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Surrey County Council.

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR

— 1925. —

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 1925

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.

CONTENTS.

REPORT OF MEDICAL OFFICER OF HEALTH.

	PAGE.
Preface	5
Staff—	
Medical	7
School dental surgeons	7
Health visitors	8
Clerical	8
Medical officers of health of the separate sanitary districts	9
Chief vital statistics	10
Rivers	11
Population	12
Births	12
Deaths	13
Infant mortality	13
Epidemic diseases—Deaths from seven principal	13
Heart disease, respiratory diseases, tuberculous diseases and cancer—	
Deaths from	14
Cancer	14
Infectious diseases—	
Enteric fever	19
Scarlet fever	21
Diphtheria	23
Hospitals accommodation	30
Tuberculosis—	
Notifications	30
Dispensaries	32
Health visitors	33
Milford sanatorium	33
Accommodation in Institutions	33
Ambulances	34
Co-operation with district medical officers of health	34
,, ,, hospitals clinics	34
,, ,, medical practitioners	34
Arrangement for following up	35
Home contacts	35
Bacteriological work	35
Home Nursing	36
Shelters	36

	PAGE
Tuberculosis (continued)—	
Non-pulmonary, treatment of	36
Care and after-care	36
Value of early notification	37
Venereal diseases	38
Clinics	39
Personnel	40
Records	41
Details of treatment	42
Pathological specimens	42
Numbers attending	42
Statistics	43
Propaganda	44
Maternity and child welfare—	
Area	45
Population	46
Midwifery service	46
Stillbirths	47
Abortions and miscarriages	48
Inflammation of the eye and ophthalmia neonatorum	48
Rise of temperature and puerperal fever	49
Training of midwives	49
Training of unmarried mothers	50
Notification of Births Acts	51
Maternity homes	51
Payment of doctors called in to the help of midwives	52
Illegal practice by uncertified midwives	52
Rules of the C.M.B., Non-compliance with	53
Ante and post-natal supervision	53
Welfare Centres—	
Attendances	54
Accommodation	55
Management	55
Ante-natal work	56
Dried milk	57
Foods and medicines	57
Dental treatment	58
Tonsils and adenoids	58
Lectures	58
Home visiting	58
Housing	59
Public Health (Milk and Cream) Regulations, 1912	59

	PAGE
Blind Persons Act, 1920	60
Register	60
Home workers	61
Books	61
Unemployable and necessitous blind	61
Education and training	61
Surrey Voluntary Association	62
Home teaching	62
Prevention and treatment of crippling	64
Appendix —Statistical Tables—	TABLE
Population—Census, 1901, 1911, 1921	I.
,, individual sanitary districts	II.
,, in private families	IIA.
Births	III., IV., IVA.
Deaths	III., V., VA., VI.
Deaths under one year	III., VII., VIIA.
,, from seven principal epidemic diseases	VIII., VIIIA.
,, ,, Heart disease, respiratory diseases, tuberculous diseases and cancer	IX., IXA., IXB.
Infectious diseases—notifications of	X., XI.
Tuberculosis—	
Death rates in separate sanitary districts	IX.
Death rates since 1889	IXB.
Attack rates in separate sanitary districts	XI.
Cases and deaths, 1912–1925	XII.
Notifications classified under certain age periods	XIII.
Dispensaries—List of	XIV.
,, Attendances at	XV.
Primary examinations for diagnosis	XVI.
Patients treated in residential institutions	XVII.
Venereal diseases—attendances at centres	XVIII.
Maternity and child welfare—	
Attendances at centres, and births registered	XIX.
Housing—Statement of houses erected	XX.
Food and Drugs Acts—Samples analysed	XXI.
Cancer—deaths from	XXII., XXVI.
Deaths at certain ages	XXIII.
Duration of disease	XXIV.
Average ages at death	XXV.
Death rates	XXVII.
,, ,, in separate sanitary districts	XXVIII.

(Index to Report of School Medical Officer see p. 92.)

PREFACE.

In accordance with the requirements of the Ministry of Health, the annual report for this year is a survey report dealing with the progress made in the county during the past five years.

The vital statistics of the county are favourable on the whole, although the declining birth rate cannot be viewed without anxiety for the future of the nation.

The natural increase of population, in other words the excess of births over deaths, is comparable to a reserve fund, in Surrey the fund is being dangerously depleted, and there is now only a small margin between the income and expenditure of lives.

As it is unlikely that the death rate will be much further reduced, the persistent fall in the birth rate cannot safely be ignored.

In a review of the advance which has been made in public health administration in Surrey during the past five years, it seemed desirable that the medical officers largely concerned in the various branches of the work should express their views of the changes which have taken place, and contributions have been made by Dr. Ruddock West, the section on Maternity and Child Welfare; Dr. Hayes, the description of the venereal diseases scheme; Dr. Renwick, the survey of the measures directed against tuberculosis; Dr. Donaldson, the report on diphtheria immunization, and Dr. Massey, the review of deaths from cancer.

Reference to tables IVa., Va. and VIIa. in the appendix affords material for thought. In thirty-seven years the birth rate has fallen from 28·0 to 14·8, the infant death rate from 100·4 to 46·1, and the death rate from all causes from 13·3 to 10·3. While the remarkably low infant rate is a record for the county and can rightly be attributed to the practice of more enlightened methods of child welfare, the rapidly falling birth rate threatens soon to reach the rate at which deaths occur in the community.

It is sometimes alleged that the saving of infant life is unprofitable, because frail children are saved to die in adolescence. Statistics give no support to this theory.

Approximately twenty-three per cent. of the deaths in Surrey during 1925 occurred in persons under forty-five years of age; against this needless waste the efforts of public health workers must be unceasingly directed. The history of preventive medicine is rich in battles won. Typhus has gone, typhoid fever is becoming rare, infantile diarrhœa is on the wane, rickets, the mother of deformities, is less frequently seen, gout is a disease of the past, and with better housing and ample accommodation for late cases pulmonary tuberculosis would soon be in retreat.

Cancer and chronic rheumatism are foes against which victories may be won, but perhaps the most urgent call to-day is for safe conduct through the lying-in period. Child birth is a physiological process which should expose the mother to no risk to life or damage to health. Unfortunately both dangers are real and too often encountered. The wise expenditure of public money on health is a profitable transaction, for the saving of life is the saving of money, and "the wealth of a nation will ultimately depend on the strength and health of the population."

JOSEPH CATES.

Public Health Department,
5, Grove Crescent,
Kingston-upon-Thames.

7th June, 1926.

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.D., B.S. (Durh.), D.P.H. (Camb.).

Assistant Medical Officers.

WHOLE TIME.

Archibald, Marion H.	M.A., M.D., Ch.B., D.P.H.
Attlee, C. K., 1	M.R.C.S., L.R.C.P.
Butcher, W. H.	M.A,, M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Donaldson, E.	M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Gavin, F. W.	M.B., Ch.B., D.P.H.
Hayes, A. H.	F.R.C.P., M.R.C.S., D.P.H.
Hill, F. G. E., D.S.O.	M.B., Ch.B., D.P.H.
Hodge, Agnes J.	M.B., C.M., 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., Ch.B., B.Sc. (P.H.).
Macmillan, Ada J.	M.D., Ch.B.
Massey, A.	M.D., Ch.B., D.P.H.
Moran, T. W.	M.B., B.Ch., D.P.H.
Oldershaw, H. L.	B.S., M.R.C.S., L.R.C.P., D.P.H.
Reekie, C. B.	M.B., Ch.B., D.P.H.
Renwick, A. C., 1...	M.D., Ch.B., D.P.H.
Steward, S. J., D.S.O., 3 ..	M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

PART TIME.

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

School Dental Surgeons.

WHOLE TIME.

Griffin, T. Harold	L.D.S., R.C.S.
Hagen, F. J.	L.D.S., R.C.S.
Peacock, B.	L.D.S., R.C.S.
Pilbeam, J. F.	L.D.S., R.C.S.
Stephenson, S. G. A.	L.D.S., R.C.S.
Wilson, A. C. (*temporary*) ...	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.

Arney, W. M., 1, 2
Arrowsmith, M., 2, 3
Barnes, R., 2, 3
Batchelder, B., 1, 2, 3
Brocklehurst, M., 1, 2, 3
Collings, J., 1, 2, 3
Comper, B. E., 2
Cordwell, E., 1, 2
Cornock, M. M., 1, 2, 3
Cracknell, J. M., 1, 2, 3
Darling, M. M., 1, 2
Darville, E. W., 1, 2, 3
Dodson, L., 1, 2
Draper, A. E., 1, 2, 3, 5
Erard, E., 1, 2
Farquhar, M. S., 1, 2
Fiddaman, E. B., 1, 2
Gordon-Aitken, G. V., 1, 2
Graham, G. A., 1, 2
Gurney, E. G., 1, 2
Harold, E. L., 1, 2, 3, 5
Hayward, B. M., 1, 2, 3
Hawkes, M. E., 1, 2, 4
Hebbes, E. M., 1, 2, 3
Howard, J., 1, 2, 3
Huffer, M. E., 1, 2, 3
Jackson, G. H., 1, 2, 3
James, E. J., 1, 2, 3
Jay, F. K., 1, 2
Larkin, F. E., 1, 2, 3
Laws, M., 2
Leigh, L. F., 1, 2, 3
McCleary, M., 1, 2, 3
McKinnell, C. A., 1, 2
McNish, J., 1, 2
Mander, E. E. A., 1, 2, 3
Miller, G. E., 1, 2, 3
Mitchell, A. G., 1, 2
Mitchell, A. H., 1, 2
Nickels, E. E., 1, 2, 3
Parnell, M., 1, 2, 3
Payne, M., 1, 2, 3
Polden, F. M., 1, 2, 3
Robb, W., 1, 2, 3
Saunders, K. E., 1, 2
Sayer, F., 2, 3
Smith, D. A., 1, 2, 3
Southall, B. L., 1, 2, 3
Stevenson, J. E., 1, 2
Tansell, E. C., 1, 2, 3
Thorpe, M. E., 1, 2, 3
Trobe, C., 1, 2
Turner, R. E., 1, 2, 3
Wailes, M. E. A., 1, 2, 3
Willcox, E. A., 1, 2, 3

Home Teacher for the Blind.

Miss P. M. Huskisson.

Clerical.

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

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 Wallington	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	A. Geden Wilkinson, M.B., Ch.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	C. E. P. Fowler, F.R.C.S., D.P.H.
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 1925 and of its urban and rural districts are compared with those of England and Wales :—

1925.	Urban Districts.	Rural Districts.	Administrative County.	†England and Wales.
Birth-rate	15·0	14·1	14·8	18·3
Death-rate	10·4	9·9	10·3	12·2
Zymotic death-rate	0·23	0·15	0·21	‡
*Infant mortality-rate	47·2	41·8	46·1	75
Smallpox death-rate	nil	nil	nil	0·00
Enteric fever death-rate	0·01	0·006	0·009	0·01
Measles death-rate	0·01	0·02	0·01	0·13
Scarlet fever death-rate	0·01	0·006	0·01	0·03
Whooping cough death-rate	0·08	0·04	0·07	0·15
Diphtheria death-rate	0·04	0·04	0·04	0·07
Influenza death-rate	0·25	0·42	0·28	0·32
*Diarrhœa and enteritis (under 2 years) death-rate	3·6	0·3	3·9	8·4

* 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 £26,887. Only four counties have a higher assessable value, only two have a lower county rate.

The net expenditure on public health services for the year ended 31st March, 1926, was £35,504.

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 Alford.

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

Population.

The population of the administrative county on June 19th, 1921, according to the census returns, was 739,402 (see table I). The estimated population at the middle of 1925 for the purpose of calculating the birth rate was 758,000.

The population on which the death-rates are based is 749,500.

Table II shews the acreage, census and estimated population in the individual sanitary districts in the county.

Table IIA gives information as to the separate families and dwellings in each district.

Births.

The number of births registered in the administrative county during the year was 11,275. Of these, 499, or 4·4 per cent., were illegitimate, as compared with 3·4 in 1924. The net birth-rate was 14·8 per 1,000 of the population, a decrease of 0·1 as compared with the rate of the previous year. The birth-rate in England and Wales in 1925 was 18·3 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 7,749. This gives a net death-rate of 10·3 per 1,000 of the civil population as compared with 10·6 in 1924. The death-rate in England and Wales in 1925 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 7,749 deaths, tuberculosis (all forms) was given as the cause in 7·2 per cent., cancer in 14·4, cerebral hæmorrhage in 6·0, and heart disease in 14·7. In table VA. is the death-rate from all causes in the county since 1889.

Infant Mortality.

The number of deaths of infants under one year of age was 520. The net infant death-rate was 46·1 per 1,000 births as compared with 75 per 1,000 births in England and Wales. The infant death-rate for the county in 1924 was 52. The death-rate among the 499 illegitimate children born during 1925 was 98 per 1,000. This is an improvement on previous years, but is still more than twice 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 26 districts.

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 1925

was 162; and the death-rate was 0·21 per 1,000 civilians, a decrease of 0·04 as compared with last year. The corresponding rate in previous years 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 in previous years in VIIIA.

Heart Disease, Respiratory Diseases, Tuberculous Diseases, and Cancer.

The death-rates from these causes during 1925 are given in table IX.; those for previous years in tables IXA. and IXB.

Cancer.

During the year under review, if indeed anything beyond the increasing incidence of cancer were necessary to bring the subject of that disease into prominence, perhaps it was the work of Gye and Barnard in this country. These workers, it will be recalled, by exhaustive experimental research, involving the use of specially devised optical apparatus, claimed to have discovered a factor in cancer causation, in the shape of a filter-passing virus; thus was restored to favour the old bacterial idea of malignant disease. Gye and Barnard however would appear to conclude that some unknown additional factor, acting in a complementary rôle, is necessary, in order that the virus may accomplish its grim work. It might almost seem that the determination of cancer may prove to be a matter of "seed" and "soil"; in this connection, it is tempting to draw a speculative analogy between cancer and a disease like tuberculosis. Such an analogy, if permissible, would rather suggest a certain ubiquity of the cancer virus, and indicate as the other factor in cancer production, a suitable "soil," in the form of some abnormality of body-cells conferred possibly, inter alia, by hereditary or developmental tissue defect or by the more obvious agency of chronic irritation. Cancer research goes

on, and it is to be hoped that, ere long, new discoveries may place in the hands of the preventive physician some practical weapon against this international scourge. At present, however, it must be concluded that early diagnosis and prompt surgical measures constitute our main hope.

The obscurity which yet envelops the etiology of cancer, of necessity limits the scope of preventive work; but something can be done. The education of the public in questions of health is rightly advocated; perhaps it is a matter for conjecture whether cancer should be included in the embrace of propaganda work. It appears on the face of it rational enough to teach the early indications of cancer, in the hope that prompt medical advice may be sought in the appearance of significant signs. There is some danger in this, however, of conferring cancer-phobia on an apprehensive public; in any case it appears hardly likely that the average layman will be able to interpret a train of vague signs and symptoms, which too often tax to the full, the diagnostic acumen of the clinician. The solution suggested, is to impress on the public the value of a system of periodic physical examination, by their own medical advisers, say twice yearly over the age of 35 years. The early diagnosis of cancer must come from within the profession.

The remarkable incidence of cancer, sometimes observed in successive unrelated families occupying a certain house or group of houses has led to the term "cancer-houses." When it is borne in mind that, over the age of 35 years, the chance of a man dying of cancer is about 1 in 9.5 and that of a woman 1 in 7.3, the frequent occurrence of malignant disease in certain dwellings may well be placed to the account of coincidence. The scientific mind, however, would prefer a more convincing explanation; an investigation, on the large scale, of the homes of cancer victims, in respect of medical history of occupants and their antecedents, and of geographical, meteorological and geological environment, might prove not devoid of interest.

The predisposition to cancer, conferred by certain occupations, is well known, and the success of the preventive

measures based on this knowledge, is to the credit of our service.

Syphilis, in certain of its activities, conduces to cancer, notably the precancerous condition of the tongue (leucoplakia); the systematic treatment of venereal disease then, is of some small service in cancer prevention.

Certain skin conditions, such as X-ray, tar and arsenical dermatitis and xeroderma pigmentosum, are recognised as precancerous; the recognition and treatment of such conditions constitute an important preventive measure.

Of all the predisposing factors in the consideration of cancer, perhaps that of age is the most constant. Up to a point, the liability to malignant disease increases with age. The fruits of vigorous public health activities are now becoming manifest in an increased average span of life. More people now consequently reach that age group on which cancer takes its greatest toll; this is one explanatory factor in the marked increase in cancer mortality of late years. The very efforts which have successfully reduced mortality from other diseases in earlier age-groups, would appear thereby to have rendered possible, to some extent, the eventual increase in cancer mortality; such is the anomaly presented.

During the last 20 years, the mortality rate from cancer has risen from 800 to 1,250 per million, whereas in the case of other diseases, the mortality rates have appreciably fallen.

The following constitute some features of an analysis of cancer deaths, as registered in the Administrative County of Surrey during 1925. The figures presented, are extracted from the local registrar's returns, as submitted to the County Health Department, from the various urban and rural districts. It will be understood that a certain number of cancer deaths occur in Surrey, of individuals, in institutions and the like, whose usual residences are without the county. Against this, the deaths recorded in the returns under survey, do not include those occurring outside the county but belonging thereto; it is reasonable to suppose that the number of the latter is considerable, owing to the proximity of London, and the resultant admission of many Surrey cases to hospitals there,

in which institutions, death may eventually supervene. The Registrar-General's cancer mortality figures, based on a system of transferable deaths, will thus, in the case of Surrey, be in excess of the numbers taken from local registrar's returns. These considerations, however, will not materially affect the broader deductions to be drawn from the accompanying tables.

Tables XXVII. and XXVIII. are based on the returns of the Registrar-General.

Certain observations suggest themselves on perusal of the tables to be found in the Appendix. Female cancer deaths predominate; this is explained by the numerical preponderance of females, the greater survival of women generally to later age-groups, the vulnerability of the female reproductive organs to cancer, especially after child-bearing, and the special liability of the female breast to malignant processes.

As usual, there was considerable female mortality from uterine cancer; this indicates as of extreme importance, anything in the way of possible prophylaxis; skilful and careful practice of midwifery comes first in this connection; the recognition and suitable treatment of such conditions as cervical laceration, cervical catarrh and cystic disease are of great moment. Many women, prompted by instincts of modesty, will prefer to confide in a nurse rather than a doctor, when the prime symptom is one of hæmorrhage; very important it is then, to secure adequate instruction of nurses and midwives on the subject of early cancer of the uterus and allied organs.

The number of female deaths from cancer of the breast was large, a fact doubtfully mitigated by the frequent chronicity displayed by neoplasms of that organ. In this group, unmarried women would appear more liable than the married; of the latter those who are less fertile appear at a disadvantage.

Cancer of the mouth and tongue, as is usual, attacked men much oftener than women; there is some connection here with the greater incidence of leucoplakia in men, and with pipe-smoking.

The stomach, liver, and pancreas, were attacked somewhat more frequently in men; in this group, the considerable number of registrations of death from primary cancer of the

pancreas in both sexes, appears somewhat remarkable. There were more primary hepatic cancers registered than would have been expected, for the liver, as the primary site, is generally regarded as rare. Carcinoma of the rectum was as usual common in both sexes. The colon provided the site of disease more often in women—a fact perhaps not unconnected with the prevalence of chronic constipation in that sex.

Malignant skin disease was not common, women being somewhat in excess in this group.

In table XXVI. group 7 (other organs) men largely predominate, because of course the more usual liabilities of women are covered under other headings.

Age-groups.—In the earliest age-groups, death was usually due to sarcomata, a particularly virulent form of malignant growth; this was rare in the rural districts. In the age-group 25—45 years, women notably predominate owing chiefly to the commencing incidence of cancer of the breast, uterus and ovary; the preponderance of female deaths at this age-group was confined to the urban districts.

As expected, the age-group 45—65 showed the largest cancer mortality; here the excess of females is not so marked, owing to the high incidence of abdominal cancer in males at these ages.

From the age of 65 upwards, female cancer mortality predominates, largely owing to the greater survival of women generally to these later age-groups; this hardly obtains however in the rural areas, in which the greater male survival to later ages, is in evidence.

Duration of Cancer before Death.—Table XXIV. is practically self-explanatory. The comparative chronicity of breast cancer is largely due to palliative surgery. The periods given in this table under "greatest duration registered," generally illustrate successful prolongation of life by the surgeon.

Little account can be taken of the figures in column 6 (table XXIV.), as six cases only were available where the duration of illness was stated. The case recorded as having lasted 35 years was a rodent ulcer.

Infectious Diseases.

The amount of infectious disease notified in 1925 is set forth in table X.

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

Small Pox.—No instance of small pox occurred in the county during 1925.

Enteric Fever.—A number of cases of Paratyphoid B. were reported from Coulsdon and Purley between August 15th, 1925, and October 31st, 1925. Practically all were traced to the source of the Croydon outbreak.

Two cases in Epsom and one in Caterham occurred among the patients in mental hospitals. One case was notified on the following dates in the districts as under:—

Aug.	22.	Mitcham.
		Richmond.
,,	29.	Kingston.
		Epsom R.D.
Sept.	12.	Reigate R.D.
,,	19.	Godalming.
		Kingston.
		Epsom R.D.
		Farnham R.D.
,,	26.	E. & W. Molesey.
		Epsom R.D.
		Godstone R.D.
Oct.	3.	Egham.
,,	10.	Farnham U.D.
,,	24.	Esher & Dittons.
,,	31.	Kingston.
		Mitcham.
		Woking.

An investigation was made by Dr. Donaldson, one of the assistant medical officers; the cases in various parts of the county were visited, and enquiries were made as to:—

(1) Movements of the patients prior to the onset of illness;

(2) Food taken (especially pastry, confectionery and ices);

(3) Friends or relations in other affected districts.

1. On examining the results of the investigations it was found that, with one exception, only one member of each household was attacked.

2. The cases occurred in widely separated localities, some in populous districts and others in rural districts.

3. With one exception all were in comfortable, sanitary houses.

The sporadic nature of the outbreak and its wide distribution in time and space, are strongly against the source being either the milk or water supplies. An outbreak due to contaminated milk or water would almost certainly be more circumscribed geographically, and the cases would be more numerous.

4. No common food factor could be discovered. Ices might have been suspected, but they figured in only six cases, and were from four different sources.

5. It must be borne in mind that food contamination with organisms of the enteric group is almost always effected by carriers or by flies. With regard to the former, all the evidence was against any carrier common to all the cases, and, if there were several carriers, more cases would probably have arisen in the different districts. With regard to the latter, fly infection usually occurs where conservancy methods of excreta disposal exist, but in the cases under consideration the water carriage system was in use in all the houses.

Undoubtedly there must be a large number of unsuspected carriers among those who had typhoid and paratyphoid during the war. These persons are usually intermittent carriers. During late summer and autumn carriers may be affected with gastro-intestinal complaints, which would, for a short time, render them highly infectious. While in this state they might infect almost everything they touch.

It must be admitted that it is very unlikely that the outbreak was due to a large number of intermittent carriers, but there does not seem to be any hypothesis that is much better.

It was impossible to trace the cases to any common source, although a common source may have existed.

In the school of which one case was a member there were 60 boys. If the source of his infection were in the school, it is extremely difficult to imagine that all the other boys would have escaped. If he was infected before returning to school it must have been in the last two or three days of the holidays, but no source of infection could be traced.

In another case the patient did not leave the one locality, and there were no other cases within ten miles. She had no food except that which was shared by her parents, neither of whom was likely to be a carrier.

Scarlet Fever.—In the late autumn of 1925 an epidemic of scarlet fever occurred in Shottermill and lasted some ten weeks; a milk-borne infection was suspected, but no such source of the epidemic was established. Temporary school closure and cleansing of school premises were happily followed by an abrupt decline in the case incidence. In December, 1925, the epidemic attacked Haslemere, and Dr. Massey, an assistant medical officer, undertook an investigation. He found that the cases in Haslemere were presented as of three types, viz., (i) scarlet fever, (ii) obscure "sore throat," and (iii) a few cases showing atypical skin lesions. The latter, on investigation, were traceable to an article of diet, and were doubtless urticarial, their occurrence at this juncture being a coincidence; at the time of the visit these cases had practically recovered. In regard to those cases where diagnosis had been limited to the throat condition, some on examination were found to exhibit definite peeling, and isolation was practised where necessary. The undoubted scarlatina cases had been previously removed to hospital.

The milk supply of each affected household was duly investigated. Careful inspection of dairies and sources of milk supply at the farms, and examination of milk roundsmen,

milkers, and, where necessary, their families, was carried out. There was one instance where a case of scarlet fever had occurred in the household of a farmer supplying milk to one of the Haslemere dairies. The circumstances of this case were fully examined. The farm was separate from the house some 300 yards distant, and milk from the farm was not taken into the house; it was proved to the satisfaction of Dr. Massey that no member of the household had either milked the cows at the farm or taken part in handling the milk, at any rate for three months. Milk from this farm was not common to the affected households in the district. A roundsman, attached to one of the dairies, was found suffering from ear discharge, and steps were taken to prevent him from handling milk.

It is clear that, by its geographical position, Haslemere is at a disadvantage from the standpoint of health control. Three-quarters of a mile distant, and continuous as a community with Haslemere, is Shottermill, which is in Farnham rural area. Again, Camelsdale, situate one mile away and practically continuous with Haslemere, is in the Midhurst rural district of Sussex. Intercourse between these three centres is close, and of importance from an epidemiological standpoint, as co-ordinated control is hardly practicable. In this connection there is strong local opinion that inclusion of Shottermill, in one sanitary area with Haslemere, would conduce to more effective health administration. At the time there was reason to believe there were in Camelsdale cases of scarlet fever being treated at home owing to lack of isolation hospital accommodation in that part of Sussex. Some children from Haslemere attend the Camelsdale School; and doubtless numbers of Camelsdale people attend the cinemas in Haslemere. It would appear that any measures such as school closure in Haslemere and Shottermill would be more efficacious in checking the epidemic, if there were concurrent closure in Camelsdale.

