated remained fairly uniform, though for some weeks in the summer there was difficulty with a cross infection of chickenpox, which affected 38 of the scarlet fever cases. This was, as usual, due to children admitted with scarlet fever in the incubation stage of chickenpox which developed a week or two after admission, thus laying the other children in the ward open to infection. Every endeavour is made to prevent this by enquiry of the mother as to the incidence of any other infectious disease in the house, but, of course, it by no means follows that the child has got infected at home, as if an epidemic is about there are many sources from which the infection may be obtained. The two children admitted with chickenpox had been in hospital with scarlet fever and contracted chickenpox in hospital, though not developing it until after



return home. They were re-admitted at the urgent request of the doctor owing to home difficulties in treatment.

This cross-infection occasioned the usual difficulty in isolation, it being impossible to isolate a case on suspicion, and thus the checking of the spread of infection was much hindered. The new wards will obviate this difficulty.

The same isolation difficulty also arises with regard to those cases in whom diagnosis is doubtful, and though every effort is made to isolate these patients and give them a prophylactic injection of serum, this is not always successful, and the disease for which they were sent in may attack them after admission or discharge. There were 15 of these cases:—

Five from Woking.—Three sent as diphtheria, one as a scarlet, and one as a carrier of disease, all of which proved not to be so affected.

Six from Guildford Borough.—Three as scarlet and three as diphtheria, not so affected.

Two from Hambledon.—One as scarlet and one as diphtheria, found not so affected.

One from Guildford R.D., as scarlet, found not so affected.

One from Godalming, as scarlet, found not so affected.

One child sent as diphtheria from Guildford Borough was found to have scarlet fever and a throat swab positive to diphtheria though not clinically affected with the latter disease.

Of the cases sent in as diphtheria, nine were not clinically affected, but were swab positive only.

Nine patients were transferred from the wards of the County Hospital, eight with scarlet fever and one (the Farnborough resident) with virulent diphtheria, from which he died in two hours.

Eight patients were transferred from the Warren Road Hospital with scarlet fever.

There were seven deaths, six in addition to that above mentioned. Of these, four were from diphtheria, two aged three and 12 admitted on the fifth day of disease and a third of five after a week's indeterminate illness at home, died in 18 hours of laryngeal and faucial diphtheria. The fourth, a child of three, developed a late cardiac and diaphragmatic paralysis which proved fatal. The other two deaths were due to intercurrent disease. One was a boy of 15 who was admitted with pneumonia, and scarlet fever subsequently developed an empyema, which was drained, but proved fatal a week later. The last was a child of six, admitted from the County Hospital with rheumatic valvular heart disease and acute lobar pneumonia, whose nasal swab had been found to contain diphtheria bacilli. She lived eleven days.

During the year Mr. C. D. Maitland, M.B., F.R.C.S. (Eng.), was appointed Consulting Surgeon. In addition to the rib resection operation performed on the empyema case, he also carried out a successful mastoid operation on another case.

The new wards are now nearing completion, and it is hoped they will be ready for occupation about April or May. As previously stated, this will give us 81 in place of 65 beds on Ministry of Health standards. Of these, 40 will be for scarlet fever, 22 in Block D and 18 in Pavilion, 17 for diphtheria in Block B, 12 in Block C for isolation cases (consisting of one four-bedded ward, one two-bedded ward and six single-bedded wards), and 12 in Block E.

The Board have decided to demolish Block G, which will remove an unsatisfactory ugly old corrugated iron block. As soon as this ward provision is available, I hope that the Board will authorise the reception of an increased variety of infectious diseases such as are dealt with at



other isolation hospitals, viz.: in addition to the present scarlet fever, diphtheria, typhoid and cerebrospinal meningitis; poliomyelitis (infantile paralysis), encephalitis lethargica, dysentery, and last, but not least, measles or whooping cough with pneumonia or other complication for which hospital provision is needed. Block E would serve admirably for the accommodation of such cases, and when not required for this would serve for the reception of cases of scarlet fever and chickenpox or other cross infection. Block C would serve for single diseases and doubtful cases.

Thus used the Woodbridge Hospital will be taking its proper place as the institution for the reception of infectious diseases for the area. Its utility will be very markedly increased and especially will adequate isolation provision for single disease and doubtful cases be appreciated.

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

Year	Guildford R.D.	Guildford M.B.	Godalming M.B.	Woking U.D.	Hambledon R.D.	Totals
1926	30	22	10	43	28	133
1927	24	48	16	58	9	155
1928	70	132	37	34	31	304
1929	112	208	31	74	80	505
1930	35	35	11	148	18	247
1931	21	44	17	58	42	182
1932	53	61	25	23	35	197
1933	79	90	21	33	41	264
1934	113	169	27	162	37	508
1935	79	198	20	63*	59	419
	616	1,007	215	696	380	2,914

Population—

1934 - 31,583    37,000    12,520    37,520    12,625†    131,248

\* Woking left the Joint Hospital Board on 1st October, 1935.

† Population of part of Hambledon served by the Woodbridge Hospital.

Cases per 1,000 pop.—

19.5      27.2      17.2      18.6      30.1      22.2

Figures based on above populations.

**Midwifery and Maternity Services.**— The supervision of midwives was carried out as usual, the Inspector still remaining the same. Nineteen midwives notified their intention to practise during 1935. Of these, 11 were Queen's midwives, who are also under the keen supervision of their own Superintendent as well as from their London Headquarters. This ensures not only that they shall retain their efficiency, but also gives them the advantage of expert assistance from the extremely competent lady who is their Superintendent. Each obstetric case there receives careful attention. There are six private midwives. Three midwives left during the year, as, of course, the Queen's midwives are often changing.

Nurse Richards, the inspector, paid 22 visits of inspection to the private midwives, and at each of the four visits paid by her to the Queen's Home all the midwives there were inspected. Two special visits were paid to inspect new midwives.

356 midwifery cases were attended by midwives alone, and they attend 76 cases as maternity nurses. In 91 cases medical aid was summoned.

