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ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

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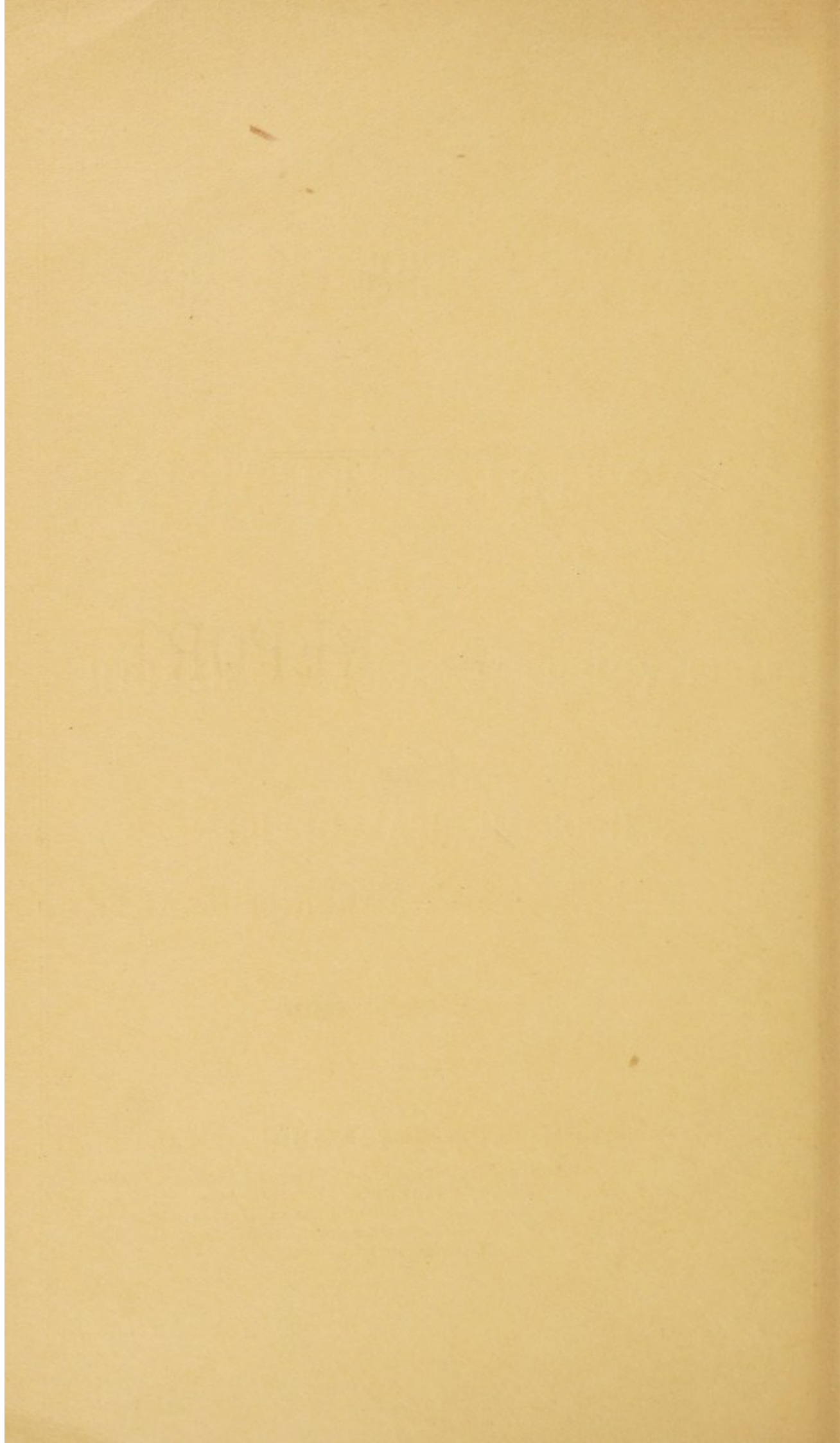
SCHOOL MEDICAL OFFICER

FOR THE YEAR

— 1924, —

By JOSEPH CATES,

M.D., State Medicine, B.S. (Lond.), D.P.H. (Camb.).



Surrey County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER of HEALTH

For the Year 1924

BY

JOSEPH CATES, M.D., State Medicine, B.S. (Lond.) ; D.P.H. (Camb).

Fellow of the Royal Society of Medicine, of the Society of Medical Officers of Health, and of the Royal Sanitary Institute. Formerly Demonstrator of Public Health at King's College, University of London, Medical Officer of Health of the Borough and Port of Lancaster and of the County Borough of St. Helens.

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PREFACE.

Compared with the country as a whole, the vital statistics of Surrey for the year 1924 must be regarded as satisfactory, although in certain directions the figures are less favourable than those of the previous year.

The birth rate for the county is rather lower, the infant death rate and general death rate are slightly higher than the corresponding rates for 1923.

Influenza and its respiratory complications were among the causes of the increase in the death rate.

Cancer was responsible for a thousand and seventy-nine deaths—sixty-nine more than in the preceding year. Early and complete removal of the growth is the most hopeful form of treatment.

Recent researches seem to show that the time is approaching when diphtheria and scarlet fever will be regarded as preventable diseases. Dr. West and Dr. Donaldson have summarised the position in the pages following.

Smallpox in a mild form is prevalent in several parts of England, and although vaccination confers immunity from the disease, this safeguard is largely neglected.

The Council has now an organised scheme for the discovery and treatment of crippling defects. Details of the work will be found in a section of this report.

Judicious expenditure in the prevention of sickness is an investment which no nation can safely neglect.

JOSEPH CATES.

Public Health Department,
5, Grove Crescent,
Kingston-on-Thames,

20th May, 1925.

STAFF.

County Medical Officer of Health.

Joseph Cates, M.D., B.S. (Lond.), D.P.H. (Camb.).

Deputy County Medical Officer of Health.

T. Ruddock-West, M.B., B.S. (Durh.), D.P.H. (Camb.).

Assistant Medical Officers.

WHOLE TIME.

Archibald, Marian H.	...	...	M.A., M.D., D.P.H.
Attlee, C. K., 1	...	...	M.R.C.S., L.R.C.P.
Cairney, Maud C.	...	...	M.B., Ch.B., D.P.H.
Donaldson, Eric	...	...	M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Hayes, A. H.	...	...	F.R.C.P., M.R.C.S., D.P.H.
Herington, C. E. E.	..	...	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Hodge, Agnes J.	...	...	M.B., D.P.H.
Ironside, A. E., M.C.	...	...	M.R.C.S., L.R.C.P., D.P.H., L.D.S., R.C.S.
Lakin, C. L.	...	...	M.D., B.S., M.R.C.S., L.R.C.P.
Livingstone, D. M., 2	...	...	M.D. B.Sc. (P.H.).
Macmillan, Ada J.	...	...	M.D.
Massey, A.	...	...	M.B., Ch.B., D.P.H.
Renwick, A. C., 1...	...	...	M.D., D.P.H.
Steward, S. J., D.S.O., 3	..	...	M.D., M.R.C.S., L.R.C.P., D.P.H.

PART TIME.

Davison, R.	...	...	M.D., M.R.C.S.
Habgood, W.	...	...	M.D., M.R.C.S., L.R.C.P., D.P.H.
Sloman, S. G.	...	...	M.R.C.S., L.R.C.P.
Wilkes, E. A. Freear	...	...	M.R.C.S., L.R.C.P., D.P.H.

School Dental Surgeons.

WHOLE TIME.

Griffin, T. H.	...	...	L.D.S., R.C.S.
Hagen, F. J.	...	...	L.D.S., R.C.S.
Rhodes, W. E.	...	...	L.D.S., R.C.S.
Stephenson, S. G. A.	...	...	L.D.S., R.C.S.

PART TIME.

Hughes, A. Morgan, M.C.	...	M.R.C.S., L.R.C.P., L.D.S., R.C.S.
-------------------------	-----	------------------------------------

1 Tuberculosis Officer.

2 Ophthalmic Surgeon.

3 Medical Officer for Mental Defect.

Health Visitors.

Dinsley, K., Superintendent, 1, 2, 3, 4, 5.

Arrowsmith, M., 2, 3	Hebbes, E. M., 1, 2, 3	Mitchell, A. H., 1, 2
Barnes, R., 2, 3	Henniker, C. M., 1, 2, 3	Nickels, E. E., 1, 2, 3
Batchelder, B., 1, 2, 3	Howard, J., 1, 2, 3	Parnell, M., 1, 2, 3
Bennett, E. R., 1, 2	Huffer, M. E., 1, 2, 3	Payne, M., 1, 2, 3
Brocklehurst, M., 1, 2, 3	Jackson, G. H., 1, 2, 3	Robb, W., 1, 2, 3
Collings, J., 1, 2, 3	James, E. J., 1, 2, 3	Ross, F., 1, 2, 3
Comper, B. E., 2	Jay, F. K., 1, 2	Sayer, F., 2, 3
Cornock, M. M., 1, 2, 3	Larkin, F. E., 1, 2, 3	Smith, D. A., 1, 2, 3
Cracknell, J. M., 1, 2, 3	Laws, M. 2	Southall, B. I., 1, 2, 3
Darville, E. W., 1, 2, 3	Leigh, L. F., 1, 2, 3	Tansell, E. C., 1, 2, 3
Draper, A. E., 1, 2, 3, 5	McCleary M., 1, 2, 3	Thorpe, M. E., 1, 2, 3
Gordon-Aitken, G. V., 1, 2	McNish, J., 1, 2	Trobe, C., 1, 2
Gurney, E. G., 1, 2	Mander, E. E. A., 1, 2, 3	Turner, R. E., 1, 2, 3
Harold, E. L., 1, 2, 3	Miller, G. E., 1, 2, 3	Wailes, M. E. A., 1, 2, 3
Hawkes, M. E., 1, 2, 4	Mitchell, A. G., 1, 2	Willcox, E. A., 1, 2, 3

Clerical.

Lunn, H. G....	...	...	Barrister-at-Law, Assistant Clerk to the Council attached to the Public Health Department.
Menzies, John C., 4	....	.....	Chief Departmental Clerk.
Whitton, J. E.	...	....	Staff Clerk.
Tyler, Leonard A.	...	....	" "
Goodale, E. T.	....	....	" "
Manester, W. L.	...	....	Office Clerk.
Ramm, C. W.	...	....	" "
Russell, H. F. G.	...	....	" "
Berry, F.	...	....	" "
Sanders, G. F.	...	....	" "
Barrett, H. A.	...	....	Junior Clerk.
Lambert, L. W.	...	....	"
Elliot, K.	...	....	Shorthand Typist.
Rider, F. E.	...	....	" "
Charman, D. M.	...	....	" "
Hunt, A. A.	...	....	Probationer.

1 Fully trained nurse.

2 Certificate of the Central Midwives Board.

3 Certificate for Health Visitors (Royal Sanitary Institute).

4 Certificate for Sanitary Inspectors (Royal Sanitary Institute).

5 Certificate for Maternity and Infant Welfare (Royal Sanitary Institute).

MEDICAL OFFICERS OF HEALTH OF THE SEPARATE SANITARY DISTRICTS.

URBAN DISTRICTS.

1. Barnes	E. A. Freear Wilkes, M.R.C.S., L.R.C.P., D.P.H.
2. Beddington and Walling- ton	C. M. Fegen, M.R.C.S., D.P.H.
3. Carshalton	J. Williamson, M.D., D.P.H.
4. Caterham	S. Carroll, M.A., M.B., B.C., M.R.C.S., L.R.C.P.
5. Chertsey	H. Hanslow Brind, M.R.C.S., D.P.H.
6. Coulsdon and Purley ...	C. M. Fegen, M.R.C.S., D.P.H.
7. Dorking	J. Williamson, M.D., D.P.H.
8. Egham	G. Trew Cattell, M.D., D.P.H.
9. Epsom	J. Williamson, M.D., D.P.H.
10. Esher and The Dittons ...	A. Senior, M.B., D.P.H.
11. Farnham	S. G. Sloman, M.R.C.S., L.R.C.P.
12. Frimley	F. C. Davidson, M.C., M.B., Ch.B., D.P.H.
13. Godalming (M.B.) ...	T. M. Bonar, M.D., C.M., D.P.H.
14. Guildford (M.B.) ...	R. W. C. Pierce, M.D., B.Sc., D.P.H.
15. Ham	C. S. Brebner, D.S.O., M.D., D.P.H.
16. Haslemere	Roger J. Hutchinson, M.R.C.S., L.R.C.P.
17. Kingston - upon - Thames (M.B.)	Edgar Wm. Matthews, M.D., B.S., D.P.H.
18. Leatherhead	J. Williamson, M.D., D.P.H.
19. Maldens and Coombe ...	R. T. Davison, M.D., M.R.C.S.
20. Merton and Morden ...	R. T. Davison, M.D., M.R.C.S.
21. Mitcham	C. M. Fegen, M.R.C.S., D.P.H.
22. Molesey, East and West	J. E. Knox, M.B., C.M.
23. Reigate (M.B.)	A. E. Porter, M.A., M.D., D.P.H.
24. Richmond (M.B.) ...	C. S. Brebner, D.S.O., M.D., D.P.H.
25. Surbiton	N. H. Linzee, M.R.C.S., L.R.C.P.
26. Sutton	W. Habgood, M.D., D.P.H.
27. Walton-on-Thames ...	H. Hanslow Brind, M.R.C.S., D.P.H.
28. Weybridge	H. Hanslow Brind, M.R.C.S., D.P.H.
29. Wimbledon (M.B.) ...	A. Gilmour, M.D., D.P.H.
30. Windlesham	H. Hanslow Brind, M.R.C.S., D.P.H.
31. Woking	R. W. C. Pierce, M.D., B.Sc., D.P.H.

RURAL DISTRICTS.

1. Chertsey	H. Hanslow Brind, M.R.C.S., D.P.H.
2. Dorking	J. Williamson, M.D., D.P.H.
3. Epsom	J. Williamson, M.D., D.P.H.
4. Farnham	James Hussey, M.D., M.R.C.S. L.R.C.P.
5. Godstone	F. W. Robertson, O.B.E., M.A., M.D.
6. Guildford	R. W. C. Pierce, M.D., B.Sc., D.P.H.
7. Hambledon	T. M. Bonar, M.D., C.M., D.P.H.
8. Reigate	A. E. Porter, M.A., M.D., D.P.H.

CHIEF VITAL STATISTICS.

In the following table the chief vital statistics of the administrative county during 1924 and of its urban and rural districts are compared with those of England and Wales :—

1924.	Urban Districts.	Rural Districts.	Administrative County.	†England and Wales.
Birth-rate	15·1	14·2	14·9	18·8
Death-rate	10·7	10·4	10·6	12·2
Zymotic death-rate	0·26	0·19	0·25	‡
* Infant mortality-rate.....	52·9	50·0	52·2	75
Smallpox	nil	nil	nil	0·00
Enteric fever	0·01	0·006	0·01	0·01
Measles	0·08	0·06	0·07	0·12
Scarlet fever	0·02	0·006	0·02	0·02
Whooping cough	0·04	0·01	0·03	0·10
Diphtheria	0·05	0·07	0·06	0·06
Influenza	0·41	0·68	0·47	0·49
*Diarrhoea and enteritis (under 2 years)	3·0	1·6	2·7	7·3

* Rate per 1,000 births.

† Provisional figures.

‡ Not obtainable.

The boundary of the administrative county of Surrey is roughly quadrilateral. The north side is about twenty miles, the south thirty-six, the east and west are each about twenty-four miles. The River Thames forms the greater part of the northern boundary. In the four corners are situated the towns of Mitcham, Lingfield, Haslemere and Egham. Croydon in the north-east is the only county borough.

The county is bisected by a range of chalk hills extending from Tatsfield in the east towards Farnham in the west. This range is broken in two localities—between Dorking and Leatherhead there is a valley in which runs the River Mole, and at Guildford a belt of low land along which passes the Wey. In the south-west extremity of Surrey there are the ridges of Hindhead.

The municipal boroughs are Godalming, Guildford, Kingston-on-Thames, Reigate, Richmond, and Wimbledon.

The area of the county is 452,821 acres, or 707·5 square miles.

A penny rate for general county purposes is estimated to yield £26,886. Only four counties have a higher assessable value, only one has a lower county rate.

The net expenditure on public health services for the year ended 31st March, 1925, was £30,737.

RIVERS.

Among the more important rivers within the county are:—

1. The Mole is formed by several streams coming from the northern slopes of the forests lying between East Grinstead and Horsham. It traverses Surrey from south to north and enters the Thames opposite Hampton Court.

2. The Wey arises by two heads, one south-west of Farnham, the other south-east of Cranleigh, flowing from south to north it passes into the Thames near Weybridge.

3. The Bourne has two tributaries, the first draining the eastern side of Chobham Ridges, the second coming from Virginia Water; both flow in an easterly direction and unite as they enter the Thames near Shepperton Lock.

4. The Wandle begins in Croydon, and flowing through the populous areas of Beddington, Morden and Summerstown, goes into the Thames at Wandsworth.

5. The Hogsmill is formed by springs arising from the chalk near Ewell; it flows north-west and enters the Thames at Kingston.

6. The Eden rises by several heads in the Lingfield district, and, after a short course easterly, leaves Surrey near Edenbridge.

7. The Beverley Brook begins near Sutton and at Worcester Park, and passing north flows into the Thames near Fulham.

8. The Arun; one of the heads of this river, begins near Witley, and passing south-east leaves the county near Alfold.

The Thames and the Blackwater form a part of the boundary of the county.

A complete survey of the Hogsmill was made in 1922, of the Wandle in 1923, of Beverley Brook in 1924, and Appendix II. is the report on the Beverley Brook.

POPULATION.

The population of the administrative county on June 19th, 1921, according to the census returns, was 739,402. The estimated population at the middle of 1924 for the purpose of calculating the birth-rate was 751,000.

The population on which the death-rates are based is 742,900.

BIRTHS.

The number of births registered in the administrative county during the year was 11,213. Of these, 384, or 3·4 per cent., were illegitimate, as compared with 4·4 in 1923. The

net birth-rate was 14·9 per 1,000 of the population, a decrease of 1·1 as compared with the rate of the previous year. The birth-rate in England and Wales in 1924 was 18·8 per 1,000 population.

Table IVA. gives the birth-rate in Surrey since 1889, and table IV. shews the natural increase of the population, namely, the excess of births over deaths.

DEATHS.

The number of deaths of civilians belonging to the county after the allocation of transferable deaths was 7,906. This gives a net death-rate of 10·6 per 1,000 of the civil population as compared with 9·7 in 1923. The death-rate in England and Wales in 1924 was 12·2.

Table V. sets out the net death-rates in the sanitary areas and table VI. the causes of death at specified ages. Reference to the latter table will show that of the 7,906 deaths, tuberculosis was given as the cause in 7·5 per cent., cancer in 13·6, cerebral hæmorrhage in 5·4, and heart disease in 14·1. In table VA. is the death-rate in the county since 1889.

INFANT MORTALITY.

The number of deaths of infants under one year of age was 586. The net infant death-rate was 52 per 1,000 births as compared with 75 per 1,000 births in England and Wales. The infant death-rate for the county in 1923 was 45. The death-rate among the 384 illegitimate children born during 1924 was 177 per 1,000; more than thrice as high as the death-rate among infants born in wedlock.

The infant death-rate in the county in previous years is given in table VIIA.

Table VII. shows the infant death-rate in each of the sanitary districts. Rates below 50 per 1,000 births were recorded in 18 districts.

DEATHS—EPIDEMIC DISEASES.

The number of deaths ascribed to the seven principal epidemic diseases, viz.: small-pox, measles, scarlet fever, diphtheria, whooping cough, fever (typhus, enteric and continued), and diarrhœa (of children under two years) in 1924 was 186; and the death-rate was 0·25 per 1,000 civilians, an increase of 0·04 as compared with last year. The corresponding rate in previous years among the whole population was:—

During five years, 1900-1904	...	...	1·09 per 1,000
During five years, 1905-1909	...	...	0·84 per 1,000
During five years, 1910-1914	...	...	0·70 per 1,000
During five years, 1915-1919	...	...	0·51 per 1,000
During five years, 1920-1924	...	...	0·30 per 1,000

The rates in the separate districts are shown in table VIII.; those for previous years in VIIIA.

HEART DISEASE, RESPIRATORY DISEASES, TUBERCULOUS DISEASES, AND CANCER.

The death-rates from these causes during 1924 are given in table IX.: those for previous years in tables IXA. and IXB.

INFECTIOUS DISEASES.

The amount of infectious disease notified in 1924 is set forth in table X.

Table XI. shows the extent of infectious disease in the local sanitary areas.

Small-pox.—Unfortunately this preventible disease has been prevalent in several counties during the year, the type of the disease has been mild, and for this reason the infection has been difficult to control, but in the instances in which a virulent strain of infection has been imported the death-rate in persons unprotected by vaccination has been high. During 1924 the county medical officer of health was frequently called by district medical officers of health to examine suspected cases of small-pox.

One instance of the disease occurred in the county, the patient, a pedlar, was admitted to Clandon Hospital on the 7th October and discharged on the 11th November.

The report by County Medical Officer of Health on the occurrence of the case was as follows:—

On Tuesday, 7th October, about 11 o'clock, I received a message on the telephone from Dr. Williamson, Medical Officer of Health of Epsom Urban District, that he had received a notification that George Sillence, an inmate of the casual ward of Epsom Workhouse, was thought to be suffering from small-pox.

I arrived at the institution at about mid-day and met Dr. Stone, the Medical Officer, and Dr. Williamson.

After examination of the patient I was of the opinion that the case was certainly one of small-pox, and I arranged for the removal of Sillence to Clandon. I at once communicated with the caretaker at the institution and arranged for nursing and domestic staff. The hospital was ready for the patient at 3.30 p.m. and he arrived there at 4.30 p.m.

There were thirty inmates of the casual ward on the night of 6th October—twenty left the following morning before the disease had been detected. Every endeavour is being made to trace these vagrants and arrange for their vaccination, but the following up of a tramp who desires to escape vaccination presents difficulties. The ten inmates who had not been discharged were vaccinated and careful disinfection of the casual ward was carried out under Dr. Williamson's supervision. Arrangements were at once made by Dr. Williamson for the vaccination of the staff. Fortunately the contact between the patient and the other inmates of the ward was extremely slight, and there is reason to hope that there will not be any spread of the disease from Epsom Workhouse.

The authorities of the institution are to be congratulated on the promptness with which they dealt with a difficult situation.

Leaving Epsom I went at once to the West Middlesex Hospital (the Isleworth Infirmary) and Workhouse at Isleworth from which Sillence had been discharged on the previous day, and I had an interview with Dr. Nash, Medical Officer of Health of Heston and Isleworth Urban District, the Assistant Medical Superintendent of the institution and the Matron. Dr. Nash immediately took steps to arrange for the vaccination of contacts and the disinfection of clothing.

In the infirmary and in the infirm ward of the workhouse, Sillence had been in close contact with a large number of staff, patients and visitors, and it will be remarkable if there is no further extension of the disease.

At the time this report is written a visitor to the institution has been removed from Hounslow to Dockwell Small-pox Hospital at Mogden.

The history of the infection appears to be that on the 14th September the patient, Sillence, entered the casual ward at Hitchin. He stayed there one night. On the 15th September he walked to Luton and slept at the Welcome Stranger Lodging House. On the 16th September he walked to Harpenden and spent the night under a hedge. On the 17th September he went to Hatfield and slept in the casual ward. On the 18th September he went to Colonel Crawford's barn near Hatfield and slept there on that night and on the night of the 19th September. On the 20th September he went to Welwyn Garden City and returned to the barn to sleep. On the 21st September he walked to Luton, and, being refused admission to the Welcome Stranger which was under quarantine, he stopped at a lodging-house in a street off the St. Alban's Road. On the 22nd September he walked back to Hatfield and slept in the barn, where he remained until the 24th September, when he walked to Watford and slept in the casual ward. On the night of the 25th September he injured his arm and slept under a hedge. On the 26th September he suffered from a headache and walked from Watford through Willesden to Isleworth, where he was admitted into the infirmary. On the 27th September he had a temperature of 103; on the 28th September his temperature was 103, and on the 29th September it was 99. From the 30th September to 3rd October, when he left the infirmary, he was walking about the wards, and it is possible therefore that a rash may have been present but undetected.

On 3rd October he was discharged from the infirmary and admitted to the infirm ward of the workhouse, and there is evidence that a rash was present when he reached the infirm ward. He was discharged from the workhouse on 6th October; he walked to Epsom and was admitted to the casual ward. On 7th October he was found to be covered with a copious rash.

As a result of inquiries I have made at Luton it seems that a man in the scabbing stage of the rash was an inmate of the Welcome Stranger on or about the 16th September.

Owing to the energetic steps taken after the disease was reported only seven persons in the institution developed smallpox.

Scarlet Fever.—Dr. Ruddock West, who has given considerable attention to this subject, expresses the following opinion:—

Scarlet fever is an infectious disease which formerly took a heavy toll of child life. Fortunately the disease is now not so severe in type as it was in the middle of the last century, but the complications and sequelæ which may occur, even in mild cases, often have disastrous effects in later life; further, mild cases are apt to be disregarded and are thus responsible for much of the spread of the disease. In spite of the various methods of control, the incidence of the disease does not show a satisfactory decline. Inability to establish the identity of the causal organism has been a difficulty in the control of the disease. As early as 1876, Klein isolated micrococci from cases of scarlet fever, and ten years later he considered that a streptococcus was the causal agent. This view was not generally accepted, but recent investigations seem to indicate that a specific hæmolytic streptococcus is the cause of the disease.

Working on the assumption that scarlet fever was caused by a hæmolytic streptococcus, Drs. George and Gladys Dick, in October, 1923, claimed that they had transmitted the disease to healthy persons by swabbing their throats with cultures of this organism. In January, 1924, the Dicks reported that the filtrate of this organism gave positive skin tests in 41.6 per cent. of persons who had no history of scarlet fever.

This test, known as the "Dick Test," is analogous to the "Schick Test" in diphtheria, and has been widely adopted in America. Toxin, suitably diluted, is injected into the skin of one forearm, and a similar amount of inactivated toxin is injected into the other forearm as a control. Should the person be susceptible to scarlet fever, a local area of redness appears within four to six hours at the site of the inoculation, while the control area shows no redness.

Zingher, in 1924, reported a series of 4,870 normal cases, of which 34.4 per cent. were found positive; he also found that 100 per cent. of early cases of scarlet fever were positive and 93 per cent. of convalescent cases were negative to this test. These views were supported by Brauch and Edwards in April, 1924.

As recently as January, 1925, Ker, McCartney and McGarrity conducted a series of tests in Edinburgh, but did not obtain quite the same results.

The Dick Test may be useful in three ways:—

1. As an index of susceptibility or immunity towards scarlet fever.
2. As a valuable diagnostic aid in doubtful cases of the disease.
3. As a prelude to the production of active or passive immunity to scarlet fever.

In February, 1924, the Dicks suggested that the toxin might be used to immunise susceptible persons against scarlet fever. In July, 1924, they stated that in the Durand Hospital all nurses are tested for susceptibility before being drafted to the scarlet fever wards. When the Dick Test is positive, they are immunised by three doses of toxin, and then, if negative, are allowed to attend cases of the disease. One hundred and twenty-five persons who had been exposed to scarlet fever were tested—63 were negative and not treated, 62 were positive; these latter were immunised, and though ten had already sore throats and fever, not one developed the disease.

These reports, together with those of other workers in America, France and Italy, indicate that a method has been discovered which places the prevention of scarlet fever within the region of possibility. When it has been definitely proved that immunity can be produced, a valuable adjunct in the control of scarlet fever will have been obtained. Possibly these methods will be restricted to large institutions at first, but in the future they may be adopted in schools in order to prevent the spread of scarlet fever. It is often thought that great difficulty might be experienced in obtaining the consent of parents to the inoculation of their children, but in Edinburgh in 1924 consent was given for immunisation against diphtheria in 42·3 per cent. of children under ten years of age attending a school in the city.

Diphtheria.—Dr. Donaldson, who has had wide experience in this subject, writes:—

The Schick Test is an intra-cutaneous test of the susceptibility or insusceptibility of people to diphtheria. It is named after Bela Schick, who first devised the test about 18 years ago.

The reaction depends upon the fact that persons who have less than a certain quantity of antitoxin in their blood and tissue fluids cannot neutralise a certain standardised dose of diphtheria toxin.

Active immunisation is the process by which the tissues of a person are stimulated to produce antibodies. Active immunity depends upon the power of the body cells to respond to the stimulus of an invading organism or its products. This is in contradistinction to passive immunity, which is due to the injection of large quantities of antibodies into the circulation at one time. The former is almost certainly permanent; the latter is temporary.

The method of applying the test is very simple; a small amount of dilute toxin is injected into the skin of the left forearm. A control dose of heated toxin is injected into the skin of the right forearm. The results are noted on the 1st, 2nd, 7th and (sometimes) 14 days after testing.

In a simple positive reaction a red patch, from $\frac{1}{2}$ to 2 in. in diameter, appears in twenty-four hours to seven days; it gradually fades, leaving a brownish stain, sometimes with a little powdery desquamation.

There is no pain or constitutional disturbance whatever.

Active immunity is stimulated by the intra-muscular injection of 1.0 ccm. of a toxin-antitoxin mixture at weekly intervals, for three weeks. From one to 12 weeks later the vast majority of people so treated are shown, by the Schick test and by estimation of the antitoxin in the blood, to be immune. In this country no serious reactions have been recorded. A few cases of slight rise of temperature have occurred and a few sore arms.

Drs. Okell, Eagleton and O'Brien, of the Wellcome Physiological Research Laboratories, have devised a method of rapid control of outbreaks in institutions. The procedure, summarised, is as follows:—

1. Schick test all persons in the institution.
2. Next day separate "Positives" from "Negatives," and swab all Negatives.
3. For a few days watch throats of Positives.
4. Test for virulence all cultures showing diphtheria-like organisms. Release all avirulent carriers, and rigidly isolate all virulent carriers.
5. Commence at once active immunisation.

This method reduces expense, as the cost of Schick testing is less than that of swabbing the Positive reactors.

Some hundreds of thousands of school children have been tested and immunised in America, with very satisfactory results. A striking example of the effect, on a large scale, of active immunisation was given by Park some years ago. Ninety thousand school children were tested, and the Positive cases were immunised; after three months 80,000 were found to be immune. The Diphtheria incidence among these cases was compared with that among 90,000 children of similar ages who were untreated. Only four cases of alleged diphtheria were

reported in the treated group; in two of these no diphtheria bacilli were found; the other two were so mild as to be almost unrecognisable. In the untreated group 54 cases were reported, some of them severe; the incidence was therefore at least 12·5 times as great in this group.

A few of the earlier results may be given:—

- (i) Among 2,769 tested, 585 were positive, and from 85 to 98 per cent. were negative in three months.
- (ii) Among 329 tested, 102 were positive, and 98 per cent. were negative in three months.
- (iii) Among 2,824 tested, 1,908 were positive, and 97·7 per cent. were negative in three months.

There have been other results, all agreeing closely with those from America.

The Metropolitan Asylums Board and several Local Authorities in various parts of the kingdom are now actively immunising children.

The average number of cases of diphtheria in Surrey each year is approximately 1,000. The cost of treating these cases is considerable. This expenditure might be reduced by about 97 per cent.

The cost of carrying out Schick tests and active immunisation in one institution (158 persons) was approximately £25. A previous outbreak had cost the Committee of the Institution approximately £500.

There is not the slightest doubt that modern methods in the control of diphtheria render it possible to reduce the disease to negligible proportions, and thereby prevent loss of life and permanent ill-health.

HOSPITALS FOR INFECTIOUS DISEASES.

During 1924 a survey was made of the isolation hospital accommodation in the county, and the report is given in Appendix I.

TUBERCULOSIS.

Notifications.—During 1924 741 notifications of pulmonary tuberculosis were received; the number of deaths from this disease in the same period being 479.

Although tuberculosis is a compulsory notifiable disease and is generally of long duration, it is still common to receive notifications from medical practitioners just before or even after the death of the patient. Almost every effort has been

made to stress the importance of early notification, without which a national campaign against tuberculosis is of little avail. A public authority is naturally reluctant to enforce the penal provision of the Tuberculosis Regulations, but the time appears to be approaching when steps must be taken to deal with persistent neglect of the regulations.

The position with regard to the notification of non-pulmonary tuberculosis is even more unsatisfactory; there were in the county 117 deaths, but only 213 notifications were made during the year.

Table XI. shows the number of notifications made during 1924, and the case rate per thousand of the population; figures for preceding years are given in table XII.

The number of deaths and the death-rates are shown in table IX.

Table XIII. gives the age and sex distribution of primary cases notified in Surrey during the year.

The death-rates per 1,000 population from pulmonary tuberculosis at certain ages were as follows:—

Age period.	Pulmonary tuberculosis.	
	Male.	Female.
Under 15 years 	0·01	0·01
Over 15 years 	0·34	0·27

Dispensaries.—The list of dispensaries is set out in table XIV. The county is now reasonably well provided with dispensaries to which medical men can send patients concerning whose condition they desire the opinion of a specialist. Any person who desires examination and advice can receive it free of cost at the centres provided by the Council.

The attendances at the fifteen dispensaries are given in table XV.

Proposed County Sanatorium.—Definite progress has been made during the year with this scheme. The remuneration of the architect has been fixed and quantity surveyors have been appointed.

In the original plans the diversion of a public footpath over the northern part of the site was anticipated. Steps were taken early in the year to obtain the consents of the Parish Councils to this diversion. The Witley Parish Council gave their consent to the proposal but the Godalming Rural Parish Council declined to do so unless the County Council would undertake to make and maintain a road and footpath 8 feet wide and approximately 700 yards longer than was proposed, at an additional estimated cost of £2,000. The Public Health Committee considered the terms sought to be imposed by the Parish Council unreasonable and did not recommend the Council to accept them.

This decision involved a modification in the proposed layout of the buildings on the site. Amended block plans providing for the erection of the sanatorium buildings on either side of the footpath have accordingly been approved, the intention being to utilise the footpath, suitably fenced on either side, as a boundary between the sanatorium wards for men and women respectively.

Arrangements with regard to water supply and sewerage are now well in hand.

As an alternative to obtaining a water supply from Godalming it is proposed to sink a well on the site, a good supply of excellent water therefrom being assured.

The sewerage from the sanatorium will be conveyed to Godalming by arrangement with the Town Council. The proposed line of pipes will, in part, lay across private lands over which wayleaves have been arranged, and in part along the main road. It is hoped that the Hambledon Rural District Council will co-operate with the County Council in this matter by utilising as a sewer that part of the drain which will be able to take the sewage from houses alongside the main road. The Rural District Council have been asked to

contribute a sum of £1,000 towards the cost, estimated at £4,000, of this particular section of the drain.

Possession of that portion of the site on which it is proposed to erect the sanatorium buildings reverted to the Council in December last. The tenancy of the remainder of the upper portion of the site will determine on the 29th September, 1925. The lower site which will not immediately be required has been re-let for a further period of a year as from 29th September, 1925.

Detailed plans of the sanatorium are now being prepared, and it is hoped the Council will shortly be in a position to invite tenders for the erection of the buildings.

The number of primary examinations made during the year is set forth in table XVI., while the total number of patients treated in institutions during 1924 is classified in table XVII.

Shelters.—One hundred and seventeen shelters provided for patients who have had courses of institutional treatment.

Bacteriological Work.—Bacteriological examinations are carried out at the cost of the County Council by a laboratory in London, and 1,007 specimens were examined during the year.

VENEREAL DISEASES.

The scheme of the Council includes free daily treatment at centres held at the out-patient departments of the County Hospital, Guildford, and the Royal Hospital, Richmond. These centres are maintained by the County Council. The treatment is carried out by assistant medical officers of the County Public Health Staff. Persons can also obtain treatment at the out-patient departments of most of the London General Hospitals and of Croydon General Hospital. A new centre is being opened at the East Surrey Hospital at Redhill.

No arrangements have been made for in-patient accommodation at Guildford or Richmond.

The attendances at the various clinics are set forth in table XVIII.

Publicity campaigns were undertaken in Kingston M.B., Egham U.D., Beddington and Wallington U.D., Surbiton U.D., Carshalton U.D., Dorking U.D. and R.D., Epsom R.D., and lectures were given at Caterham, Sutton, Godalming, Kingston, and in certain villages.

By a joint agreement made on behalf of the county councils of London, Bucks, Essex, Herts, Kent, Middlesex, and Surrey, and the county borough councils of Croydon, East Ham and West Ham, facilities for diagnosis are available in the laboratories of the following hospitals in London. Treatment is provided in the out-patient departments and in the wards. Arseno-benzol preparations are supplied from the hospitals to approved medical practitioners.