The epidemic was one of mild scarlet fever; it had almost ceased in Shottermill, where it began, and showed early signs of waning in Haslemere. It is probable that some cases of

" sore throat " were in fact mild atypical scarlet fever. A definite feature is the fact that mild unrecognised (and probably for some time unrecognisable) cases of scarlatina were at large, and probably constituted the chief means of spread.

There was no source of milk common to all cases. Regarding cases having a similar milk supply, these did not conform to the round of any individual milkman. The evidence was against a milk-borne infection.

The epidemic appeared to be due to mild unrecognised cases; and it is reasonable to suppose that the survey of cases and the resulting additional isolations served to stay its progress.

As a result of this investigation postponement of opening schools in Haslemere and Shottermill was recommended, and the West Sussex County Council was asked to consider closure of Camelsdale school, concurrently with the neighbouring schools in Surrey. It is satisfactory to report that this outbreak subsided soon after the termination of this inquiry.

Diphtheria: Woking Railway Orphanage.—In February, 1925, a number of cases of diphtheria were admitted to the Guildford Isolation Hospital from the Monument Hill school.

Four cases developed in the Southern Railway Orphanage at Woking during the latter end of February and the beginning of March.

At the request of the Superintendent of the Home it was decided to apply the Schick test to all persons living in the Orphanage, and to proceed with the active immunisation of all those who were found to give a positive reaction to the test.

On March 25th, all the boys, and most of the staff were Schick tested; and on April 1st all the girls and the remainder of the staff were tested (with the exception of those in hospital). One new admission, and the children in hospital, were tested at later dates.

Active immunisation was commenced on April 1st, for those positive cases tested on March 25th, and on April 8th for those tested on April 1st.

Persons under 14 years of age were given 3 (intramuscular) doses of 1 c.c., at weekly intervals, of toxin antitoxin mixture.

Those over 14 years of age, who did not show marked pseudo-reactions, were given desensitizing doses of 0·1 c.c. and 0·5 c.c. at weekly intervals, and then 3 doses of 1 c.c. of the mixture.

Two adults, who gave very marked pseudo-reactions, were given the following desensitizing doses, at weekly intervals:—

E.M.—0·1 c.c., 0·1, 0·25, 0·5 (severe local reaction), 0·2, 0·5, 0·75.

R.L.—0·1 c.c., 0·25, 0·5.

Another adult was given 0·5 c.c., and then 3 doses of 1 c.c. The toxin and control used for testing were prepared at the Wellcome Research laboratories at Beckenham.

The toxin antitoxin mixture used for immunization was also prepared at the Wellcome Research laboratories.

The mixtures used for immunizing (B.1018 and B.1038) were both comprised of toxins diluted 1/10th and partially neutralized by anti-toxin.

Results of First Schick Test.—Those who were tested were examined at the end of 24 hours and after 7 days. Seventy-six of the cases were also examined at the end of 48 hours.

Second Schick Test.—Sixty-four persons tested. Three girls developed diphtheria before 3 doses of toxin antitoxin mixture had been given; and 2 boys left the Institution after receiving 1 dose.

Positive Reactors.	All Ages.	Age groups. I.	II.	III.	IV.
No. tested and found negative 1 week after 3rd dose T.A.M.	4	—	3	1	—
,, ,, ,, 2 weeks ,, ,, ,,	5	—	2	1	2
,, ,, ,, 3 ,, ,, ,, ,,	7	3	4	—	—
,, ,, ,, 4 ,, ,, ,, ,,	20	3	17	—	—
Total no. immune 4 weeks after 3rd dose T.A.M.	36	6	26	2	2
Percentage	56.25	35.29	59.09	66.67	40.00
No. remaining Positive 1 week after 3rd dose T.A.M. ...	1	1	—	—	—
,, ,, ,, 2 weeks ,, ,, ,,	—	—	—	—	—
,, ,, ,, 3 ,, ,, ,, ,,	11	5	5	1	—
,, ,, ,, 4 ,, ,, ,, ,,	12	2	10	—	—
Not re-tested	4	1	—	—	3

All of those who were found to be still positive at the second Schick test were given an additional three doses of toxin antitoxin mixture.

With three exceptions the dosage was 1 c.c. at weekly intervals. Two of the exceptions received a smaller dose (0·5 c.c.) the first week. The third only received one additional dose.

Third Schick Test.—Of the 24 remaining positive after the second Test, 23 were re-tested on June 25th. (1 adolescent—a member of the Staff—refused to be re-tested on that date).

Positive Reactors.	All Ages.	Age groups. I.	II.	III.	IV.
No. tested and found negative 1 week after 6th dose T.A.M.	3	2	1	—	—
,, ,, ,, ,, 2 weeks ,, ,, ,,	18	6	12	—	—
,, ,, ,, ,, 3 ,, ,, ,, ,,	—	—	—	—	—
,, ,, ,, ,, 4 ,, ,, ,, ,,	—	—	—	—	—
,, ,, ,, ,, ,, ,, ,, 4th ,, ,,	1	1	—	—	—
No. of Positive Reactors remaining Positive 1 week ,, 6th ,, ,,	—	—	—	—	—
,, ,, ,, ,, 2 weeks ,, ,, ,, ,,	1	—	1	—	—
,, ,, ,, ,, 3 ,, ,, ,, ,, ,,	—	—	—	—	—
,, ,, ,, ,, 4 ,, ,, ,, ,, ,,	—	—	—	—	—
,, ,, ,, ,, ,, ,, ,, 4th ,, ,,	—	—	—	—	—

Of the 4 persons who were not re-tested when the rest were tested for the second time, 1 adult was absent when the others were re-tested. Of the remainder:—

One adult was re-tested three weeks after receiving 0·1 c.c., 0·25, 0·5; and three doses of 1 c.c. at weekly intervals, and found to be negative.

One adult was re-tested one week after receiving 0·1 c.c., 0·1, 0·25, 0·5, 0·2, 0·5, 0·75 and 1 c.c. at weekly intervals, and found to be negative.

One boy (aged 8 years) was re-tested one week after receiving four doses of 1 c.c. at weekly intervals, and found to be negative.

Total number known to be immune 13 weeks from the first Schick test—15=95·57 per cent.

Two Schick positive boys had left the institution.

Outbreak of Diphtheria during Immunisation.—On April 15th, 1925, a girl developed diphtheria after 1 dose of toxin antitoxin mixture.

Two other girls developed the disease on the 16th and 21st, after two doses of toxin antitoxin mixture.

All the *Schick Negative* members of the community were swabbed, and three persons were found to be carriers of morphological diphtheria bacilli.

One of these carriers was an adult, whose duty it is to look after the girls when not at school.

The other two were a girl (aged 10½) and a boy (aged 9).

In the case of the adult and the girl, the bacilli were proved by virulence tests to be virulent. In the case of the boy they were avirulent.

The adult was treated with gargles, and was given a month's leave. The girl was treated by tonsillectomy.

Of the three cases of diphtheria, two were quite trivial. The third, however, made excellent progress until the sixth week. She then became ill but eventually recovered.

Summary.—The scheme, as originally planned, was to immunise all susceptible persons in the institution during an inter-epidemic period, and a commencement was made on these lines.

The occurrence of 3 cases of diphtheria, however, rendered it necessary to swab all the negative reactors.

This led to the detection of two carriers. It is an interesting fact that the outbreak in the school attended by the Orphanage children ceased abruptly when these carriers were detected. It is not justifiable to assume that the cessation was due to the removal of the child carrier, but it is certainly possible that this was the case.

Immunisation was carried out on an unusually intensive scale, as it was desirable to render all persons immune as rapidly as possible.

It is usual to wait at least three months before re-testing, but in this case re-testing was carried out at much shorter intervals, in order that the authorities of the Home might know the position as regards immunity.

It can justly be claimed that the immunisation has been entirely successful. No further instance of diphtheria has since occurred in the Home.

Blindley Heath.—An outbreak of diphtheria occurred at Blindley Heath in the autumn of 1925, the children in the village school being chiefly attacked.

The first case occurred on 23rd September, and the second on the following day. Four other cases occurred on 1st October, 2nd and 11th, a schoolmistress being attacked on 2nd October.

Two doubtful cases were removed to Bletchingley isolation hospital on 8th October, and two alleged carriers were removed on 9th October.

A meeting of parents was held in the school on 9th October, the vicar taking the chair.

Modern methods of combating diphtheria were explained, and parents were urged to give their consent to their children being tested and immunised.

The medical officer of health for Godstone rural district and medical practitioners strongly urged parents to consent. The majority of the parents who attended gave their consent in writing.

On 13th October all the school children for whom consents had been obtained were tested, together with 15 children under elementary school age. Seventy-one people over school age were also tested.

Altogether 189 people of all ages were tested, of whom 13 did not return for the results to be read.

The results showed that the " basal immunity " (percentage of immune persons) was extremely low—11·93 per cent.

This is one of the lowest, if not the lowest, basal immunity recorded in any series of Schick tests.

Active immunisation with diphtheria prophylactic was commenced at once, and most of those tested and found to be positive were given three 1 c.c. doses of diphtheria prophylactic at weekly intervals.

It was explained to the parents that immunity is slowly acquired, and may take three or four months to complete.

Before immunity could develop, there were ten further cases of diphtheria, A schoolboy, who was swabbed as a contact, was found to have in his nose organisms microscopically indistinguishable from the diphtheria bacillus. The district medical officer of health wished to remove him to the isolation hospital, but his parents objected strongly. The boy appeared to be quite well, although susceptible to diphtheria—as proved by the Schick test and later by the absence of antitoxin in a blood sample. There was, therefore, insufficient evidence to remove him against the wishes of the parents.

He was excluded from school, and instructions were given that, while waiting for a virulence test on the organisms isolated, he was to be kept away from other children.

The virulence test was positive, and the boy was then removed to hospital, where more detailed examination shewed that he had some diphtheritic membrane at the back of the nose.

Between his exclusion from school and his admission to hospital he was not kept from other children, and all the other cases in this secondary outbreak were traced directly to him. One case was an extremely doubtful instance of diphtheria. The others had sore throats with membrane, but the disease was so mild as to be scarcely recognisable as diphtheria.

Re-testing was carried out on January 11th and 18th, and 73 persons were re-tested, of whom 60 were elementary school children. Of the 73, 30 needed further prophylactic.

Of those who were not re-tested, 13 had left the district.

Ten had been in hospital; although nearly all of these had returned to their homes, Schick tests would have been valueless as many would still give a negative result on account of the passive immunity remaining from the therapeutic doses of anti-toxin.

Fourteen were absent on account of illness (other than diphtheria) and for various definite reasons. Among these 14 there are included cases of protein sensitiveness, in whom there would be some danger in injecting diphtheria prophylactic.

Twenty-eight were absent for no known reason, and 16 refused to be re-tested.

It was found that the basal immunity among those tested had already been multiplied elevenfold. Sixty per cent. of the elementary school children have been treated, of whom certainly 29, and probably 37, are already immune. The remainder will almost certainly be immune at the next test.

The population is a scattered one, which increases the difficulty of collecting for immunisation any but the elementary school children. Among the latter, only 12 dropped out on account of parents' refusals, and 16 were unavoidably absent; 7 were not re-tested on account of having had therapeutic doses of anti-toxin.

It is almost certain that among the cases who were treated but did not attend to be re-tested, there are some who have become immune.

Hitherto, it has been found that in the majority of cases, three 1 c.c. doses of diphtheria prophylactic have been sufficient to produce immunity, but in some cases more than this amount of prophylactic is necessary.

A fact that must be taken into consideration in this connection is that in any community where basal immunity is low, it is far more difficult to render individuals immune than in a community of which the basal immunity is high. This phenomenon has been repeatedly observed.

The explanation is believed to be that *natural* immunity is acquired by a succession of small doses of diphtheria bacilli, which are insufficient to produce the disease, but which excrete sufficient toxin to act as a stimulus for the formation of antitoxin in the blood. In a community with a high basal immunity, the carrier rate is high, and consequently the opportunities for receiving minute doses of organisms are more numerous; consequently there will be in such a community a number of people already partially immunised.

At Blindley Heath the difficulty of more or less refractory cases was expected. Probably the vast majority of the population in the district had only a trace of antitoxin in the blood.

The assistance given by the vicar, the headmaster of the school, and his assistant was invaluable.

Hospital Accommodation.—This subject was fully dealt with in my annual report for the year 1924 (page 31).

Tuberculosis.

Notifications.—During 1924 712 notifications of pulmonary tuberculosis were received; the number of deaths from this disease in the same period being 470.

The position with regard to the notification of non-pulmonary tuberculosis continues to be unsatisfactory; there were in the county 90 deaths, but only 165 notifications were made during the year.

Table XI. shows the number of notifications made during 1925, 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	0·008	0·007
Over 15 years	0·34	0·26

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

The following provisions are made in the county for carrying out the scheme approved by the Ministry of Health:—

The county is divided into twelve areas and the annexed table shows the names of the dispensaries and the sanitary districts served together with their populations.

Chief dispensary.	Sub-dispensary.	Sanitary district served.	Population.	Total.
Barnes ..	—	Barnes U.D. ..	35,120	35,120
Kingston ..	—	Chertsey Urban ..	15,530	
	Egham ..	Egham Urban ..	13,620	
	—	Esher & The Dittons	14,480	
	Camberley ..	Frimley Urban ..	15,270	
		Ham Urban	1,535	
		Kingston-on-Thames M.B.	40,220	
		Malden & Coombes..	15,460	
		Molesey E. & W. ..	7,317	
		Richmond	34,690	
		Surbiton	20,020	
		Walton-on-Thames	14,540	
	Weybridge ..	Weybridge	6,386	
		Windlesham ..	4,721	
		Chertsey R.D. ..	11,550	215,339
		Carried	forward ..	250,459

Chief dispensary.	Sub-dispensary.	Sanitary district served.	Population.	Total.
		Brought forward ..		250,459
Farnham ..	—	Farnham Urban ..	16,670	
		Farnham Rural ..	14,210	
				30,880
Guildford ..	Godalming ..	Godalming M.B. ..	9,275	
		Guildford M.B. ..	26,260	
		Haslemere	3,833	
		Hambledon R.D. ..	23,130	
		Guildford R.D. ..	22,010	
				84,508
Dorking ..	—	Dorking Urban ..	7,990	
		Dorking Rural ..	10,360	
				18,350
Mitcham ..	—	Beddington & Wallington	16,700	
		Mitcham	37,900	
Godstone ..	—	Godstone R.D. .. (Part of)	18,900	
				73,500
Purley ..	—	Coulsdon & Purley U.	23,870	
		Godstone R.D. .. (Part of)	4,600	
		Caterham Urban ..	13,650	
				42,120
Sutton ..	—	Carshalton Urban ..	15,660	
		Sutton Urban ..	21,320	
Redhill ..	—	Reigate M.B. ..	28,700	
		Godstone R.D. .. (Bletchingley)	2,200	
	Horley ..	Reigate R.D. ..	23,610	
				91,490
Wimbledon ..	Cobham ..	Epsom Urban ..	19,460	
		Leatherhead ..	6,013	
		Merton and Morden	18 966	
		Wimbledon M.B. ..	58,170	
		Epsom R.D. ..	37,030	
				139,633
Woking ..	—	Woking Urban ..	27,060	
				27,060
				758,000

In 1921 there were nine dispensaries in the county, holding 64 sessions per month, as compared with 18 dispensaries holding 84 sessions per month at the present time.

Dispensaries.—The list of dispensaries is set out in table XIV.

Prior to 1922 much of the clerical work in connection with dispensaries was performed by four dispensary clerks. In that year the clerical work was centralised, and these clerks were embodied in the staff of the public health department.

The staff employed consists of two full-time tuberculosis officers and ten assistant medical officers.

The amount of time devoted to tuberculosis work is approximately that of four whole-time medical officers.

The number of new cases seen in 1921, including contacts, was 2,388. In 1925, 1,888. The death-rate per 1,000 in the former year was, for pulmonary, 0·61, and non-pulmonary, 0·14. For 1925 it was, for pulmonary, 0·62 and non-pulmonary, 0·12.

Health Visitors.—The number of health visitors visiting tuberculous patients in their homes has increased from 30 in 1921 to 55 in 1925. This increase enables health visitors to visit every tuberculous patient resident in her district at least once in every month.

Milford Sanatorium.—Considerable advance has been made during 1925 towards the erection of a county sanatorium. Plans for an institution to accommodate 300 patients have been approved by the Ministry of Health. Contracts have been signed and the work of excavation and building is now in progress.

Accommodation in Institutions.—Arrangements are made with the following hospitals and sanatoria for admission of patients suffering from pulmonary tuberculosis:—Brompton and its Sanatorium at Frimley, Victoria Park, Royal Chest Hospital, Croydon Borough Sanatorium at Cheam (Hospital and Sanatorium), and the following Sanatoria:—Northwood, Benenden, Burrow Hill, Holy Cross and Bournemouth. Vocational training is given at Papworth and Preston Hall, the latter for ex-soldiers only.

The only institutions with a fixed number of beds reserved for county patients are Cheam Sanatorium, where there are forty, Barnes Isolation Hospital, where there are twelve, and Wandle Valley Isolation Hospital, where there were six beds.

Owing to the need of further accommodation for cases of infectious disease the patients in the last-named institution had towards the end of the year to be removed.

Ambulances.—Patients reported to be unfit to travel by ordinary means are transported by motor ambulance; the patients contributing towards the cost according to their financial circumstances.

(*a*) *Co-operation with district medical officers of health.*—District medical officers of health are notified of admission of patients to institutions to which they are sent for treatment, and again of their discharge.

The sanitary authority should undertake all disinfection of premises after the removal or death of patients who have been definitely infectious.

(*b*) *Co-operation with general and special hospitals, school clinics and other institutions.*—General and special hospitals treating patients suffering from any form of tuberculosis notify these cases to the county medical officer of health and usually ask that the necessary treatment may be sanctioned by the county council.

Medical officers in charge of infant welfare centres and school clinics, and those carrying out the routine examination of elementary or secondary school children, refer all cases, or suspected cases, of tuberculosis to the tuberculosis officer of the district in which the children live.

The co-operation between these officers and the tuberculosis officers is excellent.

Medical superintendents of poor law institutions inform the tuberculosis officers of all cases under their care who, in their opinion, may require sanatorium treatment, and it is the practice of the tuberculosis officers to see these patients and give advice.

Certain of these institutions invite the tuberculosis officer to act as an honorary visiting physician.

(*c*) *Co-operation with Medical Practitioners.*—The value of such co-operation is considerable since it is the general practi-

tioner who, as a rule, first sees the patient, and it is impossible to over-estimate the importance of detecting the disease in its earliest stage. The tuberculosis officer, therefore, should spare no effort in gaining and maintaining the confidence of the doctors, so that they may seek his advice in all cases where the diagnosis is doubtful. To do this the tuberculosis officer must be an expert in his own branch of medicine, and his general knowledge must be at least equal to that of the practitioners who consult him. This can only be achieved by adequate previous training and an acquaintance with modern developments in medicine. Finally, since it is the tuberculosis officer who recommends whether a patient shall or shall not be given institutional treatment, the council is dependent on him in this matter, and it is obvious that a wise choice of cases is important.

Arrangements for following up patients in cases where the diagnosis is doubtful.—Every case of suspected tuberculosis is asked to attend the clinic weekly, bi-weekly or as often as the tuberculosis officer may think necessary.

Should the patient fail to attend, the health visitor calls and inquires the reason. If there is illness, the tuberculosis officer visits the case after first informing the patient's own doctor that he proposes to do so. Panel patients and those employing a regular medical attendant are asked to place themselves under the care of their own medical adviser. The tuberculosis officer informs the doctor that he considers the patient to be a suspected case and states that he would like to keep him under observation. This plan has been found to work admirably.

Information as to "home contacts" is derived directly from the patient or by a domiciliary visit of the health visitor. All such contacts are invited to attend the clinic at regular intervals for two years, when they are examined and records made of their weight and any other relevant condition. Any failure in attendance is investigated by the health visitor and the importance of precautionary measures strongly urged.

Sputum examination is a matter of routine, and the clinic provides facilities for laryngeal examination and estima-

tion of blood pressure. Cases requiring to be X-rayed and those needing the Complement Fixation Test are sent to hospitals for "observation and diagnosis." If X-ray examination alone is considered necessary, it is done at a hospital or other institution recognised by the Ministry for this purpose.

Special treatment at the clinic includes administration of tuberculin in selected cases of surgical tuberculosis, but patients requiring artificial pneumo-thorax or light treatment are sent to suitable institutions.

In necessitous cases, enlarged tonsils and adenoids are dealt with by arrangement with local hospitals.

No dental treatment is undertaken.

Home nursing, when recommended by the tuberculosis officers, is carried out by a district nurse attending by arrangement with various nursing associations. Payment of 6d. a visit is made to the associations by the Council.

No extra nourishment is provided.

Shelters are supplied on the recommendation of the tuberculosis officers, and they are inspected by the health visitor twice a year. In 1921 there were 64 shelters on loan to patients and at present there are 93. The new type introduced last year is an improvement, giving more accommodation and comfort. Ten of these will be issued shortly.

Arrangements for treating non-pulmonary tuberculosis. —The following hospitals provide surgical treatment:—

Royal Sea Bathing Hospital, Margate;
Wingfield Orthopædic Hospital, Oxford;
St. Anthony's Hospital, Cheam.

For children only:—

Lord Mayor Treloar's Hospital, Alton;
St. Nicholas Hospital, Pyrford;
Heatherwood Hospital, Ascot.

The last-named admits only the children of ex-soldiers.

Arrangements for Care and After-Care. — A scheme for the constitution of Care Committees as approved by the Ministry of Health has been in operation since 1919.

Of the original nine committees so constituted only three are working to-day, viz.:—Redhill (which was in existence before the council scheme was adopted), Purley and Woking.

The remaining six became inoperative, their failure being attributed to lack of funds.

In respect of the year ended 31st March, 1925, the County Council adopted a scheme for rendering assistance to After Care Committees in Surrey. A sum of £500 was voted by the Council for this purpose, and contributions equivalent in amount to the total funds raised voluntarily by each Care Committee during the first six months of the year were authorised to be paid by the Council subject to the following conditions:—

(i) That the Council's contribution to a Care Committee should in no case exceed £50.

(ii) That grants in money or in kind should be made only on a recommendation made by or on behalf of the County Medical Officer and in accordance with regulations made by the Public Health Committee.

(iii) That copies of the Minutes and proceedings of each Care Committee and an Annual Report be forwarded to the County Council.

It was hoped that financial assistance from the Council would lead to a resuscitation of the moribund committees, and enable them to function satisfactorily. This hope, however, was not fulfilled. The number of Care Committees which were working at the end of 1925 had not increased and still remains the same as in 1924. Of these three committees (Redhill, Purley and Woking), only two applied for and obtained grants from the County Council in respect of the financial year 1924-5.

Expenditure incurred by the County Council in this matter does not rank for grant from the Ministry of Health.

Value of early notification.—The following table gives the result at the end of five years of 156 cases coming, during

1919 and 1920, to the notice of the dispensary in the Kingston area, and recommended institutional treatment:—

	Cases.	Arrested.	Stationary.	Progressive.	Left county or lost sight of.	Dead.
Stage I.	65	26	1	—	18	20
Stage II.	43	4	3	1	9	26
Stage III.	48	—	—	—	2	46

These figures show in the most striking manner the importance of detecting early cases and affording them prompt and sufficient treatment, extending, if necessary, for a year and more. No patient should be discharged at the end of three months if further treatment is considered advisable in his interest, and by such further treatment there is hope that the disease may be arrested.

What can be done for the unfortunate patients who are in a more or less advanced stage when first seen? Reference to the table will show out of 91 cases in Stages II. and III., in four only was the disease arrested and 72 died (80 per cent.).

The pressing need throughout the whole country is accommodation for cases where recovery is hopeless. That they should be removed from their surroundings unless effectively isolated is obvious, and as isolation is in many cases quite impossible they remain a source of infection to others. Where provision is made they will not always avail themselves of the opportunity.

Experience proves that to combat this disease it must be recognised and treated in its earliest stage. Early recognition is difficult; the adequate training of medical men in a hospital for diseases of the chest is a valuable factor in its achievement.

Venereal Diseases.

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.

Clinics.—When the treatment of venereal diseases was first undertaken by the County Council, three clinics were opened, at Richmond, Woking and Guildford; at Richmond and Guildford the work was carried out in the out-patient departments of the Royal Hospital and the Royal County Hospital respectively; at Woking, in the Red Cross Aid-post attached to the Cottage Hospital.

At Richmond the position is unchanged, and space there is limited; irrigation has to be performed in movable buckets, as no permanent urinals exist for the purpose. At Guildford the out-patient department has been re-built, and the Hospital Committee has rendered valuable assistance by taking into consideration the requirements necessary for venereal diseases work when planning the new buildings; the result has been a vast improvement on old conditions, and an exceptionally good suite of rooms, including two fixed urinals for irrigation in males.

The accommodation at Woking was so poor that at the end of 1922 it was decided to close the centre; the distance from Guildford not being great, it was considered that cases from the Woking district could reasonably attend at Guildford for treatment; many of them have done so. There was only one waiting room for both sexes, a highly objectionable arrangement; and only one room for treatment, which necessitated an undue amount of delay for the patients; this latter fact alone must have militated against any great development in the number of attendances.

It was considered that a centre at Redhill was necessary, to serve the south-eastern area of the county; and, as at Guildford, advantage was taken of the extension of the East Surrey County Hospital; where again the Hospital Committee kindly co-operated, and the result is a small, well-arranged clinic, suited to the requirements of the work.