**Health Visiting.**— The increasing number of births each year naturally adds annually to the work of the Health Visitors, but that their work is conscientiously done is shown by the fact that the number of visits they are able to make also increases. In 1935, no less than 532 primary births visits were made to the homes of new-born infants, and 3,333 subsequent visits to children under one year of age. 102 first and 155 subsequent visits were paid to expectant mothers. This latter is very valuable work, as it ensures that these women receive adequate ante-natal care and really do follow the advice given them. 3,220



visits were paid by the nurses to children age 1-5 years. Sixteen visits were paid to mothers in connection with dental appointments. The fall in this number is due to the fact that special forms have now been prepared and mothers are dealt with direct, as they attend the Maternity and Child Welfare Centres, thus rendering home visits for this purpose no longer necessary. Fifty-six visits were paid to 30 cases of measles and 15 visits to seven cases of whooping cough in children under five.

In addition to the above, excellent though arduous work, the nurses as school nurses made 1,300 visits to the homes of children.

**Infant Life Protection.** — As Inspectors under the Children's Act the Health Visitors are responsible for the care and feeding of children in the hands of foster mothers who are receiving payment for these. At the beginning of the year there were 21 and at the end there were 20 persons on the register receiving 26 children for reward. None of these children died during the year and in all cases care and attention was found satisfactory. 137 visits were paid to these persons.

**Orthopædic Treatment.** — All children found to require orthopædic treatment are referred to the special department at the Royal Surrey County Hospital and there seen by the Honorary Orthopædic Surgeon. Out-patient treatment by massage or electricity, etc., is arranged, or in-patient, either at the County Hospital or the special hospital at Pyrford. Such cases are followed up as required. Very few such occur in Guildford.

**Supervision of Nursing Homes.** — The number of Guildford Nursing Homes has been increased. Two new homes were opened, and of these one was registered during 1935 and one in January, 1936, but one home was closed down.

The nursing homes at present in Guildford, with the accommodation they offer are as follows:—

Guildford District Nursing Association, 3 Wellington Place				Maternity beds	5
Redbraes, London Road				Medical and surgical beds	10
Onslow Village Nursing Home, Hedgeway				Maternity or chronic beds	3
Fairlawns, Warwick's Bench				Medical beds	5
Croft House, Epsom Road				Medical and surgical beds	7
Guildford Clinic Nursing Home, Harvey Road				Medical or surgical beds and 2 cots.	9
				Maternity beds and 1 isolation.	7
Westfield Maternity Home, Epsom Road				Maternity beds	7

Thus, there are seven nursing homes, offering 53 beds in all. Of these, 22 are for maternity cases only, 5 for medical cases only and 24 for medical or surgical cases.

All these homes have been inspected and found satisfactory, offering good accommodation, adequate nursing and up-to-date provision for operative work.

The increased nursing home provision for maternity cases has been long required since the County Hospital discontinued the reception of these cases.

### Sanitary Circumstances of the Area.

**Water.**—The water supply of Guildford continues to be exceedingly pure and abundant. No trouble is ever experienced, unless it is associated with the hardness. But hardness has never been known to cause illness or disability



of any kind, and the only real difficulties associated with it are due to furring of pipes, kettles and boilers and the consumption of an added quantity of soap.

Quarterly sampling, and bacteriological and chemical analyses of the water have shown it to be consistently of the highest degree of purity and eminently suitable for drinking and domestic use. Summarised results of analyses are as follows:—

Bacteriological: *Bacillus Coli* was absent in all samples, indicating complete freedom from any suspicion of manurial pollution. The bacterial count per cubic centimetre of water was as follows, on agar medium.

Dapdune Wells, 1 day's incubation:	0, 0, 0, 1;
3 days' incubation:	4, 40, 6, 6.
Millmead Borehole, 1 day's incubation:	2, 2, 0, 0,
3 days' incubation:	8, 180, 16, 5.
Joseph's Road Borehole, 1 day's incubation:	1, 1, 0, 1.
3 days' incubation:	1, 30, 120, 2.
Private House Tap, 1 day's incubation:	0, 1, 0, 2, 0, 1, 4, 2.
3 days' incubation:	29, 3, 38, 169, 9, 29, 16, 2.

Chemical Analysis. — Results in parts per 100,000 from the four samples taken from domestic supplies at the house taps are as follows:—

Appearance: All clear and bright.

Colour: Normal.

Odour: None.

Reaction, pH.: Neutral, 7.5, 7.2, 7.4, 7.4.

Electrical Conductivity at 20° C: 465, 510, 430, 505.

Total Solids at 180° C: 31.0, 34.0, 28.0, 33.5.

Chlorine in Chlorides: 1.8, 1.9, 1.8, 1.9.

Nitrogen in Nitrates: 0.48, 0.48, 0.28, 0.52.

Nitrates: Absent.

Hardness: Permanent— 6.5, 7.0, 4.5, 5.0.

Temporary—17.5, 19.0, 16.5, 19.0.

Total—24.0, 26.0, 21.0, 24.0.

Metals : Absent.

Free Ammonia : 0.0016, 0.0040, 0.0000, 0.0000.

Albuminoid Ammonia : 0.0004, 0.0006, 0.0004, 0.0000.

Oxygen absorbed in four hours at 80° F : 0.0050,  
0.0200, 0.0100, 0.0050.

Samples taken from the Open-Air Swimming Pool indicate that at times, when large numbers of bathers are using the water, special care must be taken that all filters are working satisfactorily and that the water is passed through them sufficiently often. Bacteriologically, owing to the excessive amount of chlorine used, the water is always pure, but chemically it does at times of stress show the effect of contamination by bathers. There is, at such times, an excessive amount of organic matter in solution and free and albuminoid ammonia figures are increased. There was difficulty with some of the filters during the season, and to this can be ascribed certain unsatisfactory samples. If the filtration, aeration and chlorination plant is used wisely and functions satisfactorily the swimming pool water should remain perfectly pure and innocuous. This means the constant supervision of the Bath's Superintendent.

7,683 yards of new water mains, costing £4,481, were laid during the year.

**Drainage and Sewerage.** — The work of seweraging was energetically persisted with and rapid strides were made towards the sewerage of all houses in the Borough. Sewers were laid in Bryanstone and Belmont Avenues during the year, and the drainage of the whole of the 43 houses on the line of the sewers were connected up. The remaining houses in Worplesdon Road were also connected during the year. The connecting of the drainage of the houses in the Warwick's Bench area to the public sewers is still proceeding.



Soil sewers totalling a length of 195 yards and costing £227 were constructed during 1935, and estate sewers totalling 2,802 yards in length were laid.

