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Contributors

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*Transit
Please attach
to 42 of 3*

BOROUGH OF GUILDFORD.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1936,

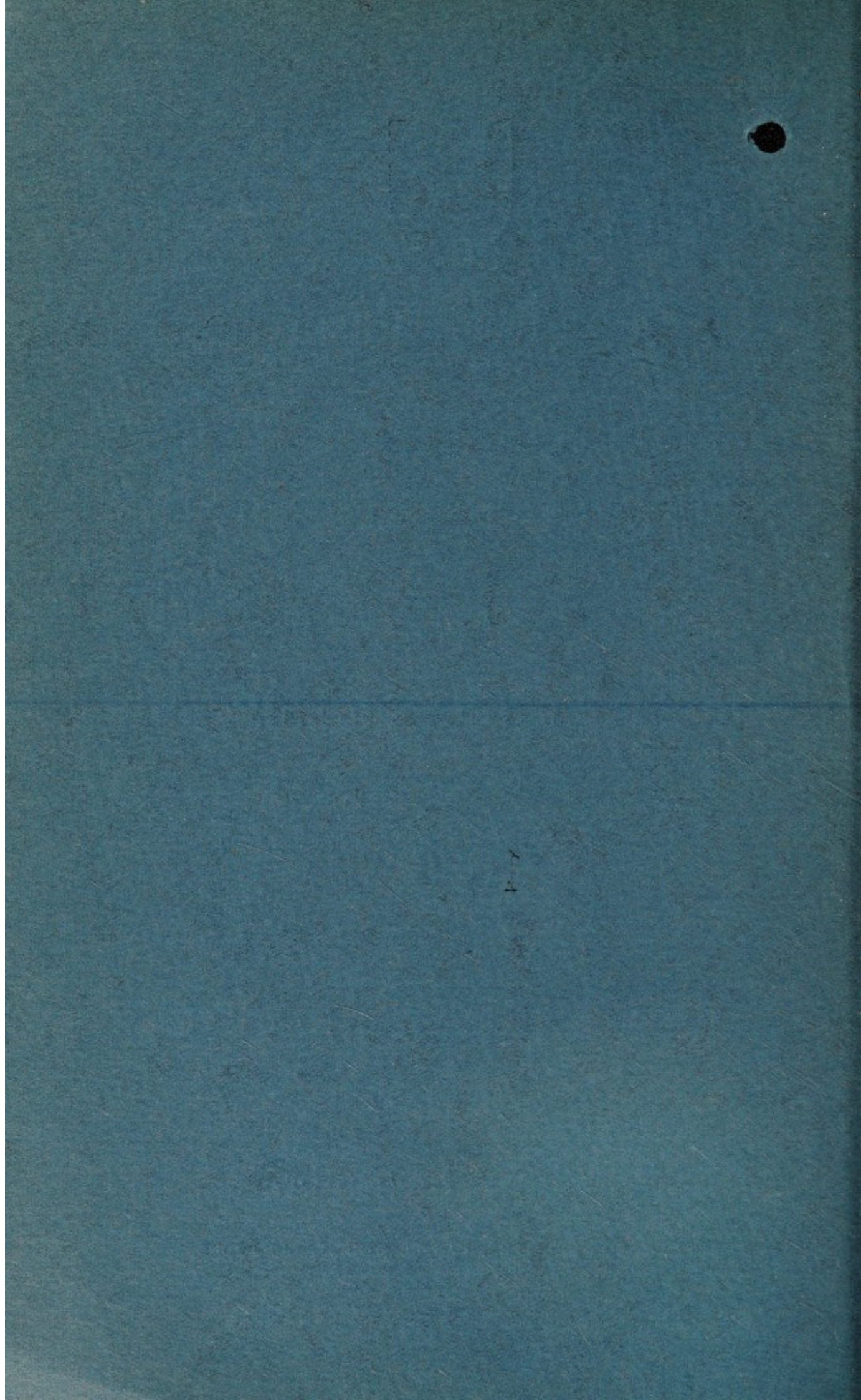
TOGETHER WITH

THE ANNUAL REPORT

OF THE

Sanitary Inspector.

SALTER & CO., PRINTERS, CASTLE STREET, GUILDFORD.





BOROUGH OF GUILDFORD.

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ANNUAL REPORT

OF THE

Medical Officer of Health for 1936.

To the Chairman and Members of the Health Committee.

MRS. COUNCILLOR CROKE AND GENTLEMEN,

I beg to present my seventh Annual Report upon the Health of the Borough of Guildford. The population is increasing annually, although as yet the Registrar General has not seen fit to credit Guildford with the 40,000 which we feel we deserve.

The Birth Rate, unfortunately, has fallen and is now below that of the country as a whole, but the number whom we do have are good stock, and the number who survive their first year is more than that of any other town, I should imagine, to judge from the most satisfactorily low infantile mortality rate of 23, while that of the country as a whole is 59. Our Death Rate too, of 9.06, compares most satisfactorily with the 11.5 of the smaller towns.

No adverse influence affects the Health of the population of our beautiful Town. No unemployment affects the nutrition and health of our children. The fact that hundreds of working people come annually to Guildford indicates the prosperity and prospect of work afforded by the Town. Annually, also, retired persons come to swell our ranks, to indicate their appreciation of the healthful amenities we offer.

I can only sum up by saying that the Health of Guildford is well maintained and that the Corporation do their best to achieve that end.

Yours faithfully,

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

June, 1937.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health:

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

Chief Sanitary Inspector:

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

Assistant Sanitary Inspector:

W. S. GREGORY.

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.

Clerks:

S. HARPER.

MISS M. PHILLIPPS(Appointed July.)

MATERNITY AND CHILD WELFARE.

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

WINSOM D. GRANTHAM, M.B.*

Consultant for Puerperal Fever and Pyrexia Cases:

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

Mothers' and Toddlers' Dental Clinic:

E. E. LEWIS, L.D.S.

Anaesthetist:

H. F. PARKER, B.A., M.B.*

Public Analyst:

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

*Part-Time Officers.

Annual Report of the Medical Officer of Health for 1936.

Statistics and Social Conditions of the Area.

Area (in acres): 7,173.

Registrar General's estimate of the resident population,
mid-1936: 38,570.

Number of inhabited houses (end of 1936) according to
Rate Books: 10,852.

Rateable Value at December 31st, 1936: £442,051.

Sum represented by a penny rate (at April 1st, 1936):
£1,745.

I am again enabled, owing to the kindness of Mr. Kenny, the Manager of the Ministry of Labour Employment Exchange, to furnish full particulars, as specified by him, of the state of employment in Guildford during 1936. The insured population in the area covered by the Guildford Employment Exchange, as shown by the number of Unemployment Books exchanged, increased from 12,252 in July, 1935, to 13,944 in July, 1936. A further increase of 800 (approximately) Insured Persons, due, in some measure to the inclusion of Agricultural workers, has taken place as a result of Insurability of Private Gardeners.

The employment position in this area remained consistently good throughout 1936.

Fluctuations in Registers followed the normal trend. The figure fell from 814 in January, to 442 in March, and to 303 in April and again to 205 in May. From June the figures rose again steadily, small additions each month until in December the Register was 468, nearly 100 below the figure for December, 1935.

This level of unemployment represents an unemployment rate of from 4 per cent. to 4.5 per cent, which compares with an unemployment rate at the end of December of approximately 7.5 per cent. for London, and 15 per cent. for the country.

As in previous years the most noticeable feature of unemployment in Guildford has been the rapidity of the turnover of the 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, 1936

Unemployed for less than 4 weeks	...	284
„ „ 4 to 6 weeks	... ..	66
„ „ 6 to 8 „	... ..	35
„ „ 8 to 13 „	... ..	48
„ between 3 weeks to 16 weeks	...	19
„ „ 6 „ „ 9 months		5
„ „ 9 „ „ 1 year	...	1
„ More than 12 months	...	3
<hr/>		
TOTALS	... ..	468
<hr/>		

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, including General Engineering and Motor Engineering, have 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.

	Total	M.	F.	} Birth Rate per 1,000 of the esti- mated resident population, 13.45.
Live Births—				
Legitimate ...	497	257	240	
Illegitimate ...	22	10	12	

Still Births ...	22	9	13	} Rate per 1,000 total live and still births, 40.6.
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Deaths ...	393	188	205	} Death Rate per 1,000 of the esti- mated resident population as adjusted by com- parable factor, 9.06.
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	Deaths.	Rate per 1,000 total (live and still) births.
Deaths from puerperal causes :		
Puerperal Sepsis ...	1	1.8
Other puerperal causes...	—	—
		—
TOTAL ...	1	1.8
		—

Death Rate of Infants under 1 year of age :

All infants per 1,000 live births ...	23.1
Legitimate infants per 1,000 legitimate births ...	23.1
Illegitimate infants per 1,000 illegitimate births	Nil
Deaths from Cancer (all ages) ...	51
Deaths from Measles (all ages) ...	2
Deaths from Whooping Cough (all ages) ...	Nil
Deaths from Diarrhœa (under 2 years of age) ...	1

The population figure as estimated by the Registrar General for mid-1936 is 38,570. Although this again shows an increase, the Registrar General cannot be officially aware of the continual flow of immigrants to Guildford. During 1936 alone, 282 new families came to this town from elsewhere. There has been a constant flow for years past of such people from the North, Wales, Scotland and the Midlands, all in search of the work which this fortunate town is able to provide. Even the 40,000 figure, which I tentatively gave last year, will in all probability prove to be an underestimate when the next census is taken. Our Birth Rate, 13.4 has, unfortunately, fallen very considerably in 1936 and is now well under that of the country as a whole (14.8). This is the first time that I have had to report in this manner. Our Death Rate, however, 9.06, though slightly higher than last year, is still extremely low and very much below that of the country as a whole (12.1), or that of the 143 smaller towns (11.5). This is very satisfactory and indicates firstly that there is no special cause of mortality in Guildford, and secondly that the Town is a most healthy one.

With regard to Infantile Mortality, I can safely say that the Guildford rate of 23.1 challenges betterment by any town in the country. This same rate for England and Wales is 59. Our splendid rate shows to what a high level of efficiency the care of mothers and babies has reached. It indicates clearly the excellent nature of the midwifery work done in the Town and the fact that ante-natal and post-natal care of the baby is very well carried out. Of the 12 infant deaths, 8 occurred within the first month of life, 7 of which were assigned to congenital debility, although the eighth death might well have been included also in the congenital causes category. One child died of measles at eight months, and one of pneumonia at the same age. There were also two more infant deaths, one from diarrhoea at 7 months and one at 2 months from a congenital cause. Actual ages of deaths under one month

were:—Two at 1 hour, one at 4 hours, two at one day, one each at 1 week, two weeks and 3 weeks.