Personnel.—When the work was begun, the two medical practitioners were employed by the County Council for part-time only; one worked Richmond, on two nights weekly, and one went to Woking and Guildford for one night respectively each week. An ex-R.A.M.C. orderly was employed at Richmond to help the medical officer and to do daily irrigation work. There was no male assistant at Woking or Guildford, and no daily irrigation was performed.

At Richmond and Guildford the sister in charge of out-patients, assisted with women patients, and at Woking a health visitor was in attendance. Women were seen on clinic nights only in all places, and there was no daily irrigation for them.

In July, 1922, the employment of part-time medical officers was abandoned, and an assistant medical officer was appointed for the work; another assistant medical officer, with previous experience, being appointed at the same time. Since that date it has been the custom, when appointing assistant medical officers, to select men with experience in this work; and there are now on the public health staff six such whole-time

assistant medical officers. A second ex-R.A.M.C. orderly has been specially trained at St. Thomas' Hospital, and lives at Guildford, where he gives daily irrigation treatment to male patients; he also attends the two weekly clinics at Richmond.

A third ex-R.A.M.C. orderly, with extensive experience in this work, is similarly employed at the Redhill Clinic, and attends also the weekly clinic at Guildford.

Both at Guildford and at Redhill the matrons have taken steps to secure, as out-patient sisters, nurses who have had a special training. At Redhill women have the opportunity of attending daily (except Sundays), and at Guildford on three days in the week, for irrigation treatment.

At Richmond the Hospital Committee found it impossible to provide the services of an out-patient sister, therefore one of the county part-time health visitors attends the clinic twice weekly. Towards the end of the year the medical officer of health for Richmond permitted one of his health visitors to be trained in the work, and she will be available for relief duty. Arrangements have also been made for the training in this work of midwives from a Kingston maternity home.

Records.—Great care has been exercised in the keeping of records in a manner which assures secrecy. On the first attendance, the name and address of the patient are entered in a register, and a number is given, thereafter, unless he is unable to repeat that number, no reference whatever is made to the name. The treatment record cards bear the numbers only, and cards and register book are kept under lock and key when no clinic is being held.

A system has been developed whereby attendances are recorded at every clinic, and the details of blood samples taken, smears for examination by microscope, and injections of salvarsan, are entered at the close of the evening's work. It can be readily seen when a patient has ceased to attend for treatment, and a stereotyped form of message, unintelligible to

any except a patient, can then be sent to him, suggesting further attendance.

Details of Treatment.—During the period when the work was done by part-time medical officers, the treatment at Richmond was on very much the same lines as at present. At the other two centres no very definite system appears to have been carried out, and there were no facilities for irrigation.

Since the change of personnel, there has been, as far as individual cases have permitted, a standardised system of treatment; the methods employed being identical with those of the venereal department of St. Thomas' Hospital.

Pathological specimens.—Formerly at Richmond it was the practice to examine smears in the clinic, blood specimens for Wasserman reaction being sent to a pathological laboratory. At the other centres all specimens were sent to a laboratory.

When the work was reorganised it was decided to cease examining smears at the clinic, as examination and treatment of patients occupied all available time; and it has for over three years been the custom to send all specimens to the pathological laboratory of St. Thomas' Hospital. It is regarded as an additional advantage to obtain entirely unbiassed expert opinion; and for Wasserman reaction, great benefit accrues from the use of a laboratory where exceptionally large numbers of tests are made, whereby the margin of error in results is constantly diminished, and the highest standard of accuracy is available.

Numbers attending.—A large proportion of cases disappears from clinics every year. Experience has shown that some of these are actually cured, though they have not passed their final tests at the clinics. A certain number die, from extraneous causes. Some transfer themselves to clinics in other localities. Unfortunately there are others who cease to attend because they consider as soon as the symptoms disappear that they are cured.

RICHMOND.

	1925.	1924.	1923.	1922.
Total Attendances	2,864	2,266	2,785	2,539
Irrigation	3,121	2,329	2,946	1,748
New cases of syphilis ..	46	42	38	39
New cases of gonorrhœa ..	93	70	81	56
Salvarsan given	577	488	533	722

GUILDFORD.

	1925.	1924.	1923.	1922.
Total attendances	1,516	1,363	1,155	761
Irrigation	1,588	827	160	—
New cases of syphilis ..	38	35	30	23
New cases of gonorrhœa ..	30	33	28	30
Salvarsan given	479	500	283	184

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

Statistics.—Study of the figures for the two larger clinics does not reveal any striking fact as to increase or decrease, except in the case of attendances for irrigation, and, at Richmond, a fairly large increase of gonorrhœa cases during 1925.

The fresh syphilis cases include a very small proportion of primary and secondary lesions. It is the custom, where possible, on the appearance of a case of congenital syphilis, to examine the blood of other children in the family, and that of both parents. By this means latent cases are brought to light where no idea of the presence of infection existed.

Some difficulties may be briefly mentioned. Chief amongst these is the cure of gonorrhœa in women. It would appear

that it is almost hopeless to effect a cure unless daily irrigation can be undertaken; only at Redhill is this possible.

In males it is not an infrequent experience that men report themselves some weeks after the beginning of an attack of gonorrhœa, during which period they have either had inefficient treatment, or none at all; these cases start clinic treatment with a serious handicap. In accordance with universal experience, patients are apt to cease attending because they think they are cured; or because, feeling no ill-effects from the disease, and possibly at times some unpleasant reaction to the treatment, they prefer to abandon attendance and risk the consequences.

Propaganda.—Public attention to the facilities for diagnosis and treatment of venereal diseases afforded by the Council's scheme and to the dangers of neglecting to obtain treatment, is called by means of advertisements in six Surrey newspapers. Three insertions of the advertisement appear each week throughout the year.

Lectures on this subject may also be given under arrangements authorised by the Public Health Committee. The Committee are willing at any time to consider applications for lectures from local authorities and voluntary societies in Surrey, and a lecturer will be provided whenever possible. These lectures are given by members of the medical staff of the Public Health Department so far as their duties permit; but otherwise outside lecturers are engaged. Not much advantage was taken of these facilities for lectures during the year under review.

Particulars of the facilities for diagnosis and treatment are circulated yearly to every medical practitioner in the county accompanied by a list of the centres and the times they are open for the treatment of patients.

There are 26 medical practitioners in Surrey registered to receive free supplies of arsenobenzol compounds. The extent to which medical practitioners availed themselves of the facilities for pathological examinations will be found in table XVIII.

Maternity and Child Welfare.

Area.—The County Council is responsible for maternity and child welfare in the whole of the administrative county with the exception of the municipal boroughs of Guildford, Kingston, Reigate, Richmond and Wimbledon: and the urban districts of Beddington and Wallington, Carshalton, Coulsdon and Purley, Merton and Morden, Mitcham and Sutton.

The area, therefore, does not coincide with the Elementary Education Area; which while excluding the above-mentioned five municipal boroughs includes all urban districts. This lack of uniformity in the two areas causes overlapping of work and loss of correlation between two valuable services.

In those districts where the County Council is responsible for both maternity and child welfare and elementary education, each child is visited generally within 10 days of the receipt of notification of birth and afterwards at regular intervals, by one of the county health visitors. Many of the infants attend the local welfare centre (see table XIX.) and are examined by an assistant medical officer. A medical record of each child is kept and is available when the child enters the elementary school at five years of age. From then until 14 years of age—or older in certain cases—the child is examined periodically by an assistant medical officer who is also in charge of the local welfare centre. Any necessary home visits are paid by the same health visitor who attends the infant welfare work. Thus a continuous record of each child attending one of the council's welfare centres is available from birth up to 14 years of age.

In the case of the six urban districts which are autonomous for maternity and child welfare, the child does not come under the care of the County Council until he enters an elementary school at the age of five years. This dual control of the child necessitates two units of medical officers and health visitors with consequent overlapping of visits and inevitable loss of co-ordination.

Population and number of Births.—During the past five years, the population and the number of births registered in the maternity and child welfare area has been :—

Year.	Population.	Number of registered births.
1921	421,448	7,252
1922	421,594	6,852
1923	425,450	6,571
1924	431,350	6,300
1925	435,550	6,331

Maternity Service. Inspection of Midwives.—The County Council is the Local Supervising Authority under the Midwives Acts, 1902 and 1918, throughout the whole of the administrative county. The superintendent health visitor is also the inspector of midwives, but under an arrangement with the Surrey County Nursing Association the superintendent of that association inspects the midwives in the employ of the association.

An average of at least three routine inspections is paid by the Inspectors each year to all midwives practising in the administrative county.

Further investigations are made when medical help is sought by midwives for the following conditions:

Rise of temperature.
Abortions, miscarriages and stillbirths.
Discharge from eyes.
Pemphigus neonatorum.
Any death occurring in the practice of a midwife.
Liability of any midwife to be a source of infection.

All midwives certified under the Midwives Acts must notify

the Council each year of their intention to practise. The number notifying during the past five years was:—

Year.	Permanent Practice.	Temporary Practice.	Total.	Number Certificated by Examination	Number in "bona fide Practice."
1921	304	16	320	282	38
1922	306	22	328	295	33
1923	314	21	335	315	20
1924	326	31	357	346	11
1925	342	14	356	346	10

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. The notifications received from midwives during the past five years are:—

Year.	Notifications received.	Special Investigations made.
1921	854	298
1922	920	339
1923	1,382	355
1924	1,452	425
1925	1,599	426

Still-births.—The numbers of still-births reported since 1921 are as follows:—

Year.	Still-births in the practice of Certified Midwives.	Percentage to total births registered in the Administrative County.
1921	88	0.8
1922	84	0.7
1923	82	0.7
1924	66	0.58
1925	93	0.82

Abortions and Miscarriages.—The number notified has been:

1921	17
1922	35
1923	25
1924	43
1925	41

Ophthalmia Neonatorum.—In the autumn of 1921, the County Medical Officer of Health held several meetings of midwives practising in the County. Instructions were given in the routine use of antiseptics as a prophylaxis against ophthalmia, and the midwives were advised to use a silver solution for the eyes of all newly born infants.

In November, 1922, arrangements were made with the Metropolitan Asylums Board whereby infants, born in the county who were suffering from severe ophthalmia, could be admitted together with their mothers into the Board's special hospital at Kentish Town at a cost of £1 8s. 6d. per week for mother and child.

These facilities have been thus utilised:

Year.	Cases admitted.
1923	1
1924	1
1925	2

The number of notifications of inflammation of the eyes received each year since 1921 is shown below.

Year.	Number of cases in which		Case Rate *i.e.*, number of cases per 1,000 births.
	Medical Aid sought for Inflammation of Eyes.	Cases of Ophthalmia Neonatorum notified.	
1921	51	55	4.2
1922	65	49	3.2
1923	86	62	5.2
1924	93	48	4.3
1925	97	48	4.2

The following table deals in detail with the notified cases of ophthalmia neonatorum during the past four years:—

Year.	Cases.				Results.			Left County.
	Notified.	Occuring in the practice of Midwives	Treated		Vision unimpaired.	Vision impaired.	Total Blindness.	
			At Home	In Hospital				
1922	49	23	14	4	18	—	—	5
1923	62	31	21	6	27	—	—	4
1924	48	24	18	4	21	1	—	2
1925	48	25	15	9	23	1	—	1

Rise of temperature and puerperal fever.

Puerperal Sepsis.—About two instances of this serious complication were reported out of every thousand births occurring during the year, and nearly one-half of the mothers affected lost their lives.

Year.	Cases in which medical help was summoned for rise of temperature.	Number of cases of puerperal fever notified.	Case rate of puerperal fever per 1,000 births.	Death from puerperal fever.	Death rate per cent. of cases notified.
1921	46	31	2.4	22	71.0
1922	42	21	1.4	10	50.0
1923	44	23	1.9	10	47.8
1924	57	30	2.7	16	53.3
1925	54	20	1.7	8	40.0

Training of Midwives.—For several years the County Education Committee made a grant of £400 a year to the County Nursing Association for the training of midwives. This grant has now ceased, and in place of it the County

Council gives an annual sum of £20 in respect of each midwife newly appointed to the staff of the Association.

Year.	Number of women who			
	Began training.	Completed the course of training.	Obtained Certificate of Central Midwives' Board.	Were in training at the end of the year.
1921	20	16	13	3
1922	24	10	10	13
1923	15	23	20	10
1924	18	18	16	9
1925	20	17	14	10

Training of Unmarried Mothers for Domestic Service.—In 1919 the Council arranged to maintain ten beds (and a further five beds if and when required) at Waltham House Hostel, Epsom, for the training of unmarried mothers for domestic service. During 1921 as the ten beds had not been fully occupied the number was reduced to five.

The mothers are admitted together with their infants. Originally the course of training lasted for a year, after which suitable posts were found for the women where the infants would also be accepted. The period of training now usually lasts for about three to six months and the home has provided a nursery so that infants may be looked after while the mothers are in employment.

During the past five years the number of mothers admitted were:—

1921	10
1922	9
1923	10
1924	9
1925	13

County of Surrey (Notification of Births) Order, 1922.—Under this Order, which came into force on January 1st, 1923, the County Council became the Authority directly responsible for the administration of the Notification of Births Acts, 1907 and 1915, in the maternity and child welfare area of the county with the exception of the urban district of Barnes.

Arrangements have been made whereby the Registrars receive a fee for supplying particulars of births which have been registered but not notified.

It is interesting to observe that the percentage of notified to registered births has increased considerably since the order came into force in 1923.

	Percentage of notified to registered births.	
1921	83.7	notified to local sanitary authorities.
1922	84.0	
1923	87.9	notified to county health department under the above order.
1924	96.0	
1925	96.8	

Maternity Homes.—The Council has no maternity homes, but arrangements were made whereby women who attend any of the welfare centres in the county and are considered suitable by the assistant medical officers, can be admitted into one of the approved lying-in homes. The homes at present utilised are at Woking, Redhill, Guildford, Bagshot, Surbiton, and in one or two other districts.

The numbers of cases admitted under the county scheme during the last three years are:—

1923	44
1924	54
1925	104

Under Part IV. of the Surrey County Council Act, 1925, Sect. 50, "from and after April 1st, 1926, it shall not be lawful for any person to carry on a maternity home unless the name of such person and the premises used or represented as being or intended to be used for the purpose of such home are registered with the Council."

The county medical officer is responsible for the initial inspection of all homes in respect of which applications for registration are received, but the district medical officers of health carry out the subsequent inspections in the autonomous maternity and child welfare areas of the county.

Payment of doctors called in to the help of midwives.—In 1925 the amount paid by the County Council was £901; of this sum £400 was afterwards recovered from the patients. The fees were paid in the first instance by the County Council in 742 of the 1,163 cases in which medical help was summoned. Of the 1,163 patients for whom medical aid was sought, 36 per cent. paid their accounts directly to the doctors, as compared with 47 per cent. in 1924.

Disciplinary Action. Illegal practice of midwifery by uncertified women.—In 1923 steps were begun by the Council to prevent such practice in the county. This illegal practice is highly dangerous to the patient, inasmuch as most of these uncertified women are illiterate and unable to read a thermometer, untrained and ignorant of modern aseptic and antiseptic methods and thus incompetent to judge when medical aid is required. Legally they are unable to sign certificates under the National Health Insurance Acts. If they notified the birth their practice would be discovered. This work, therefore, would have ceased automatically were it not for the fact that certain medical practitioners are willing to "cover" these women. Their help usually consists of visiting cases after the confinement has taken place, notifying the birth, and signing the necessary certificates.

This conduct is regarded by the General Medical Council as "infamous conduct in a professional respect." In each of the years 1923 and 1924 a medical practitioner was reported to the General Medical Council for thus covering unqualified practice and in each case, the facts alleged were proved to the satisfaction of the Council, and judgment was suspended for a year. As a result this practice has considerably lessened, and it is now very difficult for a handy woman in Surrey to obtain illegal assistance from a doctor.

Non-compliance with the Rules of the Central Midwives Board.—In April, 1923, a midwife was reported by the Council to the Central Midwives Board for having failed to comply with their rules. The board found the charges proved and suspended judgment for a period of six months.

Ante and Post-natal supervision. Staff and Areas.—During 1921 there was in Surrey, the equivalent of seven whole time assistant medical officers engaged in the executive work of school medical inspection and maternity and child welfare, two of these officers devoted one half of their time to special subjects. There were also thirty-one health visitors and a superintendent. The areas were not clearly defined and there was consequently much overlapping of work.

Accordingly in 1922 the whole system was re-organised. The county was divided into nine areas, in each of which an assistant medical officer was in charge for general duties and had a certain number of health visitors under his control.

In the autumn of 1924 the Ministry of Health while appreciating the progress made in the maternity and child welfare services of the County advised the Council that more time should be devoted to ante-natal work and home-visiting. On January 8th, 1925, the county medical officer was instructed by the Public Health Standing Sub-Committee to report on the extension of these services. Accordingly it was recommended that eight centres should have weekly ante-natal clinics, and eleven centres have ante-natal clinics twice monthly. Further, seven welfare centres needed sittings twice weekly instead of weekly, ten centres should be opened weekly instead of twice monthly. In addition it was agreed that many more school medical clinics were required. This increase in the number of fixed appointments necessitated a reduction in the size of the county areas and the appointment of four assistant medical officers and ten health visitors. At present the county is divided into fourteen areas, in each of which an assistant medical officer is responsible for general duties and has a definite number of health visitors under his direction.

The Welfare Centres. (*a*) *Number of centres and total attendances.*—At the end of 1925 there were sixty-nine centres controlled by the Council. Many new centres have been opened during the past five years, but several have been discontinued on account of the poor attendances.

Before the Council is recommended to open a new centre it is ascertained that an average of twenty attendances per session may be reasonably expected as soon as the centre becomes established.

During 1925 the 69 welfare centres were open as follows:—

Twice weekly.	Weekly.	Twice monthly.
8	25	36

With but few exceptions, the assistant medical officer of the area attends the centre at every meeting.

Complete details of the welfare centres in the county will be found in table XIX.

The following table summarises the attendances at the 69 welfare centres during the past five years; compared with the registered births:

Year.	Infants under 1 year.		Children 1—5 years.		Registered Births.
	New Cases.	Total.	New Cases.	Total.	
1921	2,188	21,739	600	24,611	7,252
1922	1,820	20,988	609	28,416	6,852
1923	1,944	18,542	787	30,297	6,571
1924	1,942	20,264	1,056	32,075	6,300
1925	2,140	23,994	1,177	39,300	5,272
Total	10,034	105,527	4,229	154,669	32,247

(*b*) *Accommodation.* — A welfare centre should have the following accommodation:—

A waiting room large enough to accommodate all the mothers and children likely to attend.
A room for weighing the babies.
A room for the medical officer.
Lavatory accommodation.
Adequate covered accommodation for perambulators.

The rooms need adequate light, heat and ventilation and should be pleasantly situated, have a sunny aspect and be scrupulously clean. Unfortunately many of the county centres fall far short of these requirements owing to the great difficulty experienced in hiring suitable premises. During 1920 the Council erected a clinic at Surbiton, and one at Woking in 1923. These buildings are both used for maternity and child welfare and school medical treatment. Three new clinics were in course of erection at the end of 1925, viz., at Malden, Mitcham and Chertsey.

The following is a summary of the premises used as welfare centres:—

Church and Chapel Rooms	27
Clubs, Institutes, Village Halls	30
Premises hired from a local authority ...	1
Buildings erected by the County Council	2
Wooden huts	2
Rooms in special subjects centres of elementary schools	2
Rooms in a private house	1
Premises in private grounds	1
Tea rooms	1
Hired rooms	2
	69

(*c*) *Management.*—At the end of 1923 a scheme for the conduct and management of centres in the county was

approved by the Council. This routine, inter alia, made the assistant medical officers responsible for the medical arrangements and general supervision of the work, and the health visitor the superintendent of the centre under his direction.

Much valuable work can be and is done by the voluntary workers at the welfare centres. They usually have knowledge of the needs and circumstances of the mothers attending. In many cases they furnish the initial funds for supplying foods and medicines at a reduced cost, they issue milk, medicines and foods on the advice of the medical officer, supply tea, and in many cases spend much of their time in knitting woollen garments for the infants. In some cases they keep the register and assist in weighing the babies.

During the year under review the Council formed an Advisory Committee of voluntary workers nominated from among voluntary committees engaged in the social work at the welfare centres.

So helpful have been the activities of this small committee that it has been decided to enlarge the sphere of its work, and it is now hoped that with an increased membership the bulk of the voluntary work among blind persons in the county will be co-ordinated by the members of these committees acting in their respective areas. During 1925 three meetings were held and a memorandum for the information of volunary workers at maternity and child welfare centres in Surrey was compiled and issued with the approval of the Public Health Committee in November, 1925.

(*d*) *Provision for Ante-natal work.*—Facilities for ante-natal advice are provided at all the welfare centres in the County during the ordinary meetings. At ten centres ante-natal clinics are conducted weekly and at four centres twice monthly on different days from the welfare centres. In one district a weekly ante-natal clinic is conducted for one hour before the ordinary centre, and in two districts the same arrangement is made once a month.

Ante-natal attendances during the past five years are as follows:—

Year.	Attendances.	
	New cases.	Total.
1921	204	545
1922	215	686
1923	242	642
1924	254	707
1925	335	1,184
Total	1,250	3,764

(*e*) *Dried Milk.*—In June, 1924, the Council inaugurated a scheme for supplying milk powder to the various welfare centres in the county. The milk is dried specially for the Council by the roller process. The milk is issued to mothers and their infants at cost price, half price or free in accordance with the scale of income approved of the Ministry of Health.

The value of a supply of pure easily digestible milk in powder at a reasonable cost is unquestionable. When in years to come the various factors which have brought about a reduction in infant mortality come to be assessed the provision of dried milk for infants at welfare centres will receive favourable mention.

(*f*) *Foods and Medicines.*—Arrangements are in force at the majority of centres in the county for the provision of certain foods, cod liver oil and malt, to children recommended by the assistant medical officer.

These articles are not provided by the Council and the initial funds are supplied by the voluntary workers or in some cases by the health visitors. These substances could be sold at cheaper rates if they were purchased in bulk, and might advantageously be supplied on terms similar to those adopted under the milk scheme.

(*g*) *Dental Treatment.*—The Council does not provide for dental treatment of expectant and nursing mothers and children under five years of age. Arrangements have been made in a few areas by voluntary agencies but it would be beneficial were this important treatment obtainable at each welfare centre in the county. It is a well recognised fact that carious teeth cause impairment of health, consequently expectant and nursing mothers suffering from this defect are placed at a very serious disadvantage. Further, much valuable work can be undertaken in the case of children under five years of age, with the result that the teeth might be in a healthy condition when the children enter an elementary school.

(*h*) *Enlarged Tonsils and Adenoids.* — Under present arrangements the Council is unable to provide treatment for children under school age suffering from enlarged tonsils and adenoids. When an operation is considered necessary the parents must either arrange to have it done at a hospital or by their own medical practitioner. Unfortunately, in a large number of cases, the operation is not performed and when the child is examined at school, complications have arisen and may be beyond remedy.

(*i*) *Lectures.*—There is now in operation a scheme to provide lectures on health subjects at welfare centres. Assistant medical officers and practitioners employed specially for the purpose give short addresses on hygiene, and child welfare. The health visitors also talk to the mothers on various subjects.

3. *Home Visiting.*—The present scheme of the Council for all branches of home visiting is comprehensive and arranged to prevent overlapping. In each of the fourteen areas there are from three to five health visitors working under the direction of an assistant medical officer. Of the fifty-five health visitors, fifty-one are fully trained nurses, all possess the certificate of the Central Midwives Board and the majority, the Health Visitors certificate of the Royal Sanitary Institute. The health visitors are responsible for all the home visits required under the various schemes of the County Council including ante and post-natal supervision.

During the past five years the following visits have been made:—

Year.	Expectant mothers.		Infants under 1 year.		Children 1—5 years.	
	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.
1921	767	1,889	5,151	21,775	560	17,031
1922	686	1,716	4,977	20,439	708	18,130
1923	669	1,588	5,281	17,724	800	17,239
1924	678	1,439	5,295	18,021	1,118	21,973
1925	733	1,695	5,658	19,823	1,030	26,426

Housing.

Although building of houses by private enterprise and by local authorities is steadily increasing, the effect on overcrowding is as yet hardly apparent. The closure of insanitary property and enforcement of the law to check overcrowding still remain in abeyance, and are likely so to continue until it is possible to rent houses at a figure which the tenants can reasonably be expected to pay.

Public Health (Milk and Cream) Regulations, 1912 and 1917.

	Number of samples examined for the presence of a preservative.	Number in which a preservative was reported to be present.
Milk	1581	1. 0·017% Boric Acid was found
Cream	57	13. 0.27% Boric Acid was found 0·27% ,, ,, ,, ,, 0·24% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·1% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·1% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·12% ,, ,, ,, ,, 0·14% ,, ,, ,, ,,
Preserved Cream	73	——

Cream sold as preserved cream.

(*a*) As to statements on labels:—	
(1) Correct statements made	73
(2) Incorrect statements	—
(*b*) Determination of milk fat:—	
(1) Above 35 per cent.	73
(2) Below 35 per cent.	—
(*c*) Instances in which requirements as to labelling were not observed	Nil.
Thickening substances	Nil.

Other observations.—All samples of milk and cream were procured under the powers conferred by the Sale of Food and Drugs Acts, but the Analyst had regard to the provision of the Public Health (Milk and Cream) Regulations, 1912, when making his analyses.

Blind Persons Act, 1920.

In July, 1921, the County Council, pursuant to Section 2 of the Blind Persons Act, 1920, adopted a scheme for the welfare of blind persons in their area. The scheme did not come into operation until the year 1922-3, when the Council authorised an expenditure of £200 in respect thereof.