Albert Dock Hospital.
 Charing Cross Hospital.
 *Hospital for Diseases of the Skin, Blackfriars Road.
 *Hospital for Sick Children, Great Ormond Street.
 Guy's Hospital.
 King's College Hospital.
 *London Lock Hospital, Dean Street, Soho.
 London Lock Hospital, Harrow Rd.
 London Hospital.
 Metropolitan Hospital.
 Middlesex Hospital.
 Miller General Hospital, Greenwich.

*Elizabeth Garrett Anderson Hospital for Women.
 Royal Free Hospital.
 *Royal London Ophthalmic (Moorfield's), City Road.
 Royal Northern Hospital.
 St. George's Hospital.
 St. John's Hospital, Lewisham.
 St. Mary's Hospital.
 *St. Paul's Hospital.
 St. Thomas's Hospital.
 Seaman's Hospital, Greenwich.
 *South London Hospital for Women.
 University College Hospital.
 West London Hospital,
 Westminster Hospital.

* Special Hospitals. The remainder are General Hospitals.

MATERNITY AND CHILD WELFARE.

Midwifery Service.—The County Council is the Local Supervising Authority under the Midwives Acts for the whole of the administrative county.

The superintendent health visitor is the inspector of midwives, but under an arrangement with the Surrey County Nursing Association midwives in the employ of the Association are inspected by the superintendent of county nurses.

All midwives certified under the Act are required to notify the Council every year of their intention to practise. During 1924 the number notifying was 357, of whom 326 were in permanent and 31 were in temporary practice.

Recognised certificates are held by 346 of the practising midwives.

Under the rules of the Central Midwives Board, midwives are required to summon medical help in certain specified emergencies, and to notify the local supervising authority that they have done so; they are also required to notify certain other conditions.

During 1924 notifications were received from midwives on 1,452 occasions, and investigations were made in 425 instances.

Still-births.—Sixty-six notifications of still-births were made, being 0·58 per cent. of the total births registered in the county.

Abortions and Miscarriages.—Forty-three notifications of medical help on account of abortions and miscarriages were received.

Inflammation of the Eye and Ophthalmia Neonatorum.—In 93 cases medical help was summoned on account of inflammation of the eyes. The number of cases of ophthalmia neonatorum notified in the county was 48, equal to a case rate per 1,000 births of 4·3.

Arrangements have been made with the Metropolitan Asylums Board for immediately admitting to the special Hospital of the Board infants suffering from severe ophthalmia. The mothers are also admitted.

One case was removed to hospital during the year.

Rise of Temperature and Puerperal Fever.—In 57 cases medical help was summoned on account of rise of temperature. The number of cases of puerperal fever notified in the county

during the year was 30, giving a case rate per 1,000 births of 2·7. Sixteen deaths were registered, giving a death-rate of 53·3 per cent. of cases notified.

Training of Midwives.—A grant of £400 a year is made by the Education Committee to the County Nursing Association for the training of midwives. During 1924 the number of women who began training was 18. Eighteen completed the course of training, and 16 obtained the certificate of the Central Midwives' Board. Nine women were in training at the end of the year.

Training of Unmarried Mothers.—The Council maintains five beds at Waltham House Hostel at Epsom. During 1924 9 girls were admitted for care and training.

Payment of Doctors called in to the help of Midwives.—In 1924 the amount paid by the County Council was £712; of this sum £221 was afterwards recovered from the patients. The fees were paid in the first instance by the County Council in 579 of the 1,096 cases in which medical help was summoned. Of the 1,096 patients for whom medical aid was sought, 47 per cent. paid their accounts directly to the doctors, as compared with 37 per cent. in 1923.

Notification of Births Acts, 1907 and 1915. County of Surrey (Notification of Births) Order, 1922.—This Order, which came into effect on the 1st of January, 1923, made the County Council the authority directly responsible for the administration of the Notification of Births Acts in the Administrative County of Surrey, excluding the boroughs of Guildford, Kingston, Reigate, Richmond and Wimbledon, and the seven urban districts of Barnes, Beddington and Wallington, Carshalton, Coulsdon and Purley, Merton and Morden, Mitcham, and Sutton.

In the area to which the Order applies, 6,300 births were registered during the twelve months. Of this number 5,174 births were notified, leaving 1,126 unnotified. The Sub-Registrars rendered to the County Medical Officer particulars respecting 207 births which were registered but unnotified. The remainder (919) represents approximately the number

occurring outside the area of the maternity and child welfare portion of the county, but properly belonging thereto. These births should be disregarded when calculating the percentage of births notified to those registered, because the districts in which they occurred were outside the area to which the County of Surrey (Notification of Births) Order, 1922, relates.

It appears, therefore, that of the 5,381 children born in the maternity and child welfare area of Surrey, 5,174 or 96·0 per cent., were notified as compared with 87·9 per cent. in 1923.

The centres are named in table XIX., together with information as to attendances.

Home visiting.

The scheme of the Council for all branches of home visitation is comprehensive and compact. It has been evolved with considerable care to obviate overlapping and to reduce to a minimum the risk that several persons may call at one house for different health matters.

The county is divided into some twelve areas. In each there is an assistant medical officer who carries out school medical inspection and treatment, maternity and child welfare and dispensary duties. There are also in each area three or four health visitors who are fully trained nurses possessing the certificate of the Central Midwives Board and the certificate for health visitors granted by the Royal Sanitary Institute.

The health visitors do all the home visitation required under the various schemes of the County Council, ante-natal and birth visitation, the following up of defects discovered in school children and in the pupils of the secondary schools, enquiry into tuberculosis, the supervision of persons mentally or physically defective, the home visitation of the blind and various other duties.

It is pleasant to report that the work has been efficiently and tactfully done, and that parents come to regard the health visitors as a friend to whom they can turn in times of need.

Health visitors paid the following visits to expectant mothers and young children during the year:—

	<i>First Visits.</i>	<i>Total Visits.</i>
Visits to expectant mothers ...	678	1,439
Visits to children under 1 year ...	5,295	18,021
Visits to children 1 to 5 years ...	1,118	21,973

Home Nursing.—Attendance on women in their confinement and nursing of the sick are important branches of public health activities, and the nurses of the Surrey County Nursing Association and of the affiliated associations therefore play, in a definite sphere, an important part in the prevention of disease and the restoration of health.

The Associations receive from the Council a grant of 3s. for each maternity case undertaken by the nurses, and there is also a grant of about £20 towards the formation of a branch of the association.

In many instances the district nurses assist the health visitors at the infant welfare centres, and in this and other ways there is a close co-ordination between the preventive and curative sides of the nursing service.

Home nursing of persons suffering from pulmonary and surgical tuberculosis is referred to the district nurses, sixpence a visit being paid by the Council to the Associations.

Illegal midwifery practice by uncertified women.—During the year the County Council reported to the General Medical Council the circumstances concerning a complaint against a medical man practising in Surrey that he “by his countenance or assistance knowingly enabled” women not certified under the Midwives Acts or not entitled to practice midwifery, to attend women in childbirth under cover or pretence that such women were to be attended by him or by the said women under his direction.

The General Medical Council who regard such covering of handy women by a doctor as infamous conduct in a professional respect, found the facts alleged against the doctor

proved to their satisfaction, but in order to give him an opportunity of reconsidering his position they postponed judgment till May, 1925.

This case is the second so reported to the General Medical Council by the County Council in pursuance of their intention to take systematic steps to check in Surrey the practice of handy women. These women are generally old, illiterate and dirty in their habits, unable correctly to read a thermometer or take a pulse, and therefore unlikely to have sufficient knowledge to call for medical assistance should an emergency occur.

Maternity Hospitals. — Provision is made by the County Council for the admission of women to the Woking Maternity Home and to the Redhill Home of the Surrey County Nursing Association. Cases are also sent to Bagshot Nursing Home and to several other approved Lying-in Homes in Surrey.

Fifty-four patients were admitted at the request of the Council during 1924.

HOUSING.

In spite of some appearance of improvement in the rate of building during the year, the housing conditions remain extremely unsatisfactory. The number of new houses erected is barely sufficient to meet the normal growth of the population, and is totally inadequate to catch up the deficiency occasioned by the cessation of building during the war period. Small houses are still inhabited by several families, dilapidated and insanitary buildings are still used for human occupation; local sanitary authorities are still powerless to deal with overcrowding owing to lack of accommodation for the dispossessed.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

The Superintendent of the Weights and Measures Staff reports that all samples of milk and cream taken during the year 1924 were examined for preservatives.

Of 1,726 samples of milk examined, 4 were found to contain Boric Acid; of 20 samples of cream examined, 6 were found to contain Boric Acid, and of 32 samples of preserved cream, 1 was found to contain Boric Acid in excess of 0·4 per cent.

Proceedings were taken in respect of two samples of milk and one sample of cream, and convictions obtained.

Six cases relating to cream were dealt with by caution; in one case relating to milk there was a further investigation, and in another the sample proved to have been taken in the area of a neighbouring local authority, who were duly informed.

BLIND PERSONS ACT, 1920.

Under this Act it is the duty of the County Council to make arrangements to the satisfaction of the Ministry of Health for promoting the welfare of blind persons ordinarily resident within their area.

The administration of the Act was referred by the County Council to the Public Health Committee, who in 1921 formulated a scheme which was subsequently approved by the County Council and the Ministry of Health.

Under the scheme a register of all blind persons is kept at the public health department. The register is compiled from information supplied, in the first instance, by the Surrey Voluntary Association for the Blind, and contains the names of approximately 530 blind persons.

The health visitors now pay quarterly visits to the blind persons whose names are entered in the register, and the particulars in the register are amended from time to time as found to be necessary.

The Council have arranged with the National Institute for the Blind for the supervision of blind home workers in the county and for the augmentation of the earnings of such workers at a flat rate of 5s. per worker per week. A sum of

£200 was paid to the National Institute in respect of assistance rendered to this class of blind person during the year ended 31st March, 1925.

The scheme of the Council also provides for co-operation between the Council and the Surrey Voluntary Association for the Blind in respect of the following and similar matters (a) investigation of the home circumstances of individual applicants for assistance; (b) advice as to the nature and extent of the assistance to be rendered; (c) selection of suitable institutions.

The Council refer to the Association for investigation of applications which are received by them from blind persons for relief.

So far the majority of such cases are those needing consideration by the Education Committee, being applications for training or instruction.

During 1924 a grant of £15 was made to the Surrey Voluntary Association for the Blind in respect of incidental expenses incurred by them in giving temporary relief.

A grant of £75 was also made by the Council to the National Library for the Blind in respect of books printed in Braille or Moon type which are supplied by the Library to blind readers in the county.

A proposal to appoint a home visitor or teacher for the unemployable blind in the county is now under consideration.

PREVENTION AND TREATMENT OF CRIPPLING.

The ascertainment of crippling is part of the duties of the health visitors. Instances of physical defects are found in the course of home visitation, at the school clinics, in the schools, at the infant welfare centres and dispensaries. Other cases are reported by medical practitioners, midwives, school attendance officers and voluntary workers.

The children affected are referred to the orthopædic centres included in the county scheme, further particulars of which are given in the report of the school medical officer. After

examination by an orthopædic surgeon the necessary treatment is given at the centre or at a general hospital. Children requiring prolonged institutional treatment and special education are admitted into the beds provided at the Pyrford Institution of the Waifs and Strays Society or into other hospitals for cripple children. After discharge from hospital the children are supervised by the health visitors, who carry out a careful scheme of after-care. The Council also provide walking apparatus and surgical boots for necessitous cases.

The expenditure of public funds in the prevention of crippling and the treatment of deformities by modern methods is one of the most profitable investments which can be made by a Local Authority.

REFUSE DISPOSAL.

From time to time Local Sanitary Authorities in Surrey protest against the action of certain Metropolitan Borough Councils who permit London house refuse to be sent into the country where it is deposited in tips. As the contractor who undertakes to dispose of the refuse at the lowest rate is likely to be the successful applicant for the work, it usually occurs that little regard is paid to the suitability of the locality for the deposit of refuse. Any excavation or low-lying ground is regarded as legitimate spoil to the man whose profit depends on the amount of refuse he can tip. It is usual, therefore, to find the tip not far removed from a railway station, with the result that the station and houses in the neighbourhood are infested with flies for four or five months in the year and a prevalence of summer diarrhœa is a natural consequence.

The tips soon become a breeding ground for rats which invade the property in the vicinity. If the refuse is set on fire an intolerable nuisance at once arises; on the other hand, dumping into ponds leads to the production of offensive gases.

The time has certainly arrived when urban communities should destroy refuse in a properly designed destructor. During the present year a survey will be made of the methods adopted throughout the county for the disposal of refuse.

APPENDIX I.

REPORT OF THE COUNTY MEDICAL OFFICER ON THE HOSPITAL ACCOMMODATION IN SURREY FOR PERSONS SUFFERING FROM INFECTIOUS DISEASE.

PROVISION OF ISOLATION HOSPITALS.

A hospital for the reception of persons suffering from infectious disease may be provided—

- (i) By any local sanitary authority;
- (ii) By two or more local sanitary authorities in combination;
- (iii) By a county council on the application of a local authority or on the report of the medical officer of health of the county.

Of the 16 isolation hospitals in Surrey, 9 are provided by a local sanitary authority and 7 by a combination of authorities.

Table A shews the names of the hospitals and the authorities by whom they are provided.

DISEASES TREATED.

Towards the end of the last century the diseases generally treated in isolation hospitals were scarlet fever, diphtheria, enteric fever, erysipelas, typhus, and, occasionally, puerperal fever. Happily, typhus has almost disappeared from this country, and, apart from occasional localised epidemics, enteric fever is becoming uncommon. It is rare now to admit into isolation hospitals cases of erysipelas because, firstly, the disease is of somewhat rare occurrence and, secondly, it can now be treated in a general hospital without risk of spread of infection.

On the other hand, many local sanitary authorities have made provision for the reception of persons suffering from measles, whooping cough, summer diarrhoea and other diseases which, although non-notifiable, are important causes of disability and loss of life particularly amongst the younger sections of the community.

Further diseases which were not notifiable 30 years ago are now notifiable, *e.g.*, cerebro-spinal fever, encephalitis lethargica, ophthalmia neonatorum and pneumonia. For these hospital treatment is desirable, but general hospitals are reluctant to admit the patient.

Broadly speaking, it may be said that in Surrey the diseases treated in the isolation hospitals are diphtheria, scarlet fever and, occasionally, enteric fever.

Table B gives a list of the diseases admitted into the various isolation hospitals in the county.

ACCOMMODATION.

Table C shews the isolation hospitals, the total number of beds provided, the acreage and populations of the areas served, together with the kind of ambulance used. While nominally a certain number of beds are allocated to the different diseases admitted, the ward accommodation is varied from time to time according to the prevalence or absence of a particular disease in the district.

Generally speaking, however, the accommodation in each hospital is insufficient to deal adequately with instances of cross infection. The occurrence, therefore, of one case of chicken-pox in a scarlet fever ward is sufficient to interfere seriously with the admission of other patients.

The outstanding weakness in the planning of the isolation hospitals in Surrey is the almost entire absence of single bed wards.

The advantage of single bed accommodation lies in the freedom which it provides for the isolation at one time of several types of disease without risk of the occurrence of cross infection. Single bed wards are extremely useful in dealing with an outbreak of cross infection, and they can also be used with advantage for the nursing of a patient dangerously ill. Further, they can be utilised for the reception of persons who desire to pay for treatment at the institution.

At Beddington, Molesey and Tolworth several cubicles have been provided with great advantage to the efficient administration of these hospitals. There can be no doubt that much more economic use could be made of the isolation hospitals in Surrey were steps taken to provide an adequate proportion of single bed wards.

SITUATION.

The fever hospitals are situated, with a few exceptions, in or near to populous districts, *e.g.*, the isolation hospitals at Barnes, Beddington Corner, Epsom, Guildford, Tolworth and Wimbledon, the reason being that in the years when transport to the hospital was only by horse vehicle, proximity to the area chiefly to be served was an important factor. However, motor transport has provided a safe, easy and rapid method of conveyance, and it is therefore not necessary now to place an isolation hospital near to the homes of patients.

With the use of a motor ambulance it is quite practicable to serve an area of ten miles' radius with one hospital as the centre. Only three hospitals possess two ambulances. Where one ambulance is used

for all types of disease there is bound to be some risk of cross infection even though steps are taken to disinfect the ambulance after use. There is evidence, however, that the risk is not great. Of the 16 hospitals in the county, 50 per cent. use a horse ambulance, and early steps should be taken by these institutions to obtain a motor vehicle.

Reference to the Map A will shew that, generally speaking, the existing isolation hospitals are conveniently situated with regard to the districts served. There appear, however, to be three instances in which there is need for re-organisation.

1. The isolation hospital provided by the Frimley urban district council is quite unsuitable for the isolation of infectious disease. It is a temporary building in Coleford Bridge Road, Mytchett.

There are two structures—one used for the isolation of 12 cases of scarlet fever and containing under the same roof the nurses' sitting-room and bedrooms, kitchen and scullery. There are earth closets for patients and staff; there is no sleeping accommodation for a maid servant and there is no bath-room for the nurses.

In the second building there is one room for a nurse and, adjoining, a single bed ward for a patient. Water is not provided in this structure, nor is there any sanitary accommodation.

Patients suffering from diphtheria from the Frimley urban district are admitted to Farnham isolation hospital, and there appears to be no reason why the Frimley isolation hospital should not be closed, and arrangements made for the isolation of all cases of infectious disease in the hospital of the Farnham urban district council or in some other hospital.

2. At White Bushes, Redhill, are the isolation hospitals of Reigate borough and Reigate rural district.

The borough hospital is a well-constructed brick building having accommodation for 40 patients.

The rural hospital is a temporary building of antiquated structure and of unsatisfactory plan. The heating of the wards is carried out by closed slow combustion stoves, paraffin lamps are used for lighting the wards.

It appears that early steps should be taken to amalgamate the two hospitals.

3. Epsom urban district has a small isolation hospital which is built on a portion of the land of the sewage farm in Hook Road, Epsom. There is accommodation for 22 patients. Within about two miles

there is at Cuddington the isolation hospital used by Carshalton, Leatherhead, Sutton urban districts and Epsom rural district. This hospital has accommodation for 76 patients, and it would seem that the time has arrived when Epsom urban district should consider the advisability of closing their existing hospital and arranging for the admission to Cuddington of patients from the urban district.

ADEQUACY OF ACCOMMODATION.

The population of the administrative county of Surrey is now about three-quarters of a million persons. The standard for hospital accommodation at one time adopted by the Local Government Board was one bed per 1,000 of the population, but this standard was generally considered to relate to the three diseases—scarlet fever, diphtheria and enteric fever—and at that time the main function of an isolation hospital was regarded as being a place for the isolation of infectious disease. Now the general opinion is that isolation hospitals should be more generally used for the treatment of infectious disease in persons who cannot receive proper medical attention and nursing in their own homes.

The total number of beds in all the isolation hospitals in Surrey at the present time is 764, so that it might, in the first place, be thought that the county is sufficiently well provided with accommodation for infectious disease. In Surrey, measles, whooping cough and pneumonia, important causes of death and disability, are not, except in a few instances, admitted into isolation hospitals, the reason generally advanced being that the accommodation in the hospitals is insufficient. As a matter of fact, were single bed wards available it is probable that a number of cases of these diseases might be accepted for admission without any further extension to the bed accommodation.

The rate of the growth of population in Surrey, particularly in the northern portion of the county, is such that extensions to the isolation hospitals is bound to become a matter for early consideration. In almost every instance extensions should take the form of single bed cubicles.

METHODS OF ADMISSION.

Probably the most satisfactory method of admission is that practitioners should ring up the resident medical officer of the hospital, or in his absence the matron, when it is desired that a patient should be admitted. This method is adopted in twelve of the isolation hospitals in Surrey. In four instances the patients are sent into the hospital by the sanitary inspector, and it is not clear in these instances how an

urgent case can be admitted during the time when the public health office is closed.

It would seem, therefore, that the following hospitals should reconsider their present method of admission of patients:—Egham, Cuddington, Epsom urban and Frimley urban.

METHODS OF DISCHARGE.

In each of the isolation hospitals it is stated that the patients are examined by the medical officer of the institution before discharge, although the standard of safety adopted by the medical officers varies considerably in the different institutions.

STAFF.

With the exception of Wandle Valley isolation hospital at Beddington Corner with 78 patients, none of the institutions has a resident medical officer. The treatment of infectious disease, and particularly the management of diphtheria, calls for a large amount of experience. Considerable change has taken place, for example, during the past ten years in the treatment of infectious diseases; the dosage and method of administration of antitoxin in diphtheria is very different from that which was in force a few years ago. The prevention and treatment of complications in scarlet fever, diphtheria and measles are matters demanding a high degree of special knowledge of this branch of medical work.

In an institution in which there is no resident medical staff there is always a tendency to leave the treatment of cases to rather rigid routine, and it would seem therefore that the Committees of institutions having more than about 75 beds should consider the advisability of having a resident medical officer.

FATALITY.

The case mortality varies widely in the different institutions, but the small number of patients treated in some of the hospitals makes it unsafe to draw conclusions from the figures given in tables D, E, F and G.

The proportion of deaths among the patients suffering from diphtheria admitted to the hospitals at Godstone, Dorking, Farnham and Wimbledon seems unreasonably high.

SMALL-POX.

The area of the Surrey Small-Pox Hospital Committee is that of the county excluding the Croydon and Wimbledon Joint Hospital District,

the Guildford, Godalming and Woking Joint Hospital District, and Richmond. The hospital of the Committee is situated at Clandon; it is a modern well-equipped brick building, having a nucleus of 21 beds. There are, in addition, foundations for the erection of temporary accommodation.

The Croydon and Wimbledon Joint Hospital District comprise the County Borough of Croydon, the Borough of Wimbledon, the Urban Districts of Beddington and Wallington, Coulsdon, Purley and Mitcham, and the Rural District of Epsom. The hospital is situated at North Cheam; there is accommodation for 50 patients. The hospital is at present leased to Croydon Town Council and is used for the treatment of pulmonary tuberculosis. Under the terms of the lease it is provided that in case of an epidemic of small-pox occurring during the continuance of the lease all tuberculous patients shall be removed from the hospital within 72 hours after notice to that effect has been given by the Joint Board or by the Ministry of Health. The terms of an agreement between the Surrey Small-Pox Hospital Committee and the Croydon and Districts Joint Small-Pox Board have just been settled, whereby, during the period in which the Cheam Hospital is being used for the treatment of tuberculosis, sporadic cases of small-pox occurring in the district of the Joint Board shall be treated at the hospital of the Surrey Small-Pox Hospital Committee at Clandon. For this privilege the Joint Board will pay to the Surrey Small-Pox Hospital Committee annually the sum of £345 and patients' expenses in addition. This agreement will run for a period of five years from the 24th June, 1924.

The removal of the patients to Clandon is carried out by the ambulance service of the Metropolitan Asylums Board.

The Guildford, Godalming and Woking Joint Hospital District includes the Boroughs of Guildford and Godalming, the Urban District of Woking and the Rural District of Guildford. The hospital is on Whitmore Common. About 10 patients can be admitted.

The Borough of Richmond sends patients to Mogden Small-Pox Hospital in Middlesex.

The Map B gives the areas of the various small-pox hospital committees, and shows beyond question that the time has arrived when the Committees of the joint hospital areas of Wimbledon and Guildford and the Borough Council of Richmond should seek to be included in the Surrey Small-Pox Hospital Committee area.

JOSEPH CATES.

PUBLIC HEALTH DEPARTMENT,
5, GROVE CRESCENT,
KINGSTON-ON-THAMES

November, 1924.

TABLE A.

Name of hospital.	Authority by whom formed.
Barnes Isolation Hospital ...	Barnes urban district council.
Dorking Joint Isolation Hospital ...	Dorking urban and rural district councils.
Egham Isolation Hospital ...	Egham urban district council.
Cuddington Isolation Hospital ...	Carshalton, Leatherhead and Sutton urban district councils, and Epsom rural district council.
Epsom Isolation Hospital ...	Epsom urban district council.
Farnham Joint Isolation Hospital ...	Farnham urban and rural district councils.
Frimley Isolation Hospital ...	Frimley urban district council.
Godstone Isolation Hospital ...	Godstone rural district council.
Woodbridge Isolation Hospital ...	Guildford borough & rural, Godalming borough and Woking urban district councils.
Molesey Isolation Hospital ...	Molesey (E. and W.) urban district council.
Ottershaw Isolation Hospital ...	Urban district councils of Chertsey, Walton, Weybridge and Windlesham, and the rural district council of Chertsey.
Reigate Isolation Hospital ...	Reigate borough council.
Reigate Rural Isolation Hospital ...	Reigate rural district council.
Tolworth Joint Isolation Hospital ...	Esher and Dittons, Ham, Malden and Coombe and Surbiton urban district councils.
Wandle Valley Isolation Hospital ...	The urban district councils of Coulsdon and Purley, Beddington and Wallington, Mitcham and Merton and Morden.
Wimbledon Isolation Hospital ...	Wimbledon borough council.

No isolation hospital has been provided by the county council.

The Borough of Richmond has made provision for the treatment of cases of infectious disease at Mogden in Middlesex.

TABLE B.

LIST OF INFECTIOUS DISEASES TREATED AT THE ISOLATION HOSPITALS.

Name of hospital.	Diphtheria.	Erysipelas.	Scarlet fever.	Enteric fever.	Puerperal fever.	Tuberculosis.	Cerebro spinal fever.	Ophthalmia neonatorum.	Polio-encephalitis.	Encephalitis lethargica.	Dysentery.	Pneumonia.	Measles.	Whooping cough.	Chicken pox.	Remarks.
Barnes Urban	X	XX	X	X		X	XX		XX	XX	XX	XX				
Dorking Joint	X	X	X	X							X					
Egham Urban	X		X	X												
Cuddington Joint	X		X	X												
Epsom Urban	X		X	X												
Farnham Joint	X		X	X			X									
Frimley Urban	X		X	X												
Godstone Rural	X		X	X												
Woodbridge Joint	X		X	X			X									
Molesey, East and West	X	X	X	X			X									
Ottershaw Joint	X		X	X			X									
Reigate Borough	X		X	X			X				X		X			
Reigate Rural	X	X	X	X			X				X		X	X		
Tolworth Joint	X		X	X			X				X		X			
Wandle Valley Joint	X	X	X	X			X									
Wimbledon	X	XX	X	X	X		X	XX	X	X			XX	XX		

Provision not made for enteric or dysentery but exceptional cases have been admitted.

Diphtheria cases sent to Farnham

Measles occasionally.

Cases marked XX are admitted for treatment provided there is accommodation.

TABLE C.

Name of isolation hospital.	Sanitary districts served.	Acreage.	Popula- tion. (Reg. Gen. estimate 1923.)	No. of beds.	Ambulance, H—Horse, drawn. M—Motor power
Barnes Urban	Barnes urban	2,519	34,400	50	H.
Dorking Joint	Dorking urban	1,338	8,004	42	H.
	Dorking rural	39,526	10,250		
Egham Urban	Egham urban	7,786	13,620	16	H.
Cuddington Joint	Carshalton urban	2,926	14,610	76	M.
	Leatherhead urban	3,508	5,855		
	Sutton urban	1,835	21,120		
	Epsom rural	32,580	34,630		
Epsom Urban	Epsom urban	4,423	19,230	22	H.
Farnham Joint	Farnham urban	3,214	12,180	60	H.
	Farnham rural	26,149	18,220		
Frimley Urban	Frimley urban	7,674	13,590	13	H.
Godstone Rural	Godstone rural	53,512	25,340	34	M.
Woodbridge Joint	Godalming M.B.	813	9,238	95	M. (2)
	Guildford M.B.	2,592	25,830		
	Woking urban	11,826	26,770		
	Guildford rural	53,342	21,350		
Molesey East and West	Molesey E. and W. urban	1,517	7,354	18	H.
Ottershaw Joint	Chertsey urban	10,776	15,070	49	M.
	Walton-on-Thames urban	6,860	14,690		
	Weybridge urban	1,371	6,403		
	Windlesham urban	5,691	4,721		
Reigate Borough	Chertsey rural	16,021	11,150	40	M.
Reigate Rural	Reigate M.B.	5,995	28,710		
Tolworth Joint	Reigate rural	44,649	22,700	24	M.
	Esher and The Dittons urban	5,979	14,260		
	Ham urban	1,869	1,542	41	M.
	Maldens and Coombe urban	3,221	14,780		
	Surbiton urban	3,049	19,670		
Wandle Valley Joint	Beddington and Wallington urban	3,040	16,340	78	M. (2)
	Coulsdon and Purley urban	8,572	22,000		
	Mitcham urban	2,935	36,460		
	Merton and Morden urban	3,237	18,290		
Wimbledon	Wimbledon M.B.	3,221	58,000	106	M. (2)
Totals	—	383,566	626,377	764	—

NOTE.—Richmond M.B. sends notified cases to Mogden Hospital in Middlesex.

The following sanitary districts having no isolation hospitals send their patients into institutions belonging to other authorities.

Sanitary districts served.					Acreage.	Population (Reg.-Gen's. estimate 1923).
*Caterham Urban	...	...	...	...	2,438	12,370
*Hambleton Rural	...	...	...	...	60,932	22,860
*Haslemere Urban	...	...	...	...	2,263	3,753
†Kingston-on-Thames M.B.	...	...	...	...	1,131	40,320
Totals	...	...	...	...	66,764	79,303

* Cases admitted by arrangement.

† Kingston-on-Thames M.B. sends cases both to Molesey E. and W. and Wimbledon M.B. Hospitals.

TABLE D.

SCARLET FEVER.

STATEMENT SHOWING THE NUMBER OF CASES NOTIFIED IN THE VARIOUS DISTRICTS, THE NUMBER ADMITTED TO HOSPITAL AND THE DEATHS OCCURRING THEREIN, 1921-1923.

Name of hospital.	Cases.						Deaths.				Case mortality per cent.		
	1921		1922		1923		Total.						
	Notified.	Ad- mitted.	Notified.	Ad- mitted.	Notified.	Ad- mitted.	Notified.	Ad- mitted.	1921	1922		1923	Total.
Barnes Urban ...	110	81	100	85	76	68	286	234	1	4	—	5	2.14
Dorking Joint ...	43	44	38	34	28	32	109	110	2	2	—	4	3.64
Egham Urban...	33	29	18	18	21	15	72	62	—	—	—	—	Nil.
†Cuddington Joint	204	97	150	196	89	101	443	394	—	1	—	1	0.25
Epsom Urban ...	65	51	37	11	6	4	108	66	—	—	—	—	Nil.
*Farnham Joint	103	105	94	101	42	45	239	251	1	3	—	4	1.59
Frimley Urban	13	10	35	28	15	11	63	49	—	—	—	—	Nil.
Godstone Rural	79	88	39	34	29	26	147	148	—	—	1	1	0.68
†Woodbridge Joint	269	104	176	260	183	167	628	531	4	5	5	14	2.64
*Molesey, East and West	13	41	10	48	6	28	29	117	—	1	—	1	0.85
Ottershaw Joint	191	109	195	134	59	48	445	291	1	1	1	3	1.03
Reigate M.B. ...	169	135	22	17	12	10	203	162	4	1	—	5	3.09
Reigate Rural ...	65	53	39	24	14	8	118	85	—	—	—	—	Nil.
Tolworth Joint	172	174	160	121	60	57	392	352	—	1	—	1	0.28
Wandle Valley Joint...	730	520	447	362	352	231	1529	1113	2	3	2	7	0.63
*Wimbledon ...	268	464	226	326	94	123	588	913	4	3	2	9	0.99

* Receive cases from districts outside the hospital area.

† The figures referring to cases admitted to hospital are for the years ended 31st March; the notifications are for the calendar year.

TABLE E.

DIPHTHERIA.

STATEMENT SHOWING THE NUMBER OF CASES NOTIFIED IN THE VARIOUS DISTRICTS, THE NUMBER ADMITTED TO HOSPITAL AND THE DEATHS OCCURRING THEREIN IN 1921-1923.

Name of hospital.	Cases.						Deaths.			Case mortality per cent.		
	1921		1922		1923		1921	1922	1923		Total.	
	Notified.	Admitted.	Notified.	Admitted.	Notified.	Admitted.						
Barnes Urban ...	93	76	66	61	20	17	179	154	3	1	5	3.25
Dorking Joint ...	3	3	9	13	10	7	22	23	1	—	1	7.39
Egham Urban ...	65	53	59	52	13	14	137	119	—	—	—	Nil.
+Cuddington Joint ...	81	68	71	44	64	44	216	156	6	2	8	5.13
Epsom Urban ...	4	2	5	5	11	12	20	19	—	—	—	Nil.
*Farnham Joint ...	26	48	31	22	18	23	75	93	3	3	9	9.68
Frimley Urban ...	5	—	—	—	—	—	5	—	—	—	—	Nil.
Godstone Rural ...	14	16	12	15	34	31	60	62	6	2	9	14.52
+Woodbridge Joint ...	67	89	43	66	63	39	173	194	—	—	—	Nil.
*Molesey, East and West ...	14	64	4	8	14	16	32	88	2	—	3	3.41
Ottershaw Joint ...	113	88	57	45	31	31	201	164	2	3	6	3.66
Reigate Urban ...	64	63	32	23	6	9	102	95	4	1	5	5.26
Reigate Rural ...	25	37	19	30	4	6	48	73	—	1	2	2.74
Tolworth Joint ...	64	80	72	65	28	23	164	168	6	2	9	5.26
Wandle Valley Joint...	294	211	272	216	146	134	712	561	13	12	29	5.17
*Wimbledon ...	182	214	158	193	88	84	428	491	20	14	36	7.33

* Receive cases from districts outside the hospital area.

† The figures referring to cases admitted to hospital are for the years ended 31st March; the notifications are for the calendar year.

TABLE F.

ENTERIC FEVER.

STATEMENT SHOWING THE NUMBER OF CASES NOTIFIED IN THE VARIOUS DISTRICTS, THE NUMBER ADMITTED TO HOSPITAL AND THE DEATHS OCCURRING THEREIN, 1921-1923.

Name of hospital.	Cases.						Deaths.			Case mortality per cent.
	1921		1922		1923		1921	1922	1923	Total.
	Notified.	Admitted.	Notified.	Admitted.	Notified.	Admitted.				
Barnes Urban ...	1	1	—	—	1	—	—	—	—	—
Dorking Joint ...	—	—	2	1	2	—	—	—	—	—
Egham Urban ...	—	—	—	—	6	—	—	—	—	—
+Cuddington Joint	10	—	6	—	22	—	—	—	—	—
Epsom Urban ...	15	2	16	2	5	—	—	—	—	—
*Farnham Joint	1	—	2	1	4	3	—	—	—	—
Frimley Urban	—	—	—	—	1	—	—	—	—	—
Godstone Rural	6	1	—	—	2	1	—	—	—	—
+Woodbridge Joint	5	2	5	2	5	2	—	—	—	—
*Molesey, East and West	—	2	—	—	1	1	—	—	—	—
Ottershaw Joint	5	—	4	—	3	1	—	—	—	—
Reigate Urban...	—	—	—	—	3	2	—	—	—	—
Reigate Rural ...	1	1	1	1	—	—	—	1	—	1
Tolworth Joint	4	4	1	—	3	3	—	—	—	2
Wandle Valley Joint	14	1	21	2	—	—	—	—	—	—
*Wimbledon ...	4	3	4	3	2	2	—	—	—	—
										50.0
										28.5
										50.0
										Nil.

* Receive cases from districts outside the hospital area.

+ The figures referring to cases admitted to hospital are for the years ended 31st March; the notifications are for the calendar year.

TABLE G.

OTHER DISEASES.

STATEMENT SHOWING THE NUMBER OF CASES OF INFECTIOUS DISEASE (OTHER THAN SCARLET FEVER, DIPHTHERIA AND ENTERIC FEVER) ADMITTED TO, AND THE DEATHS OCCURRING IN, THE VARIOUS ISOLATION HOSPITALS SITUATED WITHIN THE ADMINISTRATIVE COUNTY, 1921-1923.

Name of hospital.	Cases.			Total.	Deaths.			Total.	Case mortality per cent.
	1921	1922	1923		1921	1922	1923		
Barnes Urban	3	6	6	15	1	1	2	4	26.6
Dorking Joint	2	7	2	11	—	—	—	—	Nil.
Egham Urban	3	—	—	3	—	—	—	—	Nil.
+Cuddington Joint	5	4	2	11	1	2	—	3	27.3
Epsom Urban	1	1	1	3	—	—	—	—	Nil.
*Farnham Joint	—	2	—	2	—	1	—	1	50.0
Frimley Urban	—	—	—	—	—	—	—	—	Nil.
Godstone Rural	2	5	—	7	—	—	—	—	Nil.
+Woodbridge Joint	—	—	—	—	—	—	—	—	Nil.
*Molesey, East and West	4	2	10	16	—	1	—	1	6.25
Ottershaw Joint	—	—	—	—	—	—	—	—	Nil.
Reigate Urban	—	1	2	3	—	—	—	—	Nil.
Reigate Rural	—	—	1	1	—	—	—	—	Nil.
Tolworth Joint	14	16	15	45	1	—	—	1	2.22
Wandle Valley Joint	5	4	32	41	3	1	—	10	24.4
*Wimbledon ...	3	10	3	16	—	—	—	—	Nil.