**Closet Accommodation.** — Of the 423 houses in Worplesdon who were on cesspools at the end of 1934, 48 were connected to the sewer during 1935; this left at the end of the year still 375 houses, all except a dozen, which have pail closets, having cesspools. At Merrow and Burpham, of the 200 houses on cesspools and the 130 on pail closets, 14 cesspools were abolished, leaving 186 cesspools and 130 pail closets. Of the 43 Shalford houses on cesspools, 25 were converted, leaving 18 still to deal with. The three Send and 13 Artington on pails and the 37 St. Martha's on cesspools remain unaltered. This leaves 604 houses with cesspools and 158 with pail closets at the end of the year, to serve which no sewer is yet available, only 12 whose sewerage is now possible have not yet been connected.

## SANITARY INSPECTOR'S REPORT.

### To the Mayor and Corporation of the Borough of Guildford.

HEALTH DEPARTMENT,  
MUNICIPAL OFFICES,  
GUILDFORD.

GENTLEMEN,

I have the honour to present to you my Eighteenth Annual Report for the year 1935, showing a summary of the work carried out in accordance with the requirements of the Ministry of Health and the Home Office and the various Statutes and Byelaws relating to Public Health within the Borough.

The Report is drawn up in tabulated form, as in previous years, giving full particulars of the inspections made, notices served and the action taken.

Another change in staff took place during the year, Mr. E. A. Smith, the assistant sanitary inspector, being succeeded by Mr. W. S. Gregory.

It is gratifying to note that it was not necessary to institute legal proceedings during the year.

### SUMMARY OF ROUTINE AND OTHER SANITARY WORK CARRIED OUT.

Ordinary inspections (including complaints,				
infectious diseases, etc) ...	...	...	...	887
House to house inspection ...	...	...	...	185
Inspection of work in progress ...	...	...	...	212
Appointments and advisory visits ...	...	...	...	142
Houses and premises re-inspected ...	...	...	...	1,228



Inspections of Slaughterhouses	...	...	...	1,197
" Foodshops	...	...	...	956
" Cowsheds, Dairies and Milkshops	...	...	...	120
" Bakehouses	...	...	...	22
" Common Lodging Houses	...	...	...	20
" Workshops	...	...	...	96
" Outworkers' Premises	...	...	...	13
" Factories	...	...	...	33
" Stables	...	...	...	9
" Markets	...	...	...	95
" Offensive Trades	...	...	...	36
" Rat-infested Premises	...	...	...	59
" Places of Amusement	...	...	...	5
" Urinals	...	...	...	19
" Carriers' Vans, Stalls and others	...	...	...	911
" Caravans	...	...	...	1
" Canal Boats	...	...	...	2
Smoke Observations	...	...	...	2
River Pollution Investigations	...	...	...	6
Total Number of Inspections				6,256

## COMPLAINTS.

Animals kept as to be a Nuisance	...	...	...	5
Accumulations of refuse, manure, etc.	...	...	...	15
Drains out of repair or stopped	...	...	...	29
Dirty condition of houses	...	...	...	3
Damp conditions, defective roofs, gutters, etc.	...	...	...	21
Dilapidation in houses	...	...	...	46
Smoke Nuisances	...	...	...	5
Overcrowding	...	...	...	15
Rat-infested premises	...	...	...	21
Water Closets out of repair, etc.	...	...	...	15
Dustbins defective or insufficient	...	...	...	8
Verminous rooms or premises	...	...	...	34
Other complaints	...	...	...	66
Total				283

## NOTICES SERVED.

Statutory Notices served :—

(a) Under the Public Health Act, 1875, Section 94, to abate nuisances ... ..	6
(b) Under the Housing Act, 1930, Section 17, to make houses reasonably fit ... ..	3
(c) Under the Housing Act, 1930, Section 19, question of Demolition of Insanitary Houses	4
(d) Under the Guildford Corporation Act, Section 100, to unstop drains ... ..	11
(e) Under the Guildford Corporation Act, Section 101, Repair of drains ... ..	9
Total ... ..	<hr/> 33

Informal Notices served ... ..	640
Letters written in reference to notices ... ..	142
Letters regarding miscellaneous matters ... ..	232

## RESULT OF THE SERVICE OF NOTICES.

Statutory notices complied with ... ..	23
Informal notices complied with (including verbal notices) ... ..	576

Of this number, 176 notices were served before 31st December, 1934. The remaining outstanding notices are being dealt with.

In three cases where the owners failed to comply with notices served under Section 23 of the Public Health Act, 1875, to connect the drains of their premises to the new public sewers, the Corporation carried out the work at the cost of the owners.

Through the non-compliance with notices under Section 101 of the Guildford Corporation Act, 1926, the drains of four premises were cleared by the Corporation and the expenses recovered from the owners.



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

### Drainage.

Defective drains repaired ... ..	3
Stopped drains cleared (soil) ... ..	26
Stopped drains cleared (surface water) ... ..	9
New ventilating shafts and soil pipes provided or reconstructed ... ..	26
Manhole and inspection chambers provided ...	68
Manhole and inspection chamber covers provided	70
Drains tested with smoke ... ..	15
Drains tested chemically ... ..	4
Drains tested with water ... ..	147
Stoneware gullies provided ... ..	34
Iron drains laid, 4in. ... .. feet	99
Stoneware drains laid, 6in. ... .. feet	439
"        "        "    4in. ... .. feet	4,654
"        "        "    3in. ... .. feet	7
Fresh air inlets provided or repaired ... ..	4
Cesspools made watertight ... ..	11
Cesspools abolished ... ..	82
Cesspools provided ... ..	3
Premises connected to public sewer ... ..	81
Pail closets abolished ... ..	1

### Water Closets

Additional water closets provided ... ..	14
New pans provided ... ..	48
Water closets unstopped, cleansed or repaired ...	16
New flushing cisterns provided or repaired ...	21
New seats provided ... ..	25
Wooden enclosures removed ... ..	35

### Sanitary Fittings, Sinks, Baths, etc.

New glazed sinks provided ... ..	29
Waste pipes repaired, trapped or unstopped ...	13

Urinals cleaned or repaired ... ..	5
Sink channels provided or repaired ... ..	21
Strainers provided to sink gullies ... ..	1
Lavatory basins provided ... ..	3