Some extensions of the scheme took place during 1925. These developments are referred to in the following paragraphs, in which the Council's scheme is briefly reviewed:—

1. *Register.*—Under the Act, the Council is responsible for the official register of all blind persons ordinarily resident in their area. Compiled originally from the records of the Surrey Voluntary Association for the Blind, the register has been gradually corrected and brought up-to-date. It now contains the names of 657 persons (of whom 154 are in institutions) compared with 523 in 1924. With the object of maintaining the accuracy of the register, visits are paid to all

registered blind persons once each quarter by the health visitors. The Surrey Voluntary Association for the Blind also co-operate with the Council in this work.

2. *Home Workers.*—The County Council participate in the combined Home Workers Scheme organised and administered by the National Institute for the Blind in respect of that portion of London and the adjoining counties which lie to the south of the Thames. At the end of 1925 there were 27 Surrey blind workers included in the scheme, and the number is being gradually increased. The wages of each blind home worker are augmented by the County Council through the National Institute to the extent of 5s. per worker per week. The scheme is working well. The earnings of blind persons in Surrey were augmented by the County Council in this way during 1925 to the extent of approximately £386.

3. *Books for the Blind.*—The County Council made a grant of £100 to the National Library for the Blind in respect of the year 1925. In consideration of this assistance the National Library sent consignments of books and music on loan to a large number of individual blind readers in Surrey.

4. *Unemployable and Necessitous Blind.* — No definite arrangements have yet been made by the County Council with a view to the provision of accommodation for necessitous, aged and infirm blind. A large number of blind persons of this class are inmates of Poor Law Institutions or receive outdoor relief. Blind persons in necessitous circumstances, for whom relief by the Guardians is unsuitable, receive grants, generally for temporary periods, from the funds of the Surrey Voluntary Association for the Blind.

5. *Education and Training.*—The education and training of all blind children between the ages of 5 and 16 and of all young persons and adults above the age of 16, are undertaken by and at the cost of the Surrey Education Committee in respect of their statutory and permissive powers.

6. *Surrey Voluntary Association for the Blind.* — The Association co-operate with the County Council 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 number of Honorary Representatives is limited, and action is now being taken by a Voluntary Workers Advisory Committee, which was established by the County Council early in 1925, to co-operate with the Surrey Voluntary Association for the Blind in the appointment of representatives of that Association in those areas of the County hitherto unrepresented.

7. *Home Teaching.*—Instruction of the blind in their own homes in the reading of raised types and in simple handicrafts is now being given by a home teacher on the staff of the Public Health Department. This officer (a sighted woman) was appointed in August, 1925, and began her duties the following month.

The appointmnet of a second home teacher is urgently needed forthwith. Other teachers will doubtless be required as the scheme develops. For the present, the home teacher is spending much of her time in visiting all known cases of blindness with a view to the proper classification of the persons whose names are on the register.

The following report will give some indication as to the nature and usefulness of her work:—

Although working for the blind, under the Surrey County Council, since October last, only a few persons—with the exception of those actually under tuition—have been visited more than once, and blind persons in outlying districts have not, in every case, been visited, owing to the large number on the County Council's register.

Several cases of hardship have come to notice, but these are mostly of the agricultural class to whom sickness and old age have brought distress.

A good many of the blind persons in Surrey are of independent means and a number are also in institutions and asylums.

The chief need in the county appears to be for a home for elderly blind persons and delicate adults, who by reason of their age or infirmities are untrainable and whose home conditions are unsatisfactory.

The Guardians and Relieving Officers show sympathy with individual cases, and it is with their assistance and co-operation that monetary relief has been secured for deserving persons who do not desire to enter the institutions.

The following references to the work may be interesting:—

(i) A girl of good education, who will have to support herself, and who had no occupation other than house duties, was persuaded to take up massage. She was instructed in the Braille system of reading and writing, which she has to master so as to be able to take notes at lectures and read the Braille instruction and anatomy books, and she is now proficient and is awaiting a vacancy in the Massage Department of the National Institute for the Blind.

(ii) Three able-bodied men who were dependent on Parish Relief, although they had been trained as basket makers, were referred to the Home Industries Department of the National Institute for the Blind, and after a test they were accepted as Home Workers, and are therefore no longer entirely dependent upon the ratepayers.

(iii) Two women have been found work as knitters under this scheme.

(iv) Several unemployable blind have been taught to read the embossed types and also to do simple handicrafts; this has resulted in a much happier outlook on life for them and has brought them in a little pocket money. In some cases these handicrafts will be worked up and improved upon, until the worker is eligible for inclusion in the Home Industries Scheme.

(v) Training has been arranged by the Education Committee for two persons, and one blind baby has been sent to the babies' home at Chorley Wood by the Public Health Committee.

(vi) Eight applications have been sent into the various Charitable Pension Agencies for monetary assistance, but as Parish Relief jeopardises a recipient temporary grants have been made by the Surrey Voluntary Association.

(vii) Applications for the Old Age Pension, under the Blind Persons Act, 1920, have been made in nine instances.

(viii) In two or three cases material for basket makers has been obtained for them at wholesale prices. Advertising was undertaken most successfully for a blind pianist who was unemployed. Temporary monetary assistance was allowed in two cases during sickness.

(ix) Magazines and periodicals have also been distributed to about thirty persons.

Prevention and Treatment of Crippling.

In 1921 the Council made no provision for the discovery and treatment of crippling defects. Since then by gradual stages there has been developed a comprehensive scheme to ascertain, examine and provide treatment for crippled children in Surrey.

Most of the children suffering from orthopædic defects come to the notice of health visitors in the course of their home visits, at the welfare centre or at the schools; in other instances the children are referred by medical practitioners, midwives and voluntary workers. The assistant medical officers then examine the children, and in suitable cases recommend attendance at the orthopædic centres. At each centre there is a surgeon who is a specialist attached to a London general or special hospital. There is also at each centre nurses trained in massage, and in electrical and plaster work.

After examination of the patient the surgeon decides the treatment required. Minor operations are performed at the centres, but major operations are performed in a London hospital, or more usually at St. Nicholas' and St. Martin's Homes at Pyrford, the approved institutions of the Waifs' and Strays' Society.

After operation, when the child returns home, continued supervision is maintained by the health visitors, who secure the regular attendance of the child at the centre for massage and remedial exercises.

The following table shows the centres which have been established, together with the number of children (under 5 years of age) treated :—

Centre.	Children under five treated			
	1923.	1924.	1925.	Total.
Croydon General Hospital	—	—	—	—
Guildford, Royal Surrey County Hospital ...	—	—	12	12
Kingston, Red Cross Curative Post, Victoria Cottage Hospital	9	1	28	38
Merton, Nelson Hospital	—	—	—	—
Windsor, King Edward VII Hospital	—	—	—	—
Woking, Red Cross Curative Post, Victoria Cottage Hospital	59	70	101	230
Weybridge	1	3	12	16
Totals ...	69	74	153	296

NOTE—The number of children (5—16 years) treated under the scheme of the Education Committee is given on page 108.

The county is now reasonably well covered with centres, with the exception of the south-east corner. Fortunately there is hope that at the East Surrey County Hospital at Redhill a centre will soon be established.

This branch of public health work has proved so valuable and has been so much appreciated that the Council is now expending about £5,000 a year on the whole scheme.

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 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	35,120
2. Beddington and Wallington	3,040	14,322	6,199	8,123	16,308	7,129	9,179	1,986	16,700
3. Carshalton	2,926	11,634	5,221	6,413	14,021	6,158	7,863	2,387	15,660
* 4. Caterham	2,438	10,841	5,338	5,503	11,763	5,947	5,816	922	13,650
5. Chertsey	10,776	13,816	6,696	7,120	15,127	7,161	7,966	1,311	15,530
6. Coulsdon and Purley	8,572	18,872	8,020	10,852	21,491	8,916	12,575	2,619	23,870
7. Dorking	1,338	7,848	3,544	4,304	8,057	3,545	4,512	209	7,990
8. Egham	7,786	12,551	5,998	6,553	13,725	6,333	7,392	1,174	13,620
9. Epsom	4,423	19,156	8,810	10,346	18,804	8,848	9,956	- 352	19,460
10. Esher and The Dittons	5,979	12,518	5,561	6,957	14,309	6,335	7,974	1,791	14,480
†11. Farnham	3,214	11,680	5,590	6,090	12,128	5,660	6,468	448	16,670
*12. Frimley	7,674	13,673	7,320	6,353	13,676	6,807	6,869	3	15,270
13. Godalming (M.B.)	813	8,846	4,305	4,541	9,197	4,426	4,771	351	9,275
*14. Guildford (M.B.)	2,592	23,820	11,227	12,593	24,926	11,696	13,230	1,106	26,260
15. Ham	1,869	1,435	616	819	1,510	644	866	75	1,535
16. Haslemere	2,263	3,520	1,537	1,983	3,865	1,506	2,359	345	3,833
*17. Kingston-on-Thames (M.B.)	1,131	37,975	17,717	20,258	39,479	18,191	21,288	1,504	40,220
18. Leatherhead	3,508	5,491	2,725	2,766	5,817	2,761	3,056	326	6,013
19. Maldens and Coombe	3,221	12,137	5,786	6,351	14,495	6,577	7,918	2,358	15,460
20. Merton and Morden	3.237	14,140	6,746	7,394	17,532	8,249	9,283	3,392	18,960
21. Mitcham	2,935	29,606	14,758	14,848	35,119	16,910	18,209	5,513	27,900
22. Molesey, East and West	1,517	6,492	2,981	3,511	7,280	3,280	4,000	788	7,317
23. Reigate (M.B.)	5,995	28,502	12,947	15,555	28,914	12,785	16,129	412	28,700
24. Richmond (M.B.)	2,491	33,221	14,054	19,167	35,639	15,265	20,374	2,418	34,690
25. Surbiton	3,049	17,717	7,453	10,264	19,547	8,472	11,075	1,830	20,020
26. Sutton	1,835	21,270	10,055	11,215	21,063	9,381	11,682	- 207	21,320
27. Walton-on-Thames	6,860	12,856	5,679	7,177	14,644	6,334	8,310	1,788	14,540
28. Weybridge	1,371	6,286	2,568	3,718	6,684	2,809	3,875	398	6,386
29. Wimbledon (M.B.)	3,221	54,966	24,071	30,895	61,418	28,885	32,533	6,452	58,170
30. Windlesham	5,691	4,249	2,079	2,170	4,878	2,215	2,663	629	4,721
*31. Woking	11,826	24,808	11,996	12,812	26,423	12,070	14,353	1,615	27,060
Total	126,110	524,625	241,221	283,404	572,138	260,303	311,835	47,513	590,400
RURAL.									
1. Chertsey	16,021	9,383	4,761	4,622	11,163	5,396	5,767	1,780	11,550
2. Dorking	39,526	10,580	5,103	5,477	10,575	4,853	5,722	- 5	10,360
3. Epsom	32,580	30,245	13,951	16,294	34,118	15,355	18,763	3,873	37,030
†*4. Farnham	26,149	15,945	7,447	8,498	18,332	8,334	9,998	2,387	14,210
5. Godstone	53,512	23,931	11,210	12,721	25,387	11,468	13,919	1,456	25,700
* 6. Guildford	53,342	18,274	8,951	9,323	21,879	11,186	10,693	3,605	22,010
7. Hambledon	60,932	21,849	10,670	11,179	23,090	11,096	11,994	1,241	23,130
8. Reigate	44,649	21,195	10,022	11,173	22,720	10,442	12,278	1,525	23,610
Total	326,711	151,402	72,115	79,287	167,264	78,130	89,134	15,862	167,600
Administrative County	452,821	676,027	313,336	362,691	739,402	338,433	400,969	84,508	758,000

* 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 749,500.

† In October, 1924, an acreage of 5,123 was transferred to Farnham Urban from the Rural area and the figures in the last column are for the new districts. The census figures remain unaltered.

TABLE IIa.

DISTRICTS.	PRIVATE FAMILIES AND DWELLINGS.				
	Private families.	Population in private families.	Structurally separate dwellings occupied.	Rooms occupied.	Rooms per person.
URBAN.					
1. Barnes	8,654	33,949	7,559	44,744	1·32
2. Beddington and Wallington	4,062	16,111	3,766	23,414	1·45
3. Carshalton	3,017	12,433	2,751	16,051	1·29
4. Caterham	1,903	7,937	1,722	9,928	1·25
5. Chertsey	3,438	13,986	3,200	17,489	1·25
6. Coulsdon and Purley	4,345	18,019	4,141	27,380	1·52
7. Dorking	1,957	7,640	1,857	10,327	1·35
8. Egham	3,104	12,540	2,875	15,579	1·24
9. Epsom	3,131	12,842	2,813	15,543	1·21
10. Esher and The Dittons	3,427	13,946	3,134	19,390	1·39
11. Farnham	2,880	11,504	2,716	14,466	1·26
12. Frimley	2,566	10,684	2,296	14,557	1·36
13. Godalming (M.B.)	2,076	8,408	1,946	10,586	1·26
14. Guildford (M.B.)	5,906	23,401	5,329	29,373	1·26
15. Ham	328	1,341	298	1,513	1·13
16. Haslemere	904	3,600	854	5,343	1·48
17. Kingston-on-Thames (M.B.)	9,210	37,914	7,859	43,414	1·15
18. Leatherhead	1,271	5,160	1,164	6,466	1·25
19. Maldens and Coombe	3,483	14,343	3,209	18,821	1·31
20. Merton and Morden	4,204	17,280	3,844	20,159	1·17
21. Mitcham	8,067	34,711	6,942	35,001	1·01
22. Molesey, East and West	1,619	7,095	1,500	8,920	1·26
23. Reigate (M.B.)	6,825	26,987	6,052	36,111	1·34
24. Richmond (M.B.)	8,705	33,541	7,192	44,844	1·34
25. Surbiton	4,767	18,946	4,100	26,257	1·39
26. Sutton	4,793	20,387	4,364	27,428	1·35
27. Walton-on-Thames	3,405	14,212	3,264	18,867	1·33
28. Weybridge	1,415	6,030	1,334	8,917	1·48
29. Wimbledon (M.B.)	13,998	56,620	11,926	73,696	1·30
30. Windlesham	1,129	4,715	1,103	6,453	1·37
31. Woking	5,564	23,555	5,078	29,875	1·27
Total	130,153	529,837	116,188	680,912	1·19
RURAL.					
1. Chertsey	2,393	10,170	2,341	13,217	1·30
2. Dorking	2,558	10,343	2,488	14,306	1·38
3. Epsom	6,994	29,099	6,605	38,924	1·34
4. Farnham	4,142	16,724	3,976	22,509	1·35
5. Godstone	5,590	22,798	5,346	30,999	1·36
6. Guildford	4,648	18,975	4,453	25,410	1·34
7. Hambledon	5,277	21,618	5,179	30,138	1·39
8. Reigate	5,004	20,732	4,774	28,657	1·38
Total	36,606	150,459	35,162	204,160	1·36
dministrative County	166,759	680,296	151,350	885,072	1·22

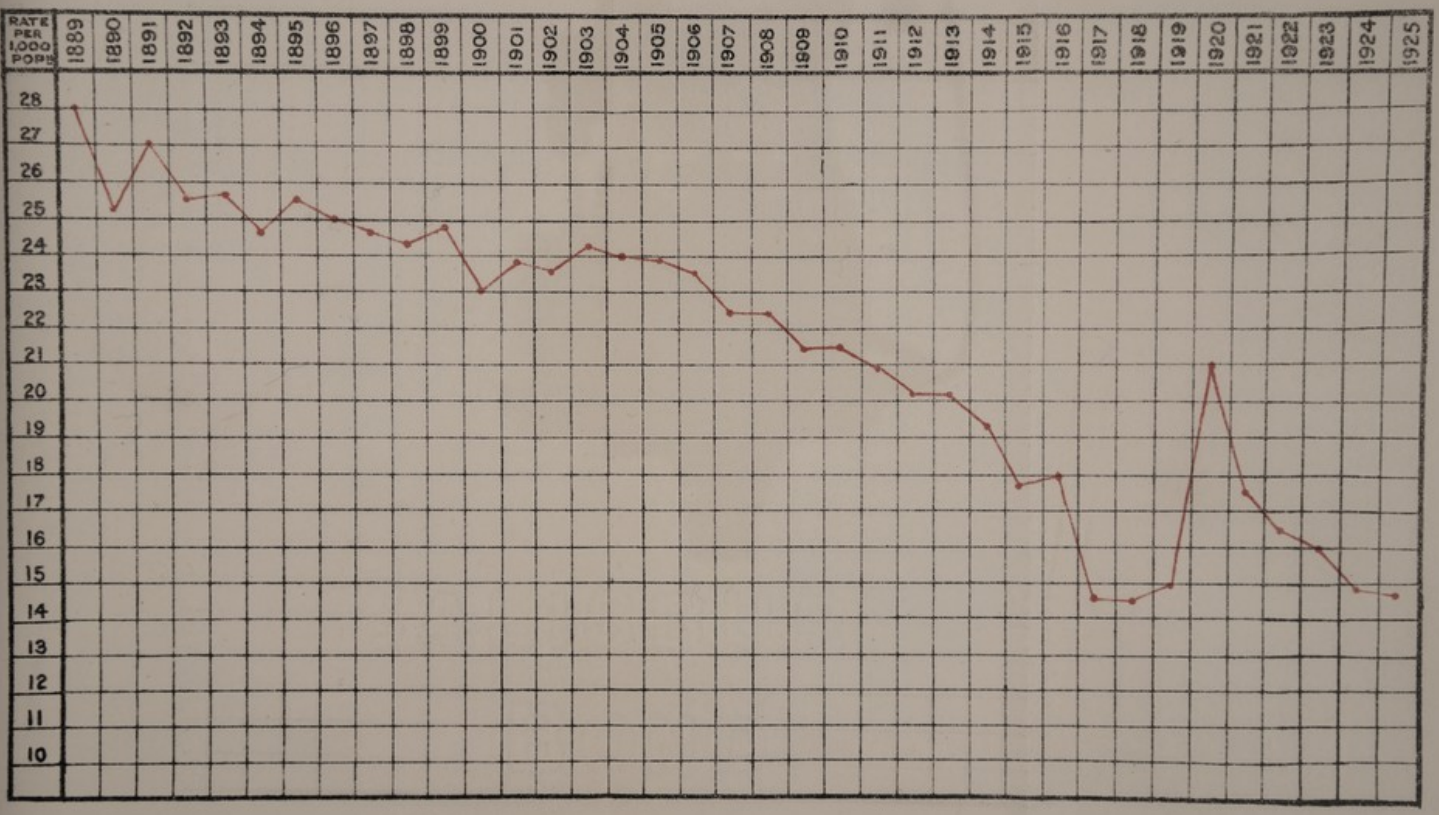
TABLE III.

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
1925	14·8	10·3	46·1

TABLE IVa.

Diagram showing the birth rate (per 1,000 population) in the Administrative County in each of the years 1889–1925.



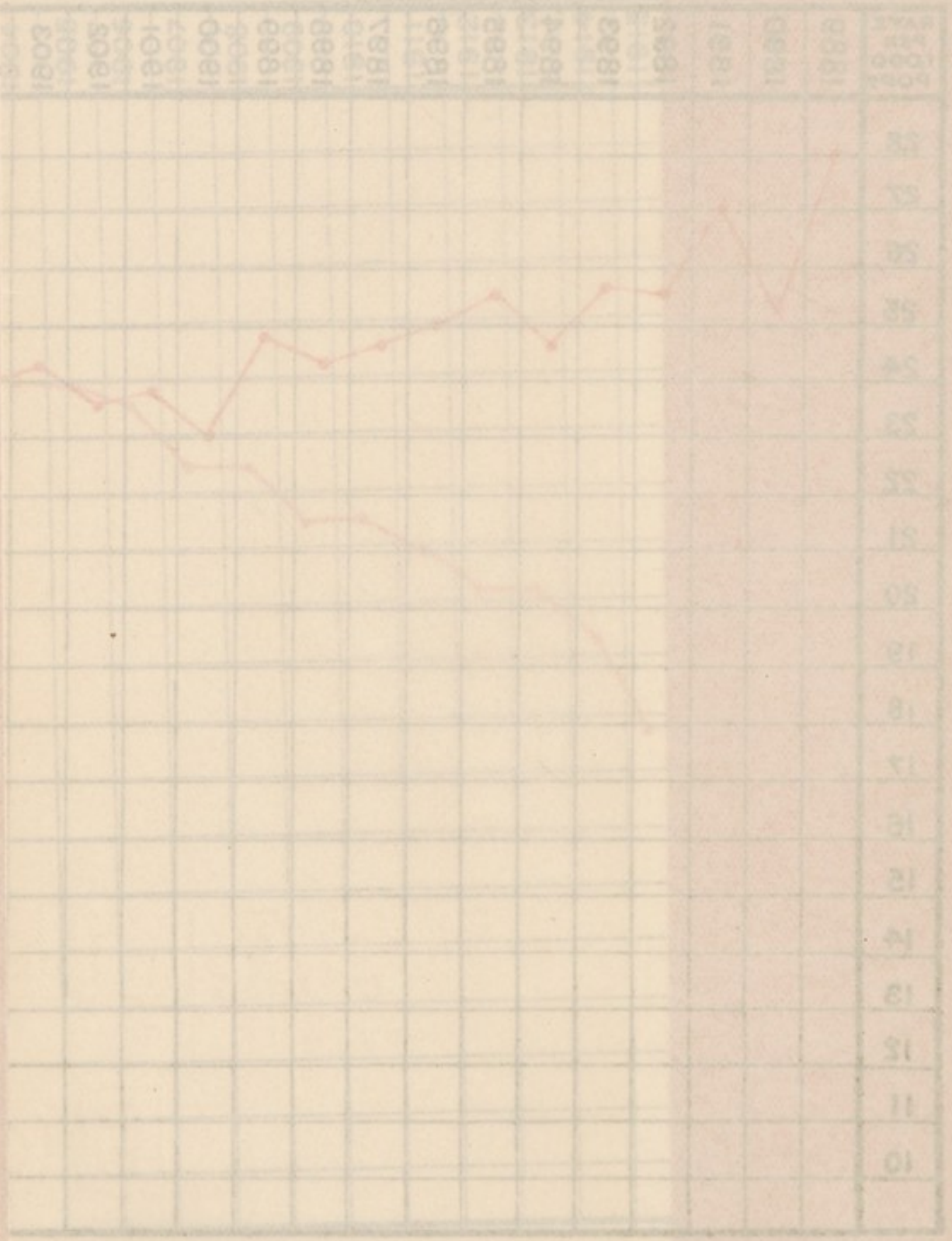


TABLE IV.

BIRTHS IN 1925.

DISTRICTS.	Number.	Net rate per 1,000 population.	Excess of births over deaths.
URBAN.			
1. Barnes	498	14·1	133
2. Beddington and Wallington	208	12·4	39
3. Carshalton	312	19·9	156
4. Caterham	178	13·0	88
5. Chertsey	239	15·3	87
6. Coulsdon and Purley	357	14·9	182
7. Dorking	117	14·6	8
8. Egham	222	16·2	83
9. Epsom	225	11·5	95
10. Esher and The Dittons	198	13·6	60
11. Farnham	302	18·1	96
12. Frimley	223	14·6	94
13. Godalming (M.B.)	113	12·1	20
14. Guildford (M.B.)	457	17·4	170
15. Ham	25	16·2	8
16. Haslemere	49	12·7	8
17. Kingston-on-Thames (M.B.)	599	14·8	145
18. Leatherhead	94	15·6	25
19. Maldens and Coombe	275	17·7	119
20. Merton and Morden	307	16·1	120
21. Mitcham	692	18·2	325
22. Molesey, East and West	121	16·5	37
23. Reigate (M.B.)	405	14·1	59
24. Richmond (M.B.)	530	15·2	108
25. Surbiton	307	15·3	93
26. Sutton	317	14·8	56
27 Walton-on-Thames	215	14·7	73
28. Weybridge	88	13·7	18
29. Wimbledon (M.B.)	760	13·0	121
30. Windlesham	59	12·4	2
31. Woking	419	15·4	185
Total	8,911	15·0	2,809
RURAL.			
1. Chertsey	164	14·1	59
2. Dorking	151	14·5	47
3. Epsom	463	12·5	133
4. Farnham	265	18·6	119
5. Godstone	363	14·1	117
6. Guildford	309	14·0	120
7. Hambledon	311	13·4	23
8. Reigate	338	14·3	99
Total	2,364	14·1	717
Administrative County	11,275	14·8	3,526

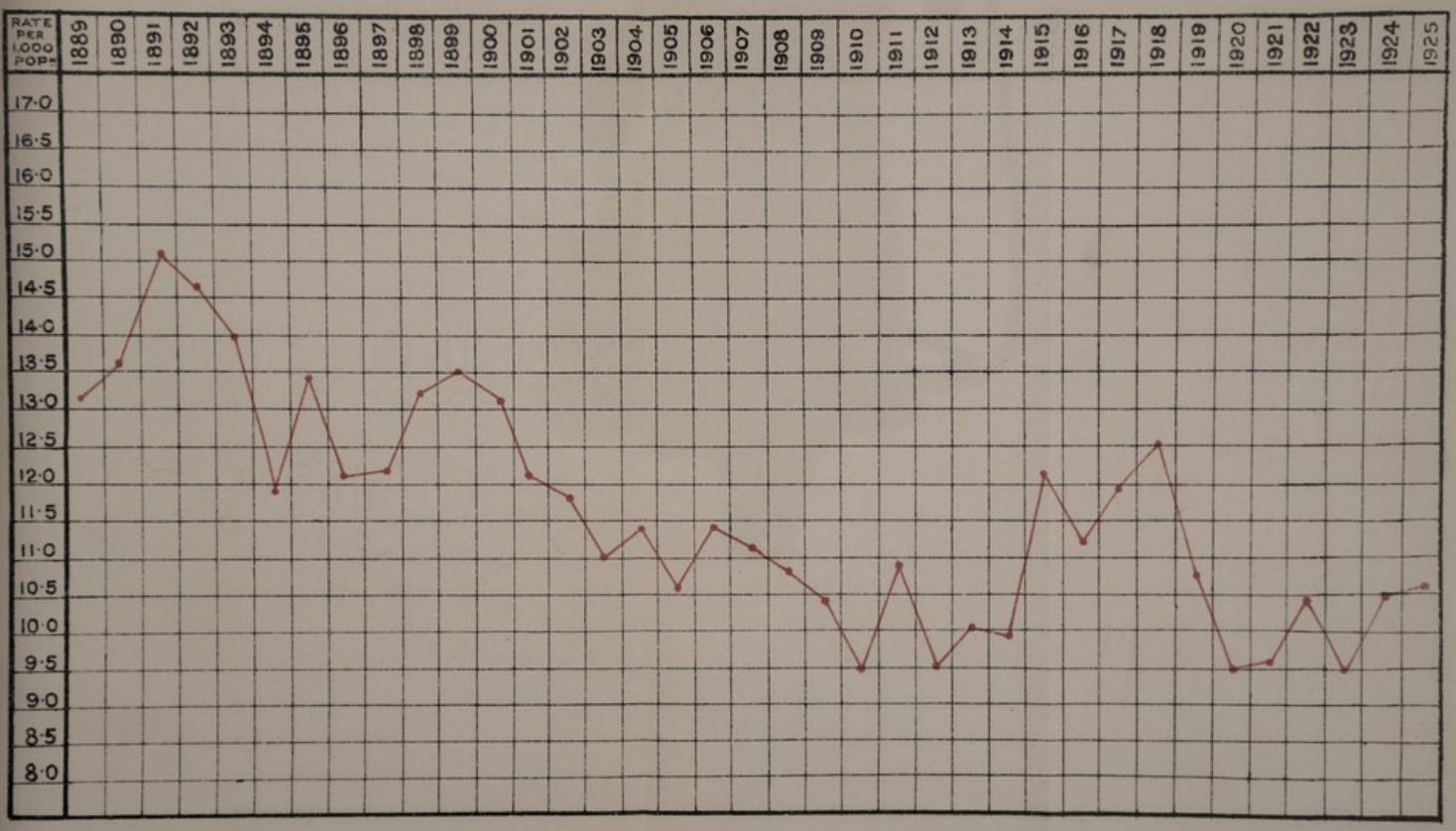
TABLE V.