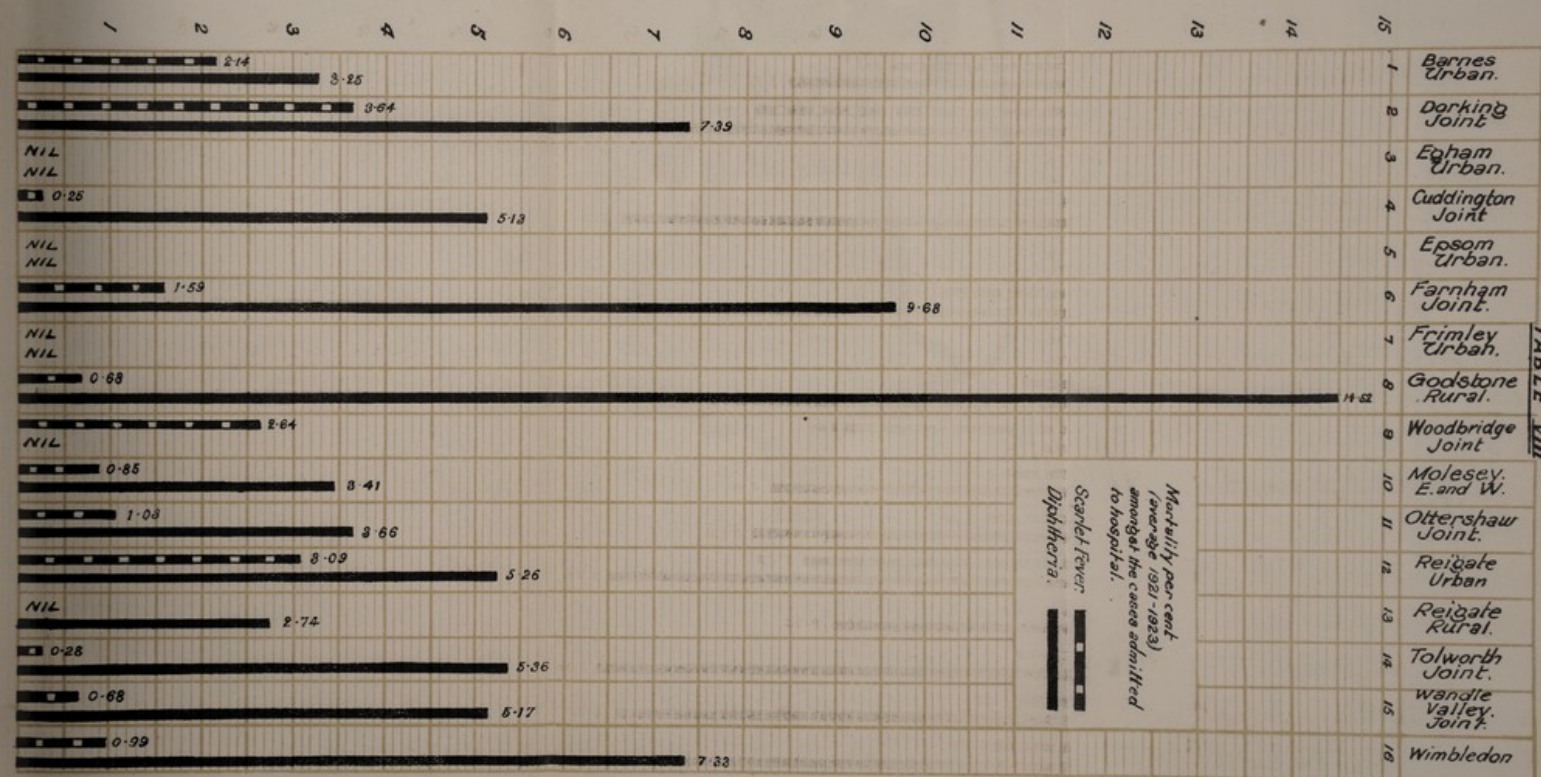
* Receive cases from districts outside the hospital area.

† The figures referring to cases admitted to hospital are for the years ended 31st March; the notifications are for the calendar year.

TABLE VIII

Mortality per cent
(average 1921-1923)
amongst the cases admitted
to hospital.

Scarlet Fever
Diphtheria.



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COUNTY OF SURREY

A

MAP SHEWING

The districts from which patients are admitted to the various Isolation Hospitals in the County.

1. Barnes Urban.
2. Dorking Joint.
3. Egham Urban.
4. Epsom (Rural) Sutton.
5. Epsom Urban.
6. Farnham Joint.
7. Frimley Urban.
8. Godstone Rural.
9. Guildford Godalming & Woking.
10. Molesey, East & West.
11. Ottershaw Joint.
12. Reigate M.B.
13. Reigate Rural.
14. Tolworth Joint.
15. Wandle Valley Joint.
16. Wimbledon M.B.

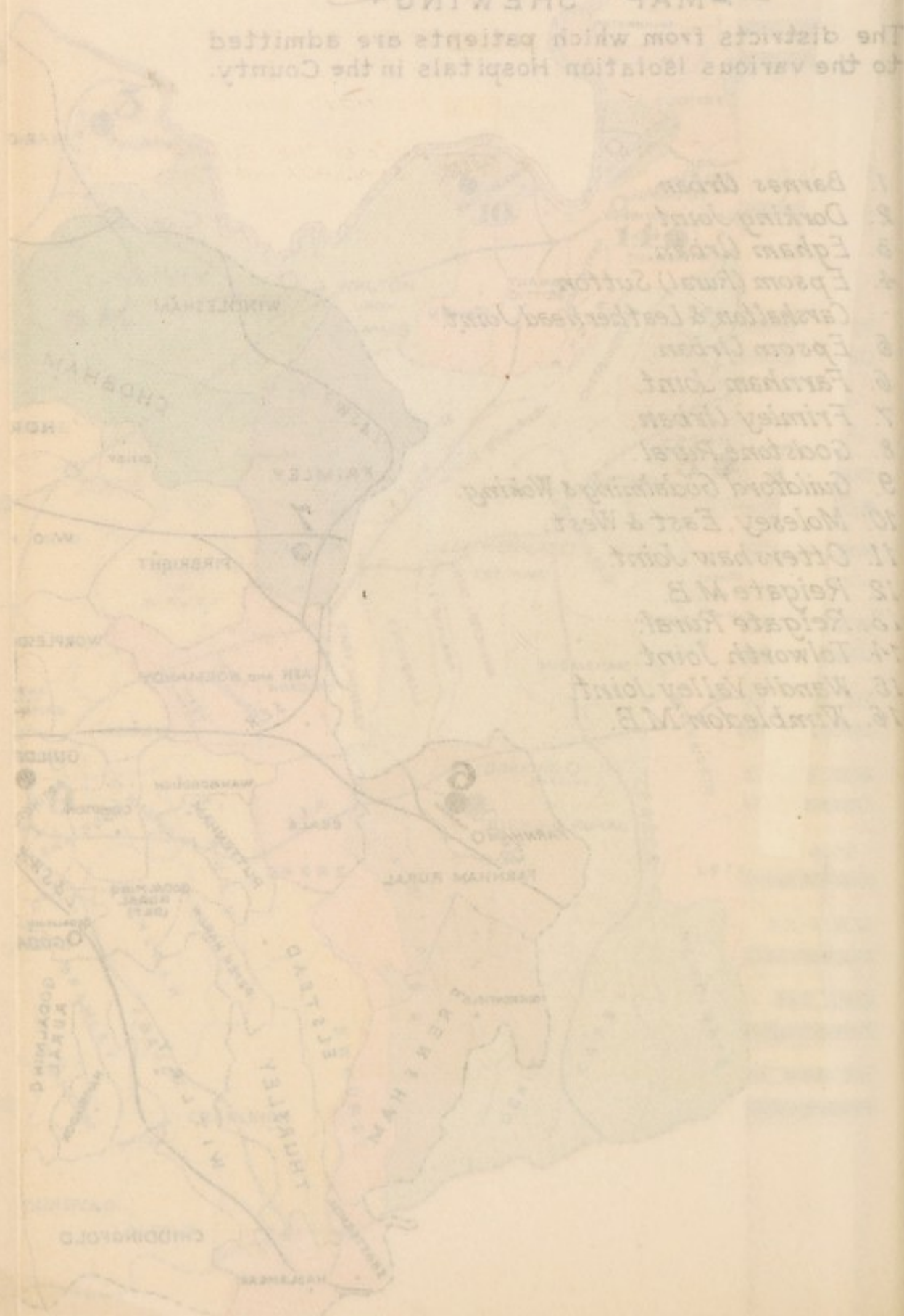


COUNTY OF SURREY

A

MAP SHEWING

The districts from which patients are admitted to the various Isolation Hospitals in the County.

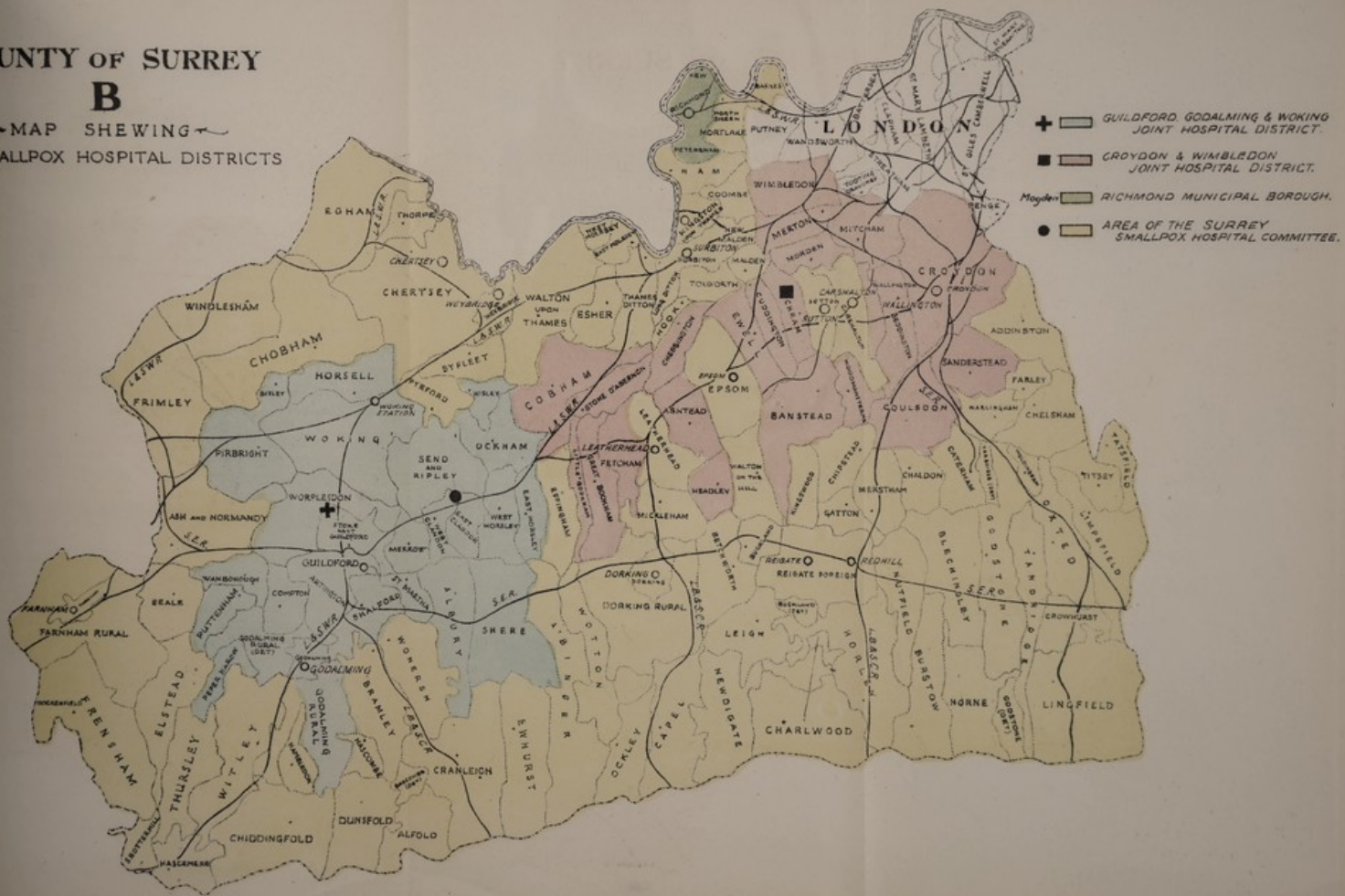


COUNTY OF SURREY

B

MAP SHEWING

THE SMALLPOX HOSPITAL DISTRICTS



APPENDIX II.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH ON THE BEVERLEY BROOK.

INTRODUCTION.

The Beverley Brook is formed by the junction of four brooks, viz. :—

- (1) The Beverley Brook which begins from springs and surface water drains in Worcester Park. Shortly after its origin this brook is greatly augmented by effluent from the Epsom Rural District Sewage Works at Green Lane, Worcester Park.
- (2) The Pylbrook which rises by underground springs in Sutton, and is greatly increased in volume by the effluent of the Sutton Urban District Council Sewage Works at a point adjoining Clensham Lane, Sutton. (Tributary "A.")
- (3) The Bushey Mead Brook which has its origin in Raynes Park, appears in the open at the foot of Kingston Road. (Tributary "B.")
- (4) The Coombe Brook which begins in New Malden and joins the Beverley Brook at Coombe Bridge. (Tributary "C.")

The Pylbrook joins the Beverley Brook at the Beverley Park, Malden.

The Bushey Mead Brook joins the Beverley Brook at the east side of Coombe Bridge, at the junction of Wimbledon Municipal Borough with Merton and Morden and the Maldens and Coombe Urban Districts.

The Beverley Brook serves as a boundary line between the various districts and opens into the Thames at the junction of Wandsworth Metropolitan Borough with Barnes Urban District.

BEVERLEY BROOK.

These observations were carried out during August, 1924, when the flow of the stream was small.

SECTION 1.

Extends from the origin of the Brook to Coombe Bridge.

The Beverley Brook has its origin in Worcester Park, by surface water draining from the high ground in the neighbourhood of North Cheam Road, and the Malden side of the Railway line from Raynes Park to Leatherhead.

Surface water from the top of North Cheam Road is piped under the left side of the road, appearing as an open ditch at the level of Washington Road. The channel of the ditch is about one foot broad with an average depth of about eighteen inches, it passes down the left side of North Cheam Road as far as Longfellow Road, where it receives a land drain from adjoining fields. The contents of the ditch flow into a culvert which passes under the road at the Police box and receives surface water from the ground at the Malden side of the railway line.

The brook becomes an open channel in Green Lane, and runs by the side of a field, picking up a land drain from the adjoining ground. The channel is about one foot across, the bed is somewhat muddy, and the flow is very sluggish. The brook winds along Green Lane and bending towards the left enters a field, passes in front of a cottage, then behind a barn and appears again at the left side of Green Lane, the railway line being on the left.

The brook becomes broader, with diminished velocity, and forms one boundary of the Wimbledon shooting grounds. The flow is poor and the bed of the stream in places is nearly dry.

At the level of Lincoln Road a small wooden footbridge crosses the brook which bends at an angle, and has Epsom Rural District Sewage Works on its right bank. The brook turns at a right angle and passes under a small bridge. At a point immediately above the bridge, two culverts surrounded by brick supports discharge into the stream the effluent (Y1) from Epsom Rural District Sewage Works. The channel is bricked at this point and steps lead from the ground level to the bed of the channel.

Epsom Rural District Sewage Works.

Sewage passes into gravitation tanks, is pumped into septic tanks, flows first over beds of coarse coke breeze and ballast, then over fine beds of the same material into settling ponds. From these ponds the effluent flows over a weir and along a channel and gains access to the right bank of the Beverley Brook. Normally the small culvert is used, but in times of heavy flow the large one comes into operation.

After receiving the outfall from Epsom Rural District Sewage Works the bed of the stream is covered with black mud which in places is of considerable depth. The flow of the stream then improves, the channel is about three feet across and contains debris of leaves and branches. The brook passes through fields with woods on the right bank, flows under the Southern railway line (Wimbledon to Leatherhead), through

a large culvert; a second culvert being provided in case of increased flow. The stream passes to the left of Blue House cottages and winds considerably. There is a deposit of black mud on the bank, the channel is about two feet across, and is much overgrown in places although it has been cleaned recently. The brook passes under a footbridge in Motspur Park, and lies on the left side of West Barnes Lane. The channel is about two feet broad, the banks are overgrown and have much mud deposited, there is a fair flow, but the water is dirty.

The brook crosses under West Barnes Lane and receives on the left bank an overflow (XI.) from the Maldens and Coombe pumping station; under the bridge there is a thick deposit of black mud on the bed and much debris, the channel is about two to three feet across, the banks are muddy but there is a fair flow. At this point the stream is diverted temporarily while a concrete culvert is being constructed under the new arterial road.

Two culverts (X2, X3) on the left bank drain surface water from the new road.

The brook passes to the right of Rapson's tyre factory, the bed is shallow and much silted up. Several drains (X4) discharge water which has been used either for washing rubber or for cooling engines at the works. The brook passes under Burlington Road, where much debris of leaves, tin cans, and other rubbish has accumulated, it winds behind Beverley Road and becomes about five feet broad, the water is very muddy; on the left bank a 12-inch drain (X5) discharges surface water from the adjoining roads. The brook passes through fields, having Beverley Park on the left bank. About the middle of the Park it is joined on the right bank by its main tributary, the Pylbrook. The channel is about six feet broad, and there is much mud deposited at the junction of these brooks, the flow is good, the water is not clean but there is not as much mud on the banks as there was earlier in its course. The brook flows through a culvert under the main Southern Railway line, a gate is placed across the brook at this point and much debris has collected. It passes a brick bridge under Cambridge Avenue, and is about six feet broad, there is a good flow, the water is clean, apart from some debris at the bridge, the bed is sandy, and the banks are clean.

The Beverley Brook passes through fields, having a small ford for animals on the right bank, and reaches Coombe Lane, receiving on the right bank the Bushey Mead Brook and on the left bank the Coombe Brook C., these unite and the stream passes under Coombe Lane by the Coombe Bridge.

SECTION 2.

Forms the boundary between Maldens and Coombe Urban District, Wimbledon Municipal Borough and Wandsworth Metropolitan Borough, and extends from Coombe Bridge to the exit of the brook from Richmond Park close to the Roehampton Gate.

The Beverley Brook receives a surface water drain (X9), and passes through the Wimbledon and Putney Commons; there is a footpath on its left bank. The channel is about seven feet broad, the flow is fair, the water is clean and the bed stoney, the banks show some deposit of mud. An apparently disused culvert (X10) opens on the left bank. A concrete bridge spans the brook, and there are two fords for beasts. The brook widens to about eight feet, and becomes more shallow, with a better flow and cleaner banks, but there is a deposit of mud in places. As the brook proceeds on its course the channel widens to about ten feet, the flow becomes sluggish, with mud on the banks; a small footbridge crosses the brook and a tributary running through fields joins the brook on its right bank. The water becomes much cleaner and the channel narrows to about nine feet; on the left bank two drains (X11 and X12) bring surface water from the adjoining land, a small spring joins on the left bank. At a lower level another small spring joins on the right bank, two culverts (X13 and X14) open on the right and left banks respectively, and dry ditches open on the left bank.

The brook passes under Robin Hood Lane and it receives a piped spring on its left bank, below the bridge another spring with a piped exit opens on right bank and a culvert (X15) discharges surface water into the brook.

The Beverley Brook pursues a winding course, having an average breadth of about nine feet, the flow varies but is never rapid, the water is clean, the bed is stoney in places, here and there mud is deposited.

A few hundred yards below Coombe Bridge, a ditch opening on the left bank serves as a land drain for neighbouring fields; about this point Wimbledon Municipal Borough is carrying out works, the water being muddy for some distance.

A ditch opens on the right bank and serves as a land drain. The brook broadens to about ten feet and receives a land drain on its right bank, and there is a footbridge over the stream. At this point some mud is deposited on the banks, the channel diminishes to about nine feet, a land drain discharges surface water from adjoining land on each bank, and a ford crosses the brook.

The brook is now about twenty feet from Kingston Road and forms the boundary between Wandsworth Metropolitan Borough and Maldens and Coombe Urban District. A large storm water culvert (X16) about two feet in diameter and fitted with a valve, brings water from Putney, a small drain (X17) discharges surface water on the right bank, and a 12in. pipe (X18) discharges surface water at a rapid rate on the left bank. The brook passes under Kingston Road through the three-arched Beverley Bridge.

The Beverley Brook emerges from the Beverley Bridge and about ten yards below the bridge there is a large V-shaped gate with moveable grids placed across it.

The brook winds through fields adjoining Richmond Park to the right of Robin Hood Gate, the channel is about twelve feet broad, the flow is variable, the banks and the water are clean. It flows under a small footbridge and enters Richmond Park Golf Course through a broken down fence, receiving on its left bank the overflow from a stagnant pond. At this point the flow is very sluggish and there is much scum and debris. The brook becomes about fifteen feet broad, with a poor flow, and has mud on its banks. It passes under a plank bridge and the depth varies, the maximum being about two feet. It passes under a brick bridge, a plank bridge and another brick bridge, receiving on its right bank the overflow from a stagnant pond. It then flows under a three-span brick bridge with grids and leaves the golf course.

The channel becomes about ten feet broad, the banks are broken down in places by the beasts fording, and the bed is muddy. The brook crosses under the road by a brick bridge. A small stream having its origin outside the Park enters below the Roehampton Gate, the flow is poor, the bed muddy and marshy, at its junction with the right bank of the brook there is a large deposit of mud.

About midway between this junction and the bridge two small culverts draining the adjoining land (X19 and X20) open on the left bank. At a lower point the overflow from Pen Ponds joins the brook on its left bank.

The brook passes under the main road from the Roehampton Gate, broadens to about twelve feet, is very shallow, having mud and weeds on the bed. It passes over a small weir receiving a land drain on the left bank. The right bank is broken down by beasts fording.

The flow is poor and much black mud is deposited on the bed at this point. There is a plank bridge over the brook which passes through three openings with grids in the boundary wall of Richmond Park, much debris is collected by the grids.

About fifty yards to the left of the Beverley Brook a stream emerges from a culvert which lies parallel to the boundary wall, this stream divides into three parts, and passing under the wall ultimately joins the brook in the Mount Clare Estate.

SECTION 3.

Extends from the exit of the brook from Richmond Park near Roehampton Gate to its discharge into the Thames at the boundary between Barnes Urban District Council and Wandsworth Metropolitan Borough.

The brook passes under a plank bridge in the Mount Clare Estate and forms the boundary between Barnes Urban District and Wandsworth Metropolitan Borough; a footpath is on the left bank. At this point a 3-foot storm water culvert (X21), fitted with a valve, opens on the left bank. The brook varies from ten to fifteen feet in breadth, the depth does not exceed two feet, the flow is fair and the water clean, it passes under two footbridges, and near the lower one a 12in. culvert (X22), provided with a valve, discharges surface water on the right bank. It turns at a right angle, having the Bank of England Sports Ground on the right; at this point a 12in. land drain (X23) discharges surface water from the sports ground. The banks of the brook have been raised here by depositing bags of concrete. On the left bank a large drain brings the overflow from a pond near the Sheen Gate of Richmond Park. It again turns at a right angle and receives two 2-foot culverts (X24 and X25), the former is provided with a valve and brings surface water from adjoining land, the latter carries the surface water from the ditches which discharge through the boundary wall of Richmond Park. The brook passes under a brick bridge and flows away from the footpath, passing through allotments and receiving on its right bank a surface water drain (X26) from the Sports Grounds; it flows through the Priory Grounds and goes under the Upper Richmond Road near Whitehart Lane at Priest's Bridge.

The brook is about twelve feet broad, the flow is good, with clean water, the bed is sandy in places and clean. It passes to the right of Mousley's hard tennis courts, where it receives on the right bank numerous small surface water drains from the courts, it then passes the end of Westwood and Woodlands Roads.

The brook passes under the main Southern Railway Line, through orchards and under the branch line of the railway, the flow becomes slow, the water dirty, and the bed muddy. It runs to the right of Willow Lane, where the channel is shallow and about fifteen feet broad, the water

is clean. The brook flows under Station Road by Creek Bridge, and then passes through Barnes Common, where a footbridge spans it and sluice gates are interposed. The flow is rapid but there is much debris in places, a surface water drain (X27) empties into the brook which crosses under Glebe Road, where it receives several small surface water drains from adjoining yards, it flows under Belvue Road, passes between houses, and receives several small surface water drains. It goes under Rectory Road, where there are disused sluice gates, it crosses under Elm Grove Road and is culverted under Rock's Lane.

The brook enters Ranelagh Club grounds and passes under the main road. It reaches two large flood gates, takes an obtuse bend, having Wandsworth refuse dump on the right bank; here barges are loaded with refuse which is ultimately dumped in the sea. At this point at least two-thirds of the channel, which is now about twenty yards broad, consist of silt.

The brook enters the Thames after passing under a bridge at the junction of Embankment Road and the towpath.

TRIBUTARIES.

TRIBUTARY A. THE PYLBROOK.

The Pylbrook has its origin as an underground spring in the centre of Sutton and is piped to form the main surface water drain of the town. It receives numerous other springs, including probably the running spring situated in West Street. The brook emerges from its culvert at Sorrento Road, Sutton, is broad and very shallow, being used as a ford. A surface water drain (XA1) discharges here; the flow is fair, the bed stoney and the water turbid. After the ford the brook is two to three feet across, it winds behind Pylbrook Cottages and through allotments. At Clensham Lane it passes under a bridge and forms the left boundary of the Sutton Urban District Council Sewage Works; at this point the brook is about four feet broad, the flow poor, and the water is muddy, due no doubt to the road alterations which are being carried out in Clensham Lane.

About two hundred yards below Clensham Lane, Sutton Sewage Works has an outfall (Y2) on the right bank of the brook. The stream broadens to about six feet and the flow is good.

Sutton Sewage Disposal Works.

After the sewage is treated at the works, the effluent passes over coke breeze filters, flows along open channels and discharges into the Pylbrook on its right bank.

The brook passes along the right of the footpath from Sutton to North Cheam, having the Sutton rubbish tip on its left. The stream

goes under a footbridge and runs to the left of the footpath. On the left bank a surface water drain (XA2) discharges, the bed is covered with a thick layer of black mud, the channel is between five and six feet broad, the flow is good but the water is dirty. The brook pursues its course towards London Road, North Cheam, receiving on the left bank a tributary (A1) from Brock's Powder Factory.

The channel is now about five feet broad, the flow is increased, the water is dirty, and the bed is stoney in places. On the right bank a ditch brings surface water from neighbouring land, on the left bank a ditch discharges surface water from adjoining fields, lower down, the brook receives a surface water drain (XA3) on the right bank. It crosses under London Road, North Cheam, by the Pylford Bridge; on the left bank a large culvert (XA4) gains access to the brook.

Tributaries joining this part.

TRIBUTARY A1.

This tributary has its origin beyond Brock's Powder Factory, in the region of the disused Brick Works and comes from the old Bourne. It pursues a winding course through the grounds of Brock's Factory, and for the first part consists of a dry ditch. In the region of an old well the ditch becomes about a foot wide and contains a little water.

Several other ditches join in these grounds. At a later stage the ditch contains water with practically no flow, it passes under a bridge in Gander Green Lane, being joined on its right bank by a ditch draining surface water from the left side of the lane. The ditch crosses fields and allotments, the banks are irregular and overgrown in places, the flow is very poor. It discharges into the Pylbrook on the right bank at a point below the footbridge. This tributary is about a mile long.

TRIBUTARY A2.

A ditch commencing beyond the limits of Brock's Factory acts as a land drain; and in the first part of its course it is dry. About a quarter of a mile beyond its origin the bed becomes moist, later it contains some stagnant water, the bed has a thick deposit of mud, is about six inches deep, and the channel is about nine inches across. It passes under Gander Green Lane and through some fields to join the left bank of the Pylbrook.

After the Pylbrook has passed under Pylford Bridge, North Cheam, it receives a small surface water drain (XA5) on its left bank; the

channel is about five feet broad, the flow is fairly rapid, the water is not clean, and the edges of the banks have much black mud deposited on them. The brook passes behind Garth cottages where much domestic rubbish, *e.g.*, tins and garbage, are thrown into it; beyond these cottages a deep ditch opening on the right bank acts as a land drain. The banks are overgrown.

The brook flows under a footbridge in Garth Road, there are many bends where black mud has collected, and there is much debris. The flow is fairly rapid, the water is not clean. The brook passes on the right of Garth Road and enters some fields, receiving another land drain on the right bank.

The Pylbrook winds through fields towards Battersea New Cemetery, there are several accumulations of water on the left bank, and there is much black mud deposited at the bends; the width of the channel varies. In some places it is not more than one to two feet wide, in others it is about three feet. The flow is also variable. The brook passes under Green Lane, Morden, by means of a three-culvert bridge and enters Battersea New Cemetery. During this part of its course the banks are very irregular and covered with much mud, the flow is variable and the water is dirty.

After entering the Battersea New Cemetery the Pylbrook appears in the open again, but is soon culverted under the main road of the cemetery to reappear alongside some allotments. It leaves the cemetery boundary by passing under a fence. A small tributary converges towards the Pylbrook, appearing to have an underground origin in the cemetery and leaves by passing under the boundary fence at a lower point. During this part of its course the banks and flow are satisfactory, though the water is not clean. The Pylbrook runs through fields to the left of Bijou Villas, Grand Drive, and passes under a footbridge where the flow is very poor, the channel is about three feet broad and there is much debris.

The flow improves, the water becomes cleaner and the brook runs through Raynes Park Golf Course, there is mud in places on the left bank. On the right bank near West Barnes Lane a ditch and a pond have access to the stream.

The Pylbrook passes on the right of West Barnes Lane and on its right bank gives off a large by-pass controlled by a sluice which is at present closed. The channel is about four feet broad, the water is fairly clean, and the flow is fair. It passes under the railway line and under the junction of Burlington Road and West Barnes Lane.

At this point the stream reaches the grounds of Bradbury Wilkinson Works, on the right bank it receives a 12in. diameter surface water drain (XA6). A large culvert (XA7) carries surface water from the railway, passes under Burlington Road and opens into the stream.

The Pylbrook passes towards West Barnes Farm, the channel is about five feet across, the water is clean, the bed sandy, and there is some debris in places. The brook has Beverley Park to the left, and joins the Beverley Brook on its left bank, there is much debris and mud at the junction.

The By-pass.

This by-pass commences in West Barnes Lane, at the boundary of Raynes Park Golf Course, a sluice, which is closed, is placed across it so that the bed is dry at present. The by-pass reaches the Merton and Morden Sewage Lifting Station, and contains very little water, it continues through the golf course, passes under the Southern Railway line and meets the Bushey Mead Brook at the junction of Coombe and West Barnes Lanes.

TRIBUTARY B. THE BUSHEY MEAD BROOK.

This brook emerges from a culvert at the foot of Kingston Road, Raynes Park, and has its origin in springs and surface water in the neighbourhood; immediately after becoming open, it receives on its left bank the contents of a large culvert (XB1) and a small culvert (XB2), both of which drain surface water from the new Council houses. The brook is about six feet broad, the flow is poor, the bed and the water are dirty. The channel becomes about four feet broad and the flow improves. The brook flows past the ends of Bronson Road, Chestnut Road, where there is a bridge across it, Sydney, Dupont, Dorien and Edna Roads, and Vernon Avenue. There is common ground on the left bank; Prince George's Avenue, Aston Road, Clifton Park Avenue and Gore Road. On the right bank, it receives a surface water drain from each of these roads—(XB3—XB13).—The brook is about three feet broad with a fair flow, and the water is dirty. Opposite to Dorien Road it receives a tributary (B1) on its left bank.

The brook flows under Grand Drive by a brick bridge and turns at a right angle, passing along the left side of Grand Drive. On its left bank it receives the contents of a 2-foot surface water culvert (XB14), which is provided with a valve.

The brook is culverted under the two railway lines at Raynes Park Station and is joined by a ditch. It becomes open on the left side of Coombe Lane, the channel is about three feet broad, the water is clean

and there is gravel on the bed, a surface water drain (XB15) opens on the right bank. The brook passes under a footbridge, where there are many weeds, and is culverted under West Barnes Lane, receiving the by-pass of stagnant water from the Pylbrook on its left bank. At Cambridge Road a ditch opens into the brook, which becomes about four feet broad. The flow is fair, and the water is clean. At Coombe Bridge it joins the Beverley Brook.

TRIBUTARY B1.

This tributary has its origin in the neighbourhood of Cannon Hill Lane, and passes through the Joseph Hood Recreation grounds at the new Estate, Merton, it is about one foot broad and the water is clean. It passes the back of Martin Way and receives a land drain, through allotments and turning at a right angle opposite Chestnut Road, it flows towards the Bushey Mead Brook. The tributary turns at a right angle and joins the brook on its left bank opposite Dorien Road. The tributary has a fair flow and the water is clean.

TRIBUTARY C. THE COOMBE BROOK.

This stream has its origin in a pond at an old gravel pit close to the West Council Schools in Dickerage Lane, New Malden, and is piped as far as the allotments, where it runs as a narrow stream and passes along the back of Elm Road. The banks are much overgrown, the flow is fair and the water is clean. At Elm Road a small pipe (X6) brings surface water from the adjoining roads. The brook runs through Luff's Landscape Gardens and passes under Trap's Lane, receiving on its right bank a 12-inch surface water drain (X7), and on the left bank a 9-inch surface water drain (X8).

At this point the channel is from two to three feet broad. It passes through Service Sports Grounds and joins the Beverley Brook and the Bushey Mead Brook immediately above Coombe Lane.

REMARKS.

The Beverley Brook and its tributaries have recently formed the subject of two Ministry of Health Inquiries:—

(1) An Inquiry was held at the Merton and Morden Urban District Council Offices (in April, 1923), when the Council applied for sanction to a loan of £84,000 for improvement of surface water drainage in the district. The Merton and Morden Urban District Council have now completed arrangements whereby the Bushey Mead Brook and its

tributary will be filled in, and a large surface water drain will take the flow. This surface water drain will join the Beverley Brook at Coombe Bridge.

(2) An Inquiry was held at Wimbledon Town Hall in March, 1924, to enable Wimbledon Municipal Borough, Maldens and Coombe, and Merton and Morden Urban District Councils to grade and deepen the Beverley Brook between Coombe Bridge and the boundary between Wimbledon and Wandsworth. When this work is completed, the bed of the brook will be lowered by 2ft. 6in., and tail off to zero at the Wimbledon boundary, a distance of one and two-thirds miles, at an estimated cost of £4,600. The work is now in progress.

RECOMMENDATIONS.

The condition of the Beverley Brook as disclosed by the foregoing report, though not so serious as in the case of the River Wandle, furnishes additional evidence of the need of supplementary powers being obtained by the County Council to enable them satisfactorily to deal with such defects as cannot be remedied under existing legislation.

JOSEPH CATES.