### **Dilapidations.**

House roofs repaired ... ..	73
Eaves, gutters, rainwater pipes, etc., repaired ...	41
Defective ceilings repaired or renewed ... ..	59
Defective internal walls repaired ... ..	47
Defective floors repaired or renewed ... ..	61
Defective windows repaired or renewed ... ..	39
Stoves or coppers renewed or repaired ... ..	81
Doors repaired or renewed ... ..	14
Rooms cleansed, re-distempered or re-papered ...	424
Yards paving repaired ... ..	28
Sashcords renewed ... ..	65
External walls repaired ... ..	10
Stairs repaired ... ..	6
Other repairs ... ..	24

### **House Refuse.**

Brick ashpits abolished ... ..	5
New dustbins provided ... ..	126

### **Dampness of Walls.**

External walls rendered with cement ... ..	10
External walls coated with solution outside ...	2
Internal walls rendered with waterproof cement	77
Cement plinths provided at base of external wall	6
Repairs carried out to eaves gutters, window sills, etc. (including 41 under dilapidations) ...	47
Walls pointed ... ..	17
Damp-proof courses provided ... ..	1
Window sills repaired ... ..	6
Miscellaneous remedies ... ..	17



**Miscellaneous.**

Ventilation under floors provided ... ..	9
Permanent means of ventilation provided to rooms	34
Permanent means of light provided to rooms ...	28
Nuisances from overcrowding abated ... ..	12
Accumulations of refuse, manure, etc., removed ...	14
Handrails provided ... ..	28
Verminous rooms cleansed ... ..	114
Rat-infested premises cleared ... ..	25
Water supplies provided or repaired ... ..	2
Number of rooms disinfected ... ..	247
Enquiries into infectious disease ... ..	160
Dairies limewashed ... ..	4
Cowsheds limewashed ... ..	7
Slaughterhouses limewashed ... ..	27
Foodshops limewashed ... ..	2
Bakehouses limewashed ... ..	5
Light and ventilation provided to cowsheds ...	5
Drainage and paving provided to cowsheds ...	3
Water supply provided to cowsheds ... ..	1
Water samples taken ... ..	23
Nuisances from animals abated ... ..	5
Other defects remedied ... ..	30

**SMOKE ABATEMENT.**

The few factory chimneys in the town were, from casual observation, practically free from dense smoke during the year. It was therefore only necessary to make two detailed inspections. Five complaints of nuisances from smoke were received during the year, but these were of a domestic nature and did not come within the provisions of the Act.

**COMMON LODGING HOUSES.**

There are two registered common lodging houses, the same as last year, accommodating 82 lodgers. A new

Keeper was registered at one of the houses and alterations were carried out which resulted in accommodation being provided for two more lodgers.

A new Deputy Keeper was registered at the other house.

Twenty inspections were made and, apart from minor infringements, the byelaws were, on the whole, well observed.

In addition to these Registered Houses, there are three other premises which do not appear to come within the legal definition of a Common Lodging House, though, from the point of view of supervision, they are dealt with as such.

No case of infectious disease amongst the lodgers was reported during the year.

### SLAUGHTERHOUSES.

There are eight slaughterhouses in the Borough—six being registered and two subject to annual licence. This is one less than last year.

The closed slaughterhouse had been little used for some time past and was recently sold. The new owner has converted the building for use for another purpose.

Although the number of slaughterhouses has decreased, the number of animals killed in the district has increased.

In all, 1,197 visits were paid to slaughterhouses for the inspection of meat. Attention is also given to see that the Byelaws and Meat Regulations are being complied with.

The provisions of the Slaughter of Animals Act, 1933, have been well observed.

No fresh licences were issued to persons engaged in slaughtering.



## OFFENSIVE TRADES.

Permission was granted for the establishment of a new fried fish business near one of the Council Housing Estates. Two other applications were received; one was not granted and the other withdrawn. The trade of fish frying takes place at 10 premises.

The trade of rag and bone dealer is carried on at one place, and the remaining seven offensive trades are carried on at the By-Products Factory, Walnut Tree Close.

Thirty-six visits of inspection were made to offensive trade premises and, on the whole, the byelaws are well observed.

No complaints of offensive smells were received during the year.

## SHOPS ACT, 1934.

The work of inspection under this Act was commenced during the year. One certificate of exemption was granted as regards sanitary accommodation owing to restricted space in a shop situated in an arcade. Other sanitary accommodation was, however, conveniently available nearby. Sanitary accommodation was also provided at two other shops where none previously existed.

The Council recently transferred the duties respecting ventilation, temperature, sanitary conveniences, lighting, washing facilities and facilities for taking meals to the Shops Act Inspector, who is to report to the Sanitary Inspector any matters requiring detailed examination and attention.

## SEWERAGE.

Sewers were laid in Bryanstone and Belmont Avenues during the year and the drainage of the whole of the 43 houses on the line of the sewers were connected up.

The connecting of the drainage of the houses in the Warwicks Bench area to the public sewers is still proceeding.

### MOSQUITOES.

In addition to the receipt of a petition to the Council, several complaints were received of the infestation of premises by mosquitoes, particularly in the Abbotswood district. A limited number of inspections were made of potential breeding places in the locality, such as ditches, ponds, rainwater butts, etc., but in only one instance were the larvæ of mosquitoes discovered in the stagnant water of a copse; this water was treated with larvicide. Other potential breeding places were treated by oiling the surface of the water.

The matter was the subject of a report by the Medical Officer of Health and Chief Sanitary Inspector to the Health Committee, who recommended to the Borough Council that a circular letter be addressed, in the early part of the year, to occupiers of premises where mosquitoes are found or are likely to be found in large numbers, suggesting the steps which they should take to prevent the nuisance.

### HOUSE-TO-HOUSE INSPECTION.

During the year 185 inspections were made under the Housing (Consolidated) Regulations, 1925, in the following roads:—

						Houses.
Leapale Lane	...	...	...	...	...	5
Queen's Road	...	...	...	...	...	31
Quarry Street	...	...	...	...	...	29
Bury Fields	...	...	...	...	...	28
Mount Street	...	...	...	...	...	20
Farnham Road	...	...	...	...	...	19
Chertsey Street	...	...	...	...	...	15
Park Street	...	...	...	...	...	4
Onslow Road	...	...	...	...	...	7
Worplesdon Road	...	...	...	...	...	5
King's Road	...	...	...	...	...	5
Miscellaneous	...	...	...	...	...	7

The statistics for the year on Housing are continued in the Medical Officer of Health's Report.