DEATHS FROM ALL CAUSES IN 1925.

	DISTRICTS.	Number.	Net rate per 1,000 population.
	URBAN.		
1.	Barnes	365	10·3
2.	Beddington and Wallington	169	10·1
3.	Carshalton	156	9·9
4.	Caterham	90	7·6
5.	Chertsey	152	9.7
6.	Coulsdon and Purley	175	7·3
7.	Dorking	109	13·6
8.	Egham	139	10·2
9.	Epsom	130	6·6
10.	Esher and The Dittons	138	9·5
11.	Farnham	206	12·3
12.	Frimley	129	10·9
13.	Godalming (M.B.)	93	10·0
14.	Guildford (M.B.)	287	11·0
15.	Ham	17	11·0
16.	Haslemere	41	10·6
17.	Kingston-on-Thames (M.B.)	454	11·3
18.	Leatherhead	69	11·4
19.	Maldens and Coombe	156	10·0
20.	Merton and Morden	187	9·8
21.	Mitcham	367	9·6
22.	Molesey, East and West	84	11·4
23.	Reigate (M.B.)	346	12·0
24.	Richmond (M.B.)	442	12·7
25.	Surbiton	214	10·6
26.	Sutton	241	11·3
27.	Walton-on-Thames	142	9·7
28.	Weybridge	70	10·9
29.	Wimbledon (M.B.)	639	10·9
30.	Windlesham	61	12·9
31.	Woking	234	8·8
	Total	6,102	10·4
	RURAL.		
1.	Chertsey	105	9·0
2.	Dorking	104	10·0
3.	Epsom	330	8·9
4.	Farnham	146	10·5
5.	Godstone	246	9·5
6.	Guildford	189	9·2
7.	Hambledon	288	12·4
8.	Reigate	239	10·1
	Total	1,647	9·9
	Administrative County	7,749	10·3

TABLE Va.

Diagram showing the death rate from all causes (per 1,000 population) in the Administrative County in each of the years 1889–1925.



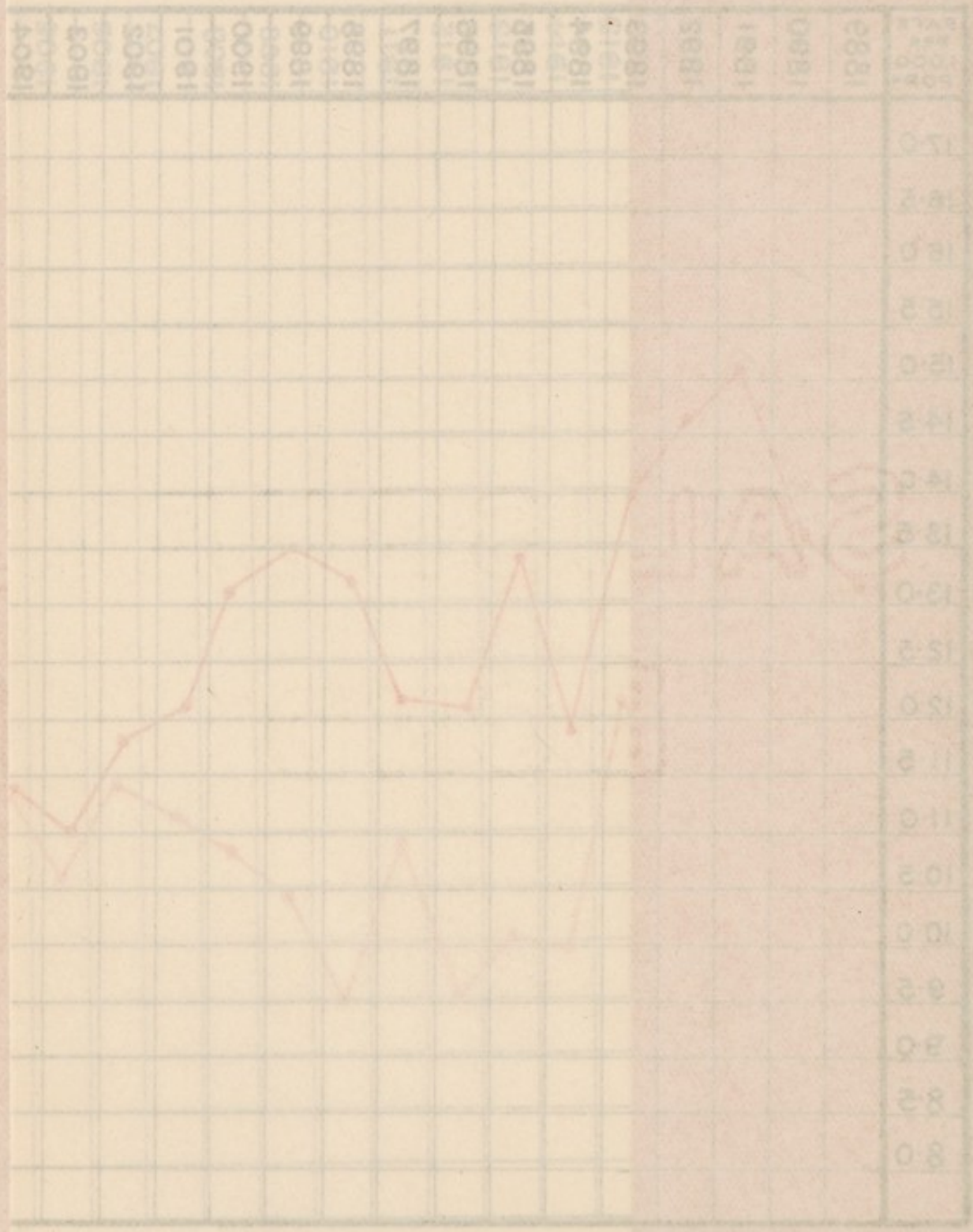


TABLE VI.

ADMINISTRATIVE COUNTY OF SURREY.—CAUSES OF AND AGES AT DEATH IN 1925.

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	—	—	1	1	—	3	2	—	—	7
Small-pox	—	—	—	—	—	—	—	—	—	—
Measles	2	6	2	—	2	—	—	—	—	12
Scarlet fever	—	—	—	2	3	2	1	—	—	8
Whooping cough	29	14	11	1	—	—	—	1	—	56
Diphtheria	1	2	6	25	—	—	—	—	—	34
Influenza	4	6	2	6	5	15	46	56	76	216
Encephalitis lethargica	1	—	2	1	6	7	16	5	1	39
Meningococcal meningitis	—	—	1	1	1	1	—	1	—	5
Tuberculosis of the respiratory system	4	—	—	7	84	208	142	22	3	470
Other tuberculous diseases	4	5	21	14	14	17	8	4	3	90
Cancer, malignant disease	—	—	—	—	8	81	464	346	218	1,117
Rheumatic fever	—	—	—	4	4	6	6	—	—	20
Diabetes	—	—	—	1	1	12	23	18	22	77
Cerebral hæmorrhage, &c.	—	—	—	—	1	9	113	149	196	468
Heart disease	—	—	1	7	17	64	280	365	411	1,145
Arterio-sclerosis	—	—	—	—	—	3	71	143	217	434
Bronchitis	26	3	2	1	4	6	50	123	268	483
Pneumonia (all forms)	58	23	18	13	8	40	104	98	86	448
Other respiratory diseases	4	2	2	3	5	9	29	26	30	110
Ulcer of stomach or duodenum	—	—	—	—	4	12	30	18	7	71
Diarrhœa and enteritis	43	2	4	1	2	—	7	8	7	74
Appendicitis and typhlitis	—	—	3	5	7	14	18	8	1	56
Cirrhosis of liver	—	—	—	—	—	4	28	5	3	40
Acute and chronic nephritis	—	1	1	3	4	21	91	65	39	225
Puerperal sepsis	—	—	—	—	2	6	—	—	—	8
Other accidents and diseases of pregnancy and parturition	—	—	—	—	1	21	2	—	—	24
Congenital debility and malformation (including premature birth)	244	2	1	2	1	1	3	—	—	254
Suicides	—	—	—	—	6	18	42	15	2	83
Other deaths from violence	16	3	11	20	25	40	54	11	41	221
Other defined diseases	82	18	22	45	34	135	305	254	551	1,446
Causes ill-defined or unknown	2	1	—	—	2	—	2	1	—	8
All causes	520	88	111	163	251	755	1,937	1,742	2,182	7,749

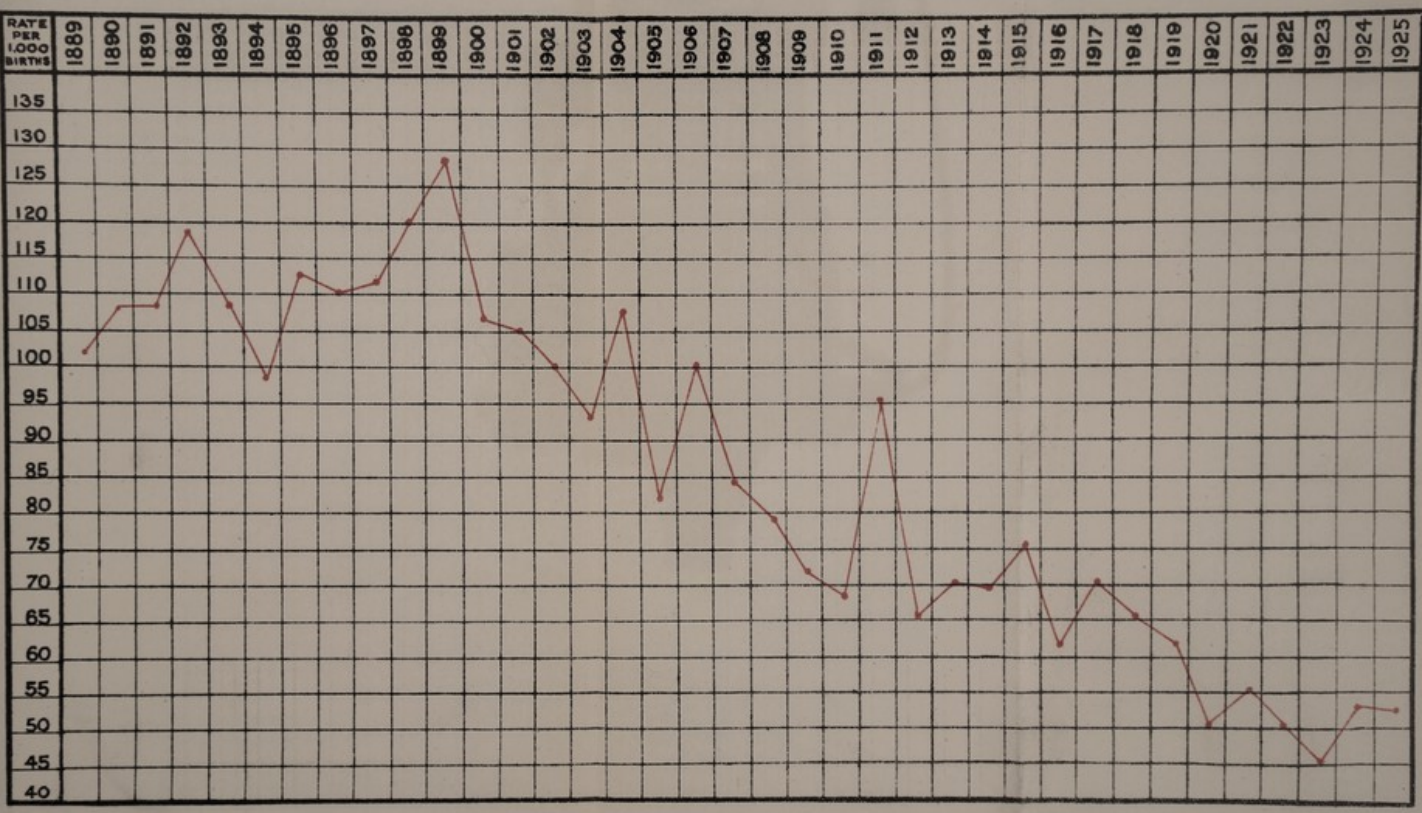
TABLE VII.

DEATHS UNDER ONE YEAR IN 1925.

DISTRICTS.	Number.	Net rate per 1,000 births.
URBAN.		
1. Barnes	29	58·2
2. Beddington and Wallington	4	19·2
3. Carshalton	13	41·6
4. Caterham	7	39·3
5. Chertsey	11	46·0
6. Coulsdon and Purley	16	44·8
7. Dorking	6	51·2
8. Egham	7	31·5
9. Epsom	13	57·7
10. Esher and The Dittons	8	40·4
11. Farnham	13	43·0
12. Frimley	13	58·3
13. Godalming (M.B.)	3	26·5
14. Guildford (M.B.)	21	45·9
15. Ham	4	160·0
16. Haslemere	2	40·8
17. Kingston-on-Thames (M.B.)	41	68·4
18. Leatherhead	5	53·2
19. Maldens and Coombe	8	29·0
20. Merton and Morden	21	68·4
21. Mitcham	38	54·9
22. Molesey, East and West	3	24·7
23. Reigate (M.B.)	15	37·0
24. Richmond (M.B.)	25	47·1
25. Surbiton	10	32·5
26. Sutton	18	56·7
27. Walton-on-Thames	4	18·6
28. Weybridge	4	45·4
29. Wimbledon (M.B.)	47	61·8
30. Windlesham	3	50·8
31. Woking	9	21·4
Total	421	47·2
RURAL.		
1. Chertsey	4	24·3
2. Dorking	3	19·8
3. Epsom	22	47·5
4. Farnham	10	37·7
5. Godstone	16	44·0
6. Guildford	19	61·4
7. Hambledon	13	41·8
8. Reigate	12	35·5
Total	99	41·8
Administrative County	520	46·1

TABLE VIIa.

Diagram showing the infant mortality rate (per 1,000 registered births) in the Administrative County in each of the years 1889–1925.



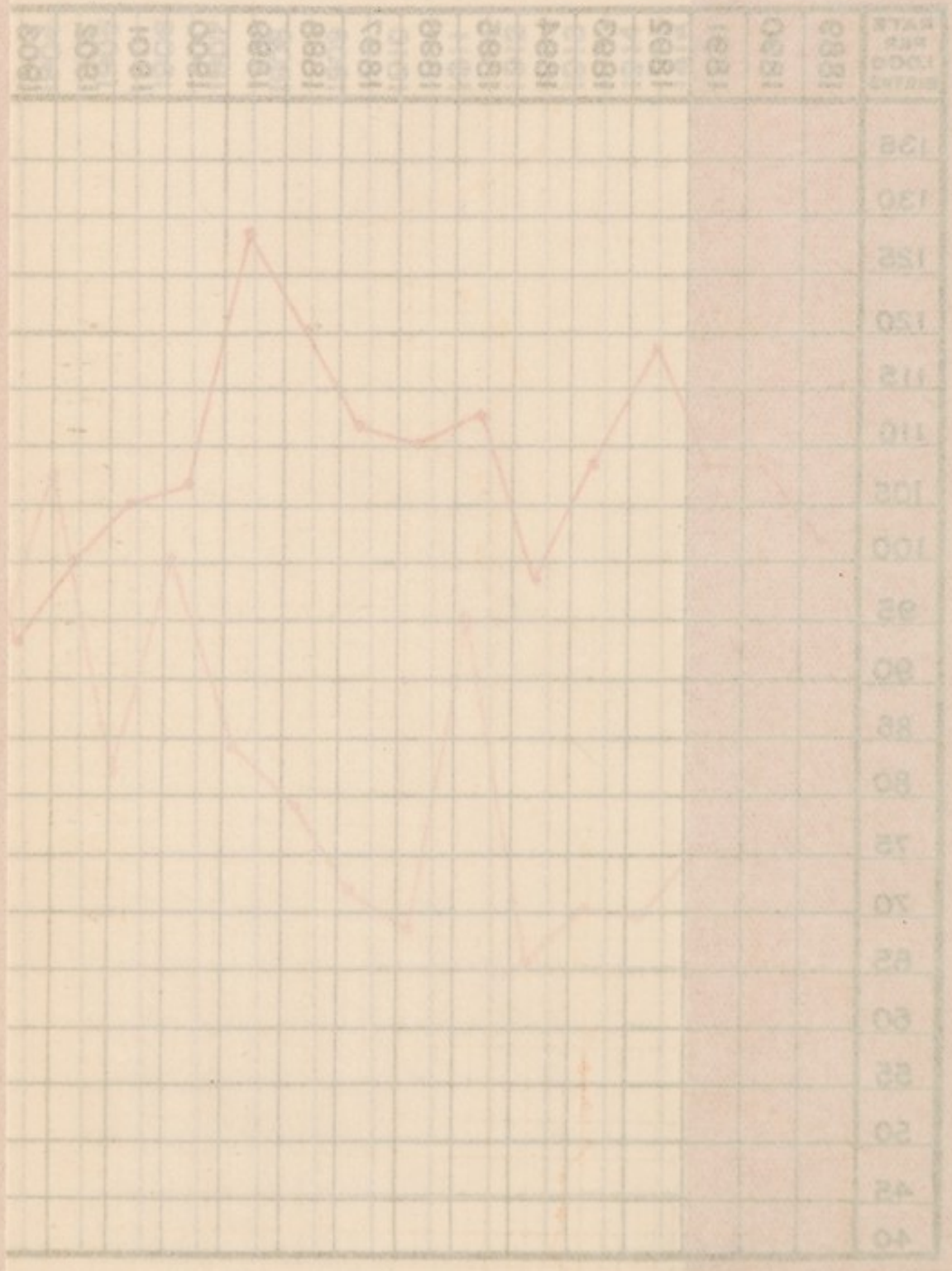
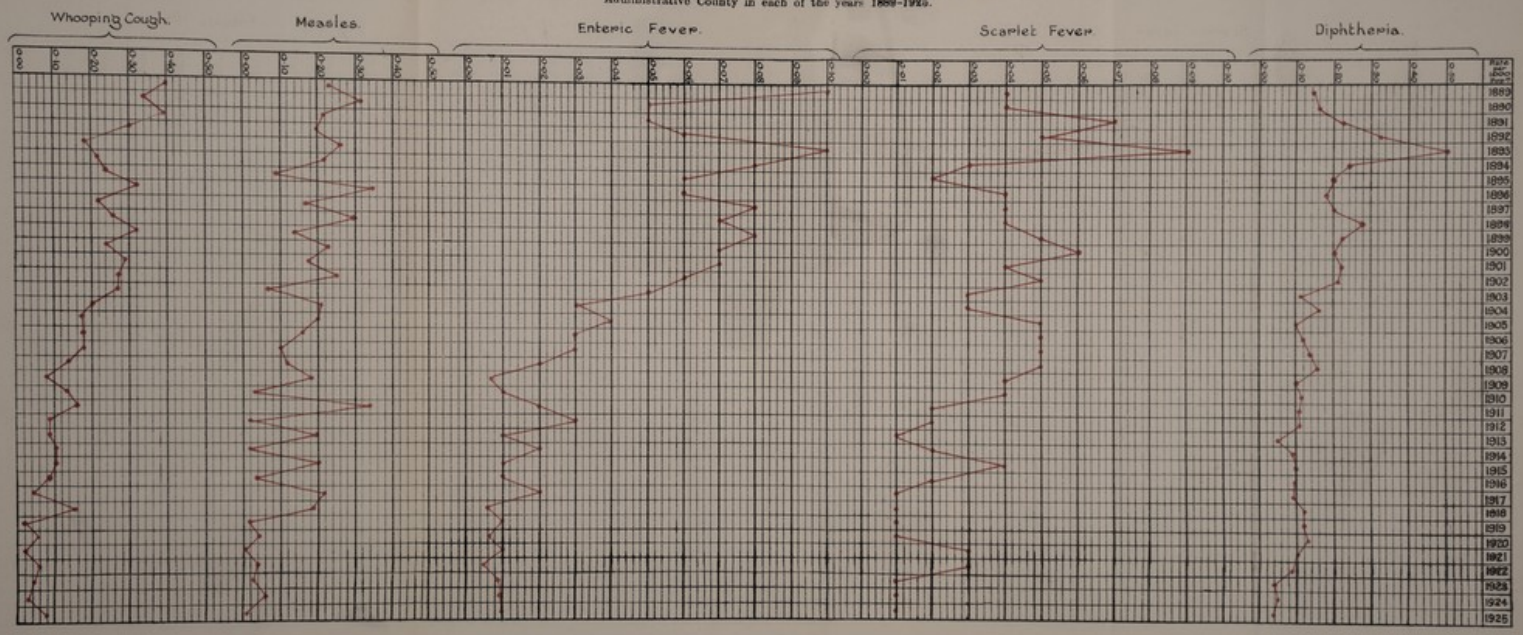


TABLE VIIIa.

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 1889-1925.



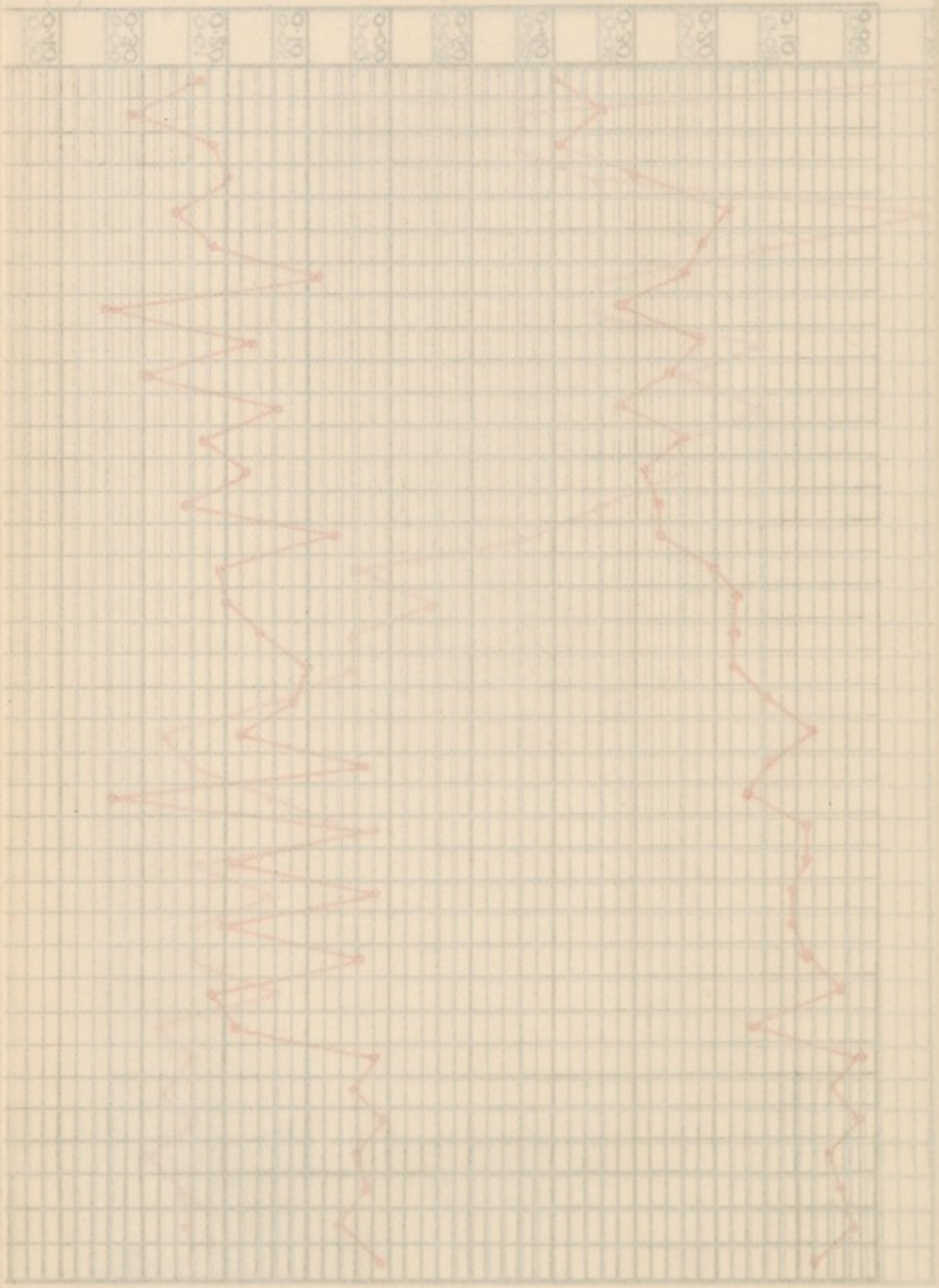


TABLE VIII.