The Guildford Death Rate of 9.06 is also extremely low and it is difficult to see how it could be improved. As is usual, the great majority of the deaths were ascribed to heart disease; one third of the total deaths being assigned to this cause. Cancer came next with 50 deaths. There were more deaths from diphtheria, tuberculosis and influenza than in 1935, the former disease being entirely preventable by immunisation. The increase in the tuberculosis deaths is unfortunate as it claims those young, or in the prime of life. However, two thirds of our total deaths were in persons over 65 and included one centenarian. It is heart disease which generally carries off the older members of the population, which really for the most part indicates a failure of the heart muscles, due to advancing age. Not many were real cases of rheumatic heart disease to judge from certificates of death.

Cause of Death.	1936. All Ages.				Nett Deaths at the subjoined ages of residents whether occurring within or without the district.								
	M.	F.	Total	Sex	Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65 and over	
Enteric Fever ...	1	...	1	M	...	...	...	...	...	1	...	...
Measles ...	1	1	2	M F	{ 1	...	...	...	...	...	...	...
Diphtheria ...	1	5	6	M F	{ ...	...	...	1	...	...	...	...
Influenza ...	5	7	12	M F	{ ...	...	...	3	...	1	2	2
Respiratory Tuberculosis ...	13	8	21	M F	{ ...	...	...	...	1	5	7	...
Other Tuberculosis ...	1	2	3	M F	{ ...	...	...	1	...	1	...	...
G.P.I. Tabes, etc. ...	1	...	1	M	...	...	...	...	...	...	1	...
Cancer ...	26	25	51	M F	{ ...	...	...	...	...	1	9	16
Diabetes ...	...	3	3	F	...	...	...	...	...	...	1	2
Cerebral Hæmorrhage ...	7	13	20	M F	{ ...	...	...	...	...	1	1	4-1
Heart Disease ...	56	52	108	M F	{ ...	...	...	...	1	1	15	39
Aneurysm... ..	1	...	1	M	...	...	...	...	...	...	1	...
Other Circulatory Diseases	10	13	23	M F	{ ...	...	...	1	...	...	2	7
Bronchitis ...	5	5	10	M F	{ ...	...	...	...	...	...	1	4
Pneumonia ..	5	9	14	M F	{ ...	...	...	...	...	...	3	2
Other Respiratory Disease	2	1	3	M F	{ 1	...	...	1	...	1	2	3
Peptic Ulcer ...	2	...	2	M	...	...	...	...	...	...	1	1
Diarrhoea (under 2 years)	...	1	1	F	1	...	...	...	...	...	...	...
Appendicitis ...	2	3	5	M F	{ ...	...	...	...	1	...	...	...
Cirrhosis of the Liver ..	1	...	1	M	...	...	...	...	...	...	1	...
Other Liver Disease ...	...	3	3	F	...	...	...	...	...	1	1	-1
Other Digestive Disease ...	5	11	16	M F	{ ...	...	...	...	...	1	...	3-1
Nephritis ...	2	11	13	M F	{ ...	...	...	...	...	1	1	5
Puerperal Sepsis ...	...	1	1	F	...	...	...	...	...	2	3	6
Congenital Debility, etc. ...	5	4	9	M F	5 4	...	...	...	...	...	...	...
Senility ...	2	4	6	M F	...	...	...	...	...	...	...	2
Suicide ...	2	1	3	M F	...	...	...	...	...	...	1	1
Other Violence ...	12	6	18	M F	...	1	...	1	2	2	3	4	
Other Defined Disease ...	20	16	35	M F	...	...	1	1	...	3	6	8-1
Totals	188	205	393		12	2	2	10	9	46	94	213	

Four deaths, 3 Male and 1 Female assigned to Guildford by the Registrar General cannot be traced in the local returns.

General Provision of Health Services for the Area.

Public Health Officers.— These remained unchanged. A second clerk took up duty in August. The work had entirely got beyond the capacity of one clerk, however good he might be, and additional clerical assistance had become a vital necessity if the work was not to suffer. Sanitary Inspection with all the increased legislation, regular house inspections and the visitation of the scattered slaughter-houses to ensure a safe meat supply, also became impossible to carry out satisfactorily and since the beginning of 1937 a second Assistant Sanitary Inspector has been appointed. It is frequently not appreciated how much work the carrying-out of additional duties under new Acts involves, and it is only when work starts to get into arrears that the necessity for additional staff is appreciated.

The time is also at hand when an additional Health Visitor and School Nurse is required. The multiplication of Clinics which must be attended by these Nurses takes valuable time away from them which they should be devoting to home visiting. Already, taking an average of 10 visits per half-day, no less than 3,600 per annum are now potentially lost owing to the fact that since 1927 no less than 14 half-days fewer each month are available, as these are occupied with attendance at Clinics. At a recent visit of Dr. Carol Sims of the Ministry of Health on her triennial inspection, she stated that she considered that there was more work than three Health Visitors could manage. Most towns of the size of Guildford have more than three Health Visitors and School Nurses and I think that in order to ensure that adequate home visiting is carried out a fourth nurse is required. This would allow two nurses for each Clinic and permit each to cover her district in addition to attending Clinics. (An additional Health Visitor was appointed in May, 1937.)

Laboratory Facilities.—The Pathological Department of the Royal Surrey County Hospital is always kept well employed with the material sent by practitioners for examination at the expense of the Corporation. During 1936 there were 765 examinations, of which 692 were swabs for diphtheria, 56 sput for tubercle and 17 for hæmolytic streptococci.

The bacteriological and biological examination of milk samples is also carried out at the same Laboratory, and the phosphatase test, now required for the detection of legal pasteurisation, is also performed.

Ambulance Facilities.—The St. John Ambulance Brigade still carry out this work most efficiently with their excellent motor ambulances. The work carried out by them in 1936 is furnished by their Annual Report:—1,866 cases were moved by ambulance; 340 accidents were dealt with; 615 long distance invalid transport cases and 790 Borough cases. Thirty-two fire calls were answered and in all 2,660 cases were handled and 18,173½ miles were covered. There are 58 men, among them two surgeons, 32 nurses and 28 girl cadets in the Guildford Corps. Service is entirely voluntary and is most efficiently carried out.

Infectious cases are dealt with by the ambulance of the Guildford and Godalming Joint Hospital Board.

Nursing in the Home.—The District Nursing in the home is carried out by the Queen's Nurses and seven private midwives. The bulk is done by the Queen's Nurses. This Association employs three midwives for the District and two for the maternity ward in their Home, three extra midwifery pupils and three fully trained midwifery pupils for the ward. During 1936, 172 midwifery cases were attended without, and 33 with, a doctor. In the ward 79 cases were attended without, and 32 with, a doctor. This totals 251 births attended by the Queen's Nurses as midwives, out of 509 midwifery cases attended by

midwives; rather less than half. Taking purely domiciliary midwifery, however, out of 306 cases 205, or two thirds, were attended by Queen's Nurses. In nursing of children, 1,085 visits were paid by the five general Queen's Nurses to 61 children under 5 suffering from various diseases, and 537 visits were paid to 32 children over 5. In all, 1,146 visits were paid to 93 children. Of these, four under 5 were sent to Hospital; four under 5 and one over died, and 11 under 5 and two over were still on the books at the end of the year. The new Home for the Queen's Nurses, at Stoughton Road, was opened by Queen Mary on April 1st, 1937, and will afford at last adequate accommodation from which the District work may be conducted with even greater efficiency and certainly more comfort than has obtained in the past. It is well equipped and offers good accommodation and all necessary facilities for carrying out District Nursing and midwifery work.

Clinics and Treatment Centres.—The new School and Maternity and Child Welfare Clinic at North Road, Stoughton, was officially opened on January 27th, 1936, by Sir Arthur McNalty, K.C.B., M.D., F.R.C.P., Chief Medical Officer of the Ministry of Health and Board of Education. The visit of the Chief Medical Officer was much appreciated and served to show the interest taken in new projects by the Government Chief Officials and the Departments which they serve.

All the Clinics have been doing good work during the year and the purposes for which such Clinics are used constantly increases and additional services are found necessary. Every Clinic shows an increased number in attendance, and the attendances made have correspondingly risen, although average attendances per child have fallen. Average attendances per session have also fallen, but as a matter of fact, attendances per session were far too high to be dealt with adequately. It is much better to have a smaller sessional attendance as more individual time can be given to each case, and there is not such a long time to

wait to see the doctor. There were 493 births to Guildford residents in 1936 and 363 infants under 12 months made first attendances at the Clinics. This gives the high percentage of 73 of the live births. I think this can hardly be bettered as there are always a certain number of people who do not attend Clinics. It is obvious that the majority of Guildford mothers appreciate the value of the Clinics and the advice and help they receive there.

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

Maternity and Child Welfare Clinics, 1937.

	Arundel House.	Stoughton.	Merrow.	Totals.
Number of Sessions ...	48	94	21	163
Number on Register—				
Expectant Mothers ...	9	3	1	13
Children over 1 year	210	463	25	698
Children under 1 year	249	159	22	430
Totals ...	516	625	50	1141
Attendances—				
Expectant Mothers ...	9	3	6	18
Children over 1 year	997	2139	249	3385
Children under 1 year	1621	2782	72	4475
Totals...	2627	4924	327	7878
Average attendance per child ...	5.72	7.91	6.83	6.82
Average attendances per session ...	54.7	50.22	15.28	40.06
Interviews with Doctor	1642	2157	179	3978
Average per session ...	34.2	22.84	16.27	22.43
Numbers attending for first time—				
Children over 1 year	60	72	9	141
Children under 1 year	169	177	17	363
Expectant Mothers ...	9	3	2	14
Numbers from outside the Borough—				
Children over 1 year	2	10	3	15
Children under 1 year	4	26	4	34
Attendances ...	18	427	47	492

As before, the supply of free milk to necessitous cases was continued in 1936, and an increased number of mothers availed themselves of this provision. Fifty-six new cases out of a total of 97 mothers received a pint of fresh milk or a pound of dried milk per day for varying periods. Fifty-nine cases received fresh, and 38 dried, milk. Of these, two received free milk for a temporary period of a week of financial embarrassment, 1 for two weeks similarly and for longer periods, 23 for one month, 18 for two months, 11 for three months, 14 for four months, 3 for five months, 4 for six months, 4 for seven months, 7 for eight months, 3 for nine months, 3 for ten months, 2 for eleven months and 1 for twelve months. Fresh milk was received for 260 and dried milk for 111½ months. During 1936, 33 new cases had fresh and 23 dried milk.