Public Health Department,

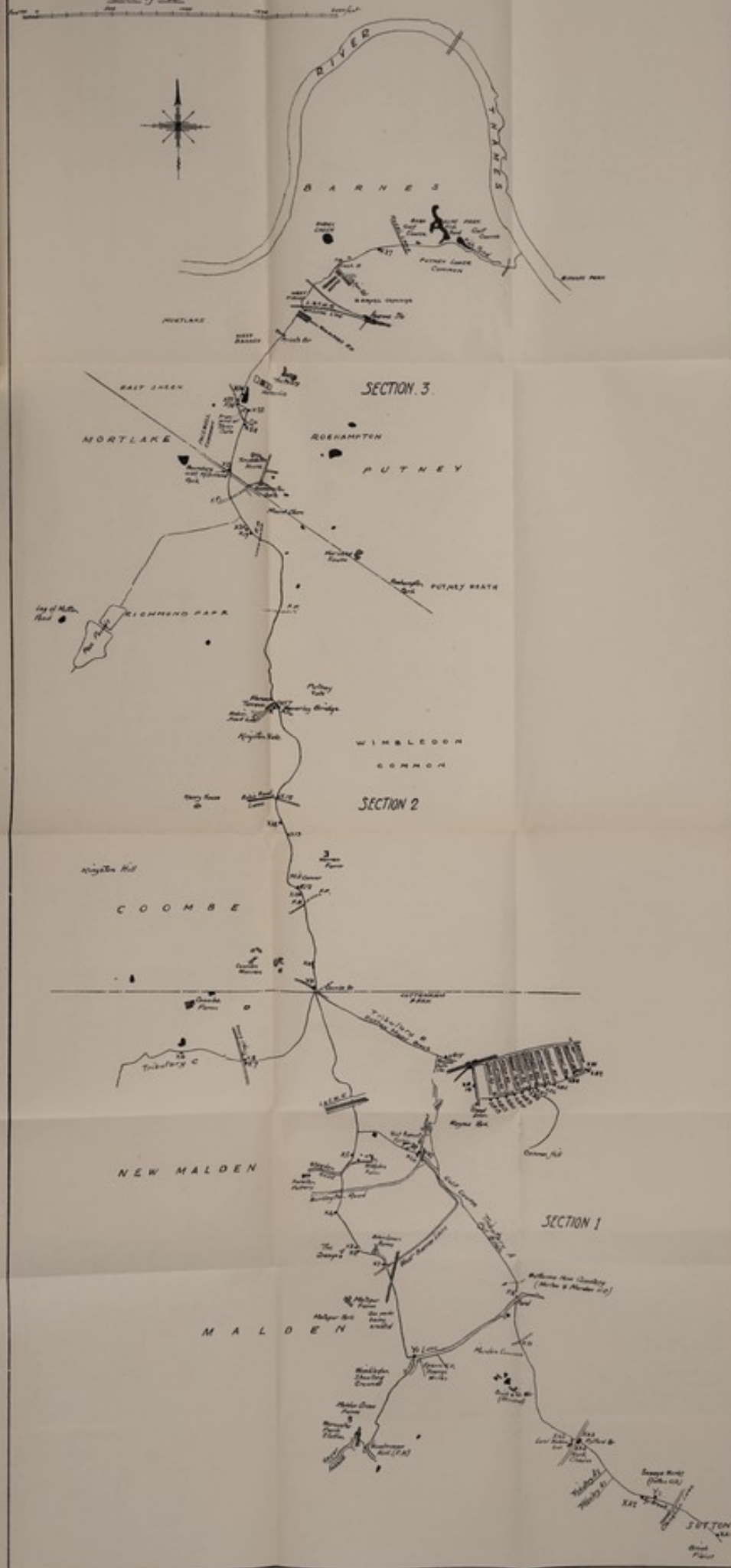
5, Grove Crescent,

Kingston-on-Thames.

1st October, 1924.

SURREY COUNTY COUNCIL
PUBLIC HEALTH COMMITTEE
COURSE OF THE BEVERLEY BROOK

Scale of Feet



SURREY COUNTY COUNCIL

PUBLIC HEALTH COMMITTEE

COURSE OF THE BEVERLEY BROOK

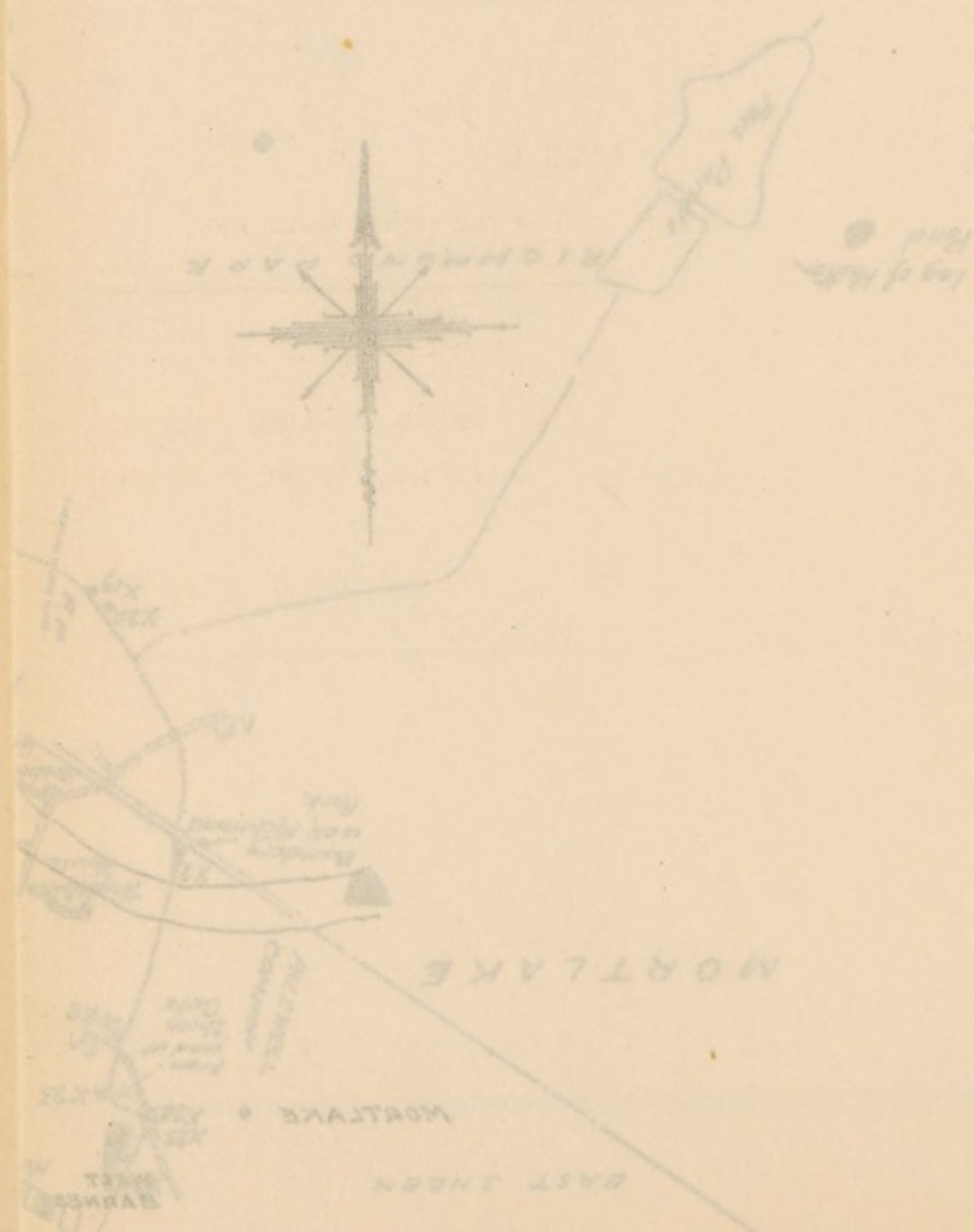
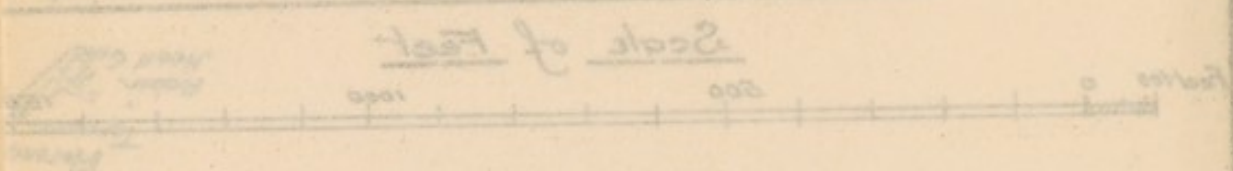


TABLE I.

GIVING THE POPULATION IN EACH OF THE CENSUS YEARS, 1901,
1911 AND 1921.

	1901.	1911.	1921.
Urban Districts 	396,405	524,625	572,138
Rural Districts ,	123,361	151,402	167,264
Administrative County 	519,766	676,027	739,402

TABLE I

Showing the results of the analysis of the samples of the material examined.

Sample No.		Analysis	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

TABLE II.

POPULATION.

DISTRICTS.	Area in statute acres (land and inland water).	Population.						- Decrease.	Registrar-General's Estimate (Mid-Year).
		1911.			1921.				
		Persons.	Males.	Females.	Persons.	Males.	Females.		
URBAN.									
1. Barnes	2,519	30,377	13,624	16,753	34,299	15,008	19,291	3,922	34,600
2. Beddington and Wallington.....	3,040	14,322	6,199	8,123	16,308	7,129	9,179	1,986	16,550
3. Carshalton	2,926	11,634	5,221	6,413	14,021	6,158	7,863	2,387	15,050
* 4. Caterham	2,438	10,841	5,338	5,503	11,763	5,947	5,816	922	13,230
5. Chertsey.....	10,776	13,816	6,696	7,120	15,127	7,161	7,966	1,311	15,430
6. Coulsdon and Purley	8,572	18,872	8,020	10,852	21,491	8,916	12,575	2,619	22,830
7. Dorking	1,338	7,848	3,544	4,304	8,057	3,545	4,512	209	7,909
8. Egham	7,786	12,551	5,998	6,553	13,725	6,333	7,392	1,174	13,500
9. Epsom	4,423	19,156	8,810	10,346	18,804	8,848	9,956	- 352	19,260
10. Esher and The Dittons	5,979	12,518	5,561	6,957	14,309	6,335	7,974	1,791	14,410
11. Farnham	3,214	11,680	5,590	6,090	12,128	5,660	6,468	448	13,313
* 12. Frimley	7,674	13,673	7,320	6,353	13,676	6,807	6,869	3	15,120
13. Godalming (M.B.)	813	8,846	4,305	4,541	9,197	4,426	4,771	351	9,263
* 14. Guildford (M.B.)	2,592	23,820	11,227	12,593	24,926	11,696	13,230	1,106	25,910
15. Ham	1,869	1,435	616	819	1,510	644	866	75	1,547
16. Haslemere	2,263	3,520	1,537	1,983	3,865	1,506	2,359	345	3,834
* 17. Kingston-on-Thames (M.B.)	1,131	37,975	17,717	20,258	39,479	18,191	21,288	1,504	40,430
18. Leatherhead	3,508	5,491	2,725	2,766	5,817	2,761	3,056	326	5,974
19. Maldens and Coombe	3,221	12,137	5,786	6,351	14,495	6,577	7,918	2,358	15,330
20. Merton and Morden	3,237	14,140	6,746	7,394	17,532	8,249	9,283	3,392	18,710
21. Mitcham.....	2,935	29,606	14,758	14,848	35,119	16,910	18,209	5,513	27,510
22. Molesey, East and West	1,517	6,492	2,981	3,511	7,280	3,280	4,000	788	7,401
23. Reigate (M.B.)	5,995	28,502	12,947	15,555	28,914	12,785	16,129	412	28,570
24. Richmond (M.B.).....	2,491	33,221	14,054	19,167	35,639	15,265	20,374	2,418	34,670
25. Surbiton	3,049	17,717	7,453	10,264	19,547	8,472	11,075	1,830	19,660
26. Sutton	1,835	21,270	10,055	11,215	21,063	9,381	11,682	- 207	21,330
27. Walton-on-Thames	6,860	12,856	5,679	7,177	14,644	6,334	8,310	1,788	14,800
28. Weybridge	1,371	6,286	2,568	3,718	6,684	2,809	3,875	398	6,514
29. Wimbledon (M.B.)	3,221	54,966	24,071	30,895	61,418	28,885	32,533	6,452	58,090
30. Windlesham	5,691	4,249	2,079	2,170	4,878	2,215	2,663	629	4,788
* 31. Woking	11,826	24,808	11,996	12,812	26,423	12,070	14,353	1,615	27,130
Total.....	126,110	524,625	241,221	283,404	572,138	260,303	311,835	47,513	582,663
RURAL.									
1. Chertsey	16,021	9,383	4,761	4,622	11,163	5,396	5,767	1,780	11,450
2. Dorking	39,526	10,580	5,103	5,477	10,575	4,853	5,722	- 5	10,350
3. Epsom.....	32,580	30,245	13,951	16,294	34,118	15,355	18,763	3,873	36,020
* 4. Farnham	26,149	15,945	7,447	8,498	18,332	8,334	9,998	2,387	17,437
5. Godstone	53,512	23,931	11,210	12,721	25,387	11,468	13,919	1,456	25,440
* 6. Guildford	53,342	18,274	8,951	9,323	21,879	11,186	10,693	3,605	21,560
7. Hambledon	60,932	21,849	10,670	11,179	23,090	11,096	11,994	1,241	23,110
8. Reigate	44,649	21,195	10,022	11,173	22,720	10,442	12,278	1,525	22,970
Total.....	326,711	151,402	72,115	79,287	167,264	78,130	89,134	15,862	168,337
Administrative County	452,821	676,027	313,336	362,691	739,402	338,433	400,969	84,508	751,000

* In these districts a deduction is made from the population shown above when calculating the death rates. This is necessary consequent upon these districts having within their borders a certain number of military personnel. The population for the whole county for purposes of death rates is estimated to be 742,900.

TABLE III.

THIS STATEMENT, REFERRING TO QUINQUENNIAL PERIODS, WILL SERVE TO
SHOW THE GRADUAL DECLINE IN THE FOLLOWING RATES :—

Quinquennial period.	Birth-rates per 1,000 population.	Death-rates per 1,000 population.	Deaths under one year per 1,000 births.
1890-1894	25·7	13·9	109·0
1895-1899	24·9	13·0	117·0
1900-1904	23·9	12·0	103·0
1905-1909	23·4	11·0	83·0
1910-1914	20·5	9·9	73·7
1915-1919	16·1	12·0	66·9
1920-1924	17·2	10·0	50·3

TABLE IV.
BIRTHS IN 1924.

DISTRICTS.	Number.	Net Rate per 1,000 population.	Excess of births over deaths.
URBAN.			
1. Barnes	482	13·9	127
2. Beddington and Wallington.....	229	13·8	63
3. Carshalton	278	18·4	126
4. Caterham	173	13·0	67
5. Chertsey	272	17·6	97
6. Coulsdon and Purley	257	11·2	74
7. Dorking	132	16·6	20
8. Egham	181	13·4	47
9. Epsom	246	12·7	90
10. Esher and The Dittons	198	13·7	53
11. Farnham	235	17·6	66
12. Frimley	235	15·5	116
13. Godalming (M.B.)	111	11·9	17
14. Guildford (M.B.)	398	15·3	81
15. Ham	24	15·5	7
16. Haslemere	55	14·3	11
17. Kingston-on-Thames (M.B.).....	642	15·8	140
18. Leatherhead	102	17·0	46
19. Maldens and Coombe	237	15·4	94
20. Merton and Morden	311	16·6	141
21. Mitcham.....	764	20·3	418
22. Molesey, East and West	122	16·4	31
23. Reigate (M.B.)	390	13·6	51
24. Richmond (M.B.).....	516	14·8	45
25. Surbiton	317	16·1	85
26. Sutton	314	14·7	96
27. Walton-on-Thames	213	14·3	74
28. Weybridge	93	14·2	14
29. Wimbledon (M.B.)	814	14·0	169
30. Windlesham	79	16·4	21
31. Woking	396	14·5	154
Total	8,816	15·1	2,641
RURAL.			
1. Chertsey.....	169	14·7	67
2. Dorking	153	14·7	43
3. Epsom.....	452	12·5	84
4. Farnham	319	18·2	134
5. Godstone	326	12·8	53
6. Guildford	316	14·6	96
7. Hambledon	310	13·4	75
8. Reigate	352	15·3	114
Total	2,397	14·2	666
Administrative County	11,213	14·9	3,307

TABLE IVa.

Diagram showing the birth rate (per 1,000 population) in the Administrative County in each of the years 1889-1924.

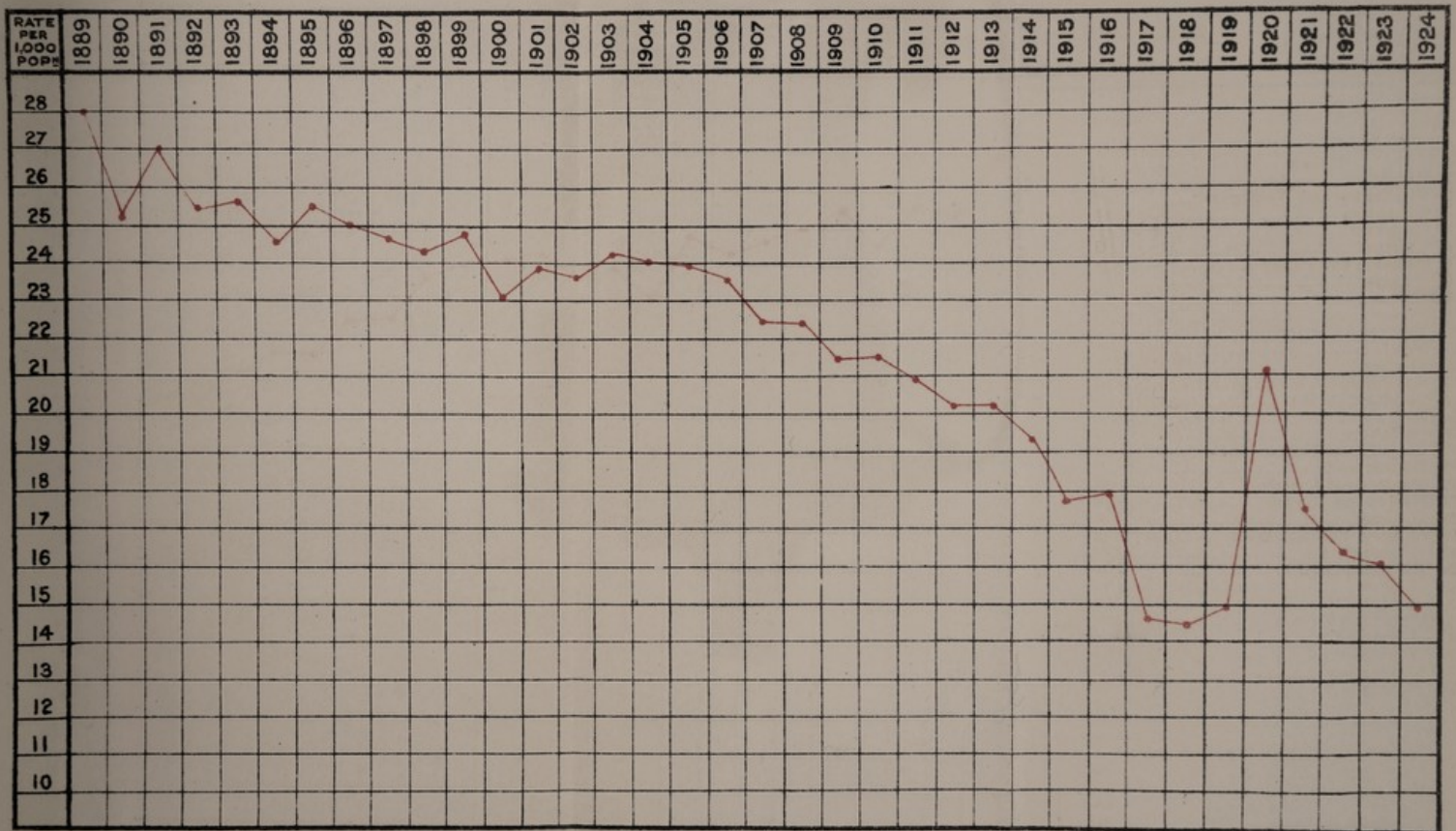


TABLE IV
 Diagram showing the birth rate (per 1,000)

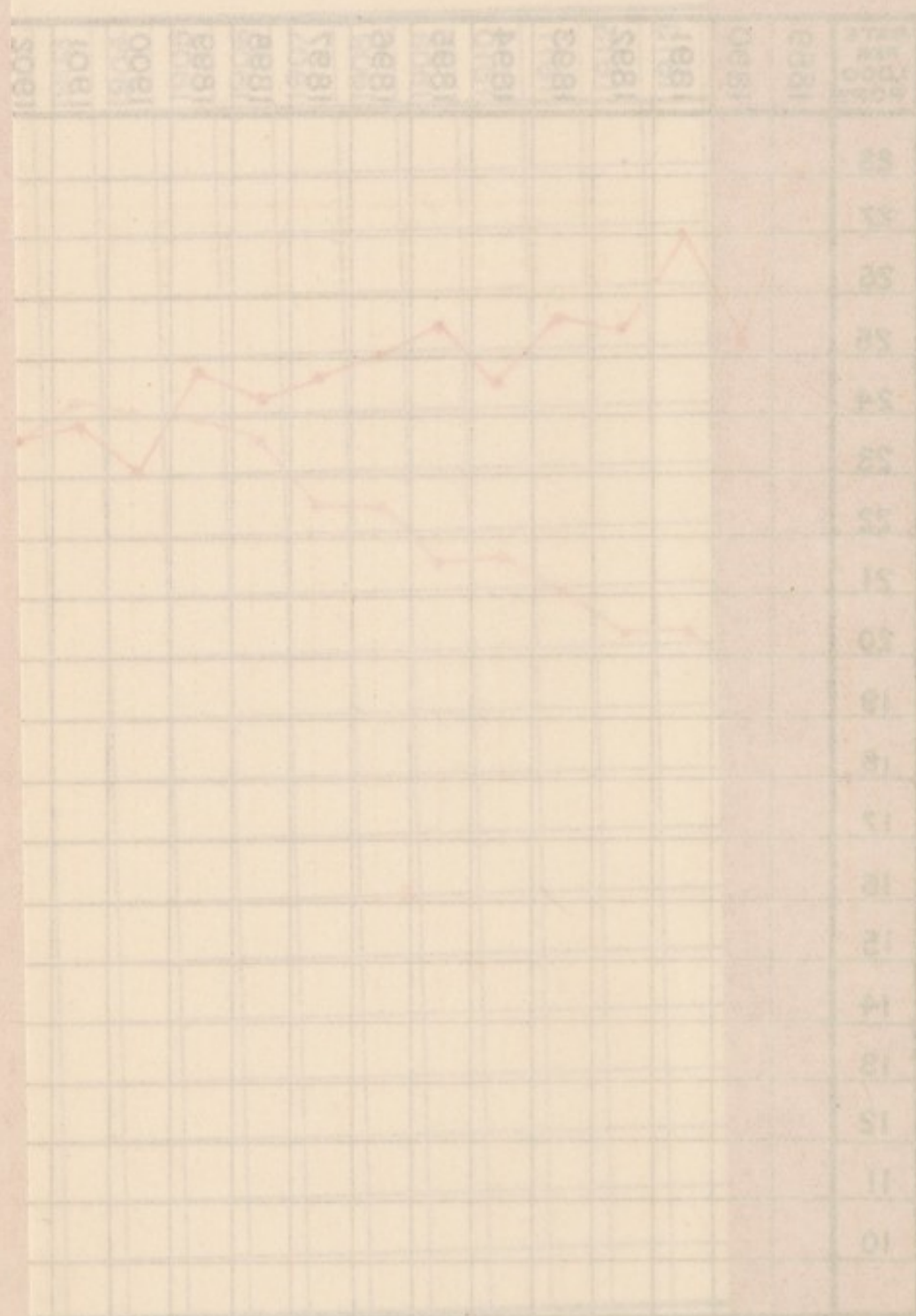


TABLE Va.

Diagram showing the death rate from all causes (per 1,000 population) in the Administrative County in each of the years 1889-1924

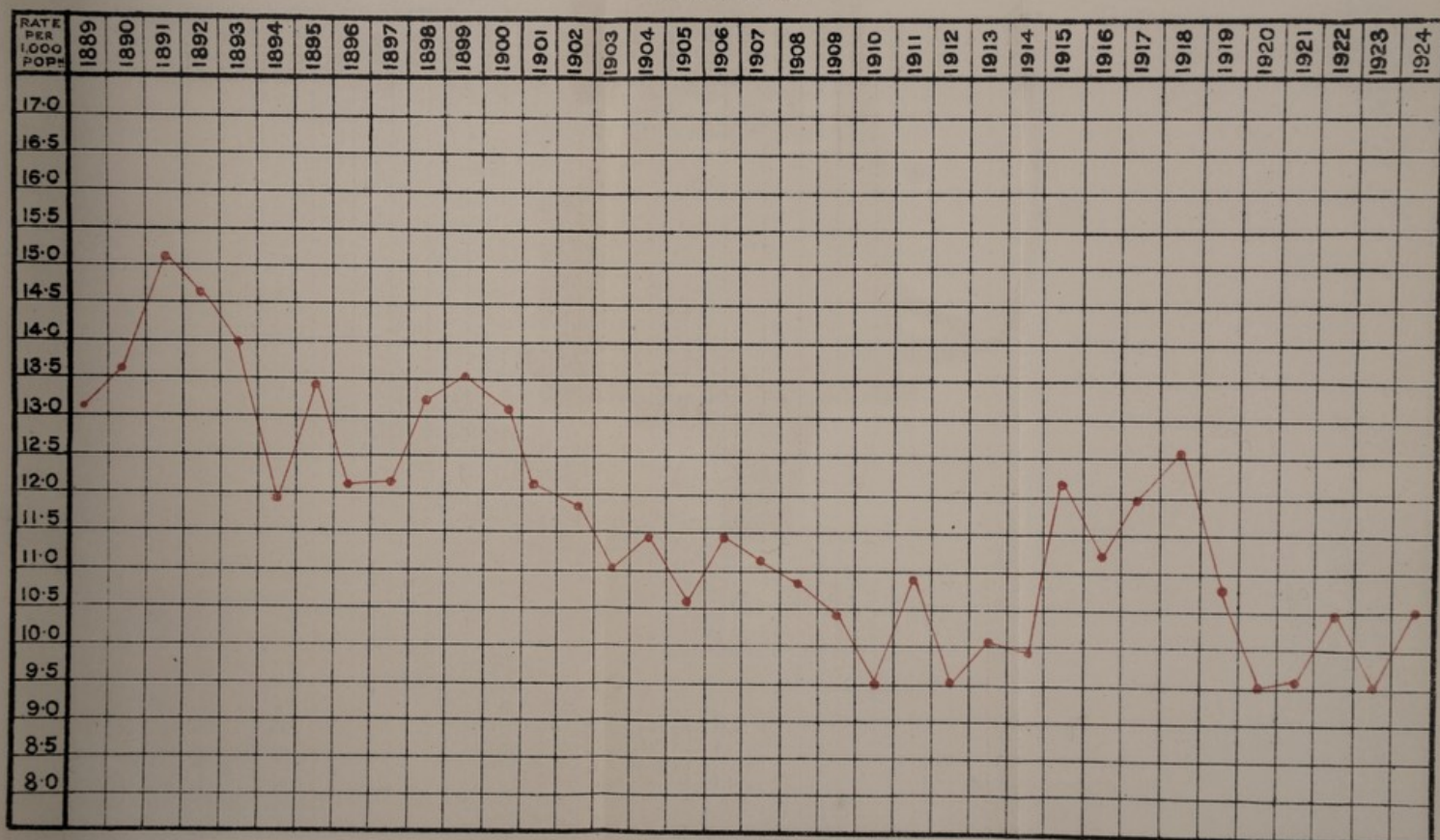


TABLE IV
Diagram showing the death rate (from all) from 1891-1921

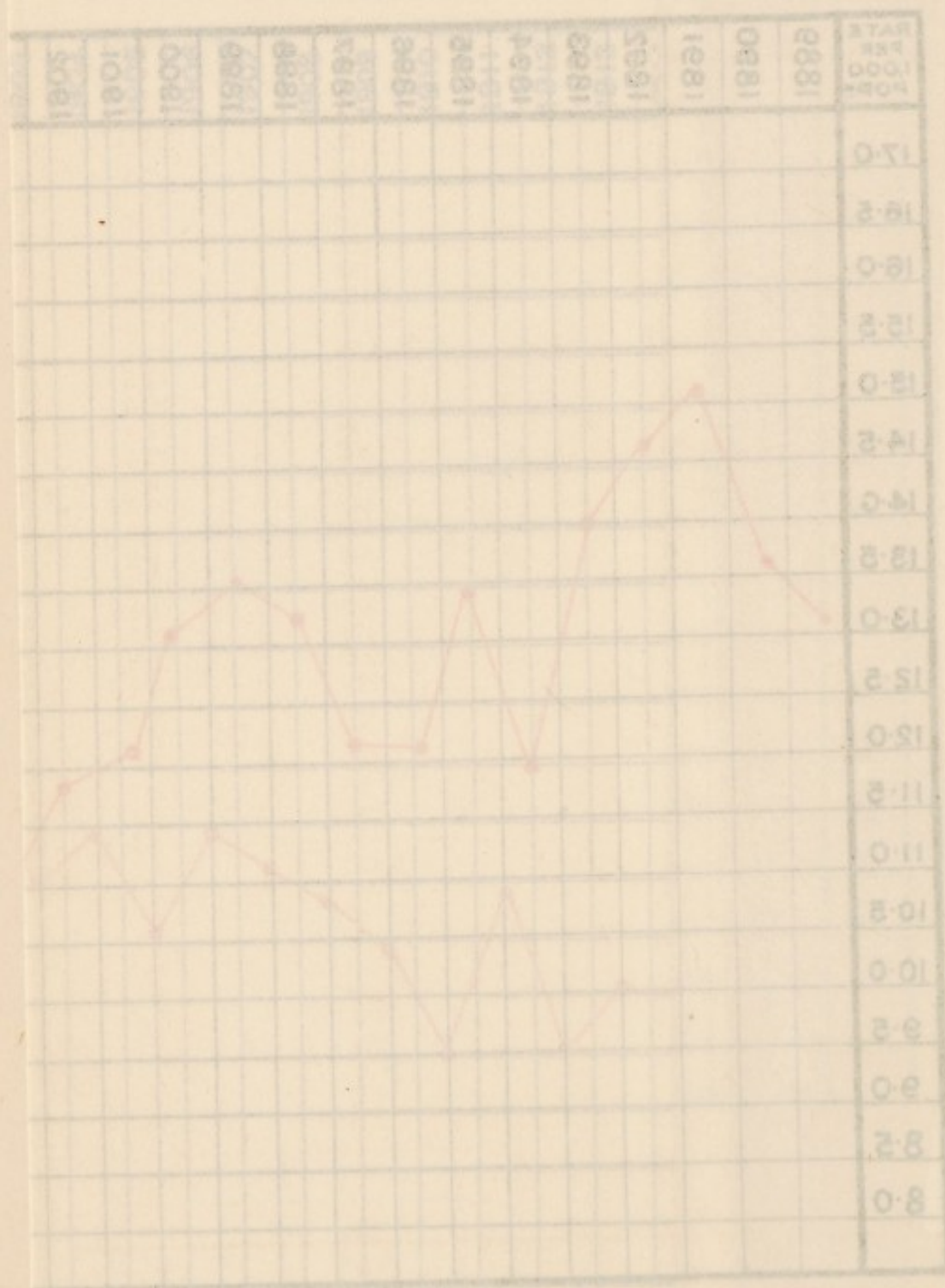


TABLE V.
DEATHS FROM ALL CAUSES IN 1924.

DISTRICTS.		Number.	Net rate per 1,000 population.
URBAN.			
1.	Barnes	355	10·2
2.	Beddington and Wallington.....	166	10·0
3.	Carshalton	152	10 0
4.	Caterham.....	106	9·2
5.	Chertsey	175	11·3
6.	Coulsdon and Purley	183	8·0
7.	Dorking	112	14·1
8.	Egham.....	134	10·0
9.	Epsom	156	8·0
10.	Esher and The Dittons	145	10·0
11.	Farnham	169	12·6
12.	Frimley	119	10·1
13.	Godalming (M.B.)	94	10·1
14.	Guildford (M.B.)	317	12·3
15.	Ham	17	10·9
16.	Haslemere	44	11·4
17.	Kingston-on-Thames (M.B.)	502	12·4
18.	Leatherhead	56	9·3
19.	Maldens and Coombe	143	9·3
20.	Merton and Morden	170	9·0
21.	Mitcham	346	9·2
22.	Molesey, East and West	91	12·2
23.	Reigate (M.B.)	339	11·8
24.	Richmond (M.B.)	471	13·5
25.	Surbiton	232	11·8
26.	Sutton	218	10·2
27.	Walton-on-Thames	139	9·3
28.	Weybridge	79	12·1
29.	Wimbledon (M.B.)	645	11·1
30.	Windlesham	58	12·1
31.	Woking	242	9·1
Total.....		6,175	10·7
RURAL.			
1.	Chertsey	102	8·9
2.	Dorking	110	10·6
3.	Epsom	368	10·2
4.	Farnham	185	10·8
5.	Godstone	273	10·7
6.	Guildford.....	220	10·9
7.	Hambleton	235	10·1
8.	Reigate	238	10·3
Total..		1,731	10·4
Administrative County.....		7,906	10·6

TABLE VI.
ADMINISTRATIVE COUNTY OF SURREY.—CAUSES OF AND AGES AT DEATH IN 1924.

Causes.	Under 1 year.	1 & under 2 years.	2 & under 5 years.	5 & under 15 years.	15 & under 25 years.	25 & under 45 years.	45 & under 65 years.	65 & under 75 years.	75 years & upwards.	All Ages.
Enteric fever ...	—	—	—	—	3	—	6	—	—	9
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	19	19	14	6	—	—	—	—	—	58
Scarlet fever ...	—	2	6	1	—	—	1	—	—	13
Whooping cough ...	17	9	3	—	—	—	—	—	—	29
Diphtheria ...	2	3	15	19	4	3	—	—	—	46
Influenza ...	15	4	5	4	12	47	91	69	107	354
Encephalitis lethargica ...	—	5	3	3	2	8	9	2	—	32
Meningococcal meningitis ...	2	—	2	3	3	2	—	—	—	12
Tuberculosis of the respiratory system ...	1	1	3	13	101	179	149	27	5	479
Other tuberculous diseases ...	13	11	13	20	16	24	13	3	4	117
Cancer, malignant disease ...	—	—	1	2	9	72	454	321	220	1,079
Rheumatic fever ...	—	—	3	4	4	1	2	—	—	14
Diabetes ...	—	1	—	2	1	4	37	28	16	89
Cerebral hemorrhage, &c. ...	—	—	—	—	3	12	104	138	175	432
Heart disease ...	—	—	1	11	20	70	312	358	344	1,116
Arterio-sclerosis ...	—	—	—	—	—	6	67	138	254	465
Bronchitis ...	26	6	1	2	—	7	69	132	283	528
Pneumonia (all forms) ...	91	39	19	13	14	39	100	83	84	482
Other respiratory diseases ...	4	2	2	3	3	15	28	31	16	104
Ulcer of stomach or duodenum ...	—	—	—	—	4	13	38	9	6	70
Diarrhoea and enteritis ...	24	7	—	2	1	1	16	6	14	71
Appendicitis and typhlitis ...	—	—	2	13	14	8	11	9	2	59
Cirrhosis of liver ...	—	—	—	—	—	3	21	10	—	34
Acute and chronic nephritis ...	—	1	2	2	2	21	79	42	52	201
Puerperal sepsis ...	—	—	—	—	3	13	—	—	—	16
Other accidents and diseases of pregnancy and parturition ...	—	—	—	—	8	16	—	—	—	24
Congenital debility and malformation (including premature birth) ...	261	—	2	2	—	1	1	—	—	267
Suicides ...	—	—	—	—	7	26	28	11	2	74
Other deaths from violence ...	9	6	10	21	18	49	52	19	27	211
Other defined diseases ...	99	19	22	41	44	124	276	238	551	1,414
Causes ill-defined or unknown ...	3	1	—	—	—	1	1	1	—	7
Total	806	300	100	107	300	766	1,065	1,675	2,162	7,906

TABLE VIIa.

Diagram showing the infant mortality rate (per 1,000 registered births) in the Administrative County in each of the years 1889-1924.