## Report on the Administration of the Factory and Workshops Act, 1901, in connection with Workshops and Workplaces.

### 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Premises,	Inspec- tions.	Written Notices.	Prosecu- tions.
Factories (including Factory Laundries) ... ..	33	1	Nil
Workshops (including Work- shop Laundries) ...	96	2	Nil
Workplaces (other than Out- workers' Premises) ...	20	2	Nil
	149	5	Nil

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

Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	Prosecu- tions.
Nuisances under Public Health Acts—				
Want of Cleanliness ...	5	30	Nil	Nil
Want of Ventilation ...	Nil	Nil	Nil	Nil
Overcrowding ... ..	Nil	Nil	Nil	Nil
Want of drainage of floors ... ..	Nil	Nil	Nil	Nil
Other Nuisances ...	Nil	1	Nil	Nil
Sanitary Accommodation—				
Insufficient ... ..	Nil	Nil	Nil	Nil
Unsuitable or Defective	5	14	Nil	Nil
Not separate for sexes ...	Nil	Nil	Nil	Nil

Particulars.	Found.	Remedied.	Referred to H. M. Inspector.	Prosecu- tions.
Offences under the Factory and Workshops Act—				
Illegal occupation of underground Bake- house (Sec. 101) ...	Nil	Nil	Nil	Nil
Other Offences ...	Nil	1	Nil	Nil
	—	—	—	—
TOTAL ...	10	46	Nil	Nil
	—	—	—	—

## Inspection and Supervision of Food.

### MILK.

There are 54 dairies, cowsheds and milkshops in the District; 17 of these are shops from which milk is only sold in sealed bottles and are not dairies, the registration being of the persons carrying on the businesses. In addition, there are 18 purveyors of milk whose premises are outside the District, but who are registered for retailing milk in Guildford.

Thirteen applications for registration were received during the year, and granted. Of these, seven were change of occupiers, three for the occupation of new premises, and three for retailers living outside the district.

During the year a large modern dairy was built to replace premises found to be insufficient to meet increased trade.

One hundred and twenty visits were made to dairy premises to ascertain whether the provisions of the Milk and Dairies Order, 1926, were observed, and samples of milk were taken for bacteriological examination for the detection of dirt and disease. For this purpose, 79 samples of milk were taken, three of which were examined for tubercle bacilli only.



One sample was found to contain tubercle bacilli. This was reported to the County Veterinary Authorities, and two cows were discovered affected with tuberculosis, which were slaughtered under the Tuberculosis Order, 1925.

One other sample contained traces of pus and was reported to the County Authorities, who took the requisite action.

The following is a classification of 76 of the samples regarding bacterial count.

	Number of samples.		
	Winter (Oct. to March).	Summer (April to Sept.)	Total.
Bacteria not exceeding 5,000 per c.c.	5	3	8
Bacteria exceeding 5,000, but less than 10,000 ... ..	14	7	21
Bacteria exceeding 10,000, but less than 30,000 ... ..	14	12	26
Bacteria exceeding 30,000, but less than 50,000 ... ..	5	4	9
Bacteria exceeding 50,000, but less than 200,000 ... ..	7	5	12
Bacteria exceeding 200,000 ...	0	0	0
	—	—	—
	45	31	76
	—	—	—
Bacillus Coli—			
Not present ... ..	33	20	53
Positive in 1/10th ... ..	10	7	17
„ „ 1/100th ... ..	0	3	3
„ „ 1/1000th ... ..	2	1	3
	—	—	—
	45	31	76
	—	—	—

From these results it will be seen that the milk sold in the district is of a very high standard of cleanliness. Compared with the standard set up for graded milk under

the Milk (Special Designations) Order, 1923, 43 samples of milk came up to "Certified" standard, 26 samples to "Grade A" standard (excluding the number of samples up to the standard required for "Certified" milk), and seven samples were below either of these.

### GRADED MILKS.

Licences were granted by the Council under the Milk (Special Designations) Order, 1923, as follows:—

Dealers' Licences, "Certified" Milk	...	...	7
" " "Grade A (T.T.)" Milk	...	...	3
" " "Grade A" Milk	...	...	7
" " "Pasteurised" Milk	...	...	1
Licence for Bottling "Grade A (T.T.)" Milk	...	...	1
" " " "Grade A" Milk	...	...	1
" " Pasteurising Milk	...	...	1

One sample of "Grade A" and one of "Pasteurised" milk were taken for bacteriological examination, and both came up to the prescribed standard

### MEAT AND FOOD INSPECTION.

For the purpose of ensuring that, as far as practicable, all animals slaughtered in the Borough are inspected, routine visits of inspection are made at the times of regular slaughter, and many additional visits are made for the further examination of carcasses where any abnormalities are discovered. It has not been necessary to make any formal seizure or resort to legal proceedings with regard to diseased meat. The butchers are usually ready to accept the judgment of the inspector and voluntarily surrender the meat in question.



The following table shows the number of animal carcasses inspected at the private slaughterhouses during the year, together with the number affected with tuberculosis.

	Number examined.	Found with Tuberculosis.	Percentage.
Beasts ...	2,236	95	4.24
Pigs ...	4,957	103	2.07
Sheep ...	7,605	0	0.00
Calves ...	764	1	0.13
	<hr/> 15,562 <hr/>	<hr/> 199 <hr/>	<hr/> 1.28 <hr/>

The following is a list of diseased and unsound meat, etc., condemned as unfit for human consumption :—

1 Bovine Carcase ... ..	Generalised Tuberculosis
7 Pigs' Carcases ... ..	" "
1 Pig's Carcase ... ..	Oedema
4 Pigs' Carcases ... ..	Septicæmia
52 Bovine Heads and Tongues...	Localised Tuberculosis
76 Pigs' Heads and Tongues ...	" "
Beef—	
2 Tins Corned Beef ... ..	Unsound
15 lbs. Liver... ..	"
3 Pieces ... ..	Bone Taint
4 Pieces ... ..	Bruised
1 Top Piece... ..	Calloused
2 Briskets ... ..	Tuberculosis
4 Forequarters and Flanks ...	"
11 Pieces ... ..	Unsound
6½ lbs. Tongue ... ..	"
Pork—	
2 Legs ... ..	Injury
1 Leg ... ..	Unsound
Loins and Belly Piece ... ..	Peritonitis
6 Pieces Bacon ... ..	Unsound
One Box Fore Ends and Back Bacon ... ..	"
Mutton—	
2 Flanks ... ..	Injury

## Fish—

16 Boxes Fillets ... ..	Unsound
9½ lbs. Dover Slips ... ..	„
6 Tins Prawns ... ..	„
24½ doz. Pairs Kippers ... ..	„

## Vegetables—

Quantity of Cauliflower ... ..	„
4½ Tins of Beans ... ..	„

## Fruit—

4 Boxes Pears ... ..	„
10 Tins Pears ... ..	„

535 livers, lungs, and other internal organs of animals which were, on examination, found to be diseased or unsound were surrendered and destroyed.