Miss Williamson kindly continued to act as Honorary Secretary at the North Road Clinic, and Miss Anne Chaldicott filled a similar position at Arundel House. To these and all the lady helpers the Health Committee owes thanks. Miss Gates remained as Lady Organiser of the Voluntary Helpers and with Miss Gross was a co-opted member of the Health Committee for Maternity and Child Welfare purposes. The other ladies who so kindly assisted at the Clinics were:—Miss Hobbs, Miss Finnimore, Mrs. Thompson, Miss Lawn, Miss Venables, Mrs. Faggatter, Mrs. Capewell, Miss Edge, Miss Allen, Miss Hunt, Mrs. Hides, Miss Edgeley, Mrs. Benham, Mrs. West, Mrs. Davies, Mrs. Streatfield, Mrs. Preston, Mrs. Gilliat and Mrs. Tustace.

Ante-Natal Clinic.—During 1936 this Clinic has been held at North Road Clinic, Stoughton, on Wednesdays at 2 p.m. to 4 p.m. Rooms have been specially fitted for the purpose and complete up-to-date equipment is available. Dr. Grantham has continued her attendance, and the fact that this provision is appreciated is shown by the fact that attendances continually have been such as to interfere markedly with facilities for post-natal attendance. This

latter provision is being carefully considered in the present year as it is appreciated that post-natal examination is of great importance to ensure the avoidance of maternal morbidity. It would seem that separate post-natal sessions are required and this is the suggestion made by the Ministry as a result of the visit of inspection paid by Dr. Carol Sims on their behalf in January, 1937. During 1936 252 expectant mothers made 488 attendances, an increased attendance of a decreased number of mothers, as 261 attended in 1935. This gives a percentage of 36.1 of total notified (live and still) births, or 49% of Guildford residents to whom there were 511 live and still births. This is exactly the same figure as in 1935. Thirty-seven mothers made 48 post-natal visits. This is a fall on the 1935 figures due probably to the lack of pressing mothers to attend, which is again consequent upon the numbers in attendance ante-natally leaving little time for attention to post-natal cases. Two-hundred and eighty-nine mothers in all made 536 attendances at 45 sessions, giving an average of 11 per session. The attendance of Miss Champion, the Superintendent, with her Queen's Nurses at this Clinic was continuous throughout the year. As 69% of domiciliary births were attended by the Queen's Nurses in 1936 this is very satisfactory and indicative of the attention paid to ante-natal care by these nurses. Other midwives also brought their cases to this Clinic and a certain number were referred from Mount Alvernia Nursing Home of cases who had not engaged doctors.

The ante-natal work carried out at the Home of the Queen's Nurses and complementary to the Municipal Clinic is reported upon by Miss Champion. One-thousand one-hundred and fifty urines were tested and 216 new mothers attended. Three-hundred and twenty-five visits were paid by mothers taken from this Home to the Municipal Clinic for ante-natal examination and 9 for post-natal. Two mothers were referred to their own doctors for treatment for albuminuria and one for ante-partum hæmorrhage. The

Queen's Nurses paid 1,345 visits to the homes of these mothers for ante-natal purposes.

At the Municipal Ante-natal Clinic Dr. Grantham referred five patients to their doctors for confinement, one case to the County Hospital for X-ray examination (a growth was later removed). Four patients were advised dieting for slight increase in blood pressure and another who had albuminuria in addition. Four other cases of slight albuminuria and nine of glucosuria were cleared by dieting. Nineteen patients were advised to obtain dental treatment and two post-natal cases were referred to their own doctors for treatment.

Mothers' Dental Clinic.—Mr. E. E. Lewis, L.D.S., the School Dental Surgeon, continued to deal with mothers and toddlers at this Clinic. During the year he treated 110 mothers and 95 toddlers, who made 596 attendances. The table gives details of the work carried out. An increased number of mothers and children have been dealt with.

Maternity and Child Welfare, January to December, 1936.

Treatment.				Children.	Mothers.	Total.
Cases	...	...	...	95	110	205
Attendances	...	...	...	191	405	596
Permanent teeth extracted	...	...	...	—	980	980
Temporary teeth filled	...	...	...	22	—	22
Temporary teeth extracted	...	...	...	337	1	338
Fillings	...	...	...	22	41	63
Sealings	...	...	...	—	2	2
Impressions	...	...	...	—	63	63
Bites	...	...	...	—	30	30
Trials	...	...	...	—	32	32
Dentures	...	...	...	—	49	49
Local anæsthetics	...	...	...	3	19	22
N ² O.	...	...	...	91	117	208
Other operations	...	...	...	10	3	13
Consultations	...	...	...	73	117	190
General anæsthetics	...	...	...	4	—	4

The Ministry of Health Regulation is strictly adhered to, that mothers must be expectant or nursing. The increased number of toddlers treated is very gratifying, but of course, the number is still very small, and it is to be hoped that a marked increase will follow on the establishment of routine medical inspection of toddlers and consequent discovery of carious teeth systematically.

Tuberculosis Dispensary.—Provision remains unaltered and sessions are held at the County Council Dispensary, 49 Farnham Road, on the 1st, 3rd and 5th Wednesdays at 10 a.m.; on Fridays at 10 a.m. and the 2nd and 4th Wednesdays at 5.30 p.m.

Venereal Disease Clinic.—This is still held at the Royal Surrey County Hospital on Monday for females and Fridays for males, from 4.30 to 7 p.m. It is staffed and maintained by the Surrey County Council.

Notification of Births.—The number of notified births again showed an increase in 1936. From 500 annually, in 1934 it was 601, in 1935 it was 670 and in 1936 709. Of these, 186 were non-residents coming into the Town for confinement. Six-hundred and ninety-seven total births were notified, of which 344 were males and 323 females (live) and 30 were stillbirths. Twelve births were registered, but not notified; 7 males and 5 females. Of the 17 illegitimate births, 9 were males and 8 females.

To Guildford residents there were 493 live births and 18 stillbirths. Doctors notified 268 births; midwives 374, and both 55.

The figures given by the Registrar General, obtained by the addition of births to Guildford residents registered in other districts, are as follows:—519 live and 22 stillbirths, giving a birth rate of 13.45 per 1,000 of the estimated population. The stillbirth rate per 1,000 total

births is 40.6 or 0.57 per 1,000 estimated population, as against a figure of 0.61 for the country as a whole.

The number of births in Institutions is very much higher than that for 1935, being 386 against 277. Of these, 13 took place in the County Hospital; 173 at Warren Road Hospital; 115 at the Queen's Nurses' Home and 85 in private maternity homes. The jump of the last figure from 18 for 1935 is entirely due to the popularity attained by the Mount Alvernia Nursing Home where 83 births occurred, of which, 39 were residents. The percentage of institutional births is thus 54.

Ante-natal and puerperal fever cases are admitted to the Warren Road Hospital, where special provision is made for them.

Maternal Mortality.—Only two mothers died following confinement during 1936. Of these, both received ante-natal care. In one case the temperature rose on the fourth day and the patient died on the 24th day, death being certified as due to puerperal septicæmia. Ante-natal care was scrupulously carried out and the confinement appeared quite normal, involution also apparently following a normal course until trouble started on the fourth day. In the other case the woman had valvular heart disease and chronic nephritis. She received ante-natal care including dietic treatment, but the antecedent condition proved fatal five weeks after confinement, uræmia having supervened. Her death was not ascribed to childbirth. There were in all, two cases notified as puerperal pyrexia, of which, two were admitted to Hospital. No difficulty is experienced regarding these cases, the midwives carrying out all necessary disinfection of their equipment, and there has been no spread of any such infection. Hospital treatment is readily available at the Warren Road Hospital. The County Hospital no longer accepts such cases. Mr. H. B. Butler, F.R.C.S.E., is the consultant for these cases and he

can be called in by any practitioner at the expense of the Council. He also attends the cases when admitted to Warren Road Hospital. Any pathological examinations are carried out at the Laboratory of the County Hospital for domiciliary cases.

Infant Feeding.—Of the 493 live births to residents in the Borough, 361 were breast fed and 56 wholly bottle fed. Fifty-three were breast and bottle fed. This gives the excellent percentage of 73 wholly breast fed children and nearly 84% who received some breast feeding. This shows clearly how the mothers of Guildford do endeavour to do their very best for their children and give them natural food whenever it is in any way possible to do so. The table sets out the length of time in months each infant was kept on breast or bottle.

Months.	1	2	3	4	5	6	7	8	9	10	11	Total.
Breast Fed ...	53	41	45	32	28	31	41	23	33	14	20	361
Bottle Fed ...	5	2	4	9	5	6	5	—	11	4	4	55
Breast and Bottle Fed ...	6	3	8	4	5	1	4	7	4	3	8	53

Hospital Provision.—The Royal Surrey County Hospital offers 216 beds (194 general and 22 private). This increase is due to the opening of the new Ava Ward in May, 1936, which added 32 beds, 16 male and 16 female, all being for medical cases. During 1936, 3,119 in-patients were treated, 2,851 being general and 268 private. 12,712 out-patients made 37,294 attendances. The Hospital has complete equipment in all departments, and the special departments are all under the control of specialists in each line. An increased number of road accident cases were treated in 1936, there being 170 cases in place of 123 in 1935, all in-patients, and of these, eight died. Their stay in Hospital represented 4,501 bed-days. 114 cases of road accidents were treated as out-patients. 805 in-patients and 4,368 out-patients were Guildford residents, in addition to

which, there were 4 in and 20 out-patients from Burpham and 28 in and 54 out-patients from Merrow.

On the work of the Warren Road Hospital of the Surrey County Council, the Medical Superintendent, Dr. J. O. M. Rees, reports as follows:—Number of beds 266. There were 1,504 admissions during the year, of which 176 were maternity cases. Of these, abnormalities were found in 33 during pregnancy and 38 during labour. There was one death in a case of confinement, due to pulmonary tuberculosis. Fifty ante-natal sessions were held and 152 mothers made 600 attendances; the average number seen per session being 12. Fifty-nine expectant mothers were admitted to Hospital for investigation and treatment of abnormalities. The average number of attendances per expectant mother was four. Twenty cases of puerperal fever were admitted from all parts of the western half of Surrey, and one died after a week in Hospital.

Dr. Rees maintains contact with the private practitioners by means of letters sent to them on the discharge of their patients, 576 such letters being sent during the year.