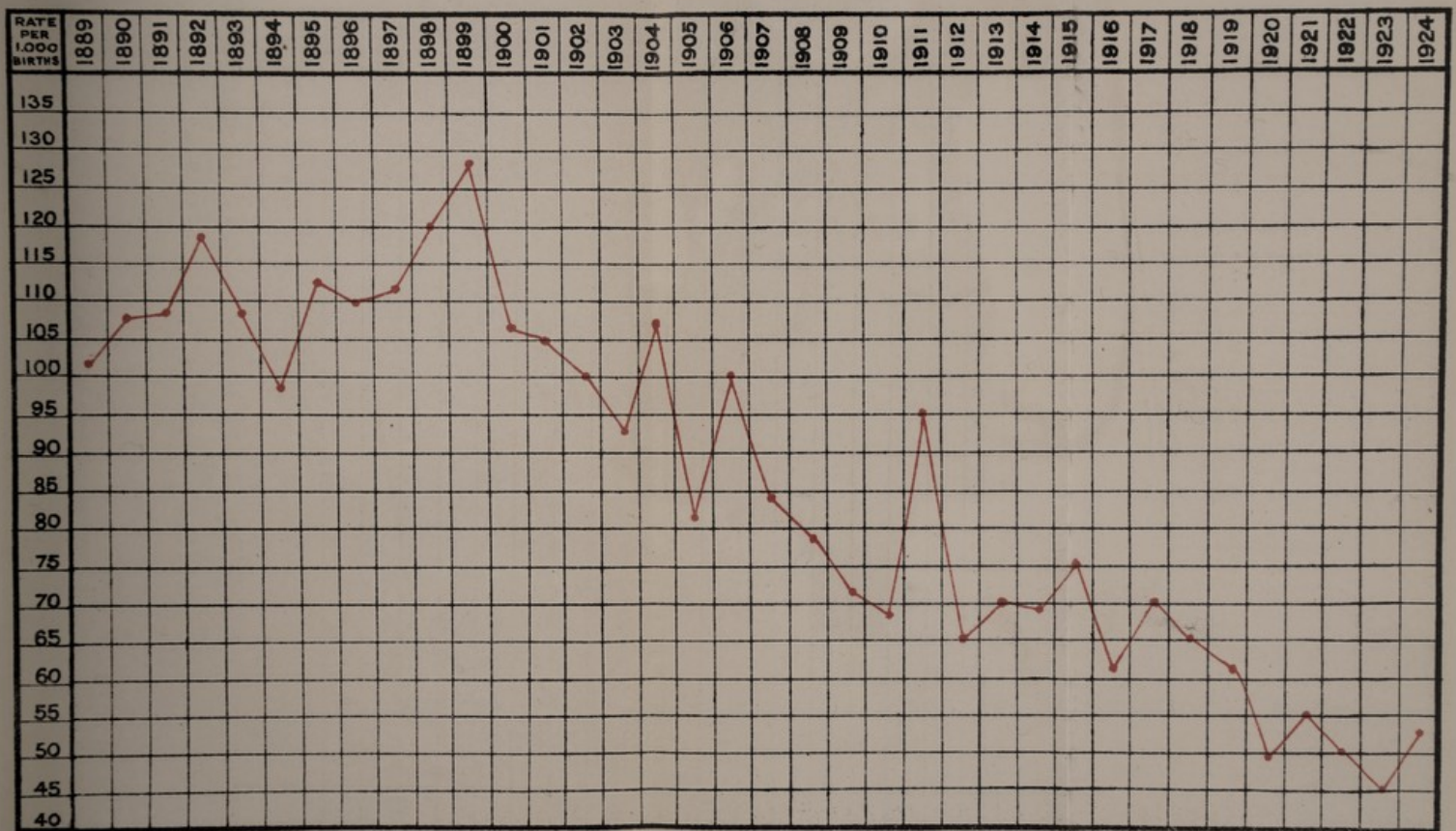


TABLE VII.

Diagram showing the infant mortality rate per 1000 live births in the United States, 1921-1934.

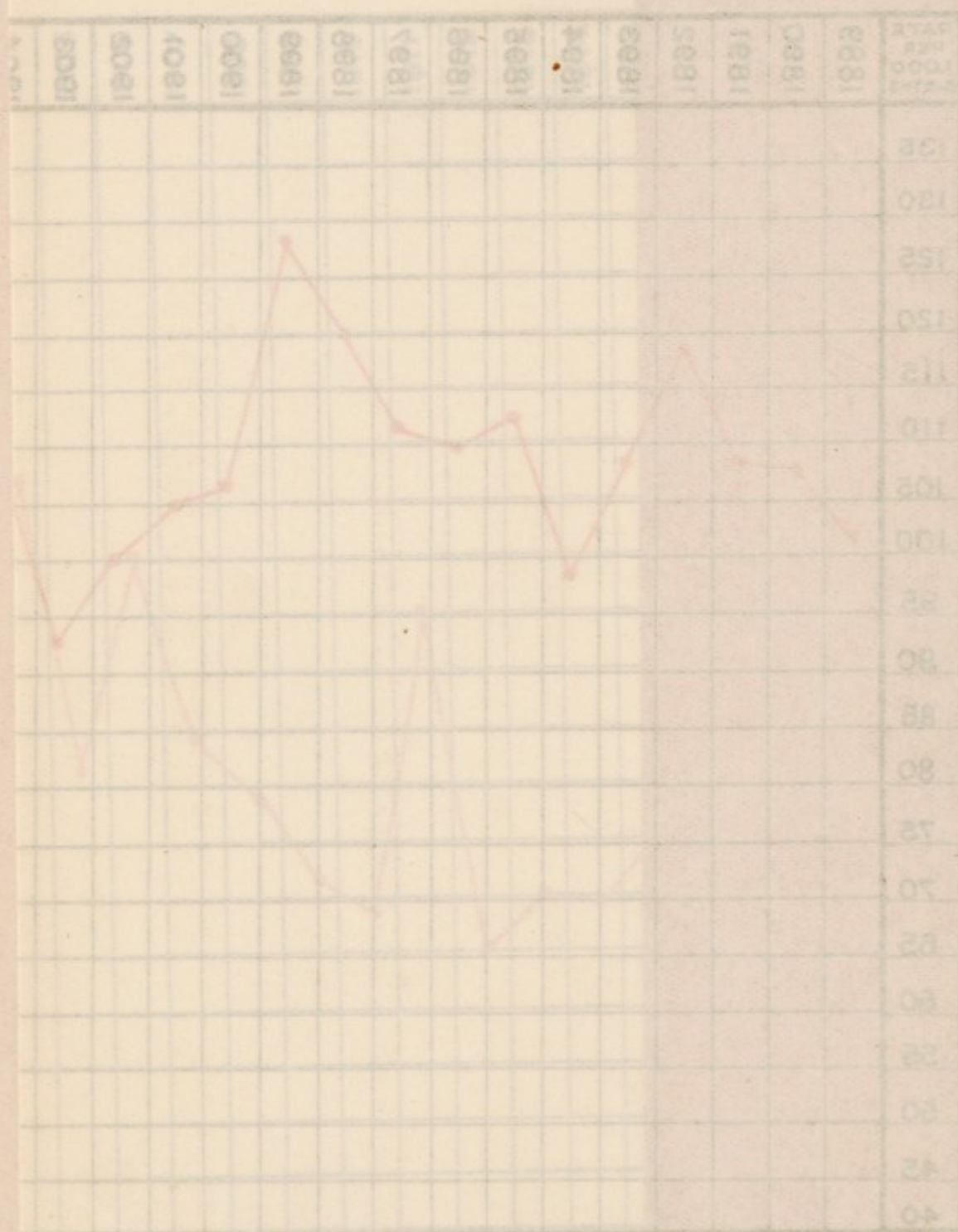


TABLE VII.

DEATHS UNDER ONE YEAR IN 1924.

DISTRICTS.	Number.	Net rate per 1,000 births.
URBAN.		
1. Barnes	26	53·9
2. Beddington and Wallington	9	39·3
3. Carshalton.....	16	57·5
4. Caterham	10	57·7
5. Chertsey	17	62·5
6. Coulsdon and Purley	9	35·0
7. Dorking	6	45·4
8. Egham	16	88·4
9. Epsom	9	36·5
10. Esher and The Dittons	13	65·6
11. Farnham	12	51·0
12. Frimley	9	38·3
13. Godalming (M.B.)	2	18·0
14. Guildford (M.B.).....	21	52·7
15. Ham	—	—
16. Haslemere	3	54·5
17. Kingston-on-Thames (M.B.)	43	66·9
18. Leatherhead	6	58·8
19. Maldens and Coombe	13	54·8
20. Merton and Morden	16	51·4
21. Mitcham	42	54·9
22. Molesey, East and West	6	49·1
23. Reigate (M.B.).....	17	43·5
24. Richmond (M.B.)	22	42·6
25. Surbiton	26	82·0
26. Sutton	14	44·5
27. Walton-on-Thames	8	37·5
28. Weybridge	4	43·0
29. Wimbledon (M.B.)	57	70·0
30. Windlesham.....	1	12·6
31. Woking	14	35·3
Total.....	467	52·9
RURAL.		
1. Chertsey	10	59·1
2. Dorking	9	58·8
3. Epsom	18	39·8
4. Farnham	21	65·8
5. Godstone	23	70·5
6. Guildford	10	31·6
7. Hambledon	16	51·6
8. Reigate	12	34·0
Total.....	119	50·0
Administrative County.....	586	52·2

TABLE VIII.

DEATHS FROM THE SEVEN PRINCIPAL EPIDEMIC DISEASES, 1924.

DISTRICTS.	Number.	Net rate per 1,000 population.
URBAN.		
1. Barnes	16	0·45
2. Beddington and Wallington	—	—
3. Carshalton.....	3	0·19
4. Caterham	2	0·17
5. Chertsey	6	0·38
6. Coulsdon and Purley... ..	5	0·21
7. Dorking.	—	—
8. Egham	2	0·14
9. Epsom	5	0·25
10. Esher and The Dittons	4	0·27
11. Farnham	6	0·45
12. Frimley	3	0·25
13. Godalming (M.B.)	—	—
14. Guildford (M.B.).....	3	0·11
15. Ham	—	—
16. Haslemere.....	1	0·26
17. Kingston-on-Thames (M.B.)	20	0·49
18. Leatherhead	3	0·50
19. Maldens and Coombe.....	2	0·13
20. Merton and Morden	9	0·48
21. Mitcham	10	0·26
22. Molesey, East and West	3	0·40
23. Reigate (M.B.).....	3	0·10
24. Richmond (M.B.)	7	0·20
25. Surbiton	11	0·55
26. Sutton	5	0·23
27. Walton-on-Thames.....	—	—
28. Weybridge	1	0·15
29. Wimbledon (M.B.)	21	0·36
30. Windlesham	1	0·20
31. Woking	2	0·07
Total	154	0·26
RURAL.		
1. Chertsey	1	0·08
2. Dorking.....	2	0·19
3. Epsom	11	0·30
4. Farnham	4	0·23
5. Godstone	3	0·11
6. Guildford	5	0·24
7. Hambledon	1	0·04
8. Reigate	5	0·21
Total	32	0·19
Administrative County.....	186	0·25

TABLE VIII.

Diagram showing the death rates (per 1,000 population) from Diphtheria, Scarlet Fever, Enteric Fever, Measles and Whooping Cough, in the Administrative County in each of the years 1889-1924.

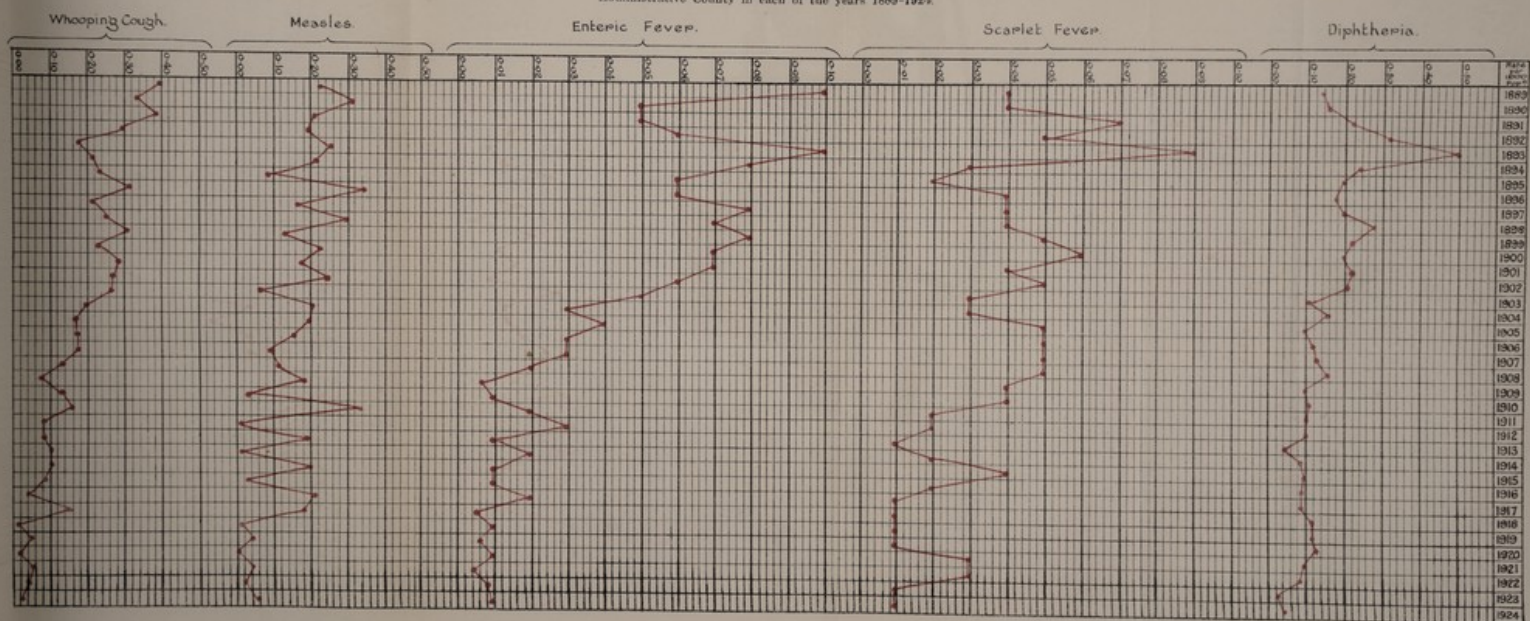


TABLE VIII.

Diagram showing the death rates (per 1,000) of
Scarlet Fever, Enteric Fever, Measles, and
Administrative County in each of the

Measles Enteric Fever Whooping Cough

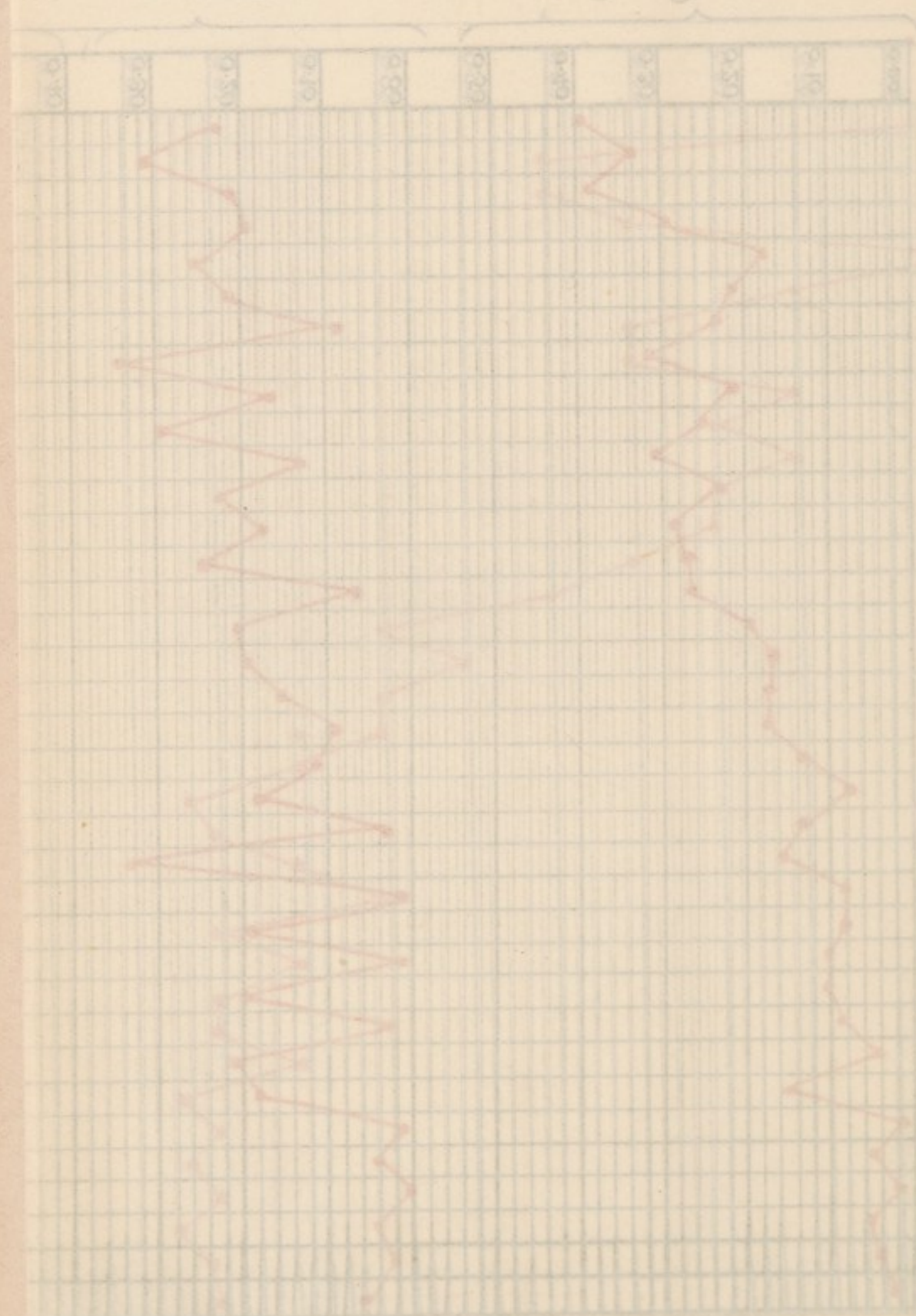


TABLE IX.

DEATHS FROM HEART DISEASE, RESPIRATORY DISEASES, TUBERCULOUS DISEASES AND CANCER, 1924.

DISTRICTS.	Heart disease.		Respiratory diseases. (non-tuberculous.)		Pulmonary tuberculosis.		Other tuberculous diseases.		Cancer.	
	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.
URBAN.										
1 Barnes	31	0.89	50	1.44	21	0.60	4	0.11	53	1.53
2 Beddington & Wallington..	18	1.08	24	1.45	13	0.78	—	—	23	1.38
3 Carshalton ...	23	1.52	27	1.79	10	0.66	2	0.13	17	1.12
4 Caterham	7	0.61	13	1.13	8	0.69	3	0.26	19	1.65
5 Chertsey	27	1.74	31	2.00	9	0.58	3	0.19	16	1.03
6 Coulsdon and Purley	26	1.13	26	1.13	12	0.52	—	—	25	1.09
7 Dorking	10	1.26	18	2.27	5	0.63	1	0.12	15	1.89
8 Egham	17	1.25	24	1.77	14	1.03	2	0.14	16	1.18
9 Epsom	18	0.93	22	1.14	11	0.57	4	0.20	23	1.19
10 Esher and The Dittons	15	1.04	20	1.38	3	0.20	3	0.20	17	1.17
11 Farnham	25	1.87	16	1.20	9	0.67	1	0.07	19	1.42
12 Frimley	24	2.04	11	0.93	9	0.76	4	0.34	22	1.87
13 Godalming (M.B.)	15	1.61	6	0.64	6	0.64	3	0.32	16	1.72
14 Guildford (M.B.)	50	1.94	38	1.47	24	0.93	1	0.03	26	1.01
15 Ham	3	1.93	4	2.58	—	—	—	—	1	0.64
16 Haslemere ...	4	1.04	5	1.30	4	1.04	2	0.52	6	1.56
17 Kingston-on-Thames (M.B.)	94	2.33	64	1.59	26	0.64	13	0.32	75	1.86
18 Leatherhead..	6	1.00	10	1.67	4	0.66	—	—	7	1.17
19 Malden and Coombe	13	0.84	21	1.36	13	0.84	3	0.19	16	1.04
20 Merton and Morden	16	0.85	30	1.60	15	0.80	4	0.21	21	1.12
21 Mitcham ...	46	1.22	64	1.70	28	0.74	3	0.08	42	1.11
22 Molesey E & W	15	2.02	14	1.89	11	1.48	1	0.13	13	1.75
23 Reigate (M.B.)	49	1.71	48	1.67	9	0.31	4	0.14	45	1.57
24 Richmond (M.B.)	62	1.78	74	2.13	27	0.77	10	0.28	84	2.42
25 Surbiton	20	1.01	41	2.08	9	0.45	6	0.30	33	1.67
26 Sutton	38	1.78	25	1.17	23	1.07	2	0.09	20	0.93
27 Walton-on-Thames	20	1.35	15	1.01	14	0.94	3	0.20	22	1.48
28 Weybridge ...	9	1.38	9	1.38	1	0.15	1	0.15	16	2.45
29 Wimbledon (M.B.)	105	1.80	101	1.73	37	0.63	7	0.12	86	1.48
30 Windlesham	13	2.71	5	1.04	3	0.63	—	—	10	2.08
31 Woking	46	1.73	32	1.21	13	0.49	4	0.15	30	1.13
Total	865	1.50	888	1.54	391	0.67	94	0.16	834	1.44

TABLE IX.—*continued.*

DISTRICTS.	Heart disease.		Respiratory diseases. (non tuber- culous.)		Pulmonary tuber- culosis.		Other tuber- culous diseases.		Cancer.	
	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.
RURAL.										
1 Chertsey	17	1.48	20	1.74	6	0.52	1	0.08	14	1.22
2 Dorking	16	1.54	17	1.64	6	0.57	1	0.09	15	1.44
3 Epsom	59	1.63	56	1.55	15	0.41	2	0.05	57	1.58
4 Farnham	24	1.40	25	1.46	9	0.52	3	0.17	26	1.52
5 Godstone	38	1.49	40	1.57	16	0.62	9	0.35	31	1.21
6 Guildford	31	1.54	22	1.09	8	0.39	5	0.24	34	1.69
7 Hambledon ...	34	1.47	27	1.16	12	0.51	1	0.04	34	1.47
8 Reigate	32	1.39	19	0.82	16	0.69	1	0.04	34	1.48
Total.....	251	1.05	226	1.35	88	0.52	23	0.13	245	1.47
Administrative County	1116	1.50	1114	1.49	479	0.64	117	0.15	1079	1.45

ADMINISTRATIVE COUNTY. DEATHS FROM SPECIFIED DISEASES.

Diseases.	Deaths.	Rate per 1000 population.	Ten Years 1915-21.
			Average death-rate per 1000 population.
Organic Heart Disease ...	1,116	1.50	1.32
Respiratory Diseases, all forms (excluding pulmonary tuberculosis)	1,114	1.49	1.58
Tuberculosis, Pulmonary ...	479	0.64	0.75
„ All other forms	117	0.15	0.18
Cancer, Malignant Disease	1,079	1.45	1.31

TABLE IXa.

Diagram showing the death rate from Respiratory Diseases (per 1,000 population) in the Administrative County in each of the years 1889-1924

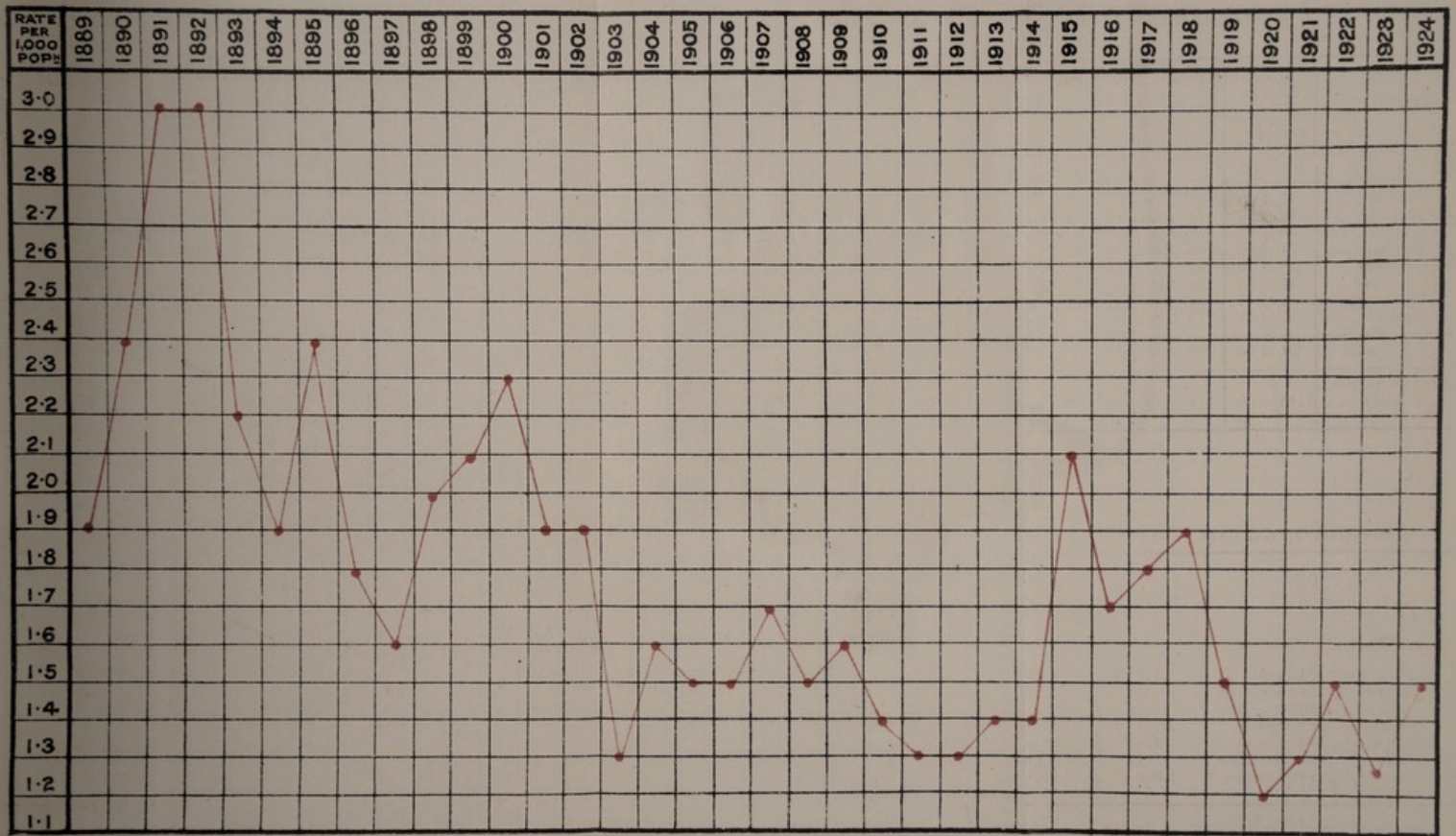


TABLE IXa

Diagram showing the death rate from diphtheria in the years 1905-1924

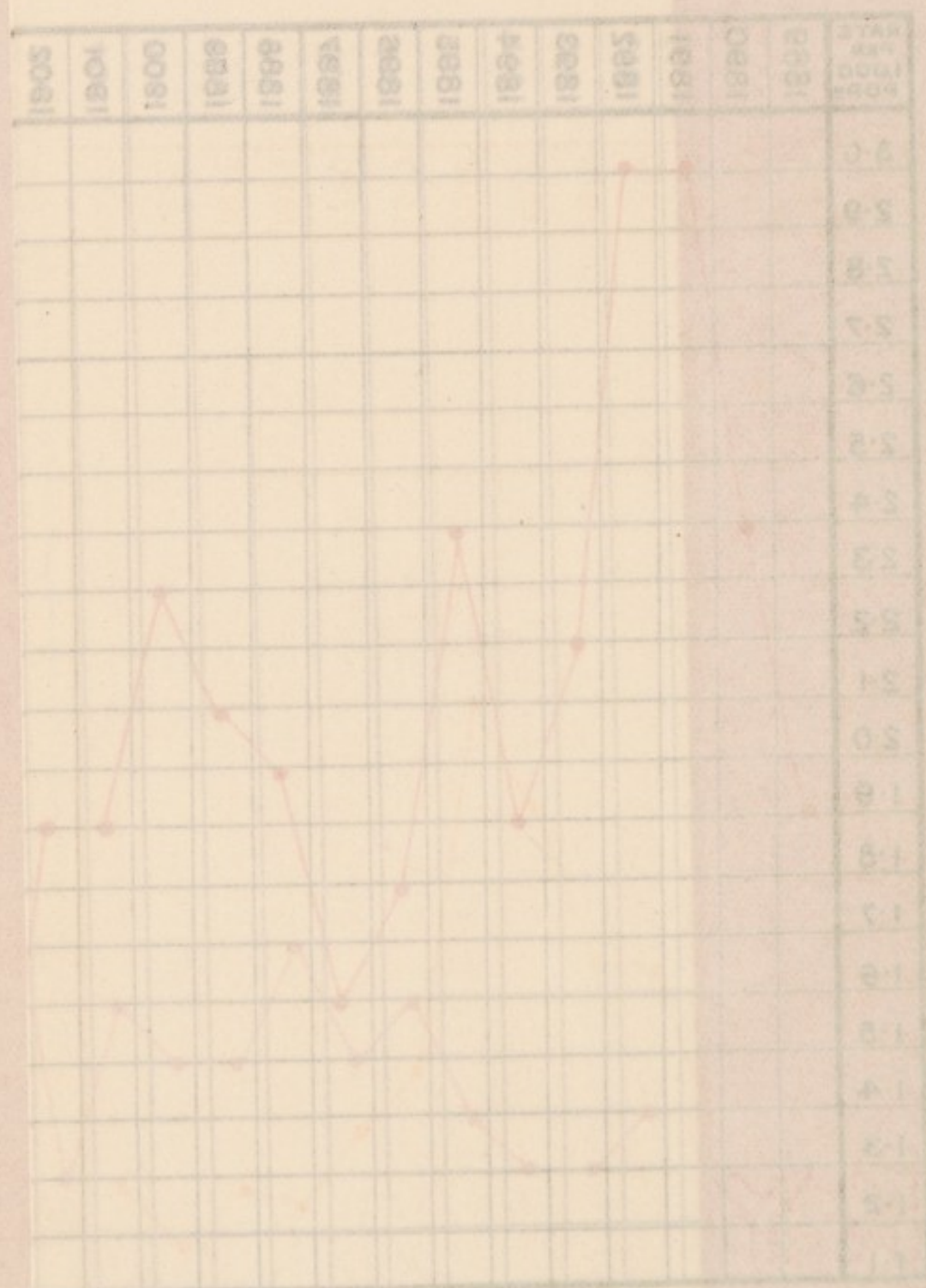


TABLE IXb.

Diagram showing the death rate from Pulmonary Tuberculosis (per 1,000 population) in the Administrative County in each of the years 1889-1924

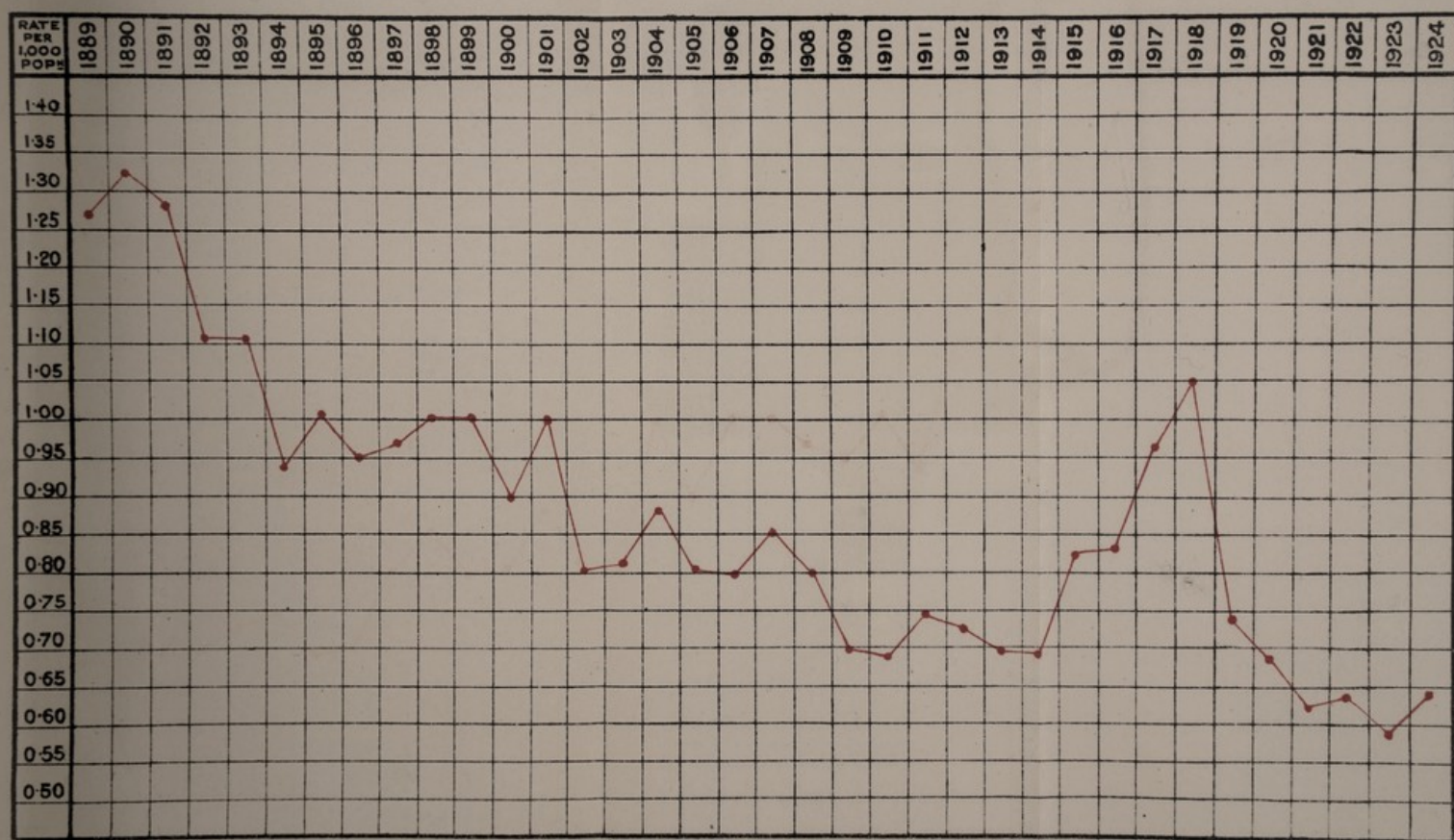


Diagram showing the death rate per 1,000 live births in the United States, 1924-1925

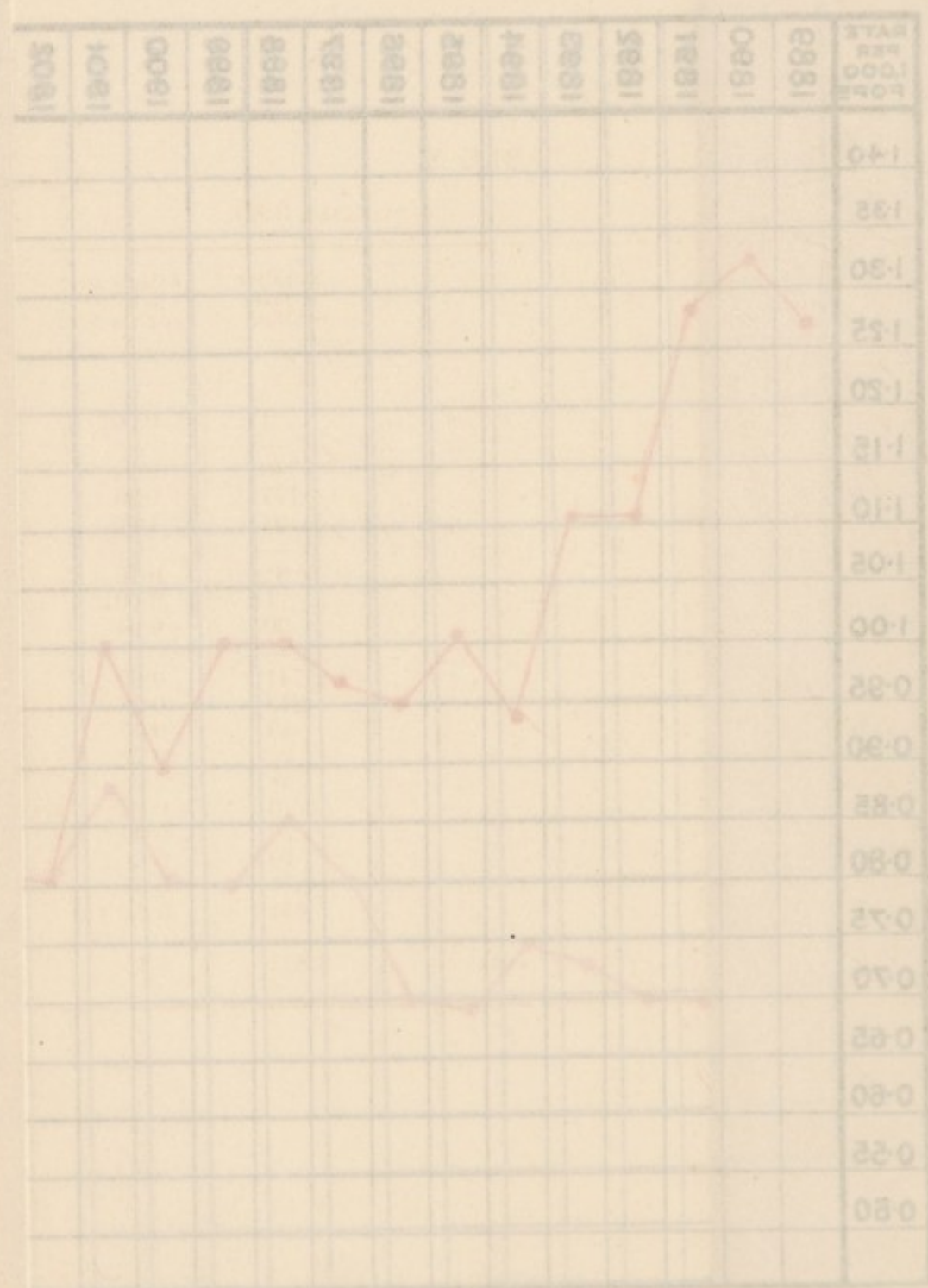


TABLE X.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1924.