DEATHS FROM THE SEVEN PRINCIPAL EPIDEMIC DISEASES, 1925.

DISTRICTS.	Number.	Net rate per 1,000 population.
URBAN.		
1. Barnes	12	0·34
2. Beddington and Wallington	—	—
3. Carshalton	2	0·12
4. Caterham	5	0·42
5. Chertsey	4	0·25
6. Coulsdon and Purley	6	0·25
7. Dorking.	3	0·37
8. Egham	3	0·22
9. Epsom	5	0·25
10. Esher and The Dittons	—	—
11. Farnham	6	0·35
12. Frimley	1	0·08
13. Godalming (M.B.)	1	0·10
14. Guildford (M.B.)	9	0·34
15. Ham	—	—
16. Haslemere	—	—
17. Kingston-on-Thames (M.B.)	12	0·29
18. Leatherhead	1	0·16
19. Maldens and Coombe	3	0·19
20. Merton and Morden	7	0·36
21. Mitcham	21	0·55
22. Molesey, East and West	2	0·27
23. Reigate (M.B.)	2	0·06
24. Richmond (M.B.)	6	0·17
25. Surbiton	3	0·14
26. Sutton	2	0·09
27. Walton-on-Thames	—	—
28. Weybridge	1	0·15
29. Wimbledon (M.B.)	14	0·24
30 Windlesham	1	0·21
31. Woking	5	0·18
Total	137	0·23
RURAL.		
1. Chertsey	—	—
2. Dorking	2	0·19
3. Epsom	6	0·16
4. Farnham	1	0·07
5. Godstone	6	0·23
6. Guildford	5	0·24
7. Hambledon	3	0·12
8. Reigate	2	0·08
Total	25	0·15
Administrative County	162	0·21

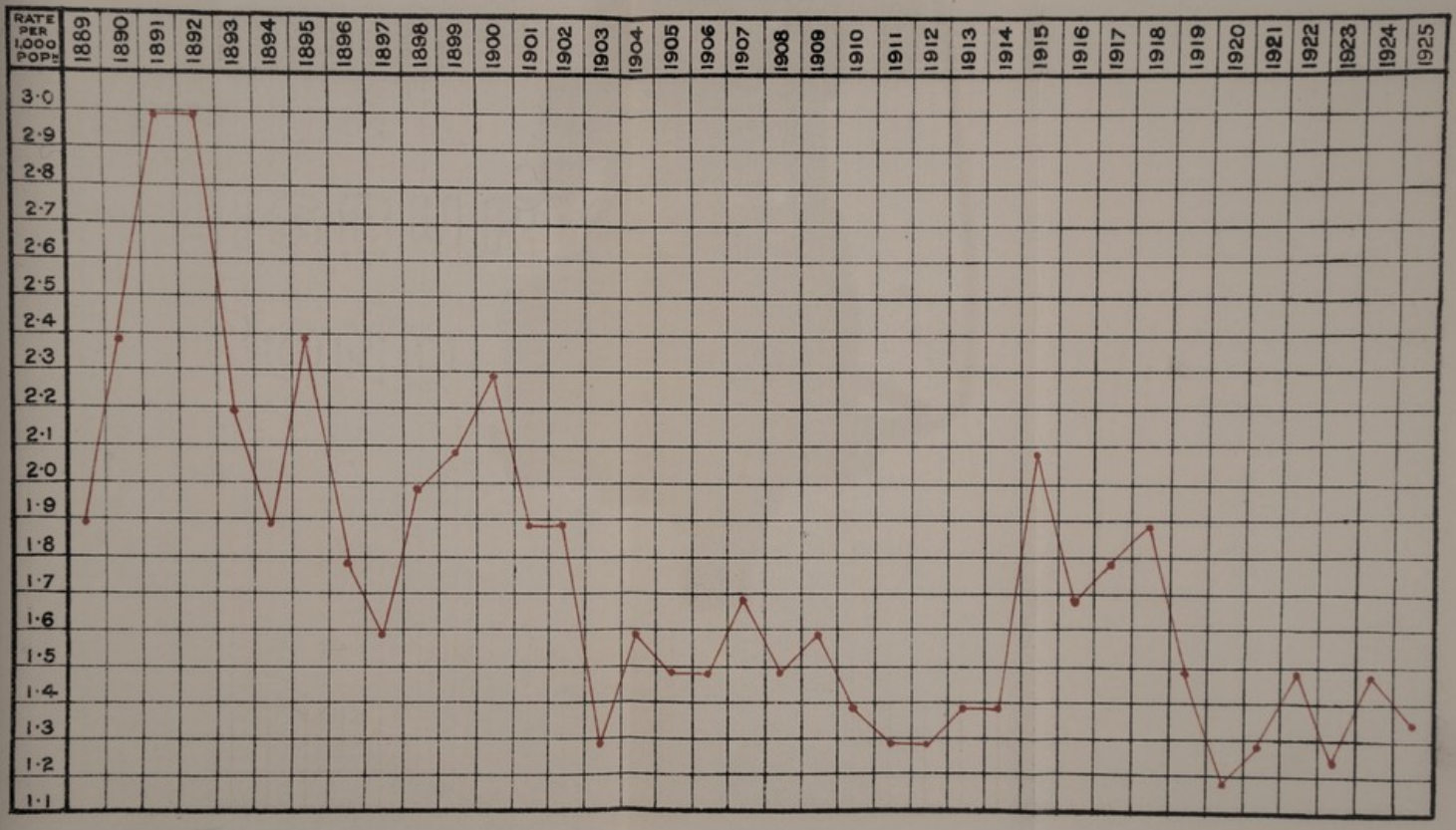
TABLE IX.

DEATHS FROM HEART DISEASE, RESPIRATORY DISEASES, TUBERCULOUS DISEASES AND CANCER, 1925.

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.
URBAN.										
1 Barnes	49	1·39	43	1·22	20	0·56	3	0·08	48	1·36
2 Beddington & Wallington..	29	1·73	23	1·38	8	0·47	3	0·17	36	2·15
3 Carshalton ...	22	1·40	24	1·53	7	0·44	4	0·25	26	1·66
4 Caterham	6	0·51	9	0·76	8	0·68	—	—	10	0·85
5 Chertsey	16	1·03	26	1·67	11	0·70	4	0·25	20	1·28
6 Coulsdon and Purley	21	0·87	28	1·17	11	0·46	1	0·04	28	1·17
7 Dorking	16	2·00	17	2·12	5	0·62	2	0·25	15	1·87
8 Egham	26	1·90	16	1·17	10	0·73	4	0·29	23	1·68
9 Epsom	11	0·56	15	0·76	7	0·35	4	0·20	16	0·82
10 Esher and The Dittons	24	1·65	23	1·58	12	0·82	2	0·16	12	0·82
11 Farnham	29	1·73	37	2·21	18	1·07	1	0·05	24	1·43
12 Frimley	23	1·94	16	1·35	6	0·50	2	0·16	20	1·69
13 Godalming (M.B.)	13	1·40	12	1·29	7	0·75	–	—	17	1·83
14 Guildford (M.B.)	44	1·68	27	1·03	17	0·65	1	0·03	38	1·45
15 Ham	3	1·95	3	1·95	—	—	—	—	—	—
16 Haslemere ...	—	—	7	1·82	3	0·78	—	—	6	1·56
17 Kingston-on-Thames (M.B.)	54	1·34	82	2·04	30	0·74	6	0·14	58	1·44
18 Leatherhead..	9	1·49	15	2·49	3	0·49	—	—	10	1·66
19 Maldens and Coombe	27	1·74	18	1·16	10	0·64	2	0·12	17	1·09
20 Merton and Morden	21	1·10	23	1·21	15	0·73	3	0·15	27	1·42
21 Mitcham	44	1·16	45	1·18	31	0·81	7	0·18	49	1·29
22 MoleseyE&W	13	1·77	14	1·91	5	0·68	—	—	15	2·05
23 Reigate (M.B.)	55	1·91	44	1·53	22	0·76	4	0·13	48	1·67
24 Richmond (M.B.)	76	2·19	70	2·01	21	0·60	8	0·23	62	1·78
25 Surbiton	31	1·54	32	1·59	11	0·54	3	0·14	37	1·84
26 Sutton	29	1·36	22	1·03	12	0·56	4	0·18	30	1·40
27 Walton-on-Thames	30	2·06	13	0·89	6	0·41	1	0·06	19	1·30
28 Weybridge ...	10	1·56	9	1·40	4	0·62	—	—	13	2·03
29 Wimbledon (M.B.)	100	1·71	98	1·68	37	0·63	9	0·15	90	1·54
30 Windlesham	15	3·17	3	0·63	4	0·84	—	—	11	2·33
31 Woking	45	1·70	21	0·79	23	0·87	3	0·11	41	1·55
Total	891	1·52	835	1·42	384	0·65	81	0·13	866	1·48

TABLE IXa.

Diagram showing the death rate from Respiratory Diseases (per 1,000 population) in the Administrative County in each of the years 1889–1925.



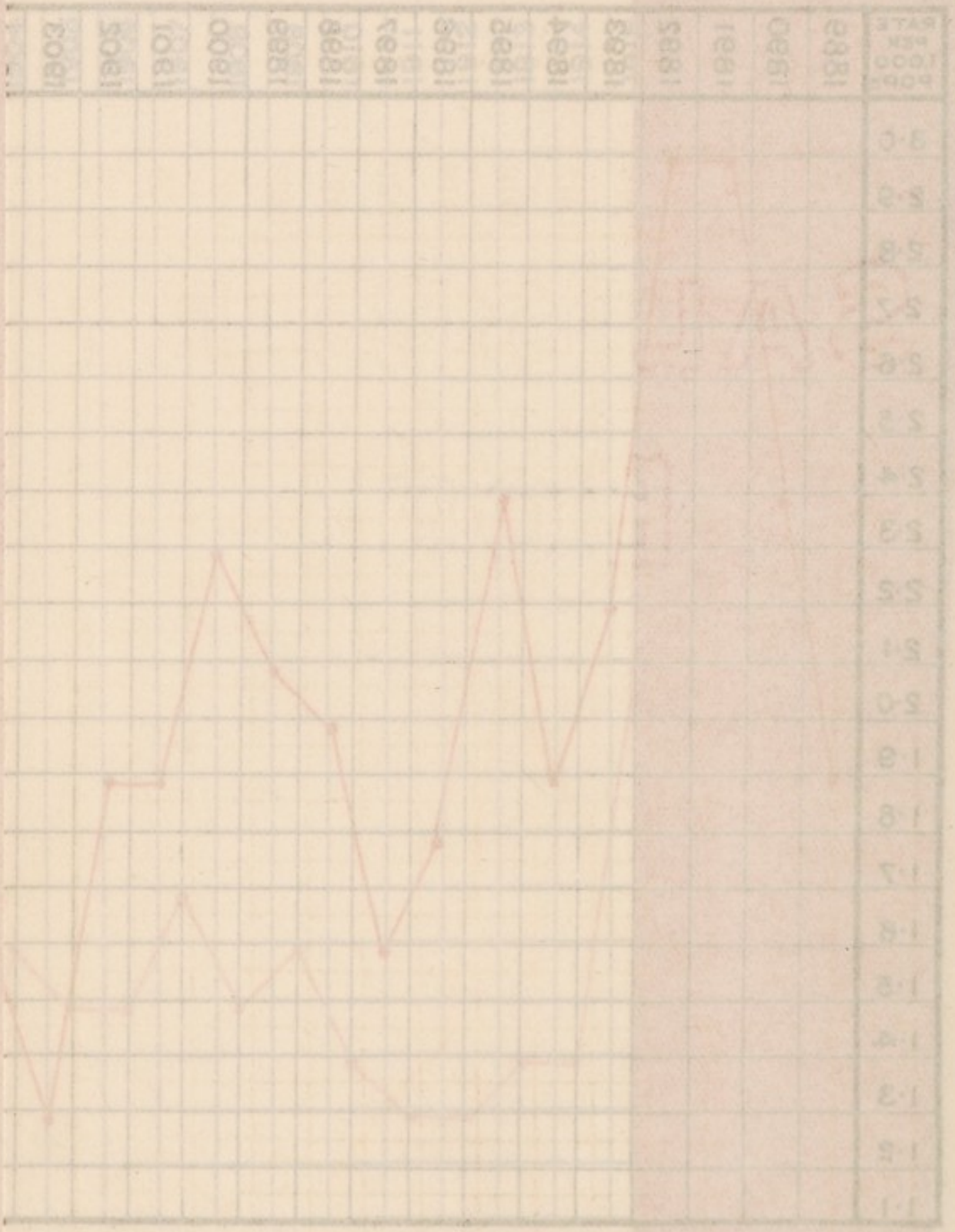
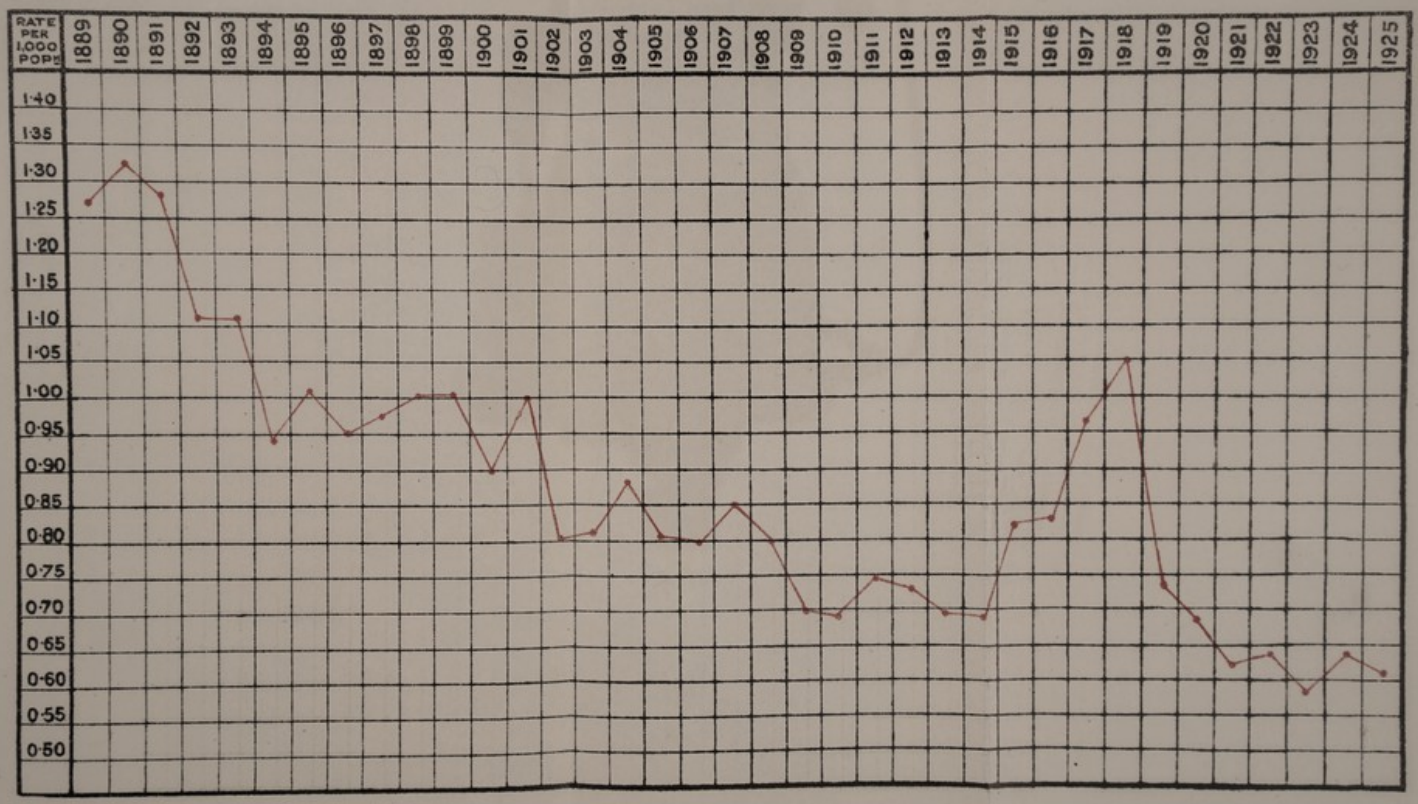


TABLE IXb.

Diagram showing the death rate from Pulmonary Tuberculosis (**per 1,000 population**) in the Administrative County in each of the years 1889-1925.




1889
1890
1891
1892
1893
1894
1895
1896
1897
1898
1899
1900
1901
1902
1903
RATE PER 1,000 POPN.
1·40
1·35
1·30
1·25
1·20
1·15
1·10
1·05
1·00
0·95
0·90
0·85
0·80
0·75
0·70
0·65
0·60
0·55
0·50

TABLE IX.—*continued.*

DISTRICTS.	Heart disease.		Respiratory diseases. (non-tubercular.)		Pulmonary tuberculosis.		Other tubercular 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	15	1·29	22	1·90	6	0·51	—	—	11	0·95
2 Dorking	19	1·83	17	1·64	5	0·48	1	0·09	15	1·44
3 Epsom	50	1·35	40	1·08	21	0·56	3	0·08	44	1·18
4 Farnham	22	1·59	21	1·52	9	0·65	1	0·07	21	1·52
5 Godstone	43	1·67	26	1·01	12	0·46	3	0·11	43	1·67
6 Guildford.....	25	1·22	22	1·08	11	0·54	—	—	32	2·06
7 Hambledon ...	45	1·94	36	1·55	11	0·47	—	—	46	1·98
8 Reigate	35	1·48	22	0·93	11	0·46	1	0·04	39	1·65
Total.. ...	254	1·53	206	1·24	86	0·51	9	0·05	251	1·51
Administrative County	1145	1·52	1041	1·38	470	0·62	90	0·12	1117	1·49

ADMINISTRATIVE COUNTY. DEATHS FROM SPECIFIED DISEASES.

Diseases.	Deaths.	Rate per 1000 population.	Ten Years 1916-25. Average death-rate per 1000 population.
Organic Heart Disease ...	1,145	1·52	1·34
Respiratory Diseases, all forms (excluding pulmonary tuberculosis)	1,041	1·38	1·51
Tuberculosis, Pulmonary ...	470	0·62	0·73
,, All other forms	90	0·12	0·17
Cancer, Malignant Disease	1,117	1·49	1·34

TABLE X.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1925.

Diseases.	Number of cases notified.	Attack-rate per 1,000 population.
Small-pox	1	0·001
Cholera	—	—
Diphtheria	746	0·97
Erysipelas	181	0·23
Scarlet fever	1,597	2·10
Typhus fever	—	—
Enteric fever	79	0·10
Continued fever	—	—
Puerperal fever...	20	0·02
Plague	—	—
Tuberculosis—Pulmonary	712	0·93
,, Non-pulmonary	165	0·21
Cerebro-Spinal fever	10	0·01
Acute Poliomyelitis	5	0·006
Ophthalmia neonatorum	48	0·06
Acute Polio-Encephalitis	1	0·001
Encephalitis Lethargica	58	0·08
Malaria (contracted abroad)	4	0·005
Dysentery	37	0·05
Pneumonia	440	0·58
Totals ...	4,104	5·41

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.			
													Pulmonary.		Non-Pulmonary.	
	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.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.
URBAN.																
1 Barnes	—	—	44	1.25	12	0·34	106	3·01	1	0·02	—	—	36	1·02	8	0·22
2 Beddington and Wallington	—	—	10	0·59	7	0·42	33	1·97	—	—	—	—	18	1·07	5	0·30
3 Carshalton	—	—	27	1·72	4	0·25	28	1·78	1	0·06	—	—	11	0·70	4	0·25
4 Caterham	—	—	26	1·90	6	0·44	53	0·38	2	0·14	1	0·07	3	0·22	2	0·14
5 Chertsey	—	—	2	0·12	3	0·19	7	0·45	—	—	—	—	15	0·96	3	0·19
6 Coulsdon and Purley	—	—	13	0·54	10	0·41	35	1·46	25	1.04	—	—	14	0·58	5	0·20
7 Dorking	—	—	2	0·25	3	0·37	2	0·25	1	0·12	—	—	8	1·00	1	0·12
8 Egham	—	—	5	0·36	2	0·14	32	2·34	2	0·14	—	—	3	0·22	7	0·52
9 Epsom	—	—	8	0·41	8	0·41	4	0·20	7	0·36	1	0·05	10	0·51	4	0·20
10 Esher and The Dittons	—	—	10	0·70	—	—	26	1·79	1	0·07	—	—	25	1·72	3	0·20
11 Farnham	—	—	8	0·48	1	0·06	38	2·28	2	0·12	—	—	8	0·48	1	0·06
12 Frimley	—	—	—	—	1	0 06	6	0·39	—	—	1	0·06	11	0·72	2	0·12
13 Godalming (M.B.)	—	—	4	0·43	2	0·21	21	2·26	1	0·11	—	—	7	0·75	—	—
14 Guildford (M.B.)	—	—	25	0·95	3	0·11	14	0·53	1	0·03	—	—	18	0·68	3	0·11
15 Ham	—	—	—	—	—	—	—	—	—	—	—	—	1	0·65	—	—
16 Haslemere	—	—	2	0·52	—	—	11	2·87	—	—	—	—	4	1·04	1	0·26
17 Kingston-upon-Thames (M.B.)	—	—	25	0·62	21	0·52	213	5·29	7	0·17	4	0·09	50	1·24	7	0·17
18 Leatherhead	—	—	3	0·49	2	0·33	7	1·16	1	0·16	—	—	5	0·83	1	0·16
19 Maldens and Coombe	—	—	34	2·20	4	0·25	28	1·81	—	—	—	—	26	1·68	—	—
20 Merton and Morden	—	—	25	1·31	6	0·31	74	3·90	—	—	—	—	19	1·00	8	0·42
21 Mitcham	—	—	201	5·30	10	0·26	108	2·85	4	0·10	5	0·13	67	1·76	18	0·47
22 Molesey, East and West	—	—	1	0·13	—	—	6	0·82	2	0·27	—	—	4	0·54	1	0·13
23 Reigate (M.B.)	—	—	6	0·20	3	0·10	47	1·63	1	0·03	1	0·03	22	0·76	6	0·20
24 Richmond (M.B.)	—	—	23	0·66	8	0·23	114	3·28	1	0·02	—	—	40	1·15	8	0·23
25 Surbiton	—	—	7	0·34	3	0·14	33	1·64	—	—	—	—	27	1·34	9	0·44
26 Sutton	1	0·04	11	0·51	2	0·09	45	2·11	—	—	—	—	22	1·03	5	0·23
27 Walton-on-Thames	—	—	1	0·07	4	0·27	24	1·65	—	—	—	—	14	0·96	2	0·13
28 Weybridge	—	—	1	0·15	—	—	4	0·62	1	0·15	—	—	5	0·78	—	—
29 Wimbledon (M.B.)	—	—	33	0·56	20	0·34	169	2·90	3	0·05	3	0·05	62	1·06	6	0·10
30 Windlesham	—	—	—	—	—	—	14	2·96	—	—	—	—	4	0·84	1	0·21
31 Woking	—	—	57	2·10	7	0·25	31	1·14	1	0·03	—	—	19	0·70	1	0·03
Total	1	0·001	614	1·04	152	0·25	1,333	2·25	65	0·11	16	0·02	578	0·97	122	0·20
RURAL.																
1 Chertsey	—	—	15	1·29	1	0·08	18	1·55	1	0·08	—	—	6	0·52	6	0·52
2 Dorking	—	—	2	0·19	—	—	19	1·83	—	—	—	—	10	0·96	—	—
3 Epsom	—	—	18	0·48	18	0·48	37	0·99	6	0·16	2	0·05	32	0·86	6	0·16
4 Farnham	—	—	2	0·14	1	0·07	37	2·60	3	0·21	—	—	10	0·70	2	0·14
5 Godstone	—	—	56	2·18	2	0·07	46	1·80	2	0·07	—	—	25	0·97	13	0·50
6 Guildford	—	—	9	0·40	1	0.04	28	1·27	—	—	—	—	16	0·72	3	0·13
7 Hambledon	—	—	8	0·34	5	0·21	43	1·85	1	0·04	1	0·04	19	0·82	2	0·08
8 Reigate	—	—	22	0·93	1	0·04	36	1·52	1	0·04	1	0·04	16	0·67	11	0·46
Total	—	—	132	0·78	29	0·17	264	1·57	14	0·08	4	0·02	134	0·80	43	0·25
Administrative county	1	0 001	746	0·98	181	0·23	1,597	2·10	79	0·10	20	0·02	712	0·93	165	0·21

TABLE XI

GIVING THE CASES NOTIFIED AND THE ATTACK RATE
IN EACH DISTRICT OF THE COUNTY.