The total weight of the food destroyed during the year was 3 tons 16 cwts. 59 lbs.

Meat and other food condemned as unfit for food is destroyed at the local By-Products Factory or the Refuse Destructor. The butcher surrendering the meat receives payment for the waste products, 63 Certificates were issued to butchers, fishmongers, etc., at their request, certifying that certain meat, etc., had been inspected and found to be unfit for food and destroyed.

Carriers' Vans and other vehicles conveying meat are kept under observation in regard to the sufficiency of wrapping and cleanliness.

The following table shows the number of inspections and action taken :—

				Remedied.	
Total number of inspections of Shops, Stores,					
Stalls, Vans and other Vehicles ... ..				911	
Infringements at Shops ... ..	...	...	...	1	1
Infringements at Slaughterhouses ... ..	...	...	...	6	6
Infringements at Stores or Stalls ... ..	...	...	...	1	1
Infringements of Vans ... ..	...	...	...	3	3



## RATS AND MICE (DESTRUCTION) ACT, 1919.

National Rat Week was held from the 4th to the 9th of November.

The usual propaganda work was carried out in the Borough during that week, *viz.*, the showing of lantern slides at the cinemas, circular letters to the various traders, etc., and notices in the local Press.

A rat-catcher was employed by the Corporation for this week to deal with infested premises under their control. He was also the means of finding out other places of infestation.

Fifty-nine visits were made to rat-infested premises and advice was given on the measures necessary for the extermination of the pest.

## RAG FLOCK ACTS, 1911 AND 1928.

Any rag flock used in the district for repair work is bought with a guarantee that it complies with the Acts.

It was not necessary, therefore, to take any samples.

I am, Gentlemen,

Your obedient Servant,

F. G. ENGLAND, M.R.SAN.I.,  
*Chief Sanitary Inspector.*

## Housing.

### 1.—Inspection of Dwelling Houses during the year.

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ... ..	373
(b) Number of inspections made for the purpose	379
2. (a) Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 ... ..	185
(b) Number of inspections made for the purpose	185
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	3
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	339

### 2.—Remedy of Defects during the year Without the Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers ... ..	239
--	-----

### 3.—Action under Statutory Powers during the year.

#### A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

1. Number of dwelling houses in respect of which Notices were served requiring repairs ...	2
2. Number of dwelling houses which were rendered fit after service of formal Notices :—	
(a) By Owners ... ..	1
(b) By Local Authority in default of Owners	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 after service of formal Notices :                |     |
| (a) By Owners ... ..   | 1   |
| (b) By Local Authority in default of Owners  | Nil |

## C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930:—

- |   |     |
|---|-----|
| 1. Number of dwelling houses in respect of which Demolition Orders were made ... .. | Nil |
| 2. Number of dwelling houses demolished in pursuance of Demolition Orders ... ..    | Nil |

## D.—Proceedings under Section 20 of the Housing Act, 1930:—

- |   |     |
|---|-----|
| 1. Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..  | 1   |
| 2. Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... .. | Nil |

**Inspection and Supervision of Food.**

(a) **Milk Supply.** — The classification of the results of bacteriological analysis of the samples of milk taken during the year shows a very high standard of cleanliness. Twenty-nine samples had a count of under 10,000 bacteria per cubic centimetre, and 43 samples revealed a milk equal to the highest standard of milk obtainable, namely "Certified." In no sample of milk was tubercular infection found. These results show conclusively that it is quite possible to obtain a pure clean raw milk simply by attention to detail.

All farms were inspected by the Medical Officer of Health during the year and the necessary steps were taken by the farmers or owners to correct any defect which was discovered.

(b) **Meat and Other Foods.**—Very little meat passes into the shops which has not previously been found fit for food by the Sanitary Inspector. Owing to the scattered nature of the slaughterhouses of the town it is impossible to inspect 100 per cent. of meat killed. That is only possible in a central abattoir with fixed hours of slaughter. I do not think, however, that the people of Guildford need be at all nervous as to the satisfactory nature of the meat they eat.

(c) **Adulteration.**—The report of Mr. H. Holroyd, the Inspector under the Sale of Food and Drugs Acts, is as follows:—

122 samples were taken during the year. All these were found genuine on analysis with the exception of four samples of milk. Of these, two were found slightly deficient in milk solids other than fat and two were deficient in fat. No action was taken in any of the cases.

Number of samples taken of each article was as follows:—

Milk, 41 (8 informal); butter, 3 (1 informal); baking powder, 2; cocoa, 2; coffee and chicory, 3 (2 informal); coffee, 2; cod liver oil, 3; cream (informal), 2; ground almonds, 3; icing sugar, 3; margarine, 2 (1 informal); olive oil, 3; pork sausages, 2; rice, 2; raspberry jam, 2; sterilised milk, 2; strawberry jam, 5; tea, 4 (2 informal); tinned tomatoes (informal), 3; white pepper, 2. One each of butter cream toffee, brown bread, brandy, Clotabs, cream sandwich, crab and lobster paste, fig coffee, ham and tongue paste, Lincoln chocolate, Lardeen, milk chocolate, Peach Pascals, strawberry jelly cream, vegetable soup, whisky, Yerba Matte Tea (all informal).



Also apricot jam, brawn, beef suet, beef sausages, blackcurrant jam, corn beef, Cheddar cheese, luncheon sausage, liver faggots, nut brown ale, oatmeal stout, prawns, pale ale, ruby wine, self-raising flour (all formal).

These samples were analysed by Mr. Edward Hinks, B.Sc., F.I.C., of 16 Southwark Street, London, S.E.1., the Borough Analyst.

### **Prevalence of, and Control Over, Infectious and Other Diseases.**

During 1935 the incidence of infectious disease remained very similar to that of the previous year. There were a few more cases of scarlet fever and diphtheria, but fewer cases of pneumonia.