Diseases.	Number of cases notified.	Attack-rate per 1,000 population.
Small-pox	1	0·001
Cholera	—	—
Diphtheria	740	0·99
Erysipelas	177	0·23
Scarlet fever	1,194	1·60
Typhus fever	—	—
Enteric fever	81	0·10
Continued fever	1	0·001
Puerperal fever... ..	30	0·04
Plague	—	—
Tuberculosis—Pulmonary	741	0·99
„ Non-pulmonary	213	0·28
Cerebro-Spinal fever	13	0·17
Acute Poliomyelitis	22	0·29
Ophthalmia neonatorum	48	0·06
Acute Polio-Encephalitis	6	0·008
Encephalitis Lethargica	70	0·09
Malaria (contracted abroad)	10	0·01
Dysentery	51	0·07
Pneumonia	454	0·61
Totals	3,852	5·18

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TABLE XI

GIVING THE CASES NOTIFIED AND THE ATTACK RATE PER 1,000 POPULATION FROM CERTAIN SPECIFIED INFECTIOUS DISEASES IN THE VARIOUS SANITARY DISTRICTS IN THE COUNTY.

DISTRICTS.	SMALLPOX.		DIPHTHERIA.		ERYSIPELAS.		SCARLET FEVER.		ENTERIC FEVER.		PUERPERAL FEVER.		TUBERCULOSIS.			
	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Pulmonary.		Non-Pulmonary.	
													Cases.	Rate per 1,000.	Cases.	Rate per 1,000.
URBAN.																
1 Barnes	—	—	60	1.73	6	0.17	62	1.79	7	0.20	1	0.02	38	1.09	12	0.34
2 Beddington and Wallington	—	—	17	1.02	2	0.12	17	1.02	1	0.06	—	—	18	1.08	—	—
3 Carshalton	—	—	44	2.92	2	0.13	26	1.72	3	0.19	1	0.06	11	0.73	2	0.13
4 Caterham	—	—	5	0.43	5	0.43	17	1.48	1	0.08	—	—	9	0.78	1	0.08
5 Chertsey	—	—	4	0.25	9	0.58	34	2.20	2	0.12	—	—	13	0.84	3	0.19
6 Coulsdon and Purley	—	—	103	4.51	12	0.52	58	2.54	5	0.21	—	—	23	1.00	7	0.30
7 Dorking	—	—	2	0.25	5	0.63	12	1.51	1	0.12	—	—	10	1.26	—	—
8 Egham	—	—	15	1.11	3	0.22	54	4.00	1	0.07	—	—	8	0.59	8	0.59
9 Epsom	1	0.05	22	1.14	8	0.41	11	0.57	8	0.41	1	0.05	18	0.93	3	0.15
10 Esher and The Dittons	—	—	7	0.48	1	0.07	24	1.66	3	0.20	—	—	15	1.04	6	0.41
11 Farnham	—	—	7	0.52	—	—	23	1.72	—	—	—	—	9	0.67	3	0.22
12 Frimley	—	—	2	0.17	—	—	10	0.85	—	—	—	—	6	0.51	—	—
13 Godalming (M.B.)	—	—	1	0.10	2	0.21	8	0.86	1	0.10	—	—	11	1.17	2	0.21
14 Guildford (M.B.)	—	—	6	0.23	4	0.15	17	0.66	6	0.23	1	0.03	18	0.70	6	0.23
15 Ham...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16 Haslemere	—	—	—	—	1	0.26	4	1.04	—	—	1	0.26	8	2.08	1	0.26
17 Kingston-upon-Thames (M.B.)	—	—	20	0.49	27	0.67	143	3.55	6	0.14	—	—	65	1.61	22	0.54
18 Leatherhead	—	—	—	—	2	0.33	2	0.33	2	0.33	—	—	5	0.83	3	0.50
19 Malden and Coombe	—	—	4	0.26	1	0.06	6	0.39	1	0.06	1	0.06	18	1.17	2	0.13
20 Merton and Morden	—	—	68	3.63	9	0.48	75	4.00	—	—	2	0.10	16	0.85	9	0.48
21 Mitcham	—	—	59	1.57	11	0.29	89	2.37	1	0.02	1	0.02	57	1.51	16	0.42
22 Molesey, East and West	—	—	8	1.08	—	—	1	0.13	3	0.40	1	0.13	10	1.35	1	0.13
23 Reigate (M.B.)	—	—	6	0.21	2	0.07	7	0.24	1	0.03	2	0.07	35	1.22	8	0.24
24 Richmond (M.B.)	—	—	58	1.67	4	0.11	23	0.66	1	0.02	—	—	39	1.12	10	0.26
25 Surbiton	—	—	4	0.20	2	0.10	35	1.78	1	0.05	2	0.10	23	1.17	16	0.81
26 Sutton	—	—	25	1.17	—	—	24	1.12	2	0.09	4	0.18	23	1.07	3	0.14
27 Walton-on-Thames	—	—	4	0.27	—	—	8	0.54	1	0.06	—	—	10	0.67	7	0.46
28 Weybridge	—	—	4	0.61	—	—	4	0.61	2	0.30	—	—	2	0.30	2	0.30
29 Wimbledon (M.B.)	—	—	43	0.74	13	0.22	149	2.56	9	0.15	3	0.05	69	1.18	12	0.20
30 Windlesham	—	—	—	—	1	0.20	8	1.67	—	—	—	—	5	1.04	2	0.41
31 Woking	—	—	49	1.85	23	0.86	34	1.28	1	0.03	2	0.07	15	0.56	4	0.15
Total	1	0.001	647	1.12	155	0.26	985	1.70	70	0.12	23	0.03	607	1.05	171	0.29
RURAL.																
1 Chertsey	—	—	11	0.96	1	0.08	9	0.78	1	0.08	—	—	11	0.90	3	0.26
2 Dorking	—	—	5	0.48	3	0.29	15	1.44	—	—	1	0.09	13	1.25	5	0.48
3 Epsom	—	—	30	0.83	7	0.19	14	0.38	3	0.08	—	—	21	0.58	6	0.16
4 Farnham	—	—	5	0.29	1	0.05	26	1.52	1	0.05	—	—	7	0.41	5	0.29
5 Godstone	—	—	21	0.82	3	0.11	41	1.61	2	0.07	2	0.07	21	0.82	9	0.35
6 Guildford	—	—	12	0.59	—	—	18	0.89	1	0.04	2	0.09	17	0.84	4	0.19
7 Hambledon	—	—	7	0.30	4	0.17	72	3.11	1	0.04	1	0.04	14	0.60	1	0.04
8 Reigate	—	—	2	0.08	3	0.13	14	0.60	2	0.08	1	0.04	30	1.30	9	0.39
Total	—	—	93	0.55	22	0.13	209	1.25	11	0.06	7	0.04	134	0.80	42	0.25
Administrative county	1	0.001	740	0.99	177	0.23	1,194	1.60	81	0.10	30	0.04	741	0.99	213	0.28

TABLE IX

GIVING THE CASES REPORTED AND THE ATTACK RATE
 IN EACH DISTRICT IN THE COUNTY.

DISTRICT.	Attack rate per 1,000	Cases.	Attack rate per 1,000	Cases.	Attack rate per 1,000	Cases.
Urban.						
1 Barber	..02-0	7	..97-1	29	..71-73	6
2 Belding and Wellington	..00-0	1	..20-1	7	..21-02	2
3 Carleton	..01-0	3	..27-1	32	..22-02	2
4 Caterham	..00-0	1	..84-1	7	..20-43	5
5 Chertsey	..21-0	2	..02-2	4	..20-25	9
6 Goudon and Parley	..12-0	5	..45-2	103	..24-51	21
7 Dorking	..21-0	1	..15-1	2	..20-25	5
8 Egham	..00-0	1	..00-1	15	..21-41	3
9 Epsom	..14-0	8	..70-05	22	..11-44	8
10 Esher and The Ditch	..02-0	2	..30-1	7	..20-88	1
11 Farnham	..00-0	—	..27-1	2	..00-82	—
12 Farnley	..00-0	—	..28-0	1	..00-17	—
13 Godalming (M.R.)	..01-0	1	..68-0	8	..10-10	2
14 Guildford (M.R.)	..22-0	3	..30-0	7	..00-23	4
15 Ham	..00-0	—	..00-0	—	..00-0	—
16 Haslemere	..00-0	—	..40-1	4	..00-0	1
17 Kingston-Thames (M.R.)	..00-0	6	..25-1	20	..20-49	27
18 Leatherhead	..00-0	2	..23-0	2	..00-0	2
19 Molesey and Coombe	..00-0	1	..68-0	6	..00-08	1
20 Morden and Morden	..00-0	—	..00-1	4	..22-03	9
21 Mickleham	..00-0	1	..73-2	59	..21-07	11
22 Molesey, East and West	..00-0	3	..21-0	1	..11-08	—
23 Reigate (M.R.)	..00-0	1	..42-0	7	..20-21	2
24 Richmond (M.R.)	..00-0	1	..69-0	32	..11-07	4
25 Sutton	..00-0	1	..27-1	4	..00-20	2
26 Sutton	..00-0	2	..21-1	42	..11-17	—
27 Walton-Thames	..00-0	1	..45-0	8	..00-27	—
28 Weybridge	..00-0	2	..15-0	4	..00-81	—
29 Witleton (M.R.)	..01-0	6	..65-0	43	..00-24	21
30 Witleton	..00-0	—	..73-1	8	..00-0	1
31 Woking	..00-0	1	..22-1	43	..01-25	32
Total	..21-0	97	..00-001	1,847	..01-12	23
Rural.						
1 Chertsey	..00-0	1	..87-0	9	..00-06	1
2 Dorking	..00-0	—	..44-1	5	..00-48	3
3 Epsom	..00-0	2	..23-0	4	..00-23	7
4 Farnham	..00-0	1	..23-1	2	..00-20	1
5 Godstone	..00-0	2	..19-1	13	..00-22	3
6 Guildford	..00-0	1	..68-0	12	..00-20	—
7 Haslemere	..00-0	1	..11-2	7	..00-30	4
8 Reigate	..00-0	2	..00-1	4	..00-08	2
Total	..00-0	11	..52-1	93	..00-25	22
Administrative county	..21-0	108	..00-001	1,940	..00-29	77

TABLE XII.

STATEMENT GIVING THE CASES, AND CASE RATES, DEATHS, AND DEATH RATES IN EACH OF THE YEARS 1912-1924.

Year.	PULMONARY TUBERCULOSIS.				OTHER FORMS OF TUBERCULOSIS.			
	Cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
1912	1379	2.04	488	0.72	Not notifiable.		147	0.21
1913	1187	1.73	477	0.69	453	0.72	162	0.23
1914	964	1.33	482	0.68	264	0.36	144	0.20
1915	941	1.42	540	0.82	203	0.30	161	0.24
1916	842	1.30	537	0.83	244	0.38	152	0.23
1917	799	1.27	605	0.96	223	0.35	171	0.27
1918	887	1.37	674	1.04	187	0.28	138	0.21
1919	787	1.14	505	0.73	121	0.17	107	0.15
1920	646	0.90	483	0.67	109	0.15	118	0.16
1921	648	0.88	449	0.61	127	0.17	109	0.14
1922	687	0.93	466	0.63	123	0.16	100	0.13
1923	668	0.91	432	0.59	152	0.21	96	0.13
1924	741	0.99	479	0.64	213	0.28	117	0.15

TABLE XIII.

CASES NOTIFIED DURING 1924 UNDER THE PUBLIC HEALTH
(TUBERCULOSIS) REGULATIONS, 1921.

Age Period.					Pulmonary.		Non-pulmonary.	
					Male.	Female.	Male.	Female.
Under 1 year	...	...	...	...	3	1	8	3
One and under 5 years	...	...	...	...	3	1	12	22
5	„	„	10	„	5	10	31	16
10	„	„	15	„	14	21	10	15
15	„	„	20	„	22	45	17	12
20	„	„	25	„	48	62	6	10
25	„	„	35	„	96	97	14	15
35	„	„	45	„	67	64	5	5
45	„	„	55	„	71	33	1	4
55	„	„	65	„	36	22	1	2
65 and upwards	...	...	...	...	14	6	3	—
No age given	...	...	...	...	—	—	—	1
Totals					379	362	108	105
					741		213	

TABLE XIV.
LIST OF DISPENSARIES.

Dispensary.	Address.	Sessions.	Medical Officer.
1. Barnes	The Hospital, South Worple Way, Mortlake	Wed., 6-7.30 p.m. Fri., 10-11.30 a.m.	Dr. E. A. Freear Wilkes
2. Camberley	St. Michael's Church Rooms	Fri., 10 a.m. (2nd and 4th)	Dr. Marion H. Archibald
3. Cobham ...	Boys' Club	Wed., 2 p.m. (2nd and 4th)	Dr. A. E. Ironside
4. Dorking ...	Imperial Club, West Street	Thurs., 10 a.m. (1st & 3rd)	Dr. A. E. Ironside
5. Egham ...	St. Paul's Mission Room	Wed., 10 a.m. (1st and 3rd)	Dr. A. C. Renwick
6. Farnham ...	Bayfield, High Park Road	Thurs., 10 a.m. ...	Dr. E. Donaldson
7. Godalming	Church Room, Queen's Road	Thurs., 10 a.m. (1st and 3rd)	Dr. Ada J. Mac- Millan
8. Godstone ...	The Hut, South Godstone	Wed., 10 a.m. (1st and 3rd)	Dr. A. Massey
9. Guildford ..	49, Farnham Road	Tues., 10 a.m. ... Fri., 10 a.m. ...	Dr. E. Donaldson
10. Horley	Technical Insti- tute	Wed., 10 a.m. (2nd and 4th)	Dr. C. L. Lakin
11. Kingston ...	3, Grove Crescent	Tues., 9.30 a.m. (for children) Wed., 5.30 p.m. ... Fri., 1.30 p.m.	Dr. A. C. Renwick
12. Mitcham ...	Lower Green	Tues., 10 a.m. (for children) Thurs., 2 p.m.	Dr. C. K. Attlee
13. Purley	Red Cross Centre (near Cottage Hospital)	Mon., 2.30 p.m. ...	Dr. C. Herington
14. Redhill	1A, Cecil Road ...	Mon., 2 p.m. Thurs., 2 p.m.	Dr. C. L. Lakin
15. Sutton	Public Hall, Church Road	Wed., 2 p.m. ...	Dr. C. Herington
16. Weybridge	Vigo House	First Wed., 10 a.m.	Dr. A. C. Renwick
17. Wimbledon	145, Merton Road	Mon., 1.30 p.m. ... First Tues., 5.30 p.m. Fri., 10 a.m. (child- ren & suspected cases for tests)	Dr. C. K. Attlee
18. Woking	Clarence Avenue	Mon., 10.30 a.m.	Dr. A. C. Renwick

TABLE XV.

ATTENDANCES AT DISPENSARIES.

Dispensary.	Sessions.	New patients examined.	Total attendances.	Numbers attending at end of year.
Barnes	Wednesday and Friday	79	560	73
Camberley	Friday (fortnightly) ...	15	27	3
Cobham	Wednesday (fortnightly)	8	55	7
Dorking	Thursday (fortnightly)...	28	183	49
Egham	Wednesday (fortnightly)	35	59	12
Farnham	Thursday	49	447	73
Godalming	Thursday (fortnightly) ...	32	68	26
Godstone	Wednesday (fortnightly)	18	100	42
Guildford	Tuesday and Friday ...	144	805	171
Horley	Wednesday (fortnightly)	20	46	31
Kingston	Tues., Wed. and Fri. ...	399	1,326	348
Mitcham	Tuesday and Thursday...	210	1,496	309
Purley	Monday	98	471	176
Redhill	Monday and Thursday ...	208	1,360	96
Sutton	Wednesday	114	510	123
Weybridge	Wednesday (monthly) ...	40	79	76
Wimbledon	Mon., Tues. and Fri. ...	320	2,236	317
Woking	Monday	104	355	27
Totals, 1924 ...	—	1,921	10,183	1,959
Totals, 1923 ...	—	1,782	10,161	1,193

TABLE XVI.

ADMINISTRATIVE COUNTY, 1924.

PRIMARY EXAMINATIONS FOR DIAGNOSIS.

	Pulmonary.				Non-Pulmonary.		
	Tubercu- lous.	Doubtful.	Non- Tubercu- lous.	Totals.	Tubercu- lous.	Doubtful.	Non- Tubercu- lous.
Contacts ...	14	37	231	282	8	16	33
Others ...	581	255	466	1,302	125	47	108
Total ...	595	292	697	1,584	133	63	141

DOUBTFUL CASES—FINAL RESULTS.

			Pulmonary.	Non- Pulmonary.	Totals.
On Books, 1st January, 1924 ...	174	Diagnosed as Tuberculous ...	81	17	98
Added during year ...	355	„ „ Non-Tuberculous ...	147	30	177
		Lost sight of ...	73	12	85
		Still doubtful, 31st December, 1924	137	32	169
Total ...	529		438	91	529

TABLE XVII.

PATIENTS TREATED IN RESIDENTIAL INSTITUTIONS.

	Males.		Females.	Children.		Total.
	Civilian.	Ex-Service.		Boys.	Girls.	
Pulmonary	244	83	305	22	35	689
Non-Pulmonary	19	13	35	40	31	138
Total	263	96	340	62	66	827

NUMBER OF TREATMENT DAYS.

	Males.		Females.	Children.		Total.
	Civilian.	Ex-Service.		Boys.	Girls.	
Pulmonary	26,597	10,505	37,747	3,145	5,576	83,570
Non-Pulmonary	3,680	1,419	5,861	7,120	5,101	23,181
Total	30,277	11,924	43,608	10,265	10,677	106,751
Average treatment days per patient	115·1	200·2	128·2	165·5	161·7	129·0

Daily average number of beds occupied=291

TABLE XVIII.
VENEREAL DISEASES.

	London centres only.	Surrey centres.	
		Guildford.	Richmond.
Number of persons who on the 1st January, 1924, were under treatment	*	48	49
Number of persons dealt with during the year for the first time	575	110	85
Number of persons who ceased to attend—			
(a) Before completing the first course of treatment	*	24	17
(b) After one or more courses, but before completion of treatment..	*	8	2
(c) After completion of treatment but before final tests as to cure	*	8	17
Number of persons discharged after completion of treatment and observation	*	10	12
Number of persons who, on the 1st January, 1925, were under treatment or observation	*	55	47
Out-patient attendances—			
(a) For individual attention by the Medical Officer	12,836	1,279	1,239
(b) For intermediate treatment, e.g., irrigation : dressings ...		827	1,277
Number of doses of salvarsan substitutes given	1,354	488	230
Specimens from persons attending sent to an approved laboratory—			
(a) Sporoshetes	15	—	2
(b) Gonococci	671	116	167
(c) Wasserman reaction ...	807	102	72
(d) Others	598	—	—
Number of in-patient days	2,763	Nil.	Nil.

* Figures not obtainable.

TABLE XIX.

The following statement shows the welfare centres included in the county scheme, the attendances in 1924, and the proportion of notified to registered births:—

attendances in 1924, and the proportion of named to registered attendances.												
District.	Name of centre.	New cases.			Attendances.			Totals.			Births registered.	
		Ante-natal consultations.	Infants under 1 year.	Children 1-5 years.	Ante-natal consultations.	Infants under 1-5 years.	Children 1-5 years.	Ante-natal consultations.	Infants under 1-5 years.	Children 1-5 years.	Legitimate.	Illegitimate.
URBAN.												
Barnes	Barnes and Mortlake	4	114	45	15	1820	1146	471	11	471	11	
Caterham	Caterham Hill	9	59	23	9	494	563	167	6	167	6	
Chertsey	Caterham Valley	—	22	7	—	148	352	—	—	—	—	
Dorking	Chertsey	3	31	24	9	186	279	258	14	258	14	
Egham	Dorking	8	45	38	30	584	706	124	8	124	8	
Epsom	Egham Hythe	1	57	22	18	420	282	170	11	170	11	
Essex and The Dittons	Epsom	3	29	15	4	335	755	235	11	235	11	
Farnham	*Claygate	1	4	1	3	28	35	189	9	189	9	
	Long Ditton	21	48	29	57	674	1084	—	—	—	—	
	Badshot Lea	—	66	12	—	1055	1158	220	15	220	15	
	Farnham	—	10	1	—	167	196	—	—	—	—	
Frimley	Cambridge	9	50	17	66	616	1279	219	16	219	16	
Godalming	Frimley	2	19	9	2	161	252	106	5	106	5	
Haslemere	Godalming	17	87	60	43	734	849	24	—	24	—	
Leatherhead	Haslemere & Shottermill	1	31	11	1	358	629	50	5	50	5	
Maldens and Coombe	Leatherhead	—	23	15	—	784	151	100	2	100	2	
Molesey, East and West	Maldens and Coombe	84	25	17	56	1027	1380	230	6	230	6	
Walton-on-Thames	Molesey	13	53	17	56	770	1131	116	11	116	11	
Weybridge	Surbiton	17	113	66	52	1168	1101	306	—	—	—	
Windsor	Hersham	3	30	9	10	339	950	207	6	207	6	
Woking	Walton	3	25	19	23	242	586	89	4	89	4	
	Weybridge	4	34	28	6	585	1574	265	77	265	77	
	Windsor	17	36	13	24	153	178	137	17	137	17	
	Woking Town	7	18	14	10	119	178	—	—	—	—	
	Knaphill	41	116	85	95	414	676	—	—	—	—	
Totals (Urban Districts)		189	1370	672	547	15843	21626	3737	166	3737	166	
RURAL.												
Chertsey	Byfleet	2	20	18	2	154	378	162	7	162	7	
Dorking	Chobham	1	8	5	—	81	426	144	9	144	9	
Epsom	South Holmwood	2	12	2	6	74	149	—	—	—	—	
	Busnest	1	14	4	1	157	329	—	—	—	—	
	Bookham	—	5	8	—	64	267	—	—	—	—	
	Chobham	3	19	10	5	182	280	436	16	436	16	
	Godham	—	21	8	—	148	169	—	—	—	—	
	Wardworth	1	16	1	—	169	386	—	—	—	—	
	Worcester Park	13	13	10	3	173	384	—	—	—	—	
	Ash Wyke	2	31	12	2	210	458	—	—	—	—	
	Bourne	4	15	16	4	137	280	—	—	—	—	
	Hindhead	1	11	5	1	134	403	—	—	—	—	
	*Rowledge	1	15	6	1	103	163	302	17	302	17	
	The Sands	—	6	2	—	29	27	—	—	—	—	
	*Tongham	—	11	6	—	102	149	—	—	—	—	
	Wrechesham	1	2	—	—	9	13	—	—	—	—	
	Bletchingley	3	13	23	4	39	152	—	—	—	—	
	Dormansland	1	7	2	3	58	186	—	—	—	—	
	*South Godstone	—	16	22	—	86	103	—	—	—	—	
	Hurst Green	2	16	9	4	160	415	316	10	316	10	
	Limpfield	3	13	5	19	161	381	—	—	—	—	
	Oxted	—	7	7	—	46	141	—	—	—	—	
	Wargrave	2	7	3	5	49	278	—	—	—	—	
	Whyteleafe	3	25	12	5	240	535	—	—	—	—	
	Whyteleafe	1	8	7	3	53	301	—	—	—	—	
	Guildford M.B. (serves part of R.D. by arrangement)	—	5	—	—	8	—	—	—	—	—	
	Elstead	3	11	10	7	48	196	—	—	—	—	
	*Ewhurst	2	8	29	5	45	171	304	12	304	12	
	Merrow	3	19	4	7	105	261	—	—	—	—	
	Peaslake	2	4	2	3	62	201	—	—	—	—	
	Sand	4	18	10	7	164	311	—	—	—	—	
	Ripley	11	26	35	28	143	432	—	—	—	—	
	*Shalford	4	21	12	16	156	251	296	14	296	14	
	*Witley	—	6	3	—	33	31	—	—	—	—	
	Reigate M.B. (serves part of R.D. by arrangement)	—	14	13	—	66	20	—	—	—	—	
	Horley	—	51	23	—	411	641	332	20	332	20	
	Horley Salfords (Weighing Centre)	—	13	9	—	71	267	—	—	—	—	
	Walton-on-the Hill	2	16	2	4	129	335	—	—	—	—	
Totals (Rural Districts)		65	572	384	160	4421	10449	2292	105	2292	105	
Totals (M. and C. W. Area)		254	1942	1056	707	20264	32075	6029	271	6029	271	
Totals		244	1942	1056	707	20264	32075	6029	271	6029	271	6300

* Closed 31st March.

† Opened 4th April.

‡ Opened 9th May.

TABLE XX.

Statement shewing the numbers of:—

(i) Houses erected in Surrey during the year 1924: and

(ii) Houses in course of erection at the end of 1924.

Sanitary district.	By Local Authority under assisted schemes.		By private persons.		By Public Utility Societies.		Total.	
	Houses erected during year 1924.	Houses in course of erection at end of 1924.	Houses erected during year 1924.	Houses in course of erection at end of 1924.	Houses erected during year 1924.	Houses in course of erection at end of 1924.	Houses erected during year 1924.	Houses in course of erection at end of 1924.
URBAN.								
Barnes	25	32	286	237	—	—	311	269
Beddington and Wallington	—	24	140	86	—	—	140	110
Carshalton	18	18	267	168	—	—	285	186
Caterham	54	12	71	13	—	—	125	25
Chertsey	—	—	19	28	—	—	19	28
Coulsdon and Purley	—	54	402	195	—	—	402	249
Dorking	—	10	38	11	—	—	38	21
Egham	—	—	64	37	—	—	64	37
Epsom	—	—	64	53	—	—	64	53
Esher and Dittons	—	48	88	60	—	—	88	108
Farnham	4	—	52	29	—	—	56	29
Frimley	22	—	76	53	—	—	98	53
Godalming (M.B.)	—	—	18	8	8	—	26	8
Guildford (M.B.)	72	56	170	98	—	—	242	154
Ham	—	—	6	—	—	—	6	—
Haslemere	—	—	16	9	6	6	22	15
Kingston-on-Thames (M.B.)	—	46	58	35	—	—	58	81
Leatherhead	—	—	25	14	—	—	25	14
Maldens and Coombe	—	—	260	66	—	—	260	66
Merton and Morden	—	—	148	100	—	—	148	100
Mitcham	26	8	183	72	—	—	209	80
Molesey, East and West	4	8	11	6	—	—	15	14
Reigate (M.B.)	8	28	76	36	—	—	84	64
Richmond (M.B.)	—	—	74	61	2	4	76	65
Surbiton	—	—	129	109	—	—	129	109
Sutton	34	10	65	85	—	—	99	95
Walton-on-Thames	—	—	75	21	—	—	75	21
Weybridge	—	—	22	11	—	—	22	11
Wimbledon (M.B.)	—	87	106	88	—	—	106	175
Windlesham	—	—	20	27	—	—	20	27
Woking	—	—	127	49	—	—	127	49
RURAL.								
Chertsey	—	—	40	35	—	—	40	35
Dorking	—	—	37	15	—	—	37	15
Epsom	—	—	525	356	—	—	525	356
Farnham	—	—	115	57	—	—	115	57
Godstone	14	32	127	75	—	—	141	107
Guildford	36	12	133	57	—	—	169	69
Hambleton	—	—	109	28	—	—	109	28
Reigate	—	—	173	95	—	—	173	95
TOTALS	317	485	4,415	2,583	16	10	4,748	3,078

Statement showing the numbers of:

(i) Houses erected in 1904

(ii) Houses in course of erection

Sanitary district	Houses erected during year 1904.	Houses in course of erection at 31st Dec. 1904.	By	
			By private persons.	By the Local Authorities.
URBAN				
Barnes	782	682	98	35
Beddington and Wallington	88	641	42	—
Carshalton	804	782	18	84
Caterham	41	42	—	—
Chertsey	82	42	—	—
Claydon and Purley	324	204	54	—
Dorking	11	42	—	—
Epsom	74	42	—	—
Essex and Ditton	82	42	—	—
Farham	42	42	—	—
Frimley	42	42	—	—
Godalming (M.B.)	8	42	—	—
Guildford (M.B.)	82	42	—	—
Ham	42	42	—	—
Haslemere	42	42	—	—
Kingston-on-Thames (M.B.)	42	42	—	—
Leatherhead	42	42	—	—
Malden and Coombe	42	42	—	—
Merton and Morden	42	42	—	—
Mitcham	42	42	—	—
Molesey, East and West	42	42	—	—
Reigate (M.B.)	42	42	—	—
Richmond (M.B.)	42	42	—	—
Sutton	42	42	—	—
Walton-on-Thames	42	42	—	—
Weybridge	42	42	—	—
Wimbledon (M.B.)	42	42	—	—
Windsor	42	42	—	—
Woking	42	42	—	—
RURAL				
Chertsey	42	42	—	—
Dorking	42	42	—	—
Epsom	42	42	—	—
Farham	42	42	—	—
Godstone	42	42	—	—
Guildford	42	42	—	—
Hambleton	42	42	—	—
Reigate	42	42	—	—
TOTALS	11,442	11,442	1,442	1,442

TABLE XXI.

SALE OF FOOD AND DRUGS ACTS.

NUMBERS OF SAMPLES ANALYSED.

Articles.	Number of samples analysed.	Number genuine.	Number adul- terated.	Prosecu- tions.	Convic- tions.
Milk	1,682	1,559	123	57	33
Cream	39	32	7	1	1
Cream—preserved ...	17	17	—	—	—
Butter	123	120	3	—	—
Cheese	36	36	—	—	—
Margarine	11	10	1	—	—
Lard	12	12	—	—	—
Bread	—	—	—	—	—
Flour	5	5	—	—	—
Tea	1	1	—	—	—
Coffee	2	2	—	—	—
Cocoa	15	15	—	—	—
Sugar	—	—	—	—	—
Mustard... ..	1	—	1	—	—
Confectionery and Jam	2	2	—	—	—
Pepper	2	2	—	—	—
Wine	1	1	—	—	—
Beer	3	3	—	—	—
Spirits	31	21	10	7	—
Drugs	2	2	—	—	—
Other Articles	90	78	12	—	—
Totals	2,075	1,918	157	65	34

ANNUAL REPORT

TABLE XIII

Amount of Loans and Advances

to the Government of the District of Columbia

REPORT

OF THE

COMMISSIONER

1924

Surrey Education Committee.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1924.

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PREFACE.

The following report deals briefly with the work of medical inspection and treatment of children attending the public elementary schools and the medical inspection and following-up of secondary school pupils carried out during the year 1924 under the general direction of the school medical officer.

The medical and dental inspection of pupils in attendance at all the secondary schools with the exception of Guildford Grammar School, was begun in July, 1924. The Governors refused to accept the offer of the County Education Committee to provide for the systematic examination of the boys. For the time being, therefore, the scholars of this school are deprived of the privileges accorded to their fellows at other secondary schools.

During 1924, 19,449 children at elementary schools and 2,183 at secondary schools have been systematically medically examined.

Of the elementary school children, 15·6 per cent. were found to be suffering from disease or defect other than dental caries sufficiently serious to require treatment. As a result of following-up, 62·9 per cent. of the children needing treatment actually received it by the end of the year. Dental inspection of 17,968 elementary school children was made. The teeth in 64·5 per cent. were found to require attention, and dental treatment was provided for 60·1 per cent. of the children found to require it. Institutional treatment was provided for varying periods during the year for 128 children who were blind, deaf, epileptic, physically or mentally defective.

Of the pupils examined in secondary schools, 14·1 per cent. were found to be suffering from disease or defect other than dental caries sufficiently serious to require treatment. The majority of the schools could not be visited until the end

of the year, but as a result of the following-up that was carried out during the limited time available, it was found that 28·2 per cent. of the pupils needing treatment received it by December 31st. Dental inspection of 4,437 pupils was made. The teeth of 57·6 per cent. were found to require attention.

The gross cost of all these medical services was £17,620 for the year ended 31st December, 1924.

While considerable advance has been made in several branches of the work, particularly in the scheme of orthopaedic treatment, to which reference is made in the body of the report, there is still urgent need of institutional accommodation for mentally defective children. The presence of a mentally abnormal child in a class is unfair to the teacher and prejudicial to the education of the normal children.

The outlay of public money on the prevention and cure of disease and on the removal of defects among the school population is showing most encouraging results. The improvement in cleanliness and comfort of the children that has taken place since medical inspection began is testimony to the value of the work.

JOSEPH CATES.

County Public Health Department,
5, Grove Crescent,
Kingston-on-Thames.

17th April, 1925.

STAFF.

The names and qualifications of the medical and dental staff are given on page 5.

CO-ORDINATION.

The school medical officer is county medical officer of health. The assistant medical officers undertake maternity and child welfare work, and also act as assistant tuberculosis officers. They are anaesthetists for dental purposes. The specialist for mental defect in school children is medical officer to the Mental Deficiency Committee. There is one whole-time ophthalmic surgeon for the treatment of children attending the various school clinics.

The school nurses are health visitors, and as such they assist at the maternity centres and tuberculosis dispensaries and visit infants and children up to five years of age. They also follow up blind persons and mental defectives of all ages.

The clerical work of the school medical service is performed by the staff of the public health department.

ELEMENTARY SCHOOLS.

(a) *Numbers and Attendances.*—At the end of the year there were in the education area of the county 276 public elementary schools having 389 departments; 128 were provided schools and 148 non-provided. The average attendance was 54,707. On the 31st March, 1924, there were 61,043 children on the register, 48 of these being under five years of age.

(b) *School Hygiene.*—Each assistant medical officer carries out a survey of the hygienic condition of all the schools in his area, and such recommendations as appear reasonable are made to the Education Committee by the school medical officer.

During 1924, 93 recommendations were made relating to 37 schools. The defects discovered were:—

<i>Defects.</i>	<i>No. of Recommendations.</i>	
Drinking vessels used in common	...	14
Desks unsuitable and bad type	...	7
Heating inadequate	...	15
Lighting, natural and artificial, insufficient	...	8

<i>Defects.</i>				<i>Number of</i>
Closets and Urinals:—				<i>recommendations.</i>
Insufficient number	...	...	...	2
Constructional defects	...	...	...	7
Faulty flushing apparatus	...	...	...	6
Teachers' closets not provided	...	...	...	2
Playground surface in need of repair	...	...	...	4
Ventilation inadequate	...	...	...	1
Lavatory basins—insufficient	...	...	...	2
School buildings—structional defects	3
Re-decoration—internal 5, external 1	6
Classrooms—uncleanliness	2
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At Sutton Benhilton C. of E. Infants' School it was reported that the surface of the playground became very muddy in wet weather and was unfit for use by the children. The matter was referred by the Education Committee to the managers of the school, but they refused to make any improvement.

MEDICAL INSPECTION.

(a) The following four groups of children were inspected:—

- (i) The entrants, children entering school for the first time.
- (ii) The intermediates, children whose eighth birthdays occurred during the year.

(iii) The leavers:—

- (a) Children whose twelfth birthdays occurred during the year.
- (b) Children due to leave school during the year and not inspected while twelve years of age.

(iv) The specials, certain children of various ages, concerning whose condition teachers required advice.

The numbers of children examined in the various age groups are set out in table I. on page 99.

(b) The scope of the medical examination has been that outlined in the schedule of the Board.

(c) During 1924 the assistant medical officers continued the ascertainment of crippling defects among the school population, and the results of their survey are to be found in table III.

(d) There was little disturbance of school arrangements involved by medical inspections, but in several instances the accommodation available was unsuitable. In the plans for new schools a room for medical work should be provided.

DEFECTS AND DISEASES.

The defects and diseases discovered by routine medical inspection are set out in table II., on page 100. Of the children systematically examined, 6·8 per cent. had defective vision or squint, 15·1 per cent. enlarged tonsils, adenoids or enlarged tonsils and adenoids, and 0·9 per cent. defective hearing.

INFECTIOUS DISEASES.

In the early part of the present century the control of infectious disease in public elementary schools was regarded as impossible, although some local sanitary authorities had obtained compulsory powers with respect to notification by head teachers and school closure. But with the institution of medical inspection and the regular visits of trained nurses to the schools and to the homes of the children, there has been opened up a new field in preventive medicine, and the outlook is now decidedly more hopeful than it was twenty years ago.

At one time it was usual rigorously to exclude from school children who had been in contact with infectious disease. While this course may occasionally have been justified, the loss to the child in education was frequently serious, and sometimes irreparable. Moreover, it is doubtful whether the exclusion of contacts is a material factor in the prevention of school infection in urban areas where the excluded children can play in the streets with their school companions.

In May, 1924, four additional health visitors were appointed to visit schools where instances of infectious disease occurred,

so that the resort to closure of schools might be avoided as far as possible. During the eight months the experiment was carried out, it was found to be entirely successful, and the Committee has now decided to continue the scheme as a permanent arrangement.