The Warren Road Hospital had been completely transformed during the last ten years and further improvements are contemplated including the provision of a new operating theatre and X-ray department, isolation block, mental observation block, dispensary, balconies to all wards and a new heating system.

Isolation Hospital provision is made at the Woodbridge Hospital of the Guildford and Godalming Joint Hospital Board. Smallpox cases are now taken by the Surrey County Council to their hospital at Clandon, the Whitmoor Hospital of the Joint Hospital Board is closed. The Annual Report of the Medical Officer, who is also your Medical Officer of Health, is as follows:—

ADMISSIONS TO HOSPITAL DURING 1936.

District	Scarlet Fever	Diph- theria	Ty- phoid	Other	Total	Prop. per 1,000 popn.	Deaths
Guildford M.B. ...	179	67	5	—	251	6.6	7 { S.F. 1 Diph. 5 Typh. 1
Godalming M.B....	58	9	—	—	67	5.2	1 (Diph.)
Guildford R.D. ...	51	6	—	2	59	1.7	—
Hambleton R.D...	33	2	—	—	35	2.8	1 (Tb.)
	321	84	5	2	412	4.0	9

The number of cases treated during 1936 was only slightly less than that dealt with in 1935 and would, in fact, have exceeded it had we not been obliged to send to other hospitals certain cases which the alterations to wards rendered it impossible for us to take. Even so, however, it will be noted from the ten year table of admissions that the numbers treated by the Woodbridge Hospital have in no way diminished since Woking left the Board, and the average of admissions for the three years 1934, 1935 and 1936 (446) remains higher than that of any other three years of the Hospital's existence. Another point is the fact that the proportion per 1,000 population is increasing, showing that provision of hospital beds, based upon the usual two per thousand, would be inadequate to supply the needs of the area.

Scarlet Fever.—In spite of the routine antitoxin treatment of all cases of scarlet fever, even the mildest case receiving its dose, the complications remained unaffected, and this has always been my experience. This is due to the fact that complications are frequently not due to the original infection at all. Trouble is also caused by the multiplicity of the disease itself, a number of second attacks of the disease always occurring annually, and due to the infection of the patient by a new admission suffering from another type of the same disease to which that patient

has not developed an immunity. It is this also which causes the trouble in so many so called return cases. The patient himself gains immunity to all prevalent types of scarlet fever, but a new admission implants the germs of another type on his throat or in his nose and that type he passes on to another inmate of his home.

The fitting up for permanent use of two other wards, Blocks E and Pavilion, renders it now possible to move more convalescent scarlet fever patients from Block D to E or Pavilion. Thus, an attempt is made to separate them from a new type of infection. Unfortunately, unless typing of every infection as admitted is done, and this would be a costly matter, it is still impossible to tell whether the convalescents are all suffering from the same type of disease. This still renders it possible for a new type of infection to cause trouble among the convalescents. This variety in the type of disease is a very important factor in favour of the retention of as many patients at home as can satisfactorily be nursed there as, thus, the patient does not come into any other type of infection but his own and when he has recovered from that he does not get a secondary attack, nor is he so liable to spread infection to others. As the great majority of scarlet fever patients, discharged from isolation hospitals all over the country, still carry scarlet fever infection in throat or nose, routine swabbing of such cases is useless, and a case can only be affirmed to be a carrier of disease on clinical grounds, that is, by infection of another case from a patient who has some recognisable pathological condition of nose or throat. It is definitely, however, not justifiable to conclude that because a child recently discharged from Hospital develops a cold in the head or enlarged glands, that child is a carrier of scarlet fever. To make such an assumption is quite wrong, unless a second case in the house proves its accuracy and, moreover, to return such a case to Hospital as scarlet fever is to run a grave risk of the infection of that child with another type of the disease.

Diphtheria.—As regards diphtheria, the disease gave rise to several very severe cases during the year and six deaths were due to it. There was a nasty outbreak in Guildford Borough in the early part of the year and many cases in which the disease was not fatal were severely affected by the diphtheritic paralysis which took many weeks to clear. The tragic part of this disease is that, not infrequently, it happens that a patient is, with great difficulty pulled through a very severe initial stage of the disease during which death has seemed imminent, only to succumb at the end of four, five or six weeks to a late paralysis which it seems impossible either to foretell or avoid. Recovery from late paralysis must always be regarded as wonderful, unless, of course, the paralysis has only been a pure palatal one. In two of the fatal cases death took place in the sixth week from paralysis of the respiratory muscles. It cannot be too strongly emphasised :

1. That all children should be immunised against diphtheria.
2. That if not so immunised, the disease must be treated specifically immediately. In all fatal cases delay in treatment is almost invariably at the bottom of the trouble.
3. That clinical diagnosis must be made without any delay and the swab should not be regarded as the most important factor in the diagnosis.

When it is remembered how simple and efficacious immunisation against diphtheria is, it is extraordinary that more people do not avail themselves of this harmless and most valuable protection for their children. It is too late to wait for immunisation until the child has diphtheria.

Typhoid.—Typhoid, which does not cause much trouble these days, occasioned five admissions, all being from Guildford Borough. Of these, two were adults of either sex, both affected with paratyphoid B and both were severely ill. The man died. A child had a mild attack of

the same disease. Then two brothers were admitted later in the year with typhosus infection derived from a holiday in Bournemouth.

Deaths.—There were nine deaths during the year, of which six were due to diphtheria, aged four, six, seven, six, nine and nine. Of these, four died in from 24 hours to a week of admission, and the other two after six weeks from late paralysis of the respiratory muscles. Of the remaining three, two occurred in cases sent in as scarlet fever. One was a man who died a few hours after admission from acute streptococcal peritonitis, another was a child of five who died from the ulceration of a tubercular focus in the mediastinum into an artery and consequent hæmoptysis.

Complications.—In May there was trouble with cross infection in the scarlet fever ward by measles, owing to the usual cause—A child incubating measles and sent in with scarlet fever and developing measles in the Hospital.

Ten cases were infected with measles. Diphtheria cases were similarly cross-infected with chickenpox, seven cases being affected. In the summer there were a number of scarlet fever cases affected with otitis media. Five were operated on for acute mastoid disease, all successfully, and the remainder cleared up satisfactorily after prolonged treatments. One scarlet fever case developed acute appendicitis, for which a successful operation was performed. Two children developed acute scarletinal nephritis, both recovering satisfactorily. It certainly seemed, however, that during the summer months scarlet cases were usually severe and that complications were more frequent. During the year there were the following number of cases showing the severer form of complication:—

Otitis Media—seven, of which two were double and eight had measles in addition.

One case of double otitis media also had nephritis, and of this complication there were also two other cases.

Three cases developed rheumatism and one pneumonia and one heart trouble.

Twenty-five cases in all showed the above complications, the last case being a child who was suffering from tuberculous mediastinal glands.

Diagnosis.—The number of cases sent in as suffering from a disease, and found in Hospital not to be so suffering, is much as usual. From Guildford Borough one case sent in as scarlet was found to have measles instead, and six cases of diphtheria were found to be simple tonsillitis. From Guildford Rural District three cases sent in as scarlet and one as diphtheria were found not to be so affected. From Godalming Borough one case sent in as diphtheria was found to be tonsillitis.

New Ward Provision.—The new wards were handed over by the builders for use in May and since then they have proved most valuable. The six cubicle single-bedded wards were immediately utilised and it was very satisfactory to be able to deal with the cross-infected cases so efficiently. Never before have we had the chance to do this. For doubtful cases also the cubicle wards have already proved invaluable, and even as a discharge block when not otherwise used, C Block is most useful. The glass between the cubicles renders it possible to isolate children and yet have them able to see and shout to their neighbour, which tends greatly to their happiness and hence recovery.

E Block is now a first class ward block, light, cheery and really a most satisfactory job has been made of the old, gloomy, dark, unsatisfactory block which E was previously. At present, pending completion of alterations and re-equipment of Pavilion, E is being used for convalescent Scarlet cases. Patients are sent over in their third week to keep them from contact thereafter with new admissions. Pavilion Ward has been re-decorated and electric heating installed. It will be an excellent block, quite suitable for housing overflow or convalescent Scarlet

Fever patients. The extension of B Block is also most satisfactory and has already proved its use, as without such extension the number of diphtheria patients would have proved excessive for the small block of eight beds which B before comprised. The provision of washbasins and modernising of the Hospital has now given the Board a really excellent Isolation Hospital of which they can be justly proud.

Smallpox Isolation.—During the year arrangements were completed with the Surrey County Council, whereby they undertook the provision of hospital accommodation for smallpox cases. This is a much more satisfactory arrangement than for the Board to go to the expense of maintaining the Whitmoor Smallpox Hospital, which for over 20 years stood vacant, to be used then for a few weeks in 1928 for five cases and again in 1931 for eight cases. This beautifully situated, but very isolated and not easily accessible hospital, is now for sale.

The following table shows the admissions to the Woodbridge Hospital during the last ten years:—

Year.	Guildford M.B.	Godalming M.B.	Guildford R.D.	Hambledon R.D.	Total.
1927	48	16	24	9	155
1928	132	37	70	31	304
1929	208	31	112	80	505
1930	35	11	35	18	247
1931	44	17	21	42	182
1932	61	25	53	35	197
1933	90	21	79	41	264
1934	169	27	113	37	508
1935	198	20	79	59	419
1936	251	67	59	35	413
	1,236	272	645	387	3,194

Population, 1936.—As the estimated populations are not readily available and that of the part of Hambledon served by the Board cannot be ascertained each year, it is difficult to see how the usual figures of cases per thousand

population can be given. It appears foolish to base such calculation upon estimated populations of the year previous, especially as populations have varied so markedly during the ten years, owing to alteration of areas, and accuracy is impossible. I have, therefore, omitted these figures.

(Signed) F. A. BELAM, M.D.

Midwifery and Maternity Services.—Twenty-five midwives notified their intention to practice during the year. Of these, 13 were Queen's midwives and seven were private midwives nursing in the homes, and an eighth was a midwife who relieved one of these for a holiday period. The remaining four are midwives employed at the Mount Alvernia Nursing Home who notified their intention to practice. Seven midwives employed by the Queen's Home left during the year.

Three-hundred and sixty-three births were attended by these nurses as midwives and 146 as maternity nurses, Medical aid was summoned in 142 cases during 1936. 306 cases were attended in their own homes, and of these, 202 were attended by Queen's Nurses. At Mount Alvernia Nursing Home 39 cases were attended as midwives by the nurses there and 50 as maternity nurses.