Hospital accommodation is almost invariably demanded for scarlet fever and diphtheria for the simple reason that the average Guildford family is fairly large, and home isolation is therefore very difficult. There is the problem of what to do with the other children who cannot, of course, be permitted to attend school while the patient is at home. On the other hand, speaking of the majority of cases of scarlet fever, the illness is not severe and, in fact, sufferers are no worse than cases of measles and often not so ill. If then cases of measles are nursed at home, why not scarlet fever? It is time that for complicated cases of measles hospital provision should undoubtedly be made and so for complicated cases of scarlet fever, but the straightforward mild average case really does not require it.

Another point of very considerable importance is the fact that it has now been proved that several types of scarlet fever exist and a second attack of scarlet fever while the patient is in hospital is by no means the rare occurrence which some imagine it to be. Again, even if the immunity afforded by one attack of scarlet fever is

sufficient to protect the patient from attack by another strain of the same infection, that second infection may linger in the discharged patient's nose and throat, only awaiting the onset of an acute coryza or other catarrhal condition to escape and prove infective to another member of the family after the return home from hospital of the patient. A recent research of the Ministry of Health has disclosed the remarkable fact that no less than 55% of all cases sent home from fever hospitals harbour infection.

This should be a very strong point in favour of the home isolation of as many cases of mild scarlet fever as possible. It emphasises the fact that it is utterly impossible, despite the most scrupulous care, to avoid the occurrence of return cases, or children infected within a fortnight of the return from hospital of a previous case.

**Scarlet Fever.**—There were 168 cases, obviously a continuation of the infection of the previous year, as the monthly incidence showed. Monthly notifications were as follows: 22, 34, 25, 5, 16, 6, 13, 13, 9, 4, 9 and 13.

Infection was, as usual, most prevalent in the 5 to 10 age group, 74 cases falling into this group. Fifty-seven cases in children under five is rather more than usual, but it indicated for the most part infection of a younger member of a family in which a school child was already a sufferer.

As in 1934, infection was scattered throughout the elementary schools, only a few cases being affected at each, though one, Westborough School, certainly had the largest proportion of cases (28), due to its being an infants' and mixed school, situated in an area thickly populated with young children. A noteworthy fact is that once those infected by first cases at a school had fallen, there was no further spread of infection, this proving the value of the method adopted of daily inspection of class mates of those infected during the incubation period of the disease, so



that those secondary cases are discovered immediately at the onset of disease and eliminated forthwith.

There is no doubt whatever that the spread of scarlet fever is due not only to carriers, but also to children sent to school with a sore throat when such is the preliminary symptom of the disease. No child should ever be sent to school with a sore throat, both for its own sake and that of the other children.

There were also the usual number of missed cases, in whom the rash is transient or absent and which always cause infection of others.

Though, as usual, most of the cases were mild, there were far more who developed complications, especially in the autumn and winter months of the year. Acute nephritis, which one had come to regard as having only a 2% or 3% incidence, attacked quite a number of children, there being as many as six or eight at the same time. Otitis media was even more common, and though only in one child did an acute mastoid infection develop, yet in many cases otorrhœa took a very long time to clear up. Ear swabs still revealed the presence of hæmolytic streptococci after the lapse of two, three, and even four months. Persistent rhinorrhœa was also a source of trouble, and this discharge also was found to be infected after longer periods. What tended above all else to retard convalescence was the very inclement weather experienced from September onwards. Constant rain and dull days prevented convalescent children getting out, and absence of sunlight, as it always does, prevented the little invalids regaining that health and strength they needed so badly.

Antitoxin for complications of scarlet fever is useless as the infection is almost invariably a mixed one.

Fortunately, the disease caused no deaths, the only one with which the disease was associated being due to empyema following upon a pneumonia with which the young adult was admitted to hospital.



**Diphtheria.** — Thirty-one cases of this disease were notified. The first case of the year (in January) was a small child of three who was sent into the Isolation Hospital in a dying condition. In March there were three unconnected sporadic cases, two seriously ill. In April a child under treatment at the County Hospital was found to have diphtheria bacilli in a nasal swab, but was not clinically affected. In June three cases were notified. Of these, a child of two had a slightly sore throat and the sister and a boy of seven had nasal diphtheria, none being clinically ill. In July a maid at the Isolation Hospital had a mild attack and a small boy had a very severe one, his life only being saved by energetic treatment. The next cases were nine in October in three households. In the first home only one was a clinical case and four were found not to be infected after admission to Hospital. In the second there was one clinical case and one nasal carrier. In the third there was one clinical case, which was only discovered by the vigilance of the School Nurse, who heard that the child had a sore throat; visited the house, swabbed the child and found the infection. This prompt action alone saved the child's life, as the infection was a virulent one. In November there were two cases, one of whom was connected with the last case, and the other, though the throat swab was positive, did not have clinical diphtheria, but had scarlet fever. In December ten cases were notified. Of these, however, three brothers and a sister were not clinically affected. The others were two sisters, one of whom had had the disease in 1934, two brothers and three only children, one of whom unfortunately died 18 hours after admission to Hospital. These were all infected by the three carriers first mentioned.

It will thus be seen that there were only 17 clinical cases of faucial diphtheria throughout the year.

In February the Council authorised the offer of immunisation to those children whose parents asked for it,



but up to the end of the year only eight children had been brought. This, of course, was entirely due to the fact that there has been very little diphtheria in the town for several years and parents were therefore not afraid of it. This freedom from the disease made any form of propaganda useless, but subsequent events have shown that in the presence of real danger parents are not slow to avail themselves of the protection afforded by this simple and most valuable therapeutic measure. Alum precipitated toxoid has been used in all cases, given intramuscularly into the buttock to facilitate its absorption and practically no inconvenience of any kind is caused except a transient disinclination to sit down on the day after injection. When occasion demands, I have no doubt that parents will make use of this provision.

**Pneumonia.** — There were only 13 notifications of this disease, of which four were treated in hospital, one was a military case.

Of the 19 local deaths in which pneumonia appeared on the death certificate, only one had been previously notified, but in several cases pneumonia was only a contributory cause of death and in 12 deaths the disease was a bronchopneumonia, which is not notifiable unless due to influenza. This leaves six cases which should have been notified.

**Erysipelas.** — Seven notifications were received; two cases were treated in hospital and no death was ascribed to this disease.

**Cerebrospinal Meningitis.** — Only one notification was received, being a non-resident under treatment at the County Hospital.