Unsuspected cases of infectious disease have been discovered by the nurses, and on several occasions outbreaks of infection in schools have been checked in the early stages.

During 1922, 1,943 school days were lost owing to closure, and in 1923 the figure was 1,681. During the first five months of 1924, that is prior to the appointment of the four health visitors, school closure occupied 955 days, but in the remaining seven months of that year, when the additional health visitors were able to pay frequent visits to the schools and to the homes during outbreaks of infectious disease, only 267 school days were lost: the figure for the first three months of 1925 is 123.

It will be seen, therefore, that the need for school closure compared with that of other years has been much reduced.

Unfortunately for several years there has been considerable overlapping through the dual responsibility of the County Education Committee and the local sanitary authorities in the matter of school closure, because the closure of a public elementary school can be effected by one of two methods:—

- (1) It may be compelled by requirement of the sanitary authority, or any two members thereof, acting on the advice of the medical officer of health of the district;
- (2) It may be performed by the Local Education Authority (in effect the managers of any particular school) acting on the advice of the county school medical officer.

School managers desiring the closure of a school were apt to play off one authority against the other in order to achieve their desires. It is opportune, therefore, that the Ministry

of Health issued in January, 1925, revised regulations regarding school closure. Paragraph (17) (a) of these regulations states:—

“As regards closure of schools, while the ultimate power to enforce such closure is properly secured to the local sanitary authority, it may be taken for granted that only in most exceptional circumstances would such power be used without the concurrence of the local education authority and the school medical officer. Moreover, if such concurrence is obtained, it will usually be found desirable for the actual order for closure to be issued by the local education authority on the advice of the school medical officer.”

With an increase in the staff of nurses, so that more frequent visits to the schools could be made, it is probable that considerable modification might be made in the regulations now in force respecting the exclusion of contacts, but whatever procedure may be adopted the success of it will largely depend on the prompt notification by teachers to the county medical officer of health of every case or suspected case of infectious disease in children attending the public elementary schools.

Table VI. is a list of the schools closed in 1924, with the periods of closure.

Table V. gives a summary of the notifications received from the teachers.

FOLLOWING-UP.

The school nurses are present at the medical inspections, and they assist the medical officers in this work, and at the school clinics. They are thus able to obtain a more intimate knowledge of the defects discovered and of the advice to be given to the parents. They visit the homes to encourage the parents to obtain an appropriate and efficient remedy. They make arrangements for attendance of the children at school clinics or hospitals, and they are responsible for the collection of the fees paid by parents.

The nurses visit the schools for the maintenance of cleanliness, and to check the spread of communicable diseases. They

follow up children absent from school on account of infectious diseases. They are visitors under the Blind Persons Act, and they keep under supervision mentally defective persons of all ages.

Table IV. (v) shows the work done by the school nurses under the cleansing scheme. The proportion of children found to be dirty compares favourably with that of previous years. Notifications concerning insanitary houses are sent to the medical officers of the sanitary authorities.

MEDICAL TREATMENT.

The scheme of the Authority provides for the treatment of minor ailments at school clinics, and, in a few instances, on school premises. The work is done by a school nurse under the direction of an assistant medical officer. A list of the clinics is given in table VIII., and a return of the ailments treated in table IV. (i).

The County Council has for some time experienced considerable difficulty in obtaining suitable premises for school clinics and infant welfare centres in various parts of the county, and the Public Health Committee in 1922 built in Woking a centre to be used as a school clinic, maternity and infant centre and tuberculosis dispensary. The building has proved so convenient and economical in working that the Education Committee is now erecting similar centres at Malden, Mitcham, and Chertsey. The centres are constructed of brick, and are warmed with low pressure hot water system. A plan of the Chertsey centre is shown on page 123. The cost of building with equipment is about £2,100.

(a) *Tonsils and Adenoids*.—The operative treatment of enlarged tonsils and adenoids is carried out at the general and cottage hospitals in the county. These institutions provide treatment for 28/6 a case; this charge includes the cost of one night in hospital; if further detention is considered advisable, a payment of 2/6 per night is made. The number of children treated is given in table IV. (iii).

(b) *Defects of Vision*.—Children suffering from defects of vision are treated by the ophthalmic surgeon on the county staff. In table IV. (ii) is given an analysis of the children examined.

(c) *Dental Defects*.—The treatment of dental defects is undertaken by the school dental surgeons. Table IV. (iv) gives the number of children dealt with. The school clinics are used as dental clinics according to the list in table VIII.

The number of children inspected for dental defects was 17,968. The percentage of children suffering from dental defects who received treatment was 60·1.

During the year routine inspection of children aged 6, 7 and 12 years was carried out and, in addition, a number of special cases was examined. In 1925 all the children seen at routine inspections during 1924 will be re-examined, and two additional age groups will be included. That is to say, that during the current year the inspection of all children aged 6, 7, 8, 12, and 13, together with any specials, will be undertaken. One additional whole-time school dentist was appointed on 1st April, 1925, to cope with this extra work.

(d) *Tuberculosis*.—Children suffering or suspected to be suffering from tuberculosis are referred to the tuberculosis officers. The number of children provided with treatment during 1924 is set out in table IX.

(e) *Crippled Children*.—The Committee has now a comprehensive scheme for the detection, examination, treatment, and following up of crippled children.

- (i) Children are referred to the assistant medical officers by the health visitors, teachers, school attendance officers, and voluntary workers. After examination suitable cases are sent to the orthopædic centres included in the scheme. Other children of school age who reach the centres on the advice of medical practitioners, district nurses, and by other agencies, are seen by the assistant medical officers before the Committee accepts liability for treatment.
- (ii) The centres approved are the orthopædic departments of Guildford County Hospital, Croydon General Hospital, and the Nelson Hospital at Raynes Park, and the aid posts of the Red Cross Society at Kingston and Woking. At each of these centres there is in attendance a specialist attached to an orthopædic department of a general hospital,

or to an orthopædic hospital, and also nurses trained in massage and plaster work and electrical treatment. Minor operations are carried out at the centre; any major operation necessary is usually done in one of the London Hospitals or at Croydon, Guildford, or Raynes Park.

- (iii) For certain of the patients a prolonged period of treatment in a residential institution is essential, and arrangements are therefore being made for the use of fifty beds at St. Martin's and St. Nicholas' Homes of the Waifs and Strays Society at Pyrford. These schools are recognised by the Board of Education for the reception of physically defective children, and are well equipped for the operative treatment and education of cripples.
- (iv) While in attendance at the centres and after discharge from the institutions, the children are followed up by the health visitors.

The Committee pay 3/- per attendance at the centres for cases referred by assistant medical officers and £104 a year for each occupied bed at Pyrford. It is estimated that the out-patient treatment, including appliances, will cost about £1,000 for the current financial year.

The following table gives the centres which have been established and the number of children treated during the year:—

Centre.	Orthopædic Surgeon.	Number of	
		Children treated.	Treatments.
*Croydon, The General Hospital	Mr. Alan H. Todd, M.S., F.R.C.S. ...	—	—
*Guildford, Royal Surrey County Hospital	Mr. Dudley Buxton, F.R.C.S.	—	—
Kingston, Red Cross Curative Post, Victoria Cottage Hospital	Mr. McCrae-Aitken, F.R.C.S.	109	2,073
*Merton, The Nelson Hospital	Mr. W. H. Trethowan F.R.C.S.	—	—
Woking, Red Cross Curative Post, Victoria Cottage Hospital.	Mr. Rowley Bristow, F.R.C.S.	150	2,668

* These centres were not opened until 1925.

OPEN-AIR EDUCATION.

(a) *Playground Classes*.—There is no record of these classes, but several schools in the summer term hold classes in the playground.

(b) *School Journeys*.—There have been none under the technical term employed by the Board of Education.

(c) *School Camps*.—Mr. Rawes reports as follows concerning the use of Henley Fort Camp:—

The season commenced on April 17th and ended on September 13th, the camp having been occupied between those dates for 19 weeks by 296 boys and 74 girls, with 19 teachers from 11 schools. The corresponding figures for 1922 were:—

Twenty-one weeks, 435 boys, 130 girls, 29 teachers, and 11 schools;

and for 1923:—

Twelve and a half weeks, 247 boys, 81 girls, 17 teachers, and 9 schools.

The average cost of the food for the scholars, teachers and caretakers worked out at about $6/9\frac{1}{2}$ per head per week, as compared with $7/10$ in 1922 and $6/11\frac{3}{4}$ in 1923.

Owing to the failure of four schools to fulfil the arrangements made with them, the camp was unoccupied for two periods of a fortnight each, *i.e.*, from May 10th to 24th, and September 13th to 27th.

Excepting for the inclement weather experienced during much of the time, the season has been a successful one in every way, and the children (including those who were unfortunate in regard to the weather conditions) seem to have enjoyed and profited from their visits.

There are many schools in the county which have as yet not participated in the unique facilities provided by the camp, and the Committee hope that there will be an increase in the number of schools desiring to use it in future years.

The occupancy of the camp during the summer holidays by public elementary school children continues to present some difficulty. A party of 41 boys from the Royal Albert Orphanage, Camberley, used the camp during the month of August this year with much satisfaction to themselves, their teachers and the governors of the Orphanage. Whilst the Committee were pleased

to place the camp at the disposal of these boys, they would be glad if some of the public elementary schools in the county would volunteer to occupy the camp during the school holidays. As will be seen from the attached return, this was done in respect of the Easter holidays this year by the Thames Ditton Council School.

The structural alterations which were carried out by the Education Committee just prior to the opening of the season and the installation of the telephone have proved of great value to the smooth working of the camp, and the sports' equipment supplied has been much appreciated. Several items of general equipment (*e.g.*, tents, mattresses, drinking mugs, etc.) need repairing or replacing before next season.

The medical examination of the children at the schools immediately prior to their attendance at the camp has been carried out under the direction of the county school medical officer.

Table X. gives the schools from which children have attended the Camp this season, with the number of scholars and teachers and the average cost of food per head per week.

(*d*) *Open-air class-rooms in public elementary schools*—none.

(*e*) *Day open-air schools*—none.

(*f*) *Residential open-air schools*.—An open-air residential school is intended to meet the need of children whose home circumstances are such that it is hopeless to attempt to cure the disease or defect from which they are suffering until they are removed to a place where they can recuperate in healthy surroundings, and to provide for children who are recovering from serious illness or operation.

Long standing defects, such as quiescent heart disease, anæmia, bronchitis, intractable malnutrition, require many months of persistent treatment under open-air conditions if permanent improvement is to be effected. So great is the demand on the scanty accommodation now available that it is not unusual for a child to have to wait a year before a vacancy can be secured. If a residential open-air school were available in the county, there would be many suitable applicants for admission.

PHYSICAL TRAINING.

The organiser of physical training for the county reports as follows:—

Upper School Classes.—These were held in two centres, Carshalton and Purley—with attendances of sixty and fifty teachers respectively, men and women. The instruction took the form of highly organised games, suitable for all conditions, playground, field, or school hall.

Infant School Classes.—Guildford and Surbiton were chosen for infant courses this year—sixty-four teachers of infants and Standard I. attended at Guildford and fifty-two at Surbiton.

By holding these courses in the autumn and terminating at Christmas, it is possible to follow up in the spring term, at the end of the school year before the children move up, the instruction given. This is in every way the most satisfactory arrangement. In the summer term, swimming is organised throughout the county, and the schools not touched by classes during the winter are, as far as possible, visited.

Classes in National Folk Dances.—These are continued every year in as many centres as possible. Courses were taken in Chertsey, Cranleigh, Dorking, Epsom, Farnham, Godalming, Horley, Malden, Richmond, Wimbledon and Woking, and were extremely well attended.

PROVISION OF MEALS.

The Provision of Meals Acts, 1906-1914, have not been put in force in Surrey.

SCHOOL BATHS.

There are no school baths, but in the summer term arrangements are made for visits of children from certain schools to swimming baths.

CO-OPERATION OF PARENTS.

Parents are invited to attend at the medical examination, and during the year 45·7 per cent. were present.

CO-OPERATION OF TEACHERS.

Teachers carried out very useful work in connection with medical inspection and treatment. Where care committees

are formed the teachers are among the most active members, and in several instances a teacher acts as secretary to the committee.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The school attendance officers undertake the following duties:—

- (a) Follow up children excluded from school for uncleanliness.
- (b) Refer certain children absent from school on alleged medical grounds.
- (c) Refer for report children irregular in attendance.
- (d) Report children of school age who are not on the registers.
- (e) Collect contributions from parents towards maintenance of children in special schools.
- (f) Report the names of children who transfer from one school to another.

CO-OPERATION OF VOLUNTARY BODIES.

Care Committees are associated with certain of the schools, and the members perform useful social work. They arrange for the conveyance of children who have to travel long distances for treatment, and in some cases they assess the contributions of the parents.

When parents persistently refuse to obtain medical assistance for the defects discovered in children attending the public elementary schools, these instances of neglect (table XI.) are referred to the National Society for the Prevention of Cruelty to Children. During 1924, 40 cases of neglect were reported to the Society, and in 39 cases the activities of the Society were successful.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

A classification is now made of all children of school age coming within the definition of blind, deaf, defective or epileptic.

Children whose names are on the school registers are found by one or other of the following methods:—

- (a) By the assistant medical officer at the routine visits to the schools.
- (b) By the school nurse at the general survey during each term.
- (c) By the teacher.
- (d) By the school attendance officer.

If the names are not on a register, discovery is made by:—

- (e) The school nurse during her visits to the homes.
- (f) The school attendance officer.
- (g) Relieving officers, district nurses and other persons.

The children are then seen by an assistant medical officer, and his report is considered by a specialist on the staff. An examination is made by the specialist before the children are referred for admission to special schools.

The children who are not sent to institutions are kept under the constant supervision of the school nurses, and are seen again from time to time by the assistant medical officers. Mentally abnormal children are dealt with on similar lines.

All mentally defective children of school age are now supervised in school and at home by the school nurses, who report periodically on their general condition and home surroundings.

The total number of exceptional children in the county known to the school medical officer is given in table III.

Mentally abnormal children can be divided into the following classes:—

Backward.—This condition may be due to lack of opportunity to learn occasioned by absence from school on account of ill-health or for domestic reasons. Physical defects such as defects of vision and hearing are liable to cause the child to be backward, because these defects interfere with the reception of the instruction given in school.

Dull.—This term may be applied to children who are to a mild degree defective mentally owing to maldevelopment of the brain or to damage to the brain tissue before or shortly after birth. Dullness may be associated with or aggravated by a physical defect of the special senses, for example, blindness or deafness. When this defect is remedied the dullness may be diminished, but some degree of mental abnormality will remain.

Feeble-minded.—This is a grade of mental defect more pronounced than dullness, so that the child will always need care, supervision and control for his own protection or for the protection of others.

Imbecile.—Mental defect so pronounced that the child is incapable of managing himself or his affairs or of being taught to do so.

Idiot.—Mental defect of such a degree that the child cannot guard against common physical dangers.

The numbers of children at the end of the year who were feeble-minded, imbeciles or idiots, so far as information is in the possession of the school medical department, are shown in table III.

The Education Committee has now decided to establish in certain schools in the county, observation classes for mentally retarded children. Into these schools will be admitted high-grade feeble-minded children and those who, not being certifiable as feeble-minded, are retarded in general intelligence and educability to such an extent as to require special teaching. It is anticipated that after a period of instruction in these classes, a proportion of the children will be able to take their places in the ordinary classes in the school. At the end of the year at least 150 dull and backward children were suitable cases for observation classes.

All the idiots and imbeciles and 4 of the feeble-minded children have been notified to the Local Control Authority under Section 2 (2) (a) and (b) of the Mental Deficiency Act, 1913.

NURSERY SCHOOLS.

The authority has no nursery schools.

SECONDARY SCHOOLS.

Medical and dental examination of pupils at the secondary schools in Surrey was begun in July, 1924. As the heads of the secondary schools had long pressed the Committee to institute a scheme of inspection, it was a matter of some surprise that the Governors of Guildford Grammar School refused to allow the scholars of that school to be examined.

The children examined were:—

- (i) Entrants, pupils entering school for the first time.
- (ii) Intermediates, pupils whose twelfth birthdays occurred during the year.
- (iii) Leavers, pupils whose fifteenth birthdays occurred during the year.

The numbers inspected in each group are shown in table XII. on page 117.

The scope of the examination is wider and more complete than that adopted in the public elementary schools.

The results obtained at the end of the year are shown in Table XIII. on page 118.

In the beginning the Committee decided not to provide facilities for parents unable to obtain treatment for the defects found in the scholars. The inspection has been in operation hardly long enough to show whether adequate treatment will be forthcoming without the help of the Committee, but from the figures already available as a result of the following up carried out by the nurses, it seems probable that the question of the provision of treatment will have to be faced at no distant date.

CONTINUATION SCHOOLS.

There are no continuation schools provided by the Education Authority.

EMPLOYMENT OF CHILDREN.

The school medical service takes small part in the supervision of the employment of children and young persons.

SPECIAL ENQUIRIES.

A special enquiry was completed at the request of the Board of Education during the year, and an investigation respecting the nutrition of children attending schools in rural areas is now being conducted, also at the request of the Board.

EXAMINATION OF COUNTY SCHOLARSHIP CANDIDATES.

Candidates for county scholarships were medically examined by the assistant medical officers. Table VII. gives details relating to these examinations.

MEDICAL INSPECTION AND TREATMENT OF CHILDREN
ATTENDING PUBLIC ELEMENTARY SCHOOLS.

TABLE I.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of children inspected.		
	Boys.	Girls.	Total.
Entrants	2,618	2,589	5,207
Intermediates	3,083	3,080	6,163
Leavers	4,009	4,070	8,079
Totals	9,710	9,739	19,449

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys	1,930	5,247
Girls	1,965	5,412
Totals	3,895	10,659

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION
IN 1924.

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	26	77	33	19
Skin—				
Ringworm, Head	11	1	97	—
" Body	10	—	57	—
Scabies	15	—	21	—
Impetigo	45	—	263	1
Other diseases (non-tubercular)	62	58	297	18
Eye—				
Blepharitis	82	17	102	3
Conjunctivitis	17	1	34	3
Keratitis	1	—	1	—
Corneal opacities	2	10	2	—
Defective vision (excluding squint)... ..	805	321	457	50
Squint	122	75	52	6
Other conditions	17	14	26	6
Ear—				
Defective hearing	78	115	50	33
Otitis media	76	26	120	9
Other ear disease	98	7	52	5
Nose and Throat—				
Enlarged tonsils	432	1,122	159	95
Adenoids	168	252	107	59
Enlarged tonsils and adenoids	590	367	300	41
Other conditions	22	33	87	21
Enlarged cervical glands (non-tubercular)	67	666	58	119
Defective speech	—	72	5	16
Heart and Circulation—				
Heart disease, Organic	20	103	5	29
" " Functional	10	192	6	65
Anæmia	114	31	89	14
Lungs—				
Bronchitis	64	194	63	40
Other non-tubercular diseases	13	42	5	15

TABLE II.—*Contd.*

	Routine Inspections.		Special Inspections.	
	Number referred for Treatment.	Number requiring to be kept under observation but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation but not referred for Treatment.
Tuberculosis—				
Pulmonary definite	2	5	1	1
" suspected	39	53	24	31
Non-Pulmonary—				
Glands	17	11	14	6
Spine	—	1	1	1
Hip	1	3	1	—
Other bones and joints	—	3	2	2
Skin	2	1	1	—
Other forms	2	4	—	1
Nervous system—				
Epilepsy	1	20	11	16
Chorea	3	4	17	3
Other conditions	15	36	15	19
Deformities—				
Rickets	12	40	2	1
Spinal curvature	66	75	7	14
Other forms	163	207	42	32
Other diseases and defects	181	192	432	233
Totals	3,471	4,451	3,118	1,027

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Code groups.	Number of children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Entrants	5,207	760	14·6
Intermediates	6,163	1,041	16·9
Leavers	8,079	1,228	15·2
Totals	19,449	3,029	15·6

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i.) Suitable for training in a school or class for the totally blind	Attending certified schools or classes for the blind	5	—	5
		Attending public elementary schools	—	—	—
		At other institutions	—	—	—
		At no school or institution	5	3	8
	(ii.) Suitable for training in a school or class for the partially blind	Attending certified schools or classes for the blind	4	5	9
		Attending public elementary schools	5	5	10
		At other institutions	—	—	—
		At no school or institution	3	—	3
Deaf (including deaf and dumb and partially deaf)	(i.) Suitable for training in a school or class for the totally deaf or deaf and dumb	Attending certified schools or classes for the deaf	16*	13	29*
		Attending public elementary schools	1	—	1
		At other institutions	—	—	—
		At no school or institution	1	—	1
	(ii.) Suitable for training in a school or class for the partially deaf	Attending certified schools or classes for the deaf	2	7	9
		Attending public elementary schools	2	—	2
		At other institutions	—	—	—
		At no school or institution	1	—	1
Mentally Defective	(i.) Feeble minded (cases not notified to the Local Control Authority)	Attending certified schools for mentally defective children	13	13	26
		Attending public elementary schools	84	73	157
		At other institutions	—	6	6
		At no school or institution	20	20	40
	(ii.) Notified to the Local Control Authority during the year	Feeble-minded	1	3	4
		Imbeciles	10	6	16
		Idiots	—	—	—
Epileptic	(i.) Suffering from severe epilepsy	Attending certified special schools for epileptics	4	5	9
		In institutions other than certified special schools	—	—	—
		Attending public elementary schools	1	—	1
		At no school or institution	—	1	1
	(ii.) Suffering from epilepsy which is not severe	Attending public elementary schools	9	9	18
		At no school or institution	6	3	9

			Boys.	Girls.	Total.
Physically Defective	(i.) Infectious pulmonary and glandular tuberculosis	At approved sanatoria or sanatorium special schools	3	4	7
		At certified residential open-air schools	—	—	—
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	—	—	—
		At other institutions	1	—	1
		At no school or institution	1	6	7
	(ii.) Non-infectious but active pulmonary and glandular tuberculosis.	At approved sanatoria or sanatorium special schools	7	11	18
		At certified residential open-air schools	—	—	—
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	47	50	97
		At other institutions	—	—	—
		At no school or institution	—	—	—
	(iii.) Delicate children (<i>e.g.</i> pre or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At certified residential open-air schools	3	—	3
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	291	219	510
		At other institutions	—	—	—
		At no school or institution	4	—	4
	(iv.) Active non-pulmonary tuberculosis	At approved sanatoria or hospital schools	13	9	22
		At public elementary schools ...	3	2	5
		At other institutions	—	1	1
		At no school or institution	1	6	7
	(v.) Crippled children (other than those with active tuberculosis), <i>e.g.</i> , children suffering from paralysis, etc. and including those with severe heart disease	At certified hospital schools ...	2	—	2
		At certified residential cripple schools	15	3	18
		At certified day cripple schools ...	2	2	4
		At public elementary schools ...	51	48	99
		At other institutions	2	1	3
		At no school or institution	9	12	21
		Totals	648	546	1194

* Includes one boy dumb but not deaf.

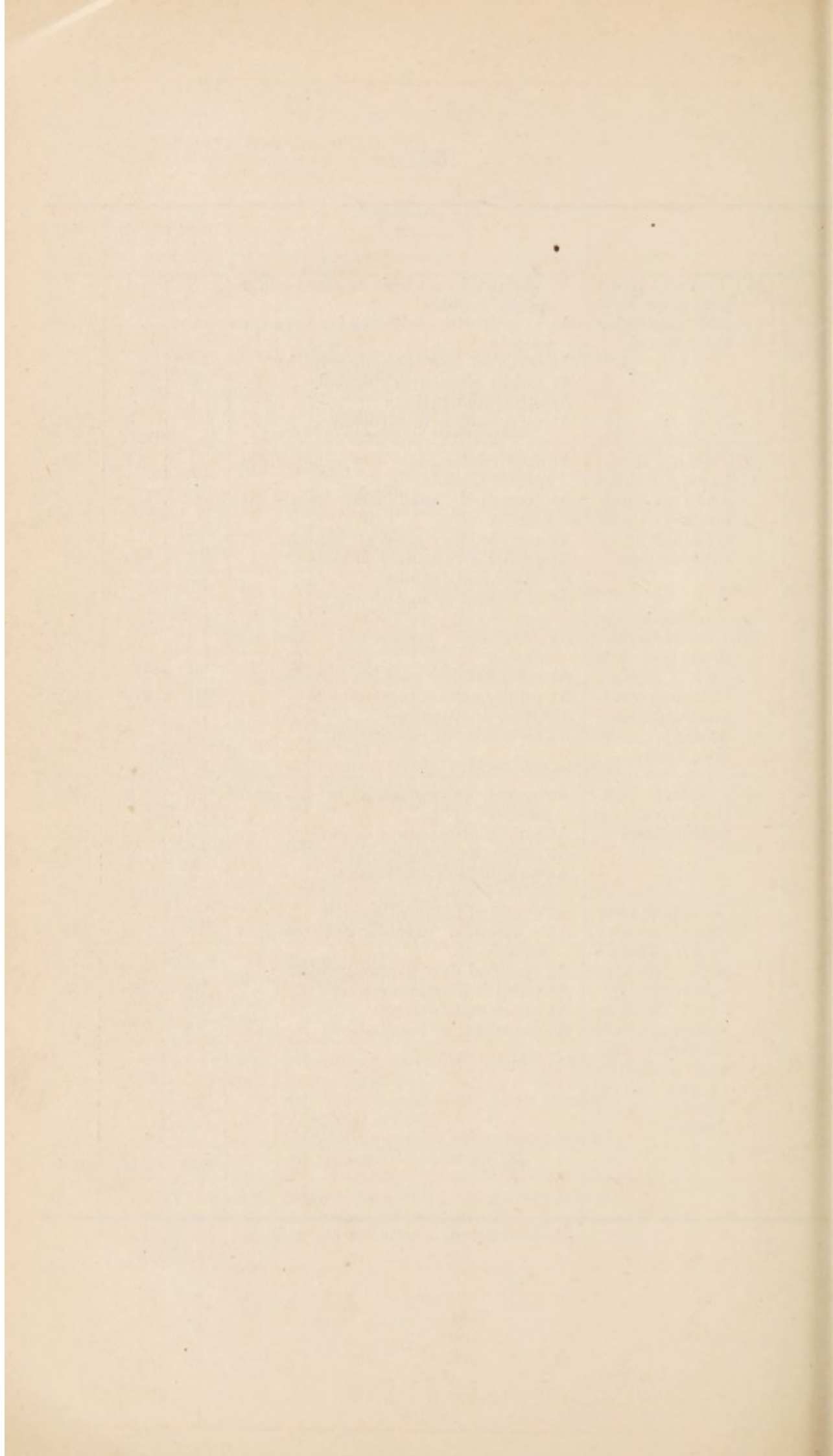


TABLE IV.
Group I.—Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during 1924.

	Treatment of defects found during 1922 and 1923.							Treatment of defects found during 1924.										Total defects treated during the year, whether found during 1924 or previously.		
	Routine cases.			Special cases.			Total defects treated— Routine and special.	Routine cases.			Special cases.			Total defects treated— Routine and special.						
	Defects treated.			Defects treated.				Defects treated.			Defects treated.									
	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.		Referred for treatment.	Under scheme of Local Education Authority.	Otherwise.	Total.	Referred for treatment.	Under scheme of Local Education Authority.		Otherwise.	Total.				
Malnutrition	4	1	5	—	—	—	5	26	17	3	20	33	25	1	26	46	46	5	51	
Skin—																				
Ringworm, Head .. .	—	—	—	—	—	—	—	11	6	4	10	97	83	11	94	104	89	15	104	
" Body .. .	—	—	—	—	—	—	—	10	6	2	8	57	52	3	55	63	58	5	63	
Scabies .. .	2	—	2	—	—	—	2	15	9	1	10	21	17	1	18	28	28	2	30	
Impetigo .. .	3	—	3	—	—	—	3	45	32	5	37	248	248	6	254	291	283	11	294	
Other Diseases (non-Tubercular) .. .	3	3	6	2	1	3	9	62	32	13	45	297	261	9	270	315	298	26	324	
Eye—																				
Blepharitis .. .	6	—	6	3	1	4	10	82	57	9	66	102	92	3	95	161	158	13	171	
Conjunctivitis .. .	—	—	—	—	—	—	—	17	8	3	11	34	31	3	34	45	39	6	45	
Keratitis .. .	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	1	—	1	1	
Corneal Opacities .. .	2	—	2	—	—	—	2	2	1	1	2	2	1	—	1	3	4	1	5	
Defective Vision .. .	}	—	See Table	IV., Group II.	—	—	2	17	8	4	12	26	See Table	IV., Group II.	—	—	—	—	—	
Squint .. .																				
Other Conditions .. .	2	—	2	—	—	—	2	17	8	4	12	26	20	2	22	34	30	6	36	
Ear—																				
Defective Hearing .. .	11	2	13	2	3	5	18	78	35	13	48	50	27	9	36	84	75	27	102	
Otitis Media .. .	6	4	10	6	3	9	19	76	34	18	52	120	85	17	102	154	131	42	173	
Other Ear Disease .. .	10	2	12	—	—	—	12	98	53	9	62	52	40	4	44	106	103	15	118	
Nose and Throat—																				
Enlarged Tonsils .. .	}	—	See Table	IV., Group III.	—	—	3	22	1	9	10	87	58	14	72	82	59	26	85	
Adenoids .. .																				
Enlarged Tonsils and Adenoids .. .	3	3	3	—	—	—	3	22	1	9	10	87	58	14	72	82	59	26	85	
Other Conditions .. .	—	—	—	—	—	—	—	10	67	13	10	23	58	42	7	49	72	60	22	
Enlarged Cervical Glands (non-Tubercular) .. .	3	5	8	2	—	2	10	67	13	10	23	58	42	7	49	72	60	22	82	
Defective Speech .. .	—	—	—	—	—	—	—	—	—	—	—	5	—	1	1	1	—	1	1	
Heart and Circulation—																				
Heart Disease, Organic .. .	1	3	4	1	—	1	5	20	5	7	12	5	2	1	3	15	9	11	20	
" Functional .. .	—	—	—	—	—	—	—	10	3	5	8	6	2	2	4	12	5	7	12	
Anemia .. .	5	2	7	—	1	1	8	114	68	16	84	89	56	15	71	155	129	34	163	
Lungs—																				
Bronchitis .. .	2	5	7	—	1	1	8	64	22	20	42	63	44	13	57	99	68	39	107	
Other non-Tubercular Diseases .. .	—	2	2	—	—	—	2	13	1	3	4	5	4	1	5	9	5	6	11	
Tuberculosis—																				
Pulmonary, Definite .. .	—	—	—	—	—	—	—	2	—	2	2	1	—	1	1	3	—	3	3	
" Suspected .. .	—	2	2	—	3	3	5	39	1	27	28	24	1	17	18	46	2	49	51	
Non-Pulmonary—																				
Glands .. .	—	3	3	—	1	1	4	17	1	10	11	14	1	10	11	22	2	24	26	
Spine .. .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	
Hip .. .	—	—	—	—	—	—	—	1	—	1	1	1	—	—	—	1	—	1	1	
Other Bones and Joints .. .	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	
Skin .. .	—	—	—	—	—	—	—	2	—	2	2	—	—	—	1	3	—	3	3	
Other Forms .. .	—	—	—	—	—	—	—	2	—	2	2	1	—	—	—	2	—	2	2	
Nervous System—																				
Epilepsy .. .	—	1	1	—	—	—	1	1	—	—	—	11	1	8	9	9	1	9	10	
Chorea .. .	—	—	—	—	—	—	—	3	—	1	1	17	4	7	11	12	4	8	12	
Other Conditions .. .	—	2	2	—	—	—	2	15	6	4	10	15	9	3	12	22	15	9	24	
Deformities—																				
Rickets .. .	—	2	2	—	—	—	2	12	6	2	8	2	2	—	2	10	8	4	12	
Spinal Curvature .. .	4	3	7	—	1	1	8	66	21	21	42	7	1	1	2	44	26	26	52	
Other Forms .. .	4	7	11	—	2	2	13	163	60	26	86	42	19	4	23	109	83	39	122	
Other Diseases and Defects .. .	13	24	37	3	9	12	49	181	69	53	122	432	265	79	344	466	350	165	515	
Totals .. .	81	76	157	19	26	45	202	1,354	575	307	882	2,043	1,493	254	1,747	2,629	2,168	663	2,831	

TABLE IV.—Contd.

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1924.

Period.	Number of defects dealt with.				Number of children.												
	Under the authority's scheme.	By private practitioner or hospital.	Otherwise.	Total.	For whom spectacles were prescribed.			Who obtained spectacles.			Recommended for treatment other than by spectacles.			Received other forms of treatment.			For whom no treatment was considered necessary.
					Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	
Defects found during 1922 and 1923 ...	256	28	6	290	204	27	231	233	27	260	2	—	2	2	—	2	57
Defects found during 1924	969	95	23	1,087	732	93	825	693	92	785	37	2	39	37	2	39	223
Totals ...	1,225	123	29	1,377	936	120	1,056	926	119	1,045	39	2	41	39	2	41	280

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1924.

Period.	Number of defects.				
	Received operative treatment.			Received other forms of treatment.	Total number treated
	Under local authority's scheme.	By private practitioner or hospital apart from authority's scheme.	Total.		
Defects found during 1922 and 1923 ...	517	87	604	23	627
Defects found during 1924 ...	692	79	771	51	822
Total defects treated during 1924 ...	1,209	166	1,375	74	1,449

TABLE IV.—Contd.

4291 GROUND WATER IN TREATMENT—II

Period.	Under the authority of the State or Federal Government.	By private parties.	Otherwise.	Total.		Number of defects dealt with.
				Under the authority of the State or Federal Government.	By private parties.	
Defects found during 1922 and 1923 ...	256	2	28	286	6	292
Defects found during 1924 ...	269	75	95	439	23	462
Totals ...	525	77	123	725	29	754

4291 GROUND WATER IN TREATMENT—III

Period.	Received treatment.	Received operative treatment.		Total.
		By private parties or individuals.	Under local authority.	
Defects found during 1922 and 1923 ...	26	23	3	29
Defects found during 1924 ...	28	15	13	43
Total defects treated during 1924 ...	54	38	16	70

TABLE IV.—*Contd.*

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(a) WORK OF HEALTH VISITORS.

Total number of visits to schools.	Average number of visits per school.	Total number of examinations of children in schools	Number of children unclean.				Action taken.							Discharg'd with a caution or dismissed.		
			Cloth- ing filthy.	Nits.	Lice.	Bodies ver- minous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecu- tions under Bye-laws.		No. fined.	Adjourned or with- drawn on impropo- nement.
										1st time	2nd time	3rd time				
7,858	28.5	317,957	2,213	29,059	2,866	104	34,242	12,725	7,300	1,444	409	132	51	10	3	

(b) CHILDREN CLEANSED AT BARNES CLEANSING STATION.

Number of children cleansed.			Prosecutions.		
Verminous heads.	Verminous bodies.	Total.	Number.	Result:	
				Fines imposed.	Withdrawn on improvement.
4	9	13	—	—	—

TABLE V.