Nurse Richards paid 20 visits of inspection to the private midwives and at each of four visits to the Queen's Nurses' Home inspected all the midwives there. In addition she made 12 inspections of the four midwives employed at the Mount Alvernia Nursing Home and paid five special visits to inspect new midwives.

Medical aid summonses are received from the midwives at the Mount Alvernia Nursing Home for cases confined in that Home as well as from the Queen's midwives for cases confined in their Home. As a considerable proportion of the cases confined in the Mount Alvernia Nursing Home are non-residents (44 in 1936) and some of

those confined in the Queen's Homes are also non-residents, the amount paid by the Council in respect of these medical aid summonses is an increasing one. For the financial year ended March 31st, 1936, £65 8s. 6d. was expended in medical fees, of which only £15 0s. 8d. was recovered. For the financial year ended March 31st, 1937, £95 9s was expended, of which £32 5s. 7d. was recovered.

These figures are for the financial year April 1st, 1936, to March 31st, 1937, in order to compare with the expenditure above recorded for the same period.

Analysis of the medical aid forms received from the Queen's Nurses Homes and Mount Alvernia shows that 25 were received from the former, of which four were non-residents, two paying their own fees and 16 of the residents paying theirs. From Mount Alvernia 28 forms were received, of which 13 were residents, eight paying their own fees, and 15 non-residents, ten paying their own fees. The independent midwives sent in 16 medical aid forms, all patients being residents and none paying their fees. The Queen's Nurses sent in 138 medical aid forms on behalf of 117 residents of whom 40 paid their own fees and 21 non-residents of whom ten paid their own fees.

Health Visiting.—Unfortunately, owing to the increased number of Clinics which they had to attend, the Health Visitors were unable to devote the same amount of time to home visiting and as a result there has been a marked fall in the number of home visits. The increase in the number of Clinic sessions of recent years is such that during 1936 there were 32 Clinic sessions per month. This increase is due to the establishment of new Clinics and to the increased facilities offered at them. Prior to 1933 the only Clinic sessions were at Arundel House and consisted of a weekly School Medical Officer's Clinic on Wednesday, a weekly Maternity and Child Welfare Clinic on Thursday,

a fortnightly tonsil and adenoid operation Clinic and a fortnightly eye Clinic. In addition there was a weekly ante-natal Clinic at the Home of the Queen's Nurses. This totalled 18 Clinics a month attended by the Health Visitors. In 1933 Merrow was taken into the Borough and a fortnightly Maternity and Child Welfare Clinic was held in the Village hall there. In the same year a weekly Maternity and Child Welfare Clinic was held in the Westborough Congregational Church Hall. In 1935 the Stoughton Clinic was built and opened, replacing the Westborough Clinic, and there two Maternity and Child Welfare sessions per week were held, the fortnightly eye Clinic became as necessary, a weekly one and a weekly School Medical Officers' Clinic was established there. Thus the 18 Clinics of 1933 and antecedent became 32 a month in 1936. As about 10 visits may be assigned to each half-day in each month, 320 potential visits were lost, or 3,600 in the year, reckoning 45 Clinic weeks per annum. At the triennial visit of inspection on behalf of the Ministry of Health, paid by Dr. Carol Sims in January, 1937, further Clinic sessions were requested by her for post-natal cases and routine medical examination of toddlers. This added a further six sessions per month and rendered it impossible to cope with the Ministry requirements of Health Visiting. So the Council have authorised the appointment of a fourth Health Visitor to ensure that the high standard of efficiency in Health Visiting, always aimed at in Guildford, might be maintained. During 1936, 486 primary birth visits were paid to the homes of new-born infants and 2,132 subsequent visits to children under 1 year of age. 103 first visits and 139 subsequent visits were paid to expectant mothers. This ensured their attendance at the ante-natal Clinic and also their compliance with the advice there given. 3,261 visits were paid to children from one to five years of age. Forty-seven cases of measles and 28 cases of whooping cough in children under 5 were visited specially. In addition to the above, 1,276 visits were paid to school-children.

Infant Life Protection.—The inspection under the above is also carried out by the Health Visitors and in 1936 they paid 128 visits in this connection. At the beginning of the year there were 20 and at the end 16 persons on the register as foster mothers and they received 20 children for reward. None of these children died, and in all cases their care and attention was satisfactory.

Orthopædic Treatment.—Any toddler found to require this treatment is referred from the Maternity and Child Welfare Clinics to the Orthopædic Clinic at the Royal Surrey County Hospital where they are examined by the specialist and treated. He always most courteously sends a report back on each one. In-patient treatment is obtained either in that Hospital or at the Pyrford or Alton Orthopædic Hospitals. Following up is done by the Health Visitors.

Supervision of Nursing Homes.—There are now six Nursing Homes in Guildford offering 48 beds and 2 cots. Of these, 22 are for maternity cases only, and 26 medical and surgical. During 1936 Fairlawns Nursing Home closed down. The accommodation offered is as follows:—

Guildford District Nursing Association, 3 Wellington Place				Maternity beds	...	5
Redbræs, London Road				Medical and surgical beds	...	10
Onslow Village Nursing Home				Maternity or chronic beds	...	3
Croft House, Epsom Road				Medical and surgical beds	...	7
Guildford Clinic Nursing Home, Harvey Road				Medical and surgical beds	...	9
				Cots	...	2
				Maternity beds	...	7
				Isolation	...	1
Westfield Maternity Home, Epsom Road				Maternity beds	...	7

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

At the present time, April, 1937, the Queen's Nurses have moved to their new quarters in Stoughton Road and have doubled their maternity bed provision.

The Guildford Clinic Nursing Home are also building increased maternity accommodation.

Westfield Maternity Home now receives medical cases in addition.

Sanitary Circumstances of the Area.

Water—The deep well water supply of Guildford remains most satisfactory, both in quantity and quality. It is invariably reported upon as of a very high standard of chemical and bacteriological purity. Its only drawback is its hardness, which is not in any way detrimental to human health, although definitely troublesome to pipes, kettles and boilers.

It will be noted that in two samples bacillus coli were found. This was found to be due to contaminated anti-splash fittings on the taps, as subsequent samples taken from the same taps proved the main supply to be quite pure. Samples of water taken from the Open Air Swimming Pool were mostly satisfactory, as were the Castle Street Baths. One sample taken at the end of August from the Open Air Pool was reported to show contamination from bathers and it was recommended that the water be changed. Immediate steps were taken to deal with this and a subsequent sample was satisfactory. As before noted, it is necessary to keep careful watch upon the water of a swimming pool which is not changed, as, despite quite effective chlorination operation a point may be reached where the number of bathers is in excess of the water clarifying arrangements. It must be realised that

In this case, although bacteriologically the water is very pure, chemically it is not and therefore from a æsthetic point of view the water must be changed.

Quarterly sampling and bacteriological and chemical analysis 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 present in two samples due to the presence of non-splash fitting on the tap, found later to be the cause of apparent contamination, subsequent samples were quite satisfactory. *Bacillus coli* was absent in all the remaining 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 :	2;
2 days' „ :	2;
3 „ :	6.
Millmead Borehole, 1 day's incubation :	0, 0, 0, 2;
2 days' incubation :	1, 1, 3, 2;
3 „ :	1, 24, 3, 40.
Joseph's Road Borehole, 1 day's incubation :	0, 1, 1, 1;
2 day's incubation :	0, 2, 1, 1;
3 „ :	3, 12, 3, 45.
Private House Tap, 1 day's incubation :	3, 1, 7, 1, 0, 3, 12,
	14, 0, 1, 0;
2 days' incubation :	4, 1, 4, 5, 1, 1, 1;
3 „ :	112, 2, 158, 110, 8,
	110, 1800, 280, 17, 5, 10.

Bacillus Coli: Present in 1 c.c, absent in 0.1 c.c.; present in 10 c.c., absent in 1 c.c.

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

Appearance: Clear and bright.

Colour : Normal.

Odour : None.

Reaction pH. : Neutral, 7.4, 7.4, 7.4, 7.6, 7.2, 7.4.

Electrical Conductivity at 20° C. : 480, 430, 460, 440, 495, 510.

Total solids at 180° C. : 32.0, 28.5, 30.5, 29.5, 33.0, 34.0.

Chlorine in Chlorides : 1.8, 1.7, 1.9, 1.6, 2.0, 2.0.

Nitrogen in Nitrates : 0.38, 0.46, 0.48, 0.42, 0.56, 0.64.

Nitrites : Absent.

Hardness : Permanent—5.0, 4.0, 5.5, 4.5, 8.5, 9.0.

Temporary—18.0, 16.0, 17.5, 16.0, 18.5, 20.0.

Total—23.0, 20.0, 23.0, 20.5, 27.0, 29.0.

Metals : Absent.

Iron : 0.005.

Free Amonia : 0.0004, 0.0000, 0.0000, 0.0004, 0.0004, 0.0000.

Albuminoid Amonia : 0.0000, 0.0000, 0.0000, 0.0004, 0.0000, 0.0000.

Oxygen absorbed in 4 hours at 80° F. : 0.0100, 0.0000, 0.0050, 0.0150, 0.0100, 0.0100.

Drainage and Sewerage.—Little progress has been made during the past year so far as connections to the main sewers are concerned. It is satisfactory to note, however, that all houses for which main drainage is available have, in fact, been connected.

Before any further substantial quantity of sewerage can be treated it is necessary to carry out a considerable extension to the Sewage Disposal Works, and a scheme providing for this extension, costing approximately £24,500, is at present before the Ministry.

Closet Accommodation.—Plans for the provision of main sewage facilities for Burpham and the north-western districts of the Town are in an advanced stage, but owing to the difficulty in obtaining adequate contributions from land owners whose land will be considerably enhanced in

value by such facilities, the schemes are likely to be held up for some time. In this connection it is hoped that the Corporation will be successful in their efforts to secure parliamentary powers to compel contributions from such land owners, as until such powers are available, it seems only natural that sanitary authorities will not press forward main drainage schemes with the expedition which is necessary in the interests of public health.

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 the Annual Report for the year 1936, showing the work carried out by the Sanitary Inspectors in connection with the various Statutes and Byelaws relating to Public Health within the Borough. The present report is the nineteenth report I have had the honour to present to you.

For convenience of reference the Report is again drawn up in tabulated form, giving full particulars of inspections and visits, notices served and the action taken.

During the latter part of the year your Council sent me to the Civilian Anti-Gas School, Falfield, Gloucestershire, for a course of training in personal protection against gas and decontamination of materials. A First Class Instructor's Certificate was awarded by the Home Office.

The decision to appoint a second additional Sanitary Inspector will assist the work of the department considerably.