	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.
	Enteric.		Diphtheria.	
1 Barnes	—	0·01	44	0·25
2 Beddington and Wallington	—	0·07	10	0·58
3 Carshalton	—	0·08	27	0·72
4 Cheam	1	0·18	28	0·90
5 Chertsey	2	0·38	29	0·90
6 Coulsdon and Purley	—	0·46	7	0·12
7 Epsom	—	0·40	13	0·54
8 Ewell	1	0·25	2	0·25
9 Kingston	2	0·12	5	0·86
10 Malden and The Dittons	2	0·34	32	0·56
11 Merton	—	0·20	8	0·31
12 Ewell	1	0·70	10	0·70
13 Carshalton (M.B.)	—	0·12	8	0·48
14 Guildford (M.B.)	—	0·39	6	0·09
15 Ham	—	—	—	—
16 Haslemere	—	0·87	2	0·32
17 Kingston upon Thames (M.B.)	1	0·29	25	0·62
18 Leatherhead	—	0·16	3	0·49
19 Malden and Coombe	—	0·81	34	2·20
20 Merton and Morden	—	0·90	25	1·31
21 Mitcham	—	0·88	101	3·30
22 Molesey, East, and West	—	0·32	1	0·13
23 Reigate (M.B.)	—	1·03	6	0·20
24 Richmond (M.B.)	—	3·28	23	0·66
25 Surbiton	—	1·04	7	0·34
26 Sutton	1	0·04	11	0·51
27 Walton-on-Thames	—	1·05	1	0·07
28 Weybridge	—	0·03	1	0·15
29 Wimbledon (M.B.)	—	2·90	33	0·56
30 Wodeham	—	2·96	14	—
31 Woking	—	1·14	67	2·10
Total	1	0·01	514	1·04

	Typhoid.		Scarlet Fever.	
1 Chertsey	—	1·55	15	0·29
2 Dorking	—	1·93	2	0·19
3 Epsom	—	0·99	18	0·48
4 Farnham	—	2·60	2	0·14
5 Godstone	—	1·30	36	0·18
6 Guildford	—	1·07	9	0·10
7 Hambledon	—	1·85	8	0·34
8 Reigate	—	1·62	22	0·03
Total	—	1·57	132	0·18
Administrative county	1	0·01	647	0·08

TABLE XII.

STATEMENT GIVING THE CASES, AND CASE RATES, DEATHS, AND DEATH RATES IN EACH OF THE YEARS 1912–1925.

Year.	PULMONARY TUBERCULOSIS.				OTHER FORMS OF TUBERCULOSIS.			
	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Primary 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
1925	712	0·93	470	0·62	165	0·21	90	0·12

TABLE XIII.

CASES NOTIFIED DURING 1925 UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1921.

Age period.	Pulmonary.		Non-pulmonary.	
	Male.	Female.	Male.	Female.
Under 1 year	—	—	2	—
One and under 5 years	2	3	11	12
5 ,, ,, 10 ,, ...	1	1	26	11
10 ,, ,, 15 ,, ...	9	11	18	7
15 ,, ,, 20 ,, ...	30	32	5	15
20 ,, ,, 25 ,, ...	47	69	4	14
25 ,, ,, 35 ,, ...	102	102	7	10
35 ,, ,, 45 ,, ...	84	49	6	6
45 ,, ,, 55 ,, ...	63	33	—	4
55 ,, ,, 65 ,, ...	39	21	2	3
65 and upwards	9	5	1	1
Totals	386	326	82	83
	712		165	

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. T. W. Moran
3. Cobham ...	Boys' Club	Wed., 10 a.m. (2nd and 4th)	Dr. A. H. Hayes
4. Dorking ...	Imperial Club, West Street	Thurs., 10 a.m. (1st & 3rd)	Dr. C. L. Lakin
5. Egham ...	St. Paul's Mission Room	Wed., 10 a.m. (1st and 3rd)	Dr. T. W. Moran
6. Farnham ...	Bayfield, High Park Road	Thurs., 10 a.m. ...	Dr. W. H. Butcher
7. Godalming	Church Room, Queen's Road	Thurs., 10 a.m. (1st and 3rd)	Dr. M. H. Archibald
8. Godstone ...	The Hut, South Godstone	Wed., 10 a.m. (1st and 3rd)	Dr. H. L. Oldershaw
9. Guildford ..	49, Farnham Road	Wed., 10 a.m. ... Fri., 10 a.m. ...	Dr. E. Donaldson
10. Horley	Technical Institute	Wed., 10 a.m. (2nd and 4th)	Dr. A. Massey
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. F. W. Gavin
14. Redhill	1A, Cecil Road ...	Mon., 2 p.m. ..... Thurs., 2 p.m.	Dr. A. Massey
15. Sutton	Public Hall, Church Road	Mon., 10 a.m. ...	Dr. F. W. Gavin
16. Weybridge	Vigo House	First Wed., 10a.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. (children & 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	78	623	71
Camberley ...	Friday (fortnightly) ...	16	37	12
Cobham	Wednesday (fortnightly)	10	66	12
Dorking	Thursday (fortnightly)...	37	132	27
Egham	Wednesday (fortnightly)	37	98	54
Farnham	Thursday	42	332	60
Godalming ..	Thursday (fortnightly) ...	30	95	9
Godstone	Wednesday (fortnightly)	24	243	40
Guildford	Wednesday and Friday...	166	615	222
Horley	Wednesday (fortnightly)	27	155	32
Kingston	Tues., Wed. and Fri. ...	432	1,434	402
Mitcham	Tuesday and Thursday...	184	1,066	188
Purley	Monday	88	524	223
Redhill	Monday and Thursday ...	165	1,014	190
Sutton	Monday	105	526	148
Weybridge ...	Wednesday (monthly) ...	33	124	34
Wimbledon ...	Mon., Tues. and Fri. ...	322	2,447	450
Woking	Monday	90	343	82
Totals, 1925 ...	—	1,886	9,874	2,256
Totals, 1924 ...	—	1,921	10,183	1,959

TABLE XVI.

ADMINISTRATIVE COUNTY, 1925.

PRIMARY EXAMINATIONS FOR DIAGNOSIS.

	Pulmonary.				Non-Pulmonary.			
	Tuberculous.	Doubtful.	Non-Tuberculous.	Totals.	Tuberculous.	Doubtful.	Non-Tuberculous.	Totals.
Contacts	22	46	278	346	7	17	18	42
Others	627	295	344	1,266	124	59	49	232
Total	649	341	622	1,612	131	76	67	274

DOUBTFUL CASES—FINAL RESULTS.

			Pulmonary.	Non-Pulmonary.	Totals.
		Diagnosed as Tuberculous ...	59	13	72
On Books, 1st January, 1925 ...	184	,, ,, Non-Tuberculous ...	160	33	193
Added during year...	417	Lost sight of	112	34	146
		Still doubtful, 31st December, 1925	150	40	190
Total	601		481	120	601

TABLE XVII.

PATIENTS TREATED IN RESIDENTIAL INSTITUTIONS.

	Males.		Females.	Children.		Total.
	Civilian.	Ex-Service.		Boys.	Girls.	
Pulmonary	350	80	358	17	33	838
Non-Pulmonary	20	6	38	53	40	157
Total	370	86	396	70	73	995

NUMBER OF TREATMENT DAYS.

	Males.		Females.	Children.		Total.
	Civilian.	Ex-Service.		Boys.	Girls.	
Pulmonary	39,044	9,798	41,625	2,446	4,170	97,083
Non-Pulmonary	3,052	1,046	7,296	11,030	7,759	30,183
Total	42,096	10,844	48,921	13,476	11,929	127,266
Average treatment days per patient	113·8	126·1	123·5	192·5	163·4	127·9

Daily average number of beds occupied = 349

TABLE XVIII.

VENEREAL DISEASES.

	London centres only.		Surrey centres.		
			Guildford.	Richmond.	Redhill.*
Number of persons who, on the 1st January, 1925, were under treatment	†		58	47	—
Number of persons dealt with during the year for the first time	702		103	126	13
Number of persons who ceased to attend—					
(*a*) Before completing the first course of treatment	†		—	38	—
(*b*) After one or more courses, but before completion of treatment ..	†		2	6	—
(*c*) After completion of treatment but before final tests as to cure	†		1	22	3
Number of persons discharged after completion of treatment and observation ..	†		8	6	3
Number of persons who, on the 1st January, 1926, were under treatment or observation	†		107	53	7
Out-patient attendances—					
(*a*) For individual attention by the Medical Officer	15,144		1,516	1,509	93
(*b*) For intermediate treatment, *e.g.*, irrigation: dressings			1,588	1,724	120
Number of doses of salvarsan substitutes given ..	1,521		479	296	40
Specimens from persons attending sent to an approved laboratory—	For Practitioners	For Centres			
(*a*) Sporochaetes ..	8	34	—	6	1
(*b*) Gonococci	453	1,297	90	181	12
(*c*) Wasserman reaction ..	571	960	113	74	7
(*d*) Others	132	801	2	—	—
Number of in-patient days ..	—	1,471	—	—	53

* Clinic opened 3rd June, 1925.

† Figures not obtainable.

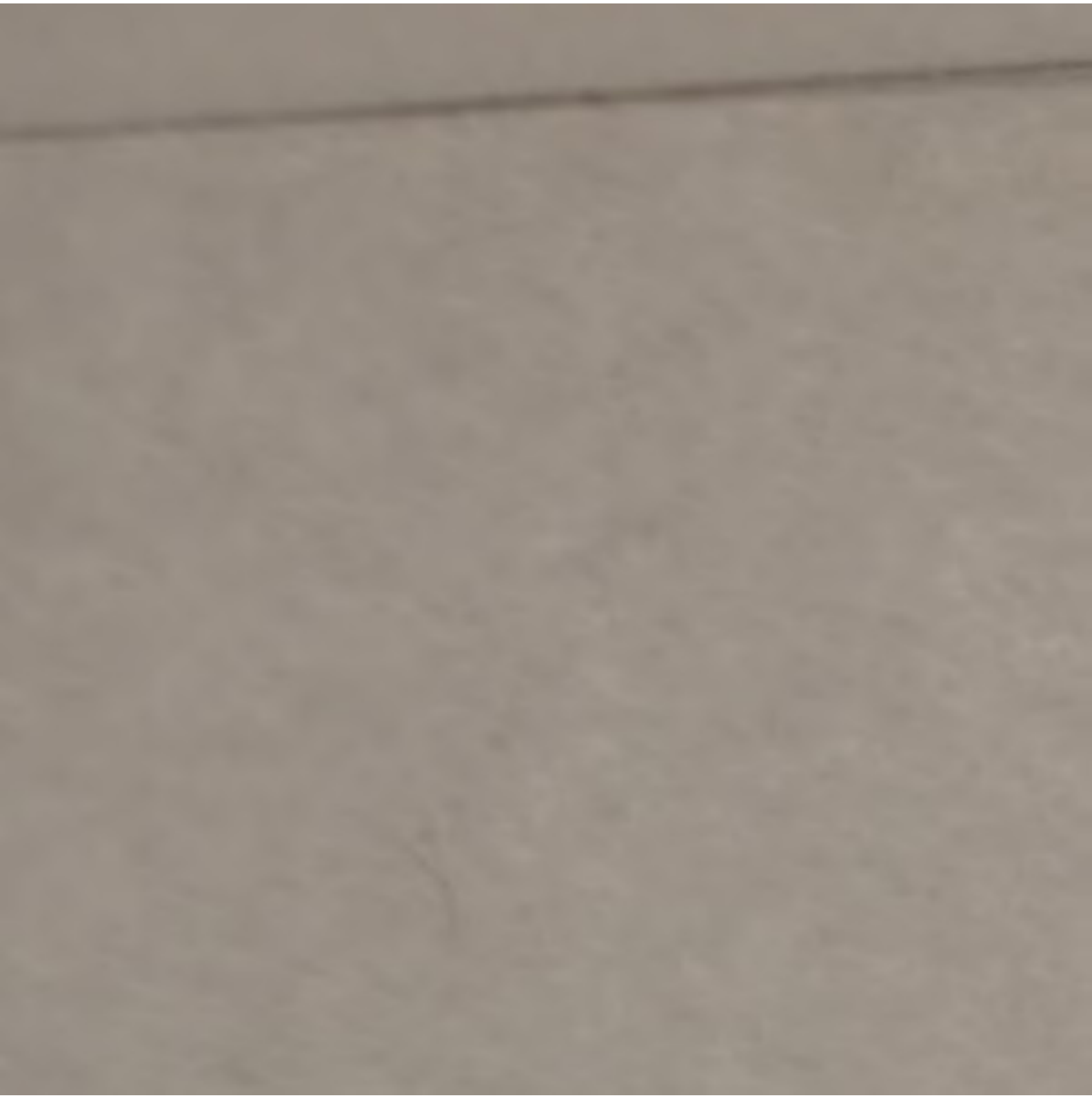


TABLE XXI.

SALE OF FOOD AND DRUGS ACTS.

NUMBERS OF SAMPLES ANALYSED.

Articles.	Number of samples analysed.	Number genuine.	Number adulterated.	Prosecutions.	Convictions.
Milk	1,641	1,501	140	46	21
Cream	116	103	13	8	4
Cream—preserved ...	49	49	—	—	—
Butter	116	115	1	—	—
Cheese	12	11	1	—	—
Margarine	8	8	—	—	—
Lard	14	14	—	—	—
Bread	—	—	—	—	—
Flour	1	1	—	—	—
Tea	2	2	—	—	—
Coffee	6	6	—	—	—
Cocoa	15	15	—	—	—
Sugar	7	7	—	—	—
Mustard...	1	1	—	—	—
Confectionery and Jam	6	6	—	—	—
Pepper	2	2	—	—	—
Wine	7	1	6	—	—
Beer	1	1	—	—	—
Spirits	25	20	5	4	3
Drugs	22	20	2	1	1
Other Articles	53	37	16	—	—
Totals	2,104	1,920	184	59	29

TABLE XXII (Urban).

Surrey: Deaths from Cancer registered in each district, classified according to anatomical site of the disease (1925).

DISTRICT.		1 Buccal Cavity.	2 Stomach, Liver, Pancreas, &c.	3 Peritoneum Intestines & Rectum.	4 Female Genital Organs.	5 Breast.	6 Skin.	7 Other parts.	Totals.
Barnes U.D.	Males:	2	4	1		—	—	1	8
	Females:	—	7	1	6	2	—	4	20
Beddington & Wallington U.D.	Males:	—	4	2		—	1	3	10
	Females:	1	5	—	3	6	—	1	16
Carshalton U.D.	Males:	2	4	2		—	—	2	10
	Females:	—	2	3	2	2	—	—	9
Caterham U.D.	Males:	—	2	1		—	—	1	4
	Females:	—	—	1	2	1	1	—	5
Chertsey U.D.	Males:	—	3	2		—	—	4	9
	Females:	—	7	1	4	2	1	1	16
Cuttsdon & Purley U.D.	Males:	2	2	3		—	1	1	9
	Females:	1	4	4	3	4	—	4	20
Dorking U.D.	Males:	—	4	—		—	—	—	4
	Females:	—	1	4	3	—	—	2	10
Egham U.D.	Males:	—	1	2		—	—	4	7
	Females:	1	3	3	1	—	—	—	8
Epsom U.D.	Males:	6	4	3		1	1	12	27
	Females:	2	7	4	2	5	1	4	25
Esher & The Dittons U.D.	Males:	1	1	3		—	—	2	7
	Females:	1	—	1	2	—	—	—	4
Farnham U.D.	Males:	4	6	6		—	—	5	21
	Females:	—	3	3	3	5	1	2	17
Frimley U.D.	Males:	—	2	1		—	1	1	5
	Females:	—	3	2	1	1	—	1	8
Godalming M.B.	Males:	—	2	—		—	—	1	3
	Females:	—	—	3	—	6	—	2	11
Guildford M.B.	Males:	5	8	7		—	—	7	27
	Females:	2	7	7	9	4	—	3	32
Ham U.D.	Males:	—	—	—		—	—	—	0
	Females:	—	—	—	—	—	—	—	0
Haslemere U.D.	Males:	—	1	2		—	—	1	4
	Females:	1	2	—	1	—	—	—	4
Kingston M.B.	Males:	5	9	11		—	5	8	38
	Females:	1	8	6	15	14	2	6	52
Leatherhead U.D.	Males:	2	1	—		—	—	2	5
	Females:	—	4	2	2	—	—	1	9
Malden & Coombe U.D.	Males:	2	—	—		—	—	—	2
	Females:	—	2	1	4	1	—	—	8
Merton & Morden U.D.	Males:	1	—	1		—	—	2	4
	Females:	—	4	1	4	5	—	2	16
Mitcham U.D.	Males:	1	3	1		—	—	4	9
	Females:	1	5	4	2	5	1	4	22
Molesey E. & W. U.D.	Males:	—	1	1		—	—	—	2
	Females:	—	1	4	1	—	—	—	6
Reigate M.B.	Males:	2	10	4		—	—	5	21
	Females:	—	11	7	3	5	—	3	29
Richmond M.B.	Males:	4	11	4		—	—	10	29
	Females:	—	10	6	7	4	2	5	34
Surbiton U.D.	Males:	2	4	4		—	1	2	13
	Females:	—	4	5	—	—	—	1	10
Sutton U.D.	Males:	—	3	5		—	—	2	10
	Females:	—	4	3	2	2	—	1	12
Walton-on-Thames U.D.	Males:	—	1	5		—	—	—	6
	Females:	—	2	2	1	1	—	1	7
Weybridge U.D.	Males:	—	—	2		—	—	2	4
	Females:	—	2	2	2	3	—	—	9
Wimbledon M.B.	Males:	3	3	5		—	—	6	17
	Females:	1	7	11	11	11	2	3	46
Wimbledon U.D.	Males:	—	1	1		—	—	1	3
	Females:	1	2	—	2	—	—	—	5
Woking U.D.	Males:	2	4	4		1	—	8	19
	Females:	—	4	4	3	4	—	1	16
TOTALS:	Males:	46	99	83		2	10	97	337
	Females:	13	123	95	101	93	11	52	486

TABLE I (Rural).

DISTRICT:		1 Buccal Cavity.	2 Stomach, Liver, Pancreas, &c.	3 Peritoneum Intestines & Rectum.	4 Female Genital Organs.	5 Breast.	6 Skin.	7 Other parts.	Totals.
Chertsey R.	Males:	—	2	1		—	—	1	4
	Females:	1	—	1	—	—	—	—	2
Dorking R.	Males:	1	1	2		—	—	3	7
	Females:	—	1	1	2	1	—	—	5
Epsom R.	Males:	1	4	1		—	—	7	13
	Females:	—	3	5	5	6	1	5	25
Farnham R.	Male:	4	5	1		—	—	1	11
	Females:	—	1	1	2	2	—	2	8
Godstone R.	Males:	—	6	3		—	—	5	14
	Females:	1	2	4	3	9	1	2	22
Guildford R.	Males:	—	2	3		—	—	8	13
	Females:	—	—	2	5	4	1	1	13
Hambledon R.	Males:	3	6	6		—	—	4	19
	Females:	1	1	5	3	3	—	3	16
Reigate R.	Males:	—	10	2		—	1	1	14
	Females:	2	1	3	5	5	—	3	19
TOTALS:	Males:	9	36	19		—	1	30	95
	Females:	5	9	22	25	30	3	16	110

TABLE XXII (Urban).

Surrey: Deaths from Cancer registered in each district, classified according to anatomical site of the disease (1925).

DISTRICT.		1 Buccal Cavity	2 Stomach, Liver, Pancreas, &c.	3 Peritoneum Intestines & Rectum.	4 Female Genital Organs.	5 Breast.	6 Skin.	7 Other parts.	Totals.
BANSTEAD U.D.	Males:	2	4	1		—	—	1	8
	Females:	—	7	1	6	2	—	4	20
BEDDINGTON & WALLINGTON U.D.	Males:	—	4	3		—	1	3	10
	Females:	1	5	—	3	6	—	1	16
CARSHALTON U.D. ..	Males:	2	4	2		—	—	2	10
	Females:	—	3	3	2	2	—	—	9
CATERHAM U.D.	Males:	—	2	1		—	—	1	4
	Females:	—	—	1	2	1	1	—	5
CHERTSEY U.D.	Males:	—	3	2		—	—	4	9
	Females:	—	7	1	4	2	1	1	16
COULSDON & PURLEY U.D.	Males:	2	2	3		—	1	1	9
	Females:	1	4	4	3	4	—	4	20
DORKING U.D.	Males:	—	4	—		—	—	—	4
	Females:	—	1	4	3	—	—	2	10
EPSOM U.D.	Males:	—	1	2		—	—	4	7
	Females:	1	3	3	1	—	—	—	8

TABLE XXIII.

SURREY. DEATHS FROM CANCER IN VARIOUS AGE-GROUPS.
(Local Registrars' Returns, 1925).

——	Under 1 year.	1–2.	2–5.	5–15.	15–25.	25–45.	45–65.	65–75.	75 and over.	All ages.
Males ..	—	2	1	3	3	29	186	145	63	432
Females ..	—	0	1	2	5	54	239	174	121	596
Totals ..	—	2	2	5	8	83	425	319	184	1,028

Sub-divided into Urban and Rural Populations, thus :—

(A) Urban.

——	Under 1 year.	1–2.	2–5.	5–15.	15–25.	25–45.	45–65.	65–75.	75 and over.	All ages.
Males ..	—	2	1	3	2	21	154	112	42	337
Females ..	—	—	1	2	5	46	185	149	98	486

(B) Rural.

——	Under 1 year.	1–2.	2–5.	5–15.	15–25.	25–45.	45–65.	65–75.	75 and over.	All ages.
Males ..	—	—	—	—	1	8	32	33	21	95
Females ..	—	—	—	—	—	8	54	25	23	110

TABLE XXIV.

SURREY. CANCER. DURATION OF DISEASE BEFORE CAUSING DEATH. (1925).

These data were obtained from a consideration of all cancer deaths in Surrey, in which the duration of disease was stated by the certifying doctor. In a large number of cases, the duration was not stated, presumably owing to the impossibility or great difficulty in accurate estimation. In this connection, as would be expected, the duration of the disease was more generally stated in cases of cancer of accessible organs, notably the breast.

——		Buccal Cavity. (1)	Stomach, Liver, etc. (2)	Intestines, Rectum, etc. (3)	Female Genital Organs. (4)	Breast. (5)	Skin.* (6)	Other parts. (7)
Average Duration ..	Males :	15.4 months	11.5 months	28.6 months		96 months	222 months	11.8 months
	Females :	9.1 months	12.7 months	16 months	17.6 months	50 months	9.6 months	15.2 months
Greatest Duration Registered	Males :	30 months	54 months	168 months		144 months	420 months	36 months
	Females :	24 months	60 months	48 months	48 months	240 months	12 months	60 months
Least Duration Registered	Males :	4 months	2 months	3 months		48 months	24 months	2 months
	Females :	3 months	2 months	3 months	4 months	6 months	5 months	3 months

* Based on 6 cases only.

* Based on 6 cases only.

TABLE XXV.

SURREY. AVERAGE AGES AT DEATH FROM CANCER OF VARIOUS SITES.

		Buccal Cavity. (1)	Stomach, Liver, etc. (2)	Intestines, Rectum, etc. (3)	Female Genital Organs. (4)	Breast. (5)	Skin. (6)	Other parts. (7)
URBAN	Males :	59.0	63.7	68.8		66.5	70.5	53.6
	Females :	63.6	68.7	69	57.3	59	59.5	54.7
RURAL	Males :	66.5	57.5	64		No Cases	84*	63.6
	Females :	65	63.7	69.3	57.8	61	69	53

* One case only

TABLE XXVI.

DIAGRAM 1

Diagram showing relative number of deaths registered in Surrey* from cancer of different parts of the body (1925)

* Administrative County

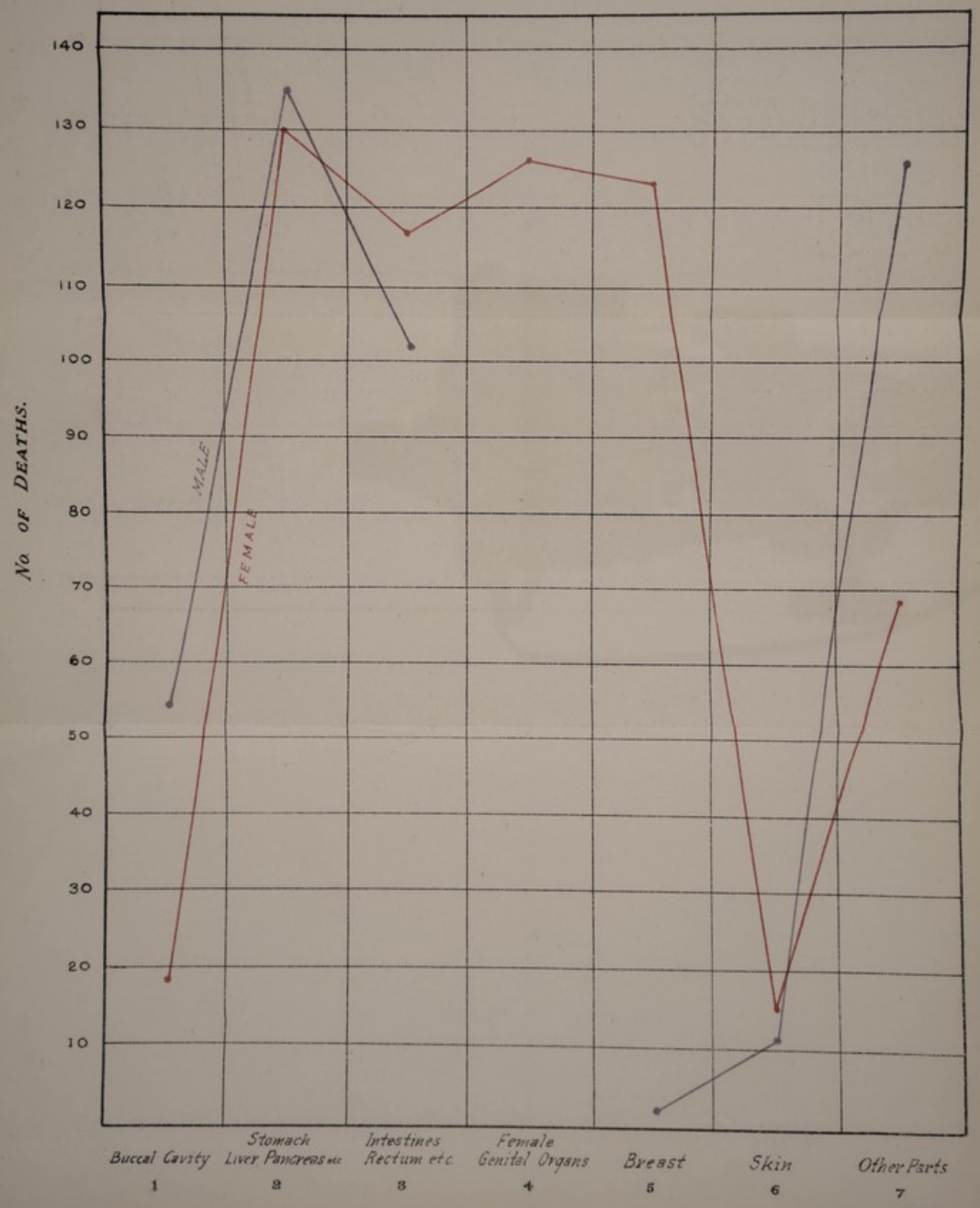


TABLE XXVII.