(a) NOTIFICATIONS OF INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Diphtheria	180	18	184	382
Scarlet fever	316	50	322	688
Enteric fever	3	—	—	3
Measles	2,833	184	2,365	5,382
Whooping cough	694	66	478	1,238
German measles	265	1	22	288
Chicken-pox	1,154	33	44	1,231
Mumps	1,299	91	969	2,359
Other	637	1	44	682
Totals	7,381	444	4,428	12,253

(b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	174	18	192
Pediculosis	5	—	5
Scabies	21	5	26
Impetigo	173	5	178
Ophthalmia	5	5	10
Erysipelas	1	—	1
Other	12	—	12
Totals	391	33	424

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Abinger C.	18/1/24	28/1/24	Influenza
Abinger Hammer C.	13/3/24	31/3/24	Measles
" "	4/7/24	1/9/24	Whooping cough and summer holidays
Abinger, Oakwood District C.E. ...	21/1/24 (p.m.)	4/2/24	Influenza
Ash Vale C.... ..	1/5/24 (p.m.)	19/5/24	Measles
Ash Walsh Memorial C.E.	4/12/24	5/1/25	Whooping cough and Christmas holidays
Ashted C.	18/2/24	25/2/24	Influenza
"	26/2/24	10/3/24	"
Ashted C.E.	18/2/24	3/3/24	Measles
" "	4/3/24	10/3/24	"
Banstead C. Infants'	9/7/24	1/9/24	Whooping cough and summer holidays
*Beddington and Wallington C.E. ...	29/4/24	19/5/24	Measles
*Beddington and Wallington, Holy Trinity C.E. Girls and Infants' ...	18/3/24	7/4/24	"
*Beddington and Wallington, Holy Trinity C.E. Infants'	8/4/24	28/4/24	Whooping cough and Easter holidays
* " " " " " " 11/12/24	5/1/25	Christmas holidays	
*Beddington and Wallington, Bandon Hill C.	15/12/24	5/1/25	Mumps and Christmas holidays
*Beddington and Wallington, Bandon Hill C. Infants'	7/4/24	28/4/24	Measles and Easter holidays
Bletchingley C.	22/9/24	29/9/24	Scarlet fever
*Byfleet C.E.	31/1/24	18/2/24	Influenza
*Byfleet, West Byfleet C.	26/2/24	3/3/24	"
* " " " " " " 4/3/24	10/3/24	"	
* " " " " " " 7/4/24	28/4/24	Measles and Easter holidays	
Capel C.E.	11/4/24	12/5/24	Measles and Easter holidays
Carshalton, Camden Road C. Infants'	11/4/24	28/4/24	Measles, whooping cough and Easter holidays
Carshalton, Stanley Road C.	11/4/24	28/4/24	Measles and Easter holidays
Carshalton, C. of E. Infants'	11/4/24	28/4/24	Measles and Easter holidays
" " " " " " 24/7/24	1/9/24	Scarlet fever and summer holidays	

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Charlwood C.	5/3/24	28/4/24	Influenza, whooping cough and Easter holidays
*Chertsey C. Infants'	1/4/24	28/4/24	Measles and Easter holidays
*Chertsey, Addlestone, Chapel Park C.E.	14/3/24 (p.m.)	28/4/24	Measles and Easter holidays
*Chertsey, Addlestone St. Paul's C.E.	31/3/24 (p.m.)	28/4/24	Measles and Easter holidays
*Chertsey, Addlestone St. Augustine's C.E.	28/3/24 (p.m.)	28/4/24	Measles and Easter holidays
*Chertsey, Botleys and Lyne C.E.	18/1/24	4/2/24	Influenza
* " " " " " "	8/4/24 (p.m.)	28/4/24	Measles and Easter holidays
" " " " " "	29/4/24	5/5/24	Measles
*Chertsey, Long Cross C.E.	3/3/24	17/3/24	Scarlet fever
*Chertsey, New Haw C.	10/4/24 (p.m.)	28/4/24	Measles and Easter holidays
*Chertsey, Ottershaw C.E.	11/2/24 (p.m.)	18/2/24	Influenza
* " " " " " "	28/4/24	19/5/24	Measles
*Chertsey, Stepghates C.	1/4/24	28/4/24	Measles and Easter holidays
* " " " " Infants'	10/3/24 (p.m.)	24/3/24	Measles
	24/3/24 (p.m.)	31/3/24	"
Chiddingfold C.E. Infants'	4/3/24	24/3/24	Influenza and chicken pox
*Chobham, Valley End C.E.	22/1/24	4/2/24	Influenza
Coulsdon and Purley, Kenley C.E.	14/2/24	25/2/24	"
*Coulsdon and Purley, Kenley C.E.	11/2/24	3/3/24	Influenza and mumps
Coulsdon and Purley, Purley C.E.	1/5/24	12/5/24	Measles
Coulsdon and Purley, Roke C.	28/4/24	12/5/24	"
Crowhurst C.E.	16/6/24	7/7/24	"
Dorking, Pixham C.E.	25/2/24	3/3/24	Influenza
*Dunsfold C.E.	17/1/24	21/1/24	Disinfection of school premises
" " " " " "	24/1/24 (p.m.)	29/1/24	Scarlatina
Epsom C.E. Infants'	9/4/24	28/4/24	Measles and Easter holidays
Epsom, West Hill C.	15/2/24	25/2/24	Influenza
" " " " " "	23/6/24	7/7/24	Measles
" " " " " "	8/7/24	21/7/24	"
Esher C.E. Boys' and Girls'	15/2/24	3/3/24	Influenza and measles
Esher C.E. Infants'	12/2/24	3/3/24	" " "

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Esher and the Dittons, Claygate C.	3/3/24	17/3/24	Measles
Esher and the Dittons, Claygate C. Girls'	17/3/24	31/3/24	"
Esher and the Dittons, Claygate C. Infants'	17/3/24	7/4/24	"
Esher and the Dittons, Long Ditton C.E.	12/5/24	2/6/24	Whooping cough
Esher and the Dittons, Long Ditton C.	29/4/24	19/5/24	" "
Esher and the Dittons, Thames Ditton C. Infants'	19/2/24	3/3/24	Influenza and colds
Ewhurst, Ellen's Green C.	12/3/24	28/4/24	Measles and Easter holidays
Farnham C.E. Infants'	19/6/24	7/7/24	Measles
Farnham, Bourne C. Infants'	24/6/24 (p.m.)	7/7/24	"
*Farnham, Hale C. Infants'	13/11/24	3/12/24	Whooping cough
" " " " " " " " " " " "	4/8/24 (p.m.)	29/9/24	Measles and summer holidays
Farnham, Tilford C.E.	3/6/24 (p.m.)	16/6/24	Measles and Whitsun holidays
Farnham, Wrecclesham C.	26/6/24	10/7/24	Measles
Frensham, Churt St. John's C.E.	19/5/24	2/6/24	Whooping cough
*Frimley, Camberley C. Infants'	29/1/24 (p.m.)	7/2/24	Influenza
Godstone, C.E.	12/5/24 (p.m.)	16/6/24	Measles and Whitsun holidays
Godstone, C.E. Infants'	25/2/24	10/3/24	Influenza
" " " " " " " " " " " "	2/4/24	28/4/24	Whooping cough and Easter holidays
Great Bookham, Ranmore St. Barnabas C.E.	18/2/24	3/3/24	Influenza
Horley, Albert Road C. Infants'	5/3/24	17/3/24	"
Horne, Frogit Heath C.	19/2/24	31/3/24	Influenza and measles
Horne Parochial	19/2/24	10/3/24	Influenza
Lingfield C. Mixed	26/2/24 (p.m.)	10/3/24	"
" " Infants'	6/2/24 (p.m.)	10/3/24	"
" " " " " " " " " " " "	30/4/24	16/6/24	Whooping cough and Whitsun holidays
Lingfield, Baldwin's Hill C.	18/2/24	25/2/24	Influenza
" " " " " " " " " " " "	19/11/24	8/12/24	Whooping cough
Marrow, Down Road C.E.	12/5/24	2/6/24	Measles
*Merton and Morden, Morden C.	18/7/24	1/9/24	Diphtheria and summer holidays
*Merton and Morden, Raynes Park C. Infants'	31/1/24	25/2/24	Influenza
*Mitcham, Fortescue Road C. Infants'	8/1/24	28/1/24	Measles
Ockham C.E.	26/3/24	28/4/24	Mumps and Easter holidays
Oxted, C.E.	21/5/24	16/6/24	Measles and Whitsun holidays

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Puttenham C.E.	14/7/24	11/8/24	Mumps
*Pyrford C.	25/2/24	10/3/24	Influenza and whooping cough
Send, Ripley C.E.	9/4/24	28/4/24	Measles and Easter holidays
Shere C.E. Infants'	25/1/24	18/2/24	Measles
St. Martha-on-the Hill, Chilworth C.E.	18/2/24	3/3/24	Influenza
Surbiton Hill C.	31/1/24	18/2/24	Measles
Surbiton, St. Andrew's Road C.E. Inf.	13/2/24 (p.m.)	3/3/24	"
Tandridge C.E.	4/2/24	11/2/24	Influenza
*The Maldens and Coombe, New Malden C.E. Infants'	13/2/24	3/3/24	Influenza, and measles
*The Maldens and Coombe, New Malden East C. Infants'	29/2/24	19/3/24	Measles, mumps and chicken pox
*" " " " " " " " " " " "	10/11/24	24/11/24	Chicken pox
*The Maldens and Coombe, New Malden West C. Infants'	29/2/24	20/3/24	Measles, Chicken pox and mumps
Thursley C.E.	20/2/24	10/3/24	Whooping cough and influenza
Walton-on-Thames C. Infants'	28/1/24	11/2/24	Measles
Walton-on-Thames, Oatlands Council	28/1/24	18/2/24	Measles and influenza
Wanborough C.	13/2/24 (p.m.)	25/2/24	Influenza colds
West Horsley C.E.	25/1/24	4/2/24	Influenza
*Windlesham, Bagshot C.	21/1/24	4/2/24	"
Witley, Milford C.E.	1/2/24	25/2/24	Mumps and chicken pox
Woking, Goldsworth C. Infants'	29/1/24 (p.m.)	11/2/24	Scarlet fever
Woking, Knaphill C.	17/7/24	1/9/24	Diphtheria and summer holidays
Woking, Maybury C. Infants'	(p.m.) 11/4/24	28/4/24	Measles and Easter holidays
" " " " " " " " " " " "	(p.m.) 28/4/24	12/5/24	Measles
" " " " " " " " " " " "	(p.m.) 22/10/24	17/11/24	Whooping cough
Worplesdon, Burpham C.	2/6/24	16/6/24	Measles and Whitsun holidays
Worplesdon, Wood Street C.	8/2/24	18/2/24	Influenza

*Closed by order of the Local Sanitary Authority.

Remainder closed by or with the approval of the County School Medical Officer.

TABLE VII.

EXAMINATION OF COUNTY SCHOLARS, 1924.

Class of Scholarship.	Certified uncondi- tionally.	Required to obtain treatment for defects.	Rejected.	Postponed.	Total.
Teaching { Boys	238	93	—	2	333
{ Girls	222	60	—	1	283
Nautical	5	6	3	—	14
Technical	—	1	—	—	1
Special Junior ...	5	—	—	—	5
Totals	470	160	3	3	636

TABLE VIII.

TABLE SHOWING THE VARIOUS CLINICS IN THE COUNTY, THE TREATMENT PROVIDED THEREIN, AND THE DAYS THE CENTRES WERE OPEN FOR TREATMENT.

Clinic.		General medical.		Ophthalmic.		Dental.	
Addlestone	...	1st Monday morning	...	4th Tuesday afternoon	...	4th Monday.	...
Ash, Victoria Hall	...	—	...	As occasion requires	...	As required.	...
Ashted	...	—	...	3rd Tuesday afternoon	...	Every Tuesday.	...
Bagshot	...	Every Wednesday afternoon	...	1st & 3rd Monday afternoons	...	1st & 3rd Fridays.	...
Barnes, Technical Institute, Mortlake	...	1st & 3rd Thursday mornings	...	1st Tuesday afternoon	...	Every Tuesday after-noon	...
Carberley, St. Michael's Church Rooms	...	2nd and 4th Tuesday mornings	...	—	...	—	...
Carshalton, Municipal Institute, Rochester Road	...	—	...	—	...	—	...
Caterham Hill, Council School	...	2nd & 4th Friday mornings	...	—	...	—	...
Caterham Valley, Parish Hall, Stafford Road	...	2nd & 4th Wednesday mornings	...	3rd Thursday when required	...	2nd & 4th Thursdays.	...
Chertsey, Infants' Council School, Steppages	...	2nd & 4th Wednesday mornings	...	2nd Tuesday afternoon	...	Every Monday morning	...
Cobham, Infants' Council School	...	—	...	—	...	1st & 3rd Tuesday mornings	...
Coulsdon, Council School, Smitham Bottom	...	1st & 3rd Tuesday mornings	...	3rd Thursday afternoon when required	...	1st & 3rd Wednesdays.	...
Cranleigh, Church of England School	...	—	...	—	...	1st Fridays.	...
Dorking, Imperial Club, West Street	...	1st & 3rd Tuesday mornings	...	3rd Wednesday	...	2nd & 4th Fridays	...
Egham, Technical Institute, High Street	...	1st & 3rd Friday mornings	...	2nd Friday morning	...	2nd & 4th Wednesdays.	...
Epsom, Wesleyan Church Rooms	...	2nd & 4th Thursday mornings	...	1st Thursday morning	...	1st & 3rd Friday after-noon & 2nd & 4th Friday mornings	...
Farnham, "Brightwells"	...	Every Tuesday morning	...	4th Friday	...	1st, 2nd, 3rd & 5th Mondays & 1st & 3rd Wednesdays.	...
Frimley, Council Infants' School	...	—	...	—	...	3rd Wednesday.	...
Godalming, Memorial Church Rooms, Queen's Road	...	1st, 3rd & 5th Friday mornings	...	4th Thursday	...	Every Tuesday.	...
Guildford, 49, Farnham Road	...	1st & 3rd Monday afternoons	...	1st Wednesday	...	Every Thursday.	...
Haslemere, Senior Dept., Church of England School	...	2nd & 4th Monday mornings	...	5th Thursday when required	...	2nd & 4th Fridays.	...
Hindhead, Council School	...	—	...	—	...	As occasion requires.	...
Horley, Technical Institute	...	2nd & 4th Friday mornings	...	2nd Thursday when required	...	2nd & 4th Tuesdays.	...
Leatherhead, The Institute, High Street	...	1st & 3rd Friday mornings	...	2nd Friday when required	...	3rd Friday morning & 2nd & 4th Friday afternoons.	...
Limpfield, Church of England School	...	2nd Thursday morning	...	—	...	—	...
Lingfield, Church House	...	2nd & 4th Tuesday mornings	...	2nd Thursday when required	...	1st & 3rd Mondays.	...
Merton, Parish Rooms	...	2nd & 4th Wednesday mornings	...	1st Thursday afternoon	...	2nd, 3rd, 4th & 5th Thursday afternoons.	...
Mitcham, The Dispensary, Lower Green	...	Every Monday morning and 1st & 3rd Wednesday mornings	...	2nd & 4th Wednesdays	...	Every Thursday morn-ing & every Friday.	...
Molesey Wesleyan Church Rooms, Manor Road	...	1st & 3rd Monday mornings	...	5th Monday when required	...	4th Tuesday morning	...
Oxted, Church of England School	...	2nd & 4th Tuesday mornings	...	As occasion requires	...	2nd & 4th Monday mornings.	...
Reigate and Redhill The Dispensary, 1A, Cecil Road, Redhill	...	Every Thursday morning	...	1st & 3rd Monday mornings & 2nd & 4th Monday afternoons	...	1st & 3rd Monday after-noon, 2nd & 4th Monday mornings & every Wednesday.	...
Surbiton, adjoining Council Offices, Ewell Road	...	—	...	1st & 3rd Fridays	...	1st & 3rd Monday morn-ings, 2nd & 4th Monday afternoons	...
Sutton, Public Hall, Church Road	...	Every Tuesday	...	—	...	1st & 3rd Tuesday morning.	...
Walton-on-Thames, near Round Chapel, Hersham	...	1st & 3rd Monday mornings	...	2nd Monday morning	...	1st & 3rd Tuesdays.	...
Weybridge, Technical Institute	...	1st & 3rd Thursday mornings	...	4th Monday morning	...	2nd Tuesday.	...
Woking, Clarence Avenue	...	Every Wednesday and Friday morning	...	Every Tuesday morning	...	Every Thursday.	...
Woking, Wesleyan Chapel, Knaphill	...	1st and 3rd Tuesday afternoons	...	—	...	—	...

TABLE IX.

CHILDREN OF SCHOOL AGE WHO RECEIVED TREATMENT IN SANATORIA
OR HOSPITALS DURING THE YEAR.

Institution.	Male.	Female.
Alexandra Hospital for Children suffering from Hip Disease	7	2
Alton—Lord Mayor Treloar Cripples' Hospital and College	—	2
Brompton Hospital for Consumption	2	3
Harpenden—National Children's Home	2	—
Heatherwood—United Services Hospital	—	1
Northwood—Mount Vernon Hospital	14	21
Royal Chest Hospital, City Road, E.C. 1	1	2
Royal Sea-Bathing Hospital, Margate	6	5
St. Anthony's Hospital, Cheam	1	3
St. Bartholomew's Hospital	1	1
St. Catherine's Home, Ventnor, Isle of Wight	1	1
St. Nicholas' Hospital, Pyrford	—	1
St. Thomas's Hospital	—	1
Sevenoaks—Children's Hospital for Treatment of Hip Disease	1	—
Victoria Invalid Children's Homes, Margate	3	—
Victoria Park—City of London Hospital for diseases of the Chest and Heart	—	2
Wandle Valley Isolation Hospital	—	2
TOTALS	39	47

TABLE X.

TABLE GIVING THE SCHOOLS FROM WHICH CHILDREN ATTENDED HENLEY FORT CAMP, THE NUMBER OF SCHOLARS AND TEACHERS, AND THE AVERAGE COST PER HEAD PER WEEK FOR FOOD.

School.	Period. weeks.	No. of Scholars.		No. of Teachers	Average cost per head per week for food only.
		Boys.	Girls.		
Esher and the Dittons, Thames Ditton C.	1½ (Easter)	18	—	1	7/10
Mitcham, Gorringe Park C.... Surbiton, Tolworth St. Matthew's C.E.	} 2	—	29	2	6/8
Mitcham, Gorringe Park C. ...		45	—	2	6/1¾
Epsom, Hook Road C.		43	—	2	6/4¼
Barnes Central C.	2	36	—	2	7/4½
Mitcham, Singlegate C.	1	—	45	2	7/8½
Barnes, Mortlake Central Council	} 1	35	—	2	7/2½
Merton, Raynes Park C.		45	—	2	6/11
Royal Albert Orphanage, Camberley.....	4 (Summ'r h'liday)	41	—	2	6/3¾
Leatherhead C.	2	33	—	2	5/6¾*
	19	296	74	19	6/9½ (average)
		370			

* Supplied own vegetables from school gardens.

TABLE XI.

CASES REFERRED TO THE N.S.P.C.C. DURING 1924.

Case No.	Reason.	Result.
(1)	Refusal to provide glasses ..	Glasses provided.
(2)	Refusal to obtain operative treatment for tonsils and adenoids	Operation performed.
(3)	Failure to remedy verminous condition	Condition remedied.
(4)	Child underfed and in a very dirty and neglected condition	Conditions remedied.
(5)	Persistent refusal to provide glasses	Attended school clinic and obtained glasses.
(6) }	Children badly fed, insufficiently clothed and in a filthy condition	Conditions remedied.
(7) }		
(8) }		
(9) }		
(10)	Failure to provide necessary treatment for defective vision and squint	Suitable glasses obtained.
(11)	Persistent refusal to provide suitable glasses	Suitable glasses obtained.
(12)	Refusal to obtain treatment for defective vision	Attended the clinic and glasses provided.
(13)	Persistent refusal to obtain treatment for left internal squint	Attended school clinic and treatment obtained.
(14)	Child poorly nourished and in a filthy and neglected condition	Arrangements made for her admission into Infirmary.
(15)	Failure to obtain medical treatment for severe conjunctivitis	Medical treatment obtained.
(16) }	Failure to obtain treatment for ringworm of scalp	Treatment obtained at school clinic.
(17) }		
(18)	Child in a neglected condition ..	Condition improved.
(19)	Refusal to obtain treatment for defective vision	Glasses provided.
(20)	Refusal to obtain treatment for defective hearing	Satisfactory treatment obtained.
(21) }	Dirty and unkempt condition of children	Condition improved.
(22) }		
(23)	Failure to obtain treatment for ringworm of the scalp	Treatment obtained at school clinic.
(24)	Dirty and neglected condition of children and home	Conditions remedied.
(25)	Children underfed and in a very dirty and neglected condition	Conditions improved.

TABLE XI.—*contd.*

Case No.	Reason.	Result.
(26)	Failure to obtain operative treatment for enlarged tonsils and adenoids	Operation performed.
(27)	Persistent refusal to provide operative treatment for enlarged tonsils and adenoids	Willing for operation to be performed.
(28)	Persistent refusal to provide operative treatment for enlarged tonsils	Operation performed.
(29)	Failure to obtain treatment for enlarged tonsils and adenoids	Willing for operation to be performed.
(30)	Failure to obtain operative treatment for enlarged tonsils	Still refused. Considered inadvisable to carry case further.
(31)	Child badly fed and in a neglected condition	Legal action taken.
(32) }	Children not properly cared for . .	Parents warned.
(33) }		
(34)	Refusal to allow glasses to be worn	Glasses worn.
(35)	Failure to provide suitable glasses	Attended school clinic and obtained glasses.
(36)	Failure to provide treatment for enlarged tonsils and adenoids	Operation performed.
(37)	Persistent refusal to provide treatment for defective vision and squint	Attended school clinic and obtained glasses
(38)	Failure to obtain treatment for defective vision.	Suitable glasses obtained.
(39)	Failure to obtain treatment for squint	Attended school clinic and obtained glasses.
(40)	Failure to provide treatment for squint	Attended school clinic and obtained glasses.

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY
SCHOOLS.

TABLE XII.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of children inspected.		
	Boys.	Girls.	Total.
Entrants	734	614	1,348
Intermediates	257	226	483
Leavers	168	184	352
Totals	1,159	1,024	2,183

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys	53	—
Girls	119	—
Totals	172	—

TABLE XIII.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION
IN 1924.

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	4	10	—	2
Skin—				
Ringworm	1	—	—	—
Impetigo	—	—	—	—
Scabies	1	—	—	—
Other diseases (non-tubercular)	6	15	1	7
Teeth—				
Permanent	186	8	3	—
Temporary	23	2	—	—
Oral sepsis	6	—	—	—
Nose and Throat—				
Enlarged tonsils	73	105	5	7
Adenoids	16	30	1	5
Other conditions	2	5	1	3
Enlarged glands	3	34	—	—
Eyes—				
Blepharitis	6	1	1	—
Conjunctivitis	1	—	—	—
Other external conditions	—	1	—	—
Defective vision	128	85	23	7
Squint	2	5	2	—
Colour sense	—	6	—	—
Ears—				
Otitis media	—	1	1	—
Defective hearing	10	10	2	1
Other diseases	4	—	—	—
Defective speech	2	15	—	1
Thorax	—	13	—	—
Heart disease—				
Organic	3	14	—	4
Functional	3	26	1	3
Anæmia	9	9	5	3

TABLE XIII.—*Contd.*

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Lungs—				
Tuberculosis—				
Pulmonary, definite ..	—	—	—	—
" suspected ..	3	2	—	—
Not Tuberculosis—				
Bronchitis	7	12	—	—
Other non-tubercular diseases	2	9	—	1
Nervous—				
Headaches	4	3	—	—
Overstrain	—	1	—	2
Hysteria	—	—	—	—
Other	2	5	—	10
Chorea—				
True	—	—	—	—
Chorieform movements..	1	—	—	1
Digestion	2	6	1	7
Constipation	2	2	—	—
Spinal curvature	9	99	1	13
Flat foot	33	179	2	12
Other deformity or defect ..	23	52	9	28
Catamenia—				
Amenorrhoea	1	—	—	—
Menorrhagia	—	1	2	—
Dysmenorrhoea	—	1	—	—
Totals ..	578	767	61	117

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Code groups.	Number of children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Entrants	1,348	186	13·8
Intermediates	483	80	16·6
Leavers	352	42	11·9
Totals	2,183	308	14·1

TABLE XIV.

TREATMENT OF DEFECTS FOUND AT ROUTING AND SPECIAL INSPECTION.

				Defects treated.			
				At Hospital	By private practitioner.	Otherwise	Total.
				Defects referred for treatment			
Malnutrition .. ..	..	..	4	—	—	—	—
Skin—							
Ringworm .. ..	..	..	1	—	—	—	—
Scabies .. ..	..	..	1	—	1	—	1
Other .. ..	..	..	7	—	—	—	—
Teeth—							
Permanent .. ..	..	..	189	2	14	10	26
Temporary .. ..	..	..	23	—	1	1	2
Oral sepsis .. ..	..	..	6	1	—	2	3
Nose and Throat—							
Tonsils .. ..	..	..	78	4	1	—	5
Adenoids .. ..	..	..	17	2	1	1	4
Other .. ..	..	..	3	1	—	—	1
Enlarged glands .. ..	..	..	3	—	—	—	—
Eyes—							
Blepharitis .. ..	..	..	7	1	1	—	2
Conjunctivitis .. ..	..	..	1	—	—	—	—
Defective vision .. ..	..	..	151	10	18	10	38
Squint .. ..	..	..	4	1	1	1	3
Ears—							
Otitis media .. ..	..	..	1	—	1	—	1
Other diseases .. ..	..	..	4	—	—	—	—
Defective hearing .. ..	..	..	12	—	1	—	1
Defective speech .. ..	..	..	2	—	—	—	—
Heart—							
Organic .. ..	..	..	3	—	1	—	1
Functional .. ..	..	..	4	—	2	—	2
Anæmia .. ..	..	..	14	—	4	—	4
Lungs—							
Tuberculosis—							
Suspected .. ..	..	..	3	—	2	—	2
Not Tuberculosis							
Bronchitis .. ..	..	..	7	—	2	1	3
Other .. ..	..	..	2	—	1	—	1
Nervous—							
Headaches .. ..	..	..	4	—	—	—	—
Other .. ..	..	..	2	—	—	—	—
Choreiform movements .. ..	..	..	1	—	—	—	—
Digestion .. ..	..	..	3	—	2	—	2
Constipation .. ..	..	..	2	—	—	—	—
Spinal curvature .. ..	..	..	10	—	1	—	1
Flat foot .. ..	..	..	35	—	14	—	14
Other deformity or defect .. ..	..	..	32	1	5	—	6
Catamenia—							
Amenorrhœa .. ..	..	..	1	—	1	—	1
Menorrhagia .. ..	..	..	2	—	1	—	1
Totals .. ..	..	..	639	23	76	26	125

TABLE XIV.—Contd.

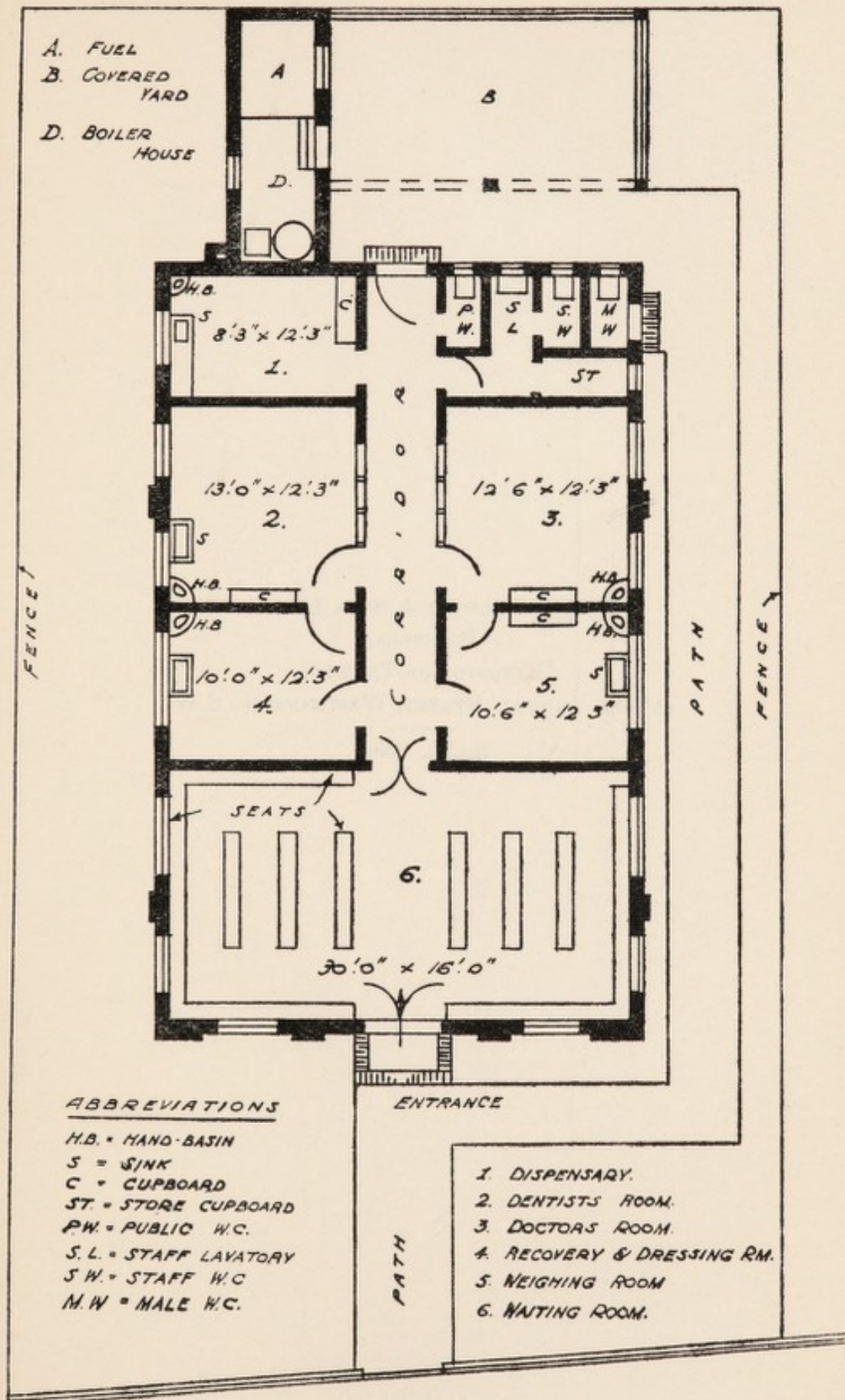
GROUP II.—TREATMENT OF VISUAL DEFECTS.

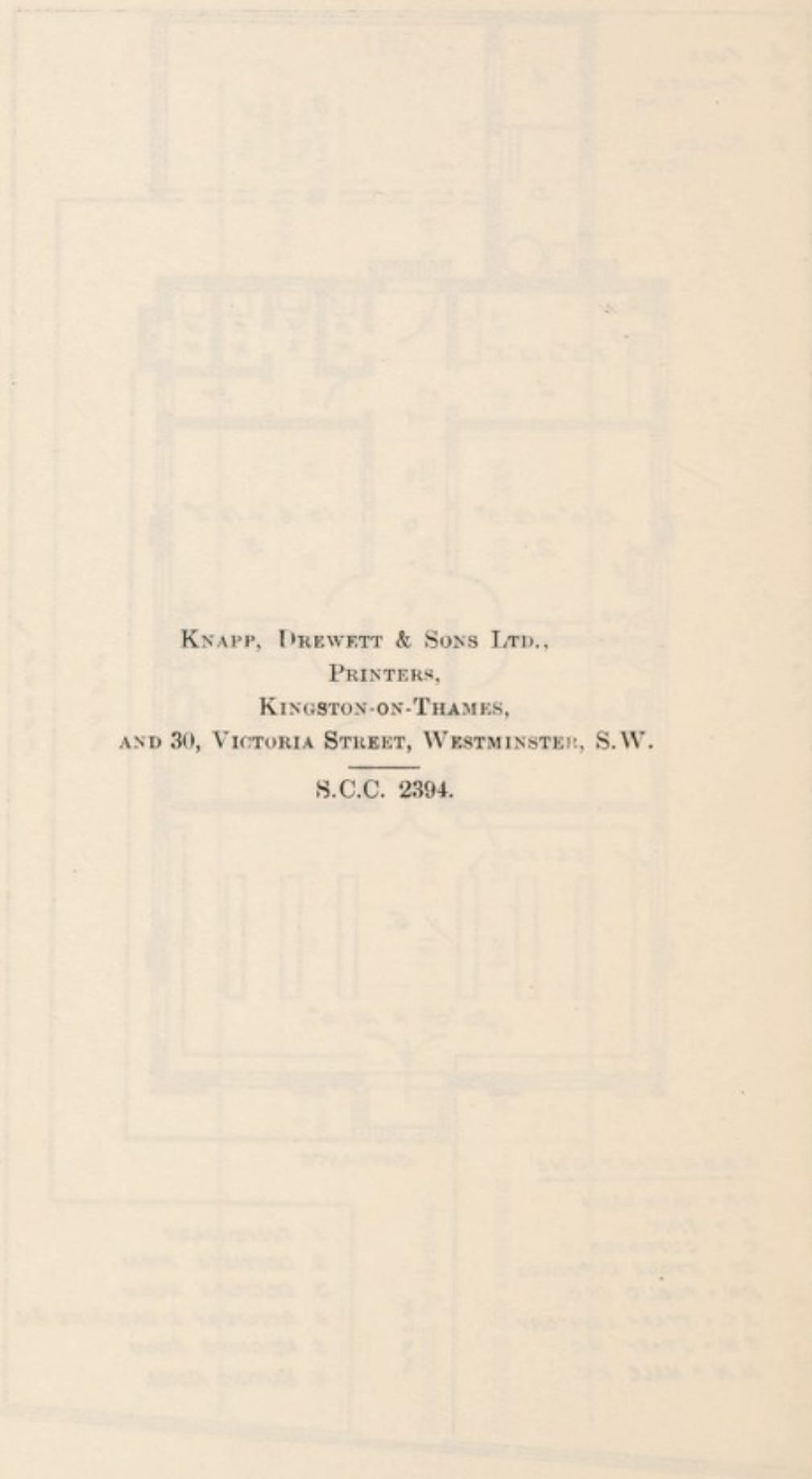
Number of defects dealt with.			Number of children.					
By private practitioner or hospital.	Otherwise.	Total.	For whom spectacles were prescribed.			Who obtained spectacles.		
			By private practitioner or hospital.	Otherwise.	Total.	From private practitioner or hospital.	Otherwise.	Total.
30	11	41	24	11	35	23	11	34

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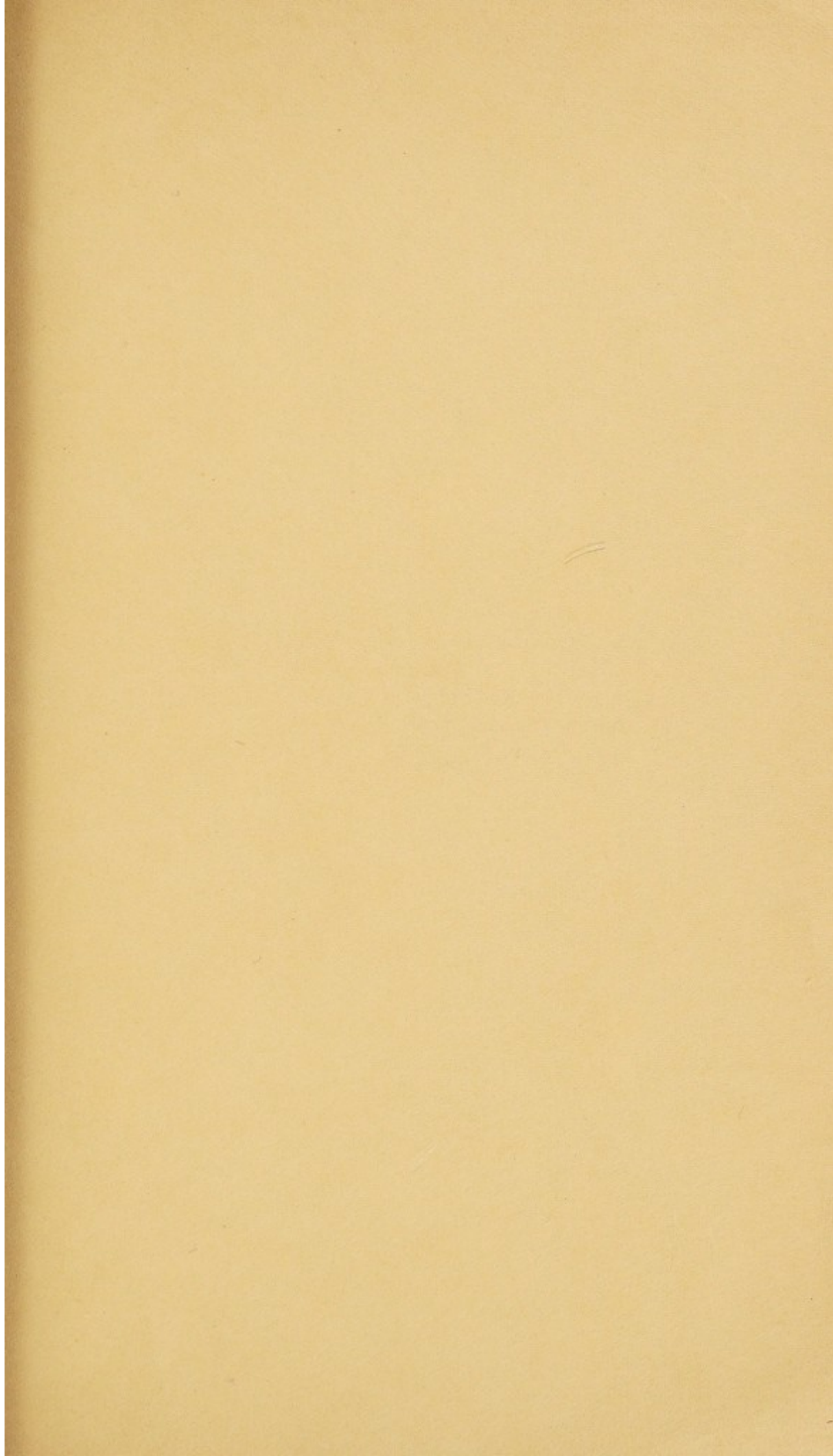
GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT.

Number of defects.				
Received operative treatment.			Received other forms of treatment.	Total number treated.
By private practitioner	At hospital.	Total.		
2	6	8	1	9





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