SUMMARY OF ROUTINE AND OTHER SANITARY WORK CARRIED OUT.

Ordinary inspections (including complaints, infectious diseases, etc.)	1,032
House to house inspection	208
Inspection of work in progress	93
Appointments and advisory visits	93
Houses and premises re-inspected	2,145

Inspections of Slaughterhouses	...	...	...	1,634
„ Foodshops	...	...	...	1,523
„ Cowsheds, Dairies and Milkshops	...	...	...	108
„ Bakehouses	...	...	...	26
„ Common Lodging Houses	...	...	...	21
„ Workshops	...	...	...	143
„ Outworkers' Premises	...	...	...	8
„ Factories	...	...	...	63
„ Stables	...	...	...	17
„ Markets	...	...	...	156
„ Offensive Trades	...	...	...	91
„ Rat-infested Premises	...	...	...	31
„ Places of Amusement	...	...	...	4
„ Urinals	...	...	...	23
„ Carriers' Vans, stalls and others	...	...	...	413
„ Caravans	...	...	...	2
„ Canal Boats	...	...	...	3
Smoke Observations	...	...	...	2
Ice Cream Premises	...	...	...	2
Piggeries	...	...	...	6
				<hr/>
Total Number of Inspections	...	...	...	7,840
				<hr/>

COMPLAINTS.

Animals kept as to be a Nuisance	...	...	...	5
Accumulations of refuse, manure, etc.	...	...	...	3
Drains out of repair or stopped	...	...	...	23
Dirty condition of houses	...	...	...	11
Damp condition, defective roofs, gutters, etc	...	...	...	30
Dilapidation in houses	...	...	...	35
Smoke Nuisances	...	...	...	2
Overcrowding	...	...	...	10
Rat-infested premises	...	...	...	14
Water Closets out of repair, etc.	...	...	...	17
Dustbins defective or insufficient	...	...	...	5
Verminous rooms or premises	...	...	...	22

Other complaints	...	...	...	...	...	47
Nuisance from Cesspools	...	...	...	...	...	19
Mosquitoes	...	...	...	...	...	6
Total	...	...	...	...	...	249

NOTICES SERVED.

Statutory Notices served :—

(a) Under the Public Health Act Amendment Act, 1907, Section 39 to provide water closet	...	...	...	...	3
(b) Under the Public Health Act, 1875, Section 23, to provide drains	...	...	...	...	1
(c) Under the Public Health Act, 1875, Section 36, to provide water closet, etc.	...	...	...	...	3
(d) Under the Public Health Act, 1875, Section 49, to remove offensive accumulation	...	...	...	...	1
(e) Under the Public Health Act, 1875, Section 94 to abate a nuisance	...	...	...	...	2
(f) Under the Housing Act, 1930, Section 17, to make houses reasonably fit	...	...	...	...	13
(g) Under the Housing Act, 1930, Section 18, intention to enter and execute works	...	...	...	...	2
(h) Under the Housing Act, 1930, Section 19, Order for Demolition	...	...	...	...	3
(i) Under the Housing Act, 1930, Section 39, to Occupier of Demolition Order which has become operative	...	...	...	...	3
(j) Under the Guildford Corporation Act, Section 100, to unstop drains	...	...	...	...	3
(k) Under the Guildford Corporation Act, Section 101, repairs of drains	...	...	...	...	23
Total	...	...	...	...	57

Informal Notices served	...	...	...	...	562
Letters written in reference to notices	...	...	...	...	283
Letters regarding miscellaneous matters	...	...	...	...	222

RESULT OF THE SERVICE OF NOTICES.

Statutory notices complied with	...	...	...	41
Informal notices complied with (including verbal notices)	...	...	...	510

Of this number, 73 notices were served before 31st December, 1935. The remaining outstanding notices are being dealt with.

In two cases where the owners failed to comply with notices served under Section 17 of the Housing Act, 1930, to repair their premises, 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 reconstructed	...	...	...	8
Defective drains repaired	...	...	...	9
Stopped drains cleared (soil)	...	...	...	45
Stopped drains cleared (surface water)	...	...	...	32
Defective soil or ventilating shafts repaired	...	...	...	8
New ventilating shafts and soil pipes provided or reconstructed	...	...	...	12
Manhole and inspection chambers provided	...	...	...	2
Manhole and inspection chamber covers provided	...	...	...	10
Drains tested with smoke	...	...	...	24
Drains tested chemically	...	...	...	6
Drains tested with water	...	...	...	43
Stoneware gullies provided	...	...	...	17
Stoneware drains laid, 4in.	...	...	feet	797
Fresh air inlets provided or repaired	...	...	...	4

Cesspools made watertight	17
Cesspools abolished	7
Premises connected to public sewer	7

Water Closets.

Additional water closets provided	10
New pans provided	31
Water closets unstopped, cleansed or repaired ...	13
New flushing cisterns provided or repaired ...	31
New seats provided	14
Wooden enclosures removed	12
Other repairs	13

Sanitary Fittings, Sinks, Baths, etc.

New glazed sinks, provided	31
Waste pipes repaired, trapped or unstopped ...	21
Urinals cleaned or repaired	5
Sink channels provided or repaired	14
Strainers provided to sink gullies	2
Lavatory basins provided	14

Dilapidations.

House roofs repaired	72
Eaves, gutters, rainwater pipes, etc., repaired ...	53
Defective ceilings repaired or renewed	53
Defective internal walls repaired	48
Defective floors repaired or renewed	63
Defective windows repaired or renewed	49
Stoves or coppers renewed or repaired	69
Doors repaired or renewed	28
Rooms cleansed, re-distempered or re-papered ...	318
Yard paving repaired	40
Sashcords renewed	65
External walls repaired	3
Stairs repaired	9
Other repairs	5

House Refuse.

Brick ashpits abolished	...	...	...	...	7
New dustbins provided	...	...	...	...	168

Dampness of Walls.

External walls rendered with cement	...	...	...	...	22
External walls coated with solution outside	...	...	...	...	7
Internal walls rendered with waterproof cement	...	...	...	...	67
Cement plinths provided at base of external wall	...	...	...	...	1
Repairs carried out to eaves, gutters, window sills, etc. (including 53 under dilapidations)	...	...	...	...	91
Walls pointed	...	...	...	...	20
Damp-proof courses provided	...	...	...	...	3
Window sills repaired	...	...	...	...	4
Miscellaneous remedies	...	...	...	...	9

Miscellaneous.

Ventilation under floors provided	...	...	...	...	4
Permanent means of ventilation provided to rooms	...	...	...	...	21
Permanent means of light provided to rooms	...	...	...	...	12
Accumulation of refuse, manure, etc., removed	...	...	...	...	26
Handrails provided	...	...	...	...	23
Verminous rooms cleansed	...	...	...	...	125
Rat-infested premises cleared	...	...	...	...	20
Water supplies provided or repaired	...	...	...	...	5
Number of rooms disinfected	...	...	...	...	284
Enquiries into infectious disease	...	...	...	...	223
Dairies limewashed	...	...	...	...	2
Cowsheds limewashed	...	...	...	...	5
Slaughterhouses limewashed	...	...	...	...	32
Bakehouses limewashed	...	...	...	...	7
Light and ventilation provided to cowsheds	...	...	...	...	3
Drainage and paving provided to cowsheds	...	...	...	...	3
Water samples taken	...	...	...	...	32
Nuisances from animals abated	...	...	...	...	3
Other defects remedied	...	...	...	...	38

SMOKE ABATEMENT.

Only two complaints of nuisances from smoke were received during the year. One of these related to the Gas Works and was abated on communication with the Manager, the other was found to be a domestic chimney, and although not coming within the provisions of the Act, an interview with the occupier removed any further cause of complaint.

No detailed observations were made of the few factory chimneys in the town, as only a negligible quantity of smoke is ever seen to issue from them.

COMMON LODGING HOUSES.

One registered common lodging house, accommodating 40 lodgers, was removed from the register. Summary proceedings were instituted against the keeper for receiving lodgers without being registered and he was bound over in the sum of £5 and the common lodging house closed.

Only one registered common lodging house remains, accommodating 42 lodgers.

No cases of infectious disease occurred in either of the houses during the year.

Twenty-one inspections were made.

Of the three other lodging houses not coming within the legal definition of a Common Lodging House, one was burnt down during the year.

SLAUGHTERHOUSES.

There are eight slaughterhouses, of these, two are licenced and six registered. Slaughtering is only done once a year at one of the registered slaughterhouses.

The slaughterhouses are situated in various parts of the Town, some widely apart.

A regular system of meat inspection is observed, the visits for this purpose numbering 1,634, which are nearly all made in the late afternoon or evening. At the same time attention is given to the requirements of the Meat Regulations and to ensure that the Byelaws under which these premises are controlled are being adhered to.

The provisions of the Slaughter of Animals Act are well complied with.

Twenty- two licences to slaughtermen, under this Act, were renewed at the end of the year, and five new licences granted.

OFFENSIVE TRADES.

Two of the businesses of fish fryers were discontinued, leaving eight at present on the register. There was a change of occupier in one of these.

An application received for permission to establish the trade of fish fryer was not granted.

The number of offensive trades carried on at the By-Products Factory, Walnut Tree Close, was added to by the erection of a large building for the tanning and dressing of skins.

There is only one rag and bone dealer in the District.

Periodical visits are made to these premises to ascertain that the Byelaws were not infringed. Two complaints of smells from the By-Products Factory were found on investigation to be due to the burning of refuse in the open.

SHOPS ACT, 1934.

As instructed by the Council, the Shops Act Inspector reports any contravention regarding the health and comfort of workers employed in shops, to this department.

As a result of such action two additional W.C.s were provided and suitable arrangements made for separate sanitary accomodation for the sexes in nine other instances. Owing to the restricted space at five shop remises, separate sanitary accomodation could not be provided for the sexes.

Exemption certificates in accordance with the provision of the Act were granted in four instances.

MOSQUITOES.

Circular letters on mosquito control were sent to occupiers of premises in the districts likely to be affected.

Stagnant waters on properties belonging to the Corporation were sprayed with oil.

HOUSE-TO-HOUSE INSPECTION.

During the year 208 inspections were made under the Housing (Consolidated) Regulations, 1925, in the following roads :—

	Houses.
Queen's Road	3
King's Road	19
Drummond Road	80
Willow Cottages, Boxgrove Road	9
Cline Road	86
Ludlow Road	11

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

DISINFESTATION.

The procedure followed depends on the extent of the infestation by bed bugs.