**Enteric.** — One notification of this disease was received. The patient moved to Kensington, where the diagnosis was not confirmed.

**Dysentery.** — Three cases were notified from the Warren Road Hospital, two being permanent adult inmates infected by cases admitted from another district, and the other the result of a recurrence of infection acquired on army service.

**Puerperal Fever and Pyrexia.** — One case of puerperal fever and four of pyrexia were notified. Of these, three were treated in hospital and two in nursing homes. One of the pyrexia patients was a non-resident. All recovered.

Col. E. L. Moss, C.M.G., of Farnborough, ceased to be the consultant for these cases when accommodation for them became available at the Warren Road Hospital, and Mr. H. B. Butler, F.R.C.S.E., of "Belmont House," Albury Road, Guildford, the County Consultant, who attends these cases in a consultative capacity when in hospital, became the Borough Consultant. He will therefore be available to assist any practitioner in doubt as to home or other treatment of such cases and will visit the patients in their homes. Thus the cases will be under the care of the same consultant from the original call to the nurse throughout hospital treatment.

**Acute Anterior Poliomyelitis.** — Two notifications of this disease were received, one from the County Hospital, a non-resident, and the other a boy seen and diagnosed by me at the school clinic. He was sent to the County Hospital and there treated during the acute stage. He has now been admitted to the special orthopædic hospital at Pyrford and expenses paid by the Education Committee.

**Tuberculosis.** — Twenty-three cases of pulmonary and seven of non-pulmonary tuberculosis were notified for the first time in 1935.

Two pulmonary cases were subsequently removed from the register as not tuberculous.



Of the 12 deaths from tuberculosis, all were pulmonary cases which had been previously notified. This is the most satisfactory state of affairs for many years, for, as a rule, there are several cases annually which have not been brought to light prior to the notification of death. It shows that there is a greater appreciation of the benefits of treatment and is altogether a more hopeful outlook.

Numbers of notifications have also fallen and the deaths were only half what they were in 1934. It is a well-known fact that all over the country the incidence and mortality of tuberculosis is falling, and this is due undoubtedly for the most part to better housing, better feeding and a healthier mode of living, as well as to a greater appreciation of the importance of the prevention of the spread of infection by the sufferers. The general increase in cleanliness of public halls and vehicles and the diminution in the filthy practice of indiscriminate expectoration have also done their bit to bring about the happy result.

Milk supplied to all cases of non-pulmonary tuberculosis was sampled, but none found to be tubercular.

Fifteen cases of pulmonary and four cases of non-pulmonary tuberculosis came to live in Guildford during the year. At the end of the year there were 94 cases of pulmonary (47 males and 47 females) and 32 cases of non-pulmonary (18 males and 14 females) tuberculosis on the register.

No action under legal enactments was required during the year.

In July, an After Care Committee for Guildford Borough was formed, comprised of persons likely to be useful in aiding needy tubercular persons after leaving sanatorium. But the help of this Committee has not yet been required, as the District Tuberculosis Officer reports there are no needy cases in Guildford at the present time. This is most satisfactory, but the Committee is there to give assistance whenever it should be required.

**Notifiable Diseases (other than Tuberculosis)  
during the year 1935.**

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet Fever ... ..	168	159	1
Diphtheria ... ..	31	31	2
Puerperal Fever ... ..	1	1	1
„ Pyrexia ... ..	4	2	—
Pneumonia ... ..	13	4	13
Erysipelas ... ..	7	2	—
Typhoid ... ..	1	—	—
Bacillary Dysentery ...	3	3	—
Cerebrospinal Meningitis ...	1	1	—
Acute Anterior Poliomyelitis	2	2	—
Ophthalmia Neonatorum ...	1	1	—
Undulant Fever ... ..	1	—	—
<b>TOTALS ... ..</b>	<b>233</b>	<b>206</b>	<b>17</b>

**Total Cases of Infectious Diseases in Age Groups.**

Disease.	Under 1.	1—2.	2—3.	3—4.	4—5.	5—10.	10—15.	15—20.	20—35.	35—45.	45—65.	65 and over.
Scarlet Fever	1	1	12	12	31	74	13	6	12	5	1	—
Diphtheria ...	—	2	2	3	3	15	3	1	2	—	—	—
Puerperal Fever	—	—	—	—	—	—	—	—	1	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	3	1	—	—
Pneumonia ...	—	—	—	—	1	—	1	—	1	2	6	2
Erysipelas ...	—	—	—	—	—	—	—	1	1	1	4	—
Typhoid ...	—	—	—	—	—	—	—	—	—	—	1	—
Bacillary Dysentery	—	—	—	—	—	—	—	—	1	2	—	—
Cerebrospinal Meningitis	—	—	—	—	—	—	1	—	—	—	—	—
Acute Anterior Poliomyelitis	—	—	—	—	—	—	2	—	—	—	—	—
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—
Undulant Fever	—	—	—	—	—	1	—	—	—	—	—	—
<b>Totals ...</b>	<b>2</b>	<b>3</b>	<b>14</b>	<b>15</b>	<b>35</b>	<b>90</b>	<b>20</b>	<b>8</b>	<b>21</b>	<b>11</b>	<b>12</b>	<b>2</b>



**Tuberculosis.—New Cases and Mortality during 1935.**

Age Periods.	NEW CASES				DEATHS			
	Pulmonary.		Non- Pulmonary.		Pulmonary.		Non- Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	1	—	—	—	—
10	—	—	1	2	—	—	—	—
15	1	—	—	—	—	—	—	—
20	4	2	—	2	1	—	—	—
25	6	5	1	3	2	2	—	—
35	3	6	—	1	2	2	—	—
45	3	3	—	—	1	1	—	—
55	2	1	—	—	—	—	—	—
65 & over	1	1	—	—	1	—	—	—
TOTALS	20	18	2	9	7	5	—	—

**Rainfall in 1935.**

Records taken by Herbert A. Powell, Esq., at Pilgrim Wood, Littleton, near Guildford, 320 feet above sea level.

Month.	Total Depth.
January ... ..	0.81 inches
February ... ..	3.97 „
March ... ..	0.35 „
April ... ..	2.99 „
May ... ..	1.55 „
June ... ..	3.56 „
July ... ..	1.36 „
August ... ..	3.40 „
September ... ..	3.91 „
October ... ..	3.65 „
November ... ..	5.79 „
December ... ..	3.35 „
	<hr/>
	34.69 „
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