In badly infested houses fumigation is carried out after the removal of the wallpaper, skirtings, architraves, picture rails, etc. Before refixing the latter woodwork, the

backs are flared with a painter's blow-lamp and creosoted. All cracks and crevices are sprayed with insecticide and made good before re-decoration.

In the cases of slight infestation the woodwork is loosened and sprayed with insecticide.

Occupiers are instructed how to help in the matter, and insecticide is supplied to them.

Last year 22 Council houses and eleven houses privately owned were found to be infested and were dealt with.

The work in the case of Council houses is carried out by the Corporation and by owners and occupiers in other houses, although assistance is often given.

In the past no action was taken regarding the belongings of tenants removing to Council houses. Recently an arrangement has been made that the houses and effects of prospective tenants of Council houses are to be inspected, and, if necessary, disinfected before removal to Council houses.

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)	65	Nil	Nil
Workshops (including Work- shop Laundries) ...	147	11	Nil
Workplaces (other than Out- workers' Premises) ...	22	3	Nil
...	234	14	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 ...	27	24	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 ...	6	6	Nil	Nil
Sanitary Accommodation—				
Insufficient ...	1	Nil	Nil	Nil
Unsuitable or Defective	1	1	Nil	Nil
Not separate for sexes	Nil	Nil	Nil	Nil
Offences under the Factory and Workshops Act—				
Illegal occupation of underground Bake- houses (Sec. 101) ...	Nil	Nil	Nil	Nil
Other Offences ...	2	Nil	2	Nil
TOTAL ...	37	31	2	Nil

Inspection and Supervision of Food.

MILK.

Nine applications for registration for the sale of milk were received during the year. Three of these were for new dairies, including a Milk Bar opened in the High Street. Three from purveyors with registered premises outside the Borough and the remaining three were new proprietors of existing businesses.

The following table shows the number of purveyors and premises on the register at the end of the year :—

Cowkeepers	17
Retail purveyors with registered premises in the Borough	14
Retail purveyors with registered premises outside the Borough	18
Shops dealing with bottled milk only ...	17
TOTAL	66

One newly constructed dairy premises has been established at Merrow.

The standard of cleanliness maintained at the cow-sheds and dairies may be regarded as satisfactory. One hundred and eight visits were made during the year.

Ten of the cowkeepers hold Accredited Milk Licences.

BACTERIOLOGICAL EXAMINATION OF MILK.

A total of 55 samples of milk were submitted to the Surrey County Hospital Laboratories for bacteriological examination with the following results :—

	No. of Samples.		
	Winter (Oct. to March).	Summer (April to Sept.)	Total.
Bacteria not exceeding 5,000 per c.c.	4	3	7
Bacteria exceeding 5,000, but less than 10,000	9	9	18
Bacteria exceeding 10,000, but less than 30,000	5	9	14
Bacteria exceeding 30,000, but less than 50,000	3	4	7
Bacteria exceeding 50,000, but less than 200,000	0	9	9
Bacteria exceeding 200,000 ...	0	0	0
	21	34	55

				No. of Samples.		Total.
				Winter (Oct. to March).	Summer (April to Sept.)	
Bacillus Coli—						
Not present	...	...	...	18	19	37
Positive in 1/10th	...	...	...	2	5	7
„ „ 1/100th	...	...	...	0	4	4
„ „ 1/1000th	...	...	...	1	6	7
				—	—	—
				21	34	55
				—	—	—

Copies of the reports received are sent to the producers and retail purveyors of the milk and also, if the milk is not of the desired standard of cleanliness, to the Health Authority of the District in which the farm is situated.

In addition six samples of milk were taken from houses of typhoid fever patients, also one sample of ice cream, two of butter and three of ice cream powder were taken.

GRADED MILKS.

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

Dealers' Licences, " Certified " Milk	...	...	5
„ „ „ Grade A (T.T.) Milk	...	...	3
„ „ „ Grade A " Milk	...	...	5
„ „ „ Pasteurised " Milk	...	...	1
Licence for Bottling " Grade A (T.T.) " Milk	...	...	1
„ „ „ „ Grade A " Milk	...	...	1
„ „ „ Pasteurising Milk	...	...	2

Two samples of " Grade A " and three of " Pasteurised " milk were taken for bacteriological examination, and all came up to the prescribed standard.

MEAT AND FOOD INSPECTION.

Systematic visits to slaughterhouses are made during times of regular slaughter and at such other times as occasion demands. This is carried out for the purpose of

ensuring, as far as practicable, that all animals slaughtered within the Borough are inspected before being exposed for sale.

It was only necessary on one occasion to make a formal seizure, the butchers, when their attention is drawn to any diseased meat, readily agree to voluntarily surrender the same.

There was an increase in the number of animal carcasses inspected at the private slaughterhouses during the year. The following table shows the number inspected and the number found affected with tuberculosis

	No. Examined.	Found with Tuberculosis.	Percentage.
*Beasts ...	2,304	166	7.2
Pigs ...	5,781	177	2.02
Sheep ...	9,851	0	0.00
Calves ...	842	7	.83
	<hr/> 18,778 <hr/>	<hr/> 290 <hr/>	<hr/> 1.54 <hr/>

*The numbers for cows are not available.

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

Cows—

1 Carcass (with offal)	Generalised Tuberculosis
1 Carcass (with offal)	Emaciation

Beef—

70 Heads (with tongues)	Localised Tuberculosis
18 Forequarters	" "
2 Pieces of Skirting	" "
1 Brisket	" "
1 Top Piece of Beef	Lipoma
1 Leg of Beef	Injury
17 lbs. Liver	Unsound
15 Pieces of Beef	"
1 Tin Corned Beef	"
5 Carcasses (with offal)	Generalised Tuberculosis

Pork—

110 Heads (with tongues)	Localised Tuberculosis
1 Forepart of Pig	"
1 Leg of Pork	Injury
1 Side of Pork	Abscesses
5 Pieces of Bacon	Unsound
1 Piece of Cooked Ham	"
10 Carcases (with offal)	Generalised Tuberculosis
1 Carcass (with offal)	Extensive Pleurisy
2 Carcases (with offal)	Septicæmia
1 Carcass (with offal)	Oedema

Mutton—

4 Hind Quarters	Injury
26 lbs. Liver	Unsound

Veal—

1 Head (with tongue)	Localised Tuberculosis
1 Carcass (with offal)	Pyæmia
1 Carcass (with offal)	Generalised Tuberculosis

Fish—

2 Cases of Herrings	Unsound
6 Boxes of Kippers	Unsound
2 Boxes of Bloaters	"
2 Boxes of Cured Fillets	"
7 Tins of Prawns	"
8 stone of wet fish	"

Vegetables, Etc.—

1 Pad of Asparagras	Unsound
30 cwt. of Potatoes	"
18 doz. Eggs	"

1,291 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 8 tons 15 cwts. 1 qr. 2lbs.

Meat and other food condemned as unfit for food is destroyed at the local By-Products Factory or the Refuse Destructor. Sixty-four 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 inspection of Shops, Stores					
Stalls, Vans and Other Vehicles ...	...	413	1		
Infringements at Shops ...	...	1	1		
Infringements at Slaughterhouses ...	...	6	6		
Infringements of Vans ...	...	1	1		

RATS AND MICE (DESTRUCTION) ACT, 1919.

National Rat Week was held from the 2nd to the 7th 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.

Thirty-one 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 brought 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)	355
(b) Number of inspections made for the purpose	355
2. (a) Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	208
(b) Number of inspections made for the purpose	208
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
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	301

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

Numbers of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	208
---	-----

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 ...	13
2. Number of dwelling houses which were rendered fit after service of formal Notices :—	
(a) By Owners	4
(b) By Local Authority in default of Owners	2

B.—Proceedings under Public Health Acts : —

- | | |
|--|-----|
| 1. Number of dwelling houses in respect of which Notices were served requiring defects to be remedied | 1 |
| 2. Number of dwelling houses in which defects were remedied after service of formal Notices : | |
| (a) By Owners | Nil |
| (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 | 3 |
| 2. Number of dwelling houses demolished in pursuance of Demolition Orders | 3 |

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 | Nil |
| 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 |

4.—Housing Act, 1935—Overcrowding.

The result of the inspection with regard to overcrowding showed that there were 72 cases. Of these only 14 were of a serious nature. The Council have in the course of construction 164 new houses and it is hoped that during the course of the next few months the Housing Committee will be able to alleviate a very considerable proportion of the overcrowded cases, either by allotting direct to the tenants of overcrowded houses one of the new

houses, or by means of transfer among their existing tenants. The figures relating to overcrowding are as follows :—

A.—1. Number of dwellings overcrowded at the end					
of year	...	...	...	...	72
2. Number of families dwelling therein					83
3. Number of persons dwelling therein					483
B.—Number of new cases of overcrowding reported					
during the year	...	...	...	...	10
C.—1. Number of cases of overcrowding relieved					
during the year	...	...	...	...	12
2. Number of persons concerned in such cases					51
How abatement was effected :—					
By families voluntarily moving to other houses					
or leaving the Town	...	...	...	...	8
By removal of lodgers to Council flat					1
By offer of larger Council houses					2
By offer of Council house					1

Inspection and Supervision of Foods.

Milk Supply.—The classification of the results of bacteriological analysis of the samples of milk taken during the year again shows a very high standard of cleanliness. Twenty-five samples had a count of under 10,000 bacteria per cubic centimetre, and 36 samples revealed a milk equal to the highest standard 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 supply 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 and owners to correct any defect which was discovered.

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.

Auulteration.—The report of Mr. H. Holroyd, the Inspector under the Sale of Food and Drugs Acts, is as follows :—

124 samples were taken during the year. All these were found genuine on analysis with the exception of one sample of milk and four of butter. Of these the milk was found slightly deficient in milk solids other than fat and the butter contained excess water. Action was taken in three cases.

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

Milk 50; butter 11 (9 informal); ground almonds (informal) 6; tea 5; preserved pork sausages 3; white pepper 3; beef suet 2; coffee 2; cream (informal) 2; apple juice (informal) 1; arrowroot 1; baking powder 1; beef dripping 1; beef sausage 1; brawn 1; breakfast sausage 1; cheddar cheese 1; cocoa 1; coffee mixture 1; corned beef 1; corn flour 1; dried fruit 1; dried peas 1; egg and thyme stuffing 1; faggot 1; gin (informal) 1; goat's milk 1; grape fruit squash 1; ground ginger 1; honey (informal) 1; jellied veal 1; lard 1; lemonade powder 1; lemon cheese (informal) 1; lemon squash 1; luncheon sausage 1;

macaroni (informal) 1; mixed fruit 1; pickles (informal) 1; pork sausage 1; sherry (informal) 1; tomato catsup (informal) 1; velard 1; vinegar (informal) 1.

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.

In 1936 there was a definite increase in notifiable infectious disease. This was due to the increased incidence of diphtheria and scarlet fever. The remarks I made last year upon scarlet fever hold equally good for 1936. Each year it is being made more abundantly clear that the disease is spread by undiagnosable carriers of infection. The hæmolytic streptococcal throat which is quite common although not producing a rash in many people may do so in others and thus give rise to diagnosable scarlet fever. Swabbing is quite useless to detect this infection and its cost is prohibitive. Its use is limited to special cases. No known bacteriological method has yet been devised for detecting scarlet fever in a throat, and the fact that hæmolytic streptococci are found does not necessarily indicate scarlet fever at all. It is also impossible to ascertain the group to which any case of scarlet fever belongs, which means that the complete elimination of return cases is an impossibility. This is because a child convalescent from one group infection of scarlet fever may be infected by another group from another case and carry this second group infection home.

Other diseases than the two above mentioned caused but little trouble.

Scarlet Fever.—There were 196 cases of this disease, 18 more than in 1935. Monthly notifications were in order as follows:—26, 21, 23, 13, 27, 10, 15, 9, 13, 7, 12, 15.

Seventy-six cases fell in the 5/10 age group, about the same as last year. Forty-four children under 5 were affected, of whom 21 were 4 years old. There were 102 school children affected and these were scattered fairly evenly throughout the schools. The usual home visitation was carried out, as well as an inspection of class mates at school during the incubation period, and this sufficed to prevent spread of infection. Certain school contacts were, of course, affected, but for the most part any spread of infection was familial and a considerable proportion of cases were sporadic, which means simply that no definite source of infection could be traced. During the year the Council authorised the supply of scarlet fever antitoxin for use in the passive immunising of home contacts. All medical practitioners were circularised that this facility was available and requested to avail themselves of it. It was hoped by this means to check the spread of familial infection. Immunity given is, of course, only a transient one lasting from two to three weeks only, but sufficient to protect from infection by a first case. Active immunisation was considered, but owing to the long course of injections required, the length of time before full immunity develops and the uncertainty of the period of immunity gained, the Council decided not to proceed with it. In any case, the mortality is practically nil and the resulting disability of the disease also generally negligible. So that the value of active immunisation, as well as on the grounds above mentioned, as on those now noted and the fact that response to its offer would in all probability be too small to be of any use in altering the incidence of the disease, made the proposal not a very attractive one.

There were a certain number of complicated cases of scarlet fever, these being as follows:—13 otitis media, of which 2 had a mastoid operation and 2 measles in addition to scarlet fever. The only other complication of note was rheumatism in one case. Again in 1936 the weather was

poor and wet, thus preventing that open air convalescence which is so important to restore health and clear up discharges in scarlet cases.

Diphtheria.—There were 78 cases of this disease, more than double the number in 1935. The infection was chiefly apparent in the first quarter of the year, 40 cases falling in that period. The type was, unfortunately, a severe one and six deaths were recorded. Forty-eight, rather more than half of the cases, were schoolchildren attending elementary schools. Of these, 27 attended the Stoughton Schools, 8 the Northmead Girls' School and 1 the Boys', 3 each Sandfield, Bellfields and Stoke and 1 each Westborough, Central and Charlotteville. It is easy to judge from the above that the greater part of infection was situated in the northern area of the Borough. As there was a definite crop of cases in March due to a common source of infection, a brief description of this might be useful:—In January there were 11 notifications, of which 8 were schoolchildren attending the same school and spread of infection being fairly definitely due to children attending school with sore throats.

In February there were 6 cases, one being an adult convalescent from the disease when notified and another not a clinical case, but a carrier with a sore throat.

In March, however, there were 24 notifications due to a spread of infection at entertainments attended by a child on February 26th, who was removed to hospital on March 1st. On the three succeeding days 3 more children who had attended the same entertainments were notified. Of these one died. A baby brother of one of these was also notified. Examination of the class at school attended by these children revealed a nasal carrier of diphtheria who had had nasal catarrh for the past fortnight. Undoubtedly she infected all the above at the entertainments which she also attended and in addition 5 other girls attending the

same school. Twelve school children and 2 under school age, 14 in all, were affected traceably by this carrier.

The infection was a virulent one and late and prolonged paralysis affected several of the girls, convalescence being most protracted and debility marked.

In April only 8 cases were notified, but still of a severe type, a mother and her child both succumbing to the disease. No connection with previous cases could be traced in 7 of the cases.

In May another school carrier was responsible for 4 cases, of which one died.

June and July produced 3 and 2 cases respectively, but there were 10 very mild cases in August as were all the remaining cases notified during the year, many being little more than bacteriological diphtheritic infections and the two November notifications proved not to be diphtheria at all.

There was, however, very definite reason during 1936 for a much greater demand for diphtheritic immunisation than was actually the case. Only 125 children in all have been brought for diphtheria immunisation. This is extraordinary and only explicable by a lack of appreciation of the meaning of the value of the procedure.

Enteric.—There were six notifications of this disease. Of these one child, a mild case, was nursed at home, and the other five were admitted to hospital. Four cases were notified during July. Of these, two were adults and two children. All were infected by the paratyphoid B. organism, but no connection whatever could be traced between the cases who were complete strangers living in different parts of the Town. The adults were very severely infected and one, a man, died in a coma. The children were as mildly affected as the adults were severely. Water and milk samples failed to reveal any infection and drainage was quite satisfactory. The source

of origin of the outbreak remains a complete mystery. There was no spread of infection. In September two brothers, recently returned from a holiday in Bournemouth, were notified as suffering from a typhosus infection. As this was the prevailing Bournemouth infection, origin was obvious. Both recovered satisfactorily.

Pneumonia.—Thirteen cases of pneumonia were notified and 19 deaths were ascribed to this cause. Of these only one had previously been notified and in eight cases the disease was a bronchopneumonia, only notifiable if due to influenza. This leaves eight cases which should have been notified.

Erysipelas.—Six notifications were received, two cases were treated in hospital, and in two instances erysipelas was recorded on a death certificate.

Encephalitis Lethargica.—One notification was received of a case which afterwards died in hospital, death being certified as due to tubercular meningitis.

Puerperal Fever and Pyrexia.—Two cases of puerperal fever and six of pyrexia were notified. Of these, four were treated in hospital and two in nursing homes. One of the cases notified as puerperal fever was found to be suffering from scarlet fever and was admitted to the Isolation Hospital.

...

Mr. H. B. Butler, F.R.C.S.E., was called in once during the year.

Hospital arrangements are made at the Warren Road Hospital for the reception of these cases.

Tuberculosis.—Thirty-nine cases of pulmonary and seven of non-pulmonary tuberculosis were notified in 1936 for the first time. This is a considerable increase in pulmonary cases. Eighteen were males and 11 females of pulmonary, and five males and two females from non-pulmonary. Two pulmonary cases were subsequently removed from the register as non-tuberculous. Of the 20

deaths from pulmonary tuberculosis, nine had been previously notified. Of the remainder, one died in the County Hospital, five in Warren Road Hospital and five died out of the Borough.

**Notifiable Diseases (other than Tuberculosis)
during the year 1936.**

Disease				Total Cases Notified.	Cases admitted to Hospital.	Total Deaths
Scarlet Fever	...	...	...	96	185	—
Diphtheria	...	...	...	78	77	5
Puerperal Fever	...	...	...	2	2	5
„ Pyrexia	...	...	...	6	2	—
Pneumonia	...	...	...	13	2	19
Erysipelas	...	...	...	6	2	2
Typhoid	...	...	...	6	5	1
Meningococcal Meningitis	...	...	...	1	1	—
Ophthalmia Neonatorum	...	...	...	2	1	—
Encephalitis Lethargica	...	...	...	1	1	—
TOTALS				311	278	28

Tuberculosis.—New Cases and Mortality during 1936.

Age. Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	2	—	—	—	—	—
5	—	—	2	1	—	—	—	—
10	—	—	—	—	—	—	—	—
15	—	2	—	—	—	—	—	—
20	2	—	—	—	—	—	—	—
25	1	5	1	1	2	3	1	—
35	4	4	—	—	2	3	—	1
45	6	—	—	—	1	—	—	—
55	4	—	—	—	3	1	—	—
65 & over	1	—	—	—	—	—	—	—
TOTALS	18	11	5	2	8	7	1	1

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	—	4	9	10	21	76	32	10	22	8	4	—
Diphtheria	—	1	1	—	5	40	17	2	10	1	—	—
Puerperal Fever	—	—	—	—	—	—	—	—	2	—	—	—
Pneumonia ...	—	—	—	—	—	1	—	1	3	—	5	3
Erysipelas ...	—	—	—	—	—	—	—	—	2	2	1	1
Typhoid ...	—	—	—	—	—	1	3	—	2	—	—	—
Meningococcal Meningitis	—	—	—	—	—	—	—	—	1	—	—	—
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	1	—	—	—
Totals ...	2	5	10	10	26	118	52	13	49	11	10	4





ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.Extract from page X of Circular 1561, dated 16th October 1936TUBERCULOSIS.New Cases and Mortality during 1936.*

Particulars of new cases of tuberculosis and of deaths from the disease in the area during 1936 should be given in the Report in the following form:-

Age Periods.	New Cases ϕ				Deaths \dagger			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0- ...					—			
1- ...					—			1
5- ...					—			
15- ...					2	4	1	
25- ...					3	3		1
35- ...					3			
45- ...					4	1		
55- ...					—			
65-and upwards								
TOTALS					13	8	1	12

*(1) Also specify the ratio of non-notified tuberculosis deaths to total tuberculosis deaths, and add a note as to the efficiency of notification of tuberculosis in the area, and the action taken, if any, including particulars of any proceedings taken in cases of wilful neglect or refusal to notify.

(2) If there is evidence of excessive incidence of, or mortality from, tuberculosis in any particular occupation in the area, a note on the subject should be included.

ϕ All primary notifications should be included, and also any other new cases of tuberculosis which came to the 'knowledge' of the Medical Officer of Health during the year.

\dagger Deaths occurring in the district amongst temporary residents, who are transferred to another district, should not be included, but deaths occurring outside the district amongst persons normally resident in the district should be included (see returns of transferable deaths furnished by the Registrar-General).

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Report in the following fo

Age Periods.		New Cases		
		Respiratory		Non-F
		M.	F.	M.
0-	o o o			
1-	o o o			
5-	o o o			
15-	o o o			
25-	o o o			