DIAGRAM 2

Diagram showing crude annual death rates from cancer at all ages to a thousand living (1914 onwards) for England & Wales, and the same rates for the Administrative County of Surrey.

(Registrar General's Returns)

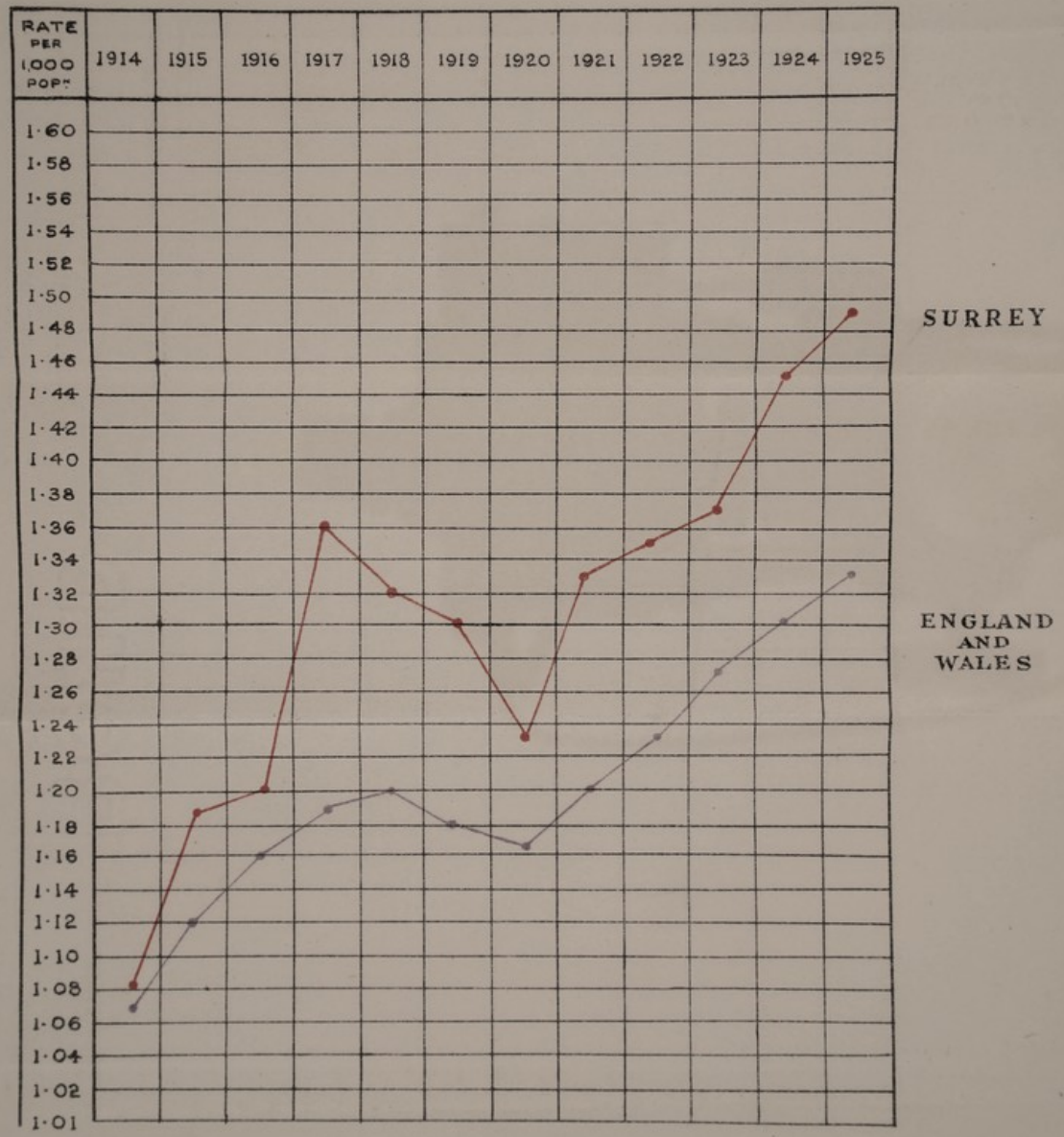


TABLE XXXII.

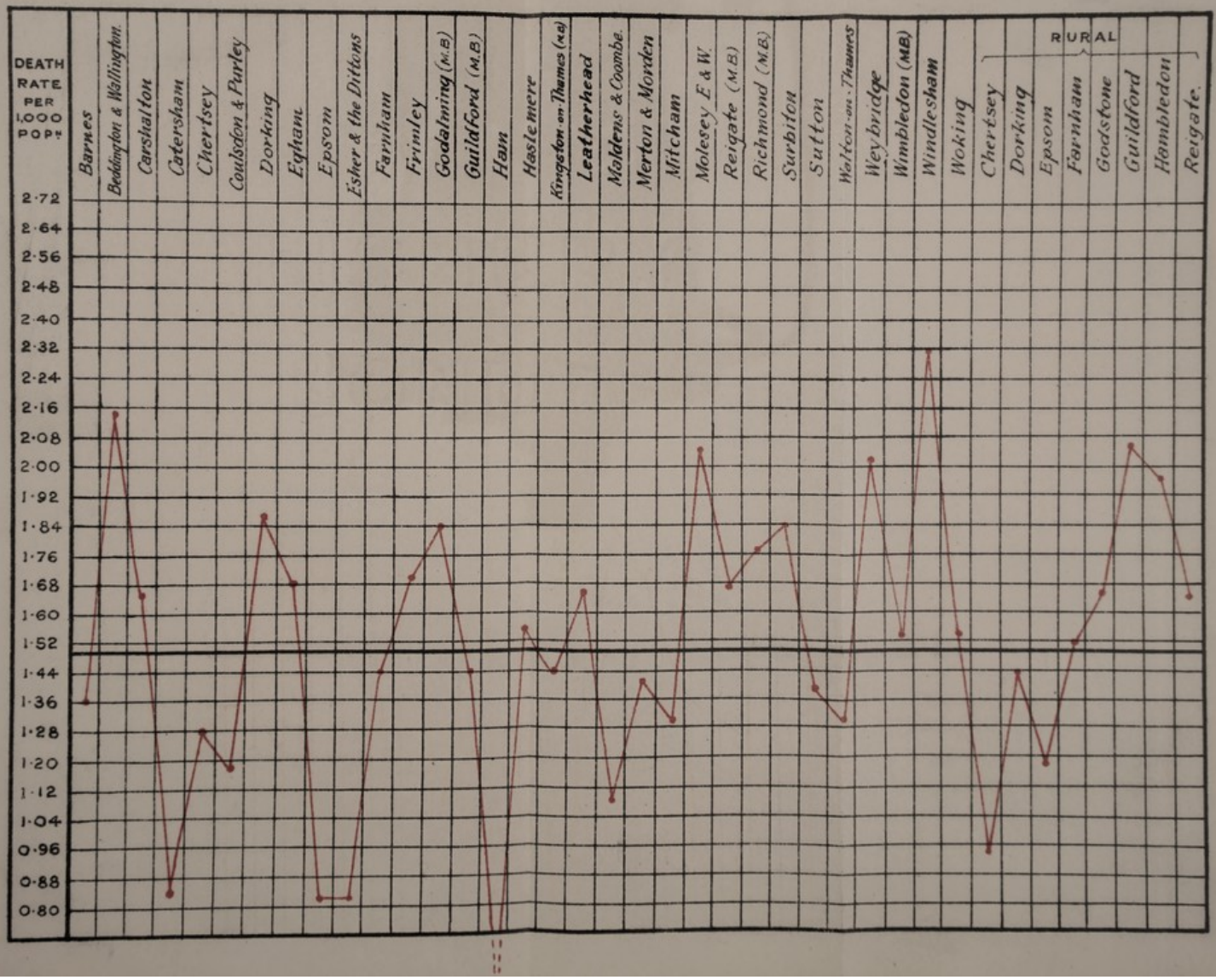
DIAGRAM 2.

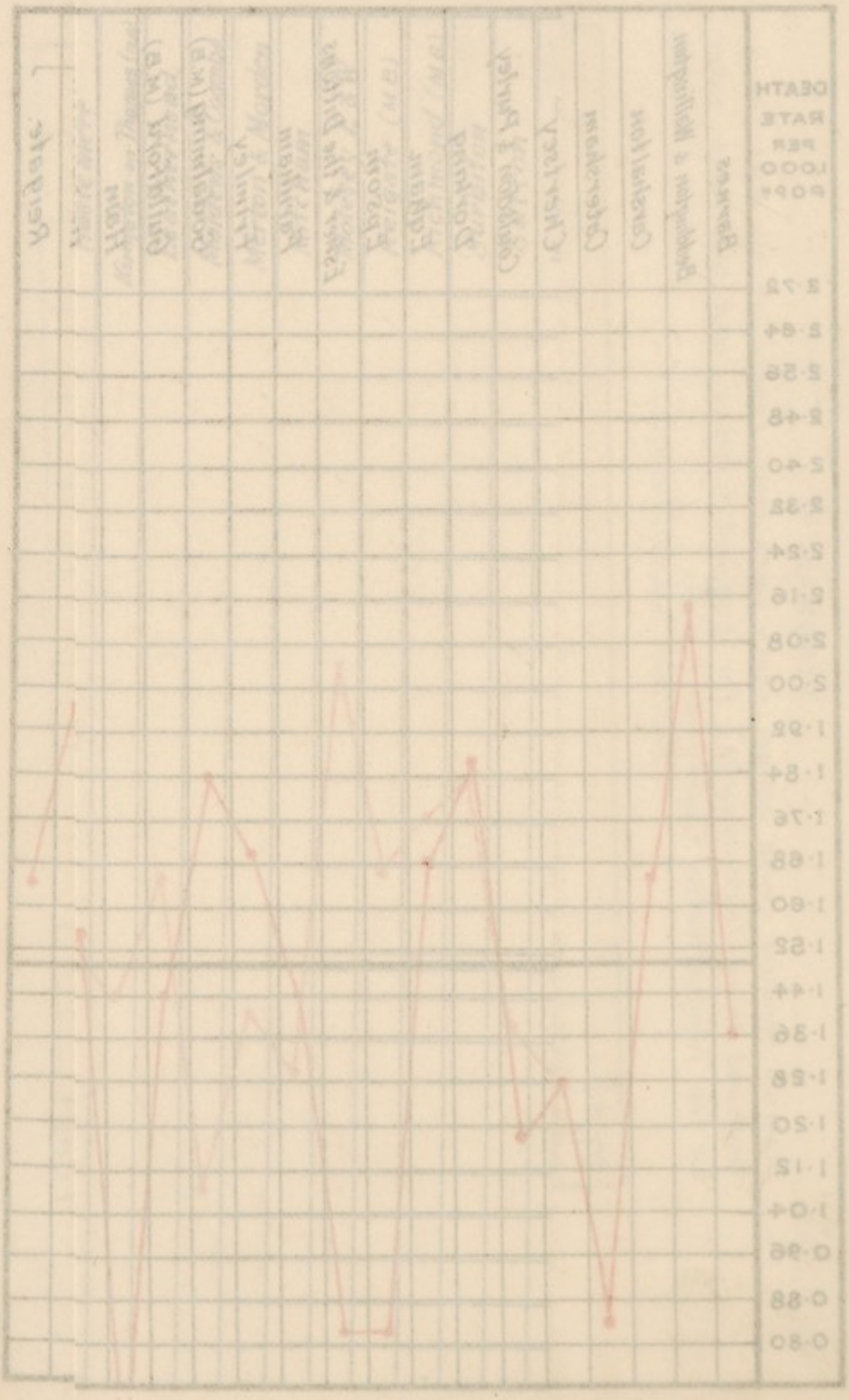
Diagram showing three census values of the ratio of
(Registration County of Surrey.)
to (the Administrative County of Surrey)
(Registration County of England and Wales)
for (the civil) parishes in Surrey, and the same ratio

TABLE XXVIII.

DIAGRAM 3.

Cancer; Surrey; Diagram showing death rates from cancer of all ages in each district (1925), compared with that for the Administrative County as a whole.





Surrey Education Committee.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1925.

CONTENTS.

REPORT OF THE SCHOOL MEDICAL OFFICER.

	PAGE.
Preface	93
Staff	95
Co-ordination	95
Elementary schools—	
(*a*) Numbers and attendances	95
(*b*) School hygiene	95
Medical inspection	98
Defects and diseases	99
Infectious diseases	99
Following up	102
Medical treatment	104
(*a*) Tonsils and adenoids	104
(*b*) Defects of vision	104
(*c*) Dental defects	105
(*d*) Tuberculosis	105
(*e*) Crippled children	106
Open-air education—	
(*a*) Playground classes	110
(*b*) School journeys	110
(*c*) ,, camps	110
(*d*) Open-air classrooms in public elementary schools	112
(*e*) Day open-air schools	112
(*f*) Residential open-air schools	112
Physical training	113
Provision of meals	113
School baths	114
Co-operation of parents	114
,, ,, teachers	114
,, ,, school attendance officers	114
,, ,, voluntary bodies	114
Blind, deaf, defective and epileptic children	115
Nursery schools	117
Secondary schools	117
Special enquiries	118
Continuation schools	127
Employment of children	127
Examination of county scholarship candidates	127
,, ,, elementary school teachers	127
Appendix—	Table
Routine and special inspections	I.
Defects found	II.
Number of exceptional children of school age	III.
Treatment of defects	IV (i).
,, ,, of vision	IV (ii).
,, ,, ,, nose and throat	IV (iii).
Inspection and treatment of dental defects	IV (iv).
Uncleanliness and verminous conditions	IV (v).
Notifications of infectious disease	V (*a*).
,, ,, contagious disease	V (*b*).
Schools closed on account of infectious disease	VI.
List of clinics	VII.
Henley Fort Camp—schools from which children were admitted	VIII.
Children suffering from tuberculosis admitted to institutions	IX.
Cases referred to N.S.P.C.C.	X.
Communicable diseases in schools—revised regulations	XI.
Secondary Schools—	
Routine and special inspections	XII.
Defects found	XIII.
Treatment of Defects	XIV (i).
,, ,, of vision	XIV (ii).
,, ,, ,, nose and throat	XIV (iii).
Inspection and treatment of dental defects	XIV (iv).

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 1925 under the general direction of the school medical officer.

During 1925, 20,782 children at elementary schools and 2,981 at secondary schools have been systematically medically examined.

The parents of 308 children objected to routine medical inspection. In each instance a letter was sent pointing out the advantages of medical examination, and as a result the parents of 80 children withdrew their objection. In addition, 23 children were examined by a private medical practitioner who completed the inspection schedule.

Of the elementary school children examined at routine inspection, 18·7 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, 57·7 per cent. of the children needing treatment actually received it by the end of the year. Dental inspection of 27,022 elementary school children was made. The teeth in 69·7 per cent. were found to require attention, and dental treatment was provided for 47·3 children found to require it. Institutional treatment was provided for varying periods in the year for 182 children who were blind, deaf, epileptic, physically or mentally defective.

Medical inspection without regular and persistent following-up and re-examination is of little avail, and it is therefore noteworthy that in 1925 the number of re-examinations of elementary school children was 14,865 as compared with 1,921 in the year 1920.

Of the pupils examined in secondary schools, 15·9 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 it was found that 47·1 per cent. of the pupils needing treatment received it by December 31st. Dental inspection of 6,197 pupils was made. The teeth of 59·9 per cent were found to require attention.

It is very gratifying to know that by the re-organisation which has been effected during recent years a scheme has been evolved along sound and progressive lines. During the year under review an inspection of the arrangements for medical and dental inspection and treatment provided by the Committee was carried out by the Board of Education, and the report of the Board states that "the arrangements for the school medical service are, generally speaking, excellent and furnish an admirable example of careful organisation and steady development reflecting great credit on the Authority and their staff."

The estimated gross cost of these medical services for the year ending 31st March, 1926, is £22,900.

There is a great need for an open-air residential school in Surrey; further reference to this is made on page 105.

The wise outlay of money on the prevention and cure of disease and on the removal of defects among the school population is a sound investment returning a high rate of interest. By gradual stages since about 1909 a change almost incredible has taken place in the comfort and cleanliness of school children. Ringworm is disappearing, itch is rarely to be found, while more than ninety per cent. of the children are now entirely free from evidence of vermin.

JOSEPH CATES.

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

29th January, 1926.

Staff.

The names and qualifications of the medical and dental staff are given on pages 7 and 8.

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 anæsthetists 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 386 departments; 128 were provided schools and 148 non-provided; there were 59,177 children on the registers, 292 being under 5 years of age. For the school year ended 31st March, 1925, the average attendance was 52,741.

(*b*) *School Hygiene.*

(i) 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 1925, 275 recommendations were made relating to 114 schools. The defects discovered were:—

Defects.	*No. of Recommendations.*
Drinking vessels used in common ...	92
Desks unsuitable and bad type	15
Heating inadequate	18
Lighting, natural and artificial, insufficient	18
Closets and Urinals:—	
Insufficient number	4
Constructional defects	9
Faulty flushing apparatus	4
Playground surface in need of repair ...	22
Ventilation inadequate	6
Lavatory basins—insufficient	5
School buildings—structional defects ...	10
Re-decoration—internal 3, external 1 ...	4
Classrooms—uncleanliness	3
Miscellaneous	65

(ii) The head teacher of Blindley Heath Church of England School has instituted an excellent scheme whereby children are taught, from the time of entrance at the age of 5, to regard the cleaning of their teeth as an essential part of their daily routine. Each child brings to school his own tooth brush. This is placed in a washable linen bag made by the older girls, numbered, and hung on a peg in a portion of the cloak-room specially set apart for the purpose. A tin of tooth powder is placed over the lavatory basins, each child takes a small quantity from the tin with a scoop and places the powder in the palm of his hand; this obviates any possibility of the conveyance of infection. The children clean their teeth before entering the classrooms at the beginning of the morning and afternoon sessions. The head teacher states that the children have become thoroughly accustomed to carry out this procedure and rarely attempt to avoid it. There would seem to be no doubt that considerable benefit would be derived by the adoption of this scheme in other schools in the county.

(iii) During the current year the assistant county inspectress carried out an enquiry into the arrangements in the schools in

the county with regard to the facilities whereby children can partake of their midday meal on school premises. The report is as follows:—

Dinner Arrangements.

Enquiries have been made into the dinner arrangements in rural schools as directed by the Committee. It must be remembered that the children who remain between the morning and afternoon sessions are divided into two classes: (i) those who live in the immediate neighbourhood but stay as the house is locked during the absence of the employed mother, (ii) those who remain as their homes are far from the school.

Arrangements for Dinner.

The attention paid to the dinner children varies considerably, and the schools may be divided into:—

(*a*) Those where the premises are open and the children are allowed to sit in the warm classrooms and eat their dinners without any supervision.

(*b*) Those where supervision is paid for by the Committee at the rate of 2s. 6d. per week. The Managers make this payment to teachers or caretakers for remaining in the building during the dinner interval, but it is not compulsory for the supervisor to sit with the children.

(*c*) Those where the supervisor or elder girls prepare cocoa or meat extract. The cocoa or meat extract may be brought by the children or provided by the school and sold at cost price.

(*d*) Those where the supervising teacher lunches with the children and controls their general behaviour. With this arrangement it is found occasionally that table-cloths, mugs, and sometimes plates, are provided.

Food.

The food brought by the children varies considerably in quality and quantity, according to the class of home and interest of the mother. Many children bring a well balanced meal consisting of sandwiches (egg, meat, cheese or paste), a slice of cake, some fruit and a flask filled with cocoa, milk, or meat extract; others bring potatoes to be roasted in front of an open fire, in addition to bread and butter, whilst still too many are dependent on bread

and butter or bread and jam without any additions. In schools where there is a domestic subjects room, the teacher in charge makes soup, whenever possible, and sells it at cost price.

In making enquiries I find that there is a genuine desire on the part of the head teachers—particularly where there has been a change of head within recent years—to improve the feeding conditions, but they are handicapped by a lack of funds. Some head teachers ask the children to bring mugs, and in some cases they get a ready response; occasionally the managers or local people interested in the school will help with equipment, but there is no settled source of money for utensils, etc. To lessen the number of untidy and sometimes newspaper packets placed on the desks, in many cases I have suggested that runners, *i.e.*, strips of material to cover the desk tops, can be made by the junior classes as part of their needlework instruction and kept as school equipment.

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 number of children examined in the various age groups are set out in table I. on page 128.

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

(c) During 1925 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 129. Of the children systematically examined, 6·5 per cent. had defective vision or squint, 17·4 per cent. enlarged tonsils, adenoids or enlarged tonsils and adenoids, and 0·8 per cent. defective hearing.

Infectious Diseases.

In June, in compliance with the instructions of the Committee, the school medical officer submitted certain amendments with regard to the routine then in force in the county with regard to the exclusion and re-admission of children who were in contact with cases of infectious disease. In the proposals then placed before the Committee, the county medical officer had the advantage of conferences, firstly with representatives of the Surrey Panel Committee and the British Medical Association, and, secondly, with certain of the district medical officers in Surrey. These proposals, generally speaking, embodied suggestions which had been approved by the members of these conferences.

It seems that, with adequate nursing supervision in the schools, all contacts with cases of infectious disease might remain in school, but there is not yet in Surrey a staff of health visitors sufficient for this purpose.

The recommendations made were aimed to prevent a considerable amount of the loss of education occasioned by exclusion, but for the successful working of the scheme it is essential that:—

(1) Head teachers should comply with the regulations of the Education Committee and notify immediately to the county medical officer of health the occurrence of any case or suspected case of infectious or contagious disease in the schools and should report at once the names of any children who may be in con-

tact with infectious disease in order that such supervision as it is possible on the school premises may be kept on these contacts, and

(2) School attendance committees should take steps to see that parents send to school contacts who ought to attend according to the revised regulations.

The regulations suggested were adopted by the Committee and came into operation at the beginning of the autumn term and are set out in table XI.

The health visitors now regularly visit schools where instances of infectious diseases occur, so that the resort to school closure is avoided as far as possible.

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 beginning of the new scheme, 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 whole of the year 1925 is 150 days of school closure.

Table VI. is a list of the schools closed in 1925, with the periods of closure.

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

Diphtheria.—It is now well established that by a test applied to the skin (the Schick test) it is possible to determine whether a person is susceptible (Schick positive) or immune (Schick negative) to diphtheria.

Further, it is certain that the susceptible persons can be made immune—probably for life—as a result of inoculation by an appropriate prophylactic. The inoculation, carried out with reasonable precautions, causes little or no discomfort in children, and does not interfere with the attendance at school.

With the consent of the parent three doses at weekly intervals are given under the skin, and after a period of about three months the child is again tested by the Schick method. In a few instances further doses are necessary. Complete immunity is rather slowly acquired, and it is usual therefore to allow the three months to elapse before re-testing. Until immunity is complete, a child exposed to infection may develop diphtheria, the severity of the attack of the disease being in inverse proportion to the degree of immunity.

Godstone, Blindley Heath C.E. School.—The first case of diphtheria at Blindley Heath School occurred on September 23rd, 1925. In spite of the usual precautions such as swabbing of contacts and home visitation, five children and a teacher developed diphtheria between September 23rd and October 11th. It seemed that a serious outbreak was beginning. After consultation with the medical officer of the area, it was decided to Schick test and immunise the children in attendance at the school.

The parents were invited to attend a meeting on October 9th, and the procedure proposed to be adopted was explained to them by Dr. Donaldson, one of the assistant medical officers of the county public health staff. Consent to testing and immunising was given by the parents of 98 children, and in several instances the parents requested that they themselves might be protected against diphtheria, which is apt to be of a virulent type in the district.

There were on the registers of the school 100 children, 11 were absent suffering or suspected to be suffering from diphtheria, 3 refused the test. Altogether, 98 children were tested, 86 attended Blindley Heath School, and the remainder attended a school in the locality, but came to Blindley Heath for manual training instruction.

Of the 98 children who were tested only 2 were naturally immune to diphtheria. Of the 96 susceptible children, 69 were given three doses of diphtheria prophylactic, 21 were given two doses, and 2 were given one dose. Four could not be given any prophylactic at all.

The smooth working of the scheme at Blindley Heath School was due in no small measure to the valuable assistance given by the head teacher and the assistant teacher. Both requested that they might be tested and immunised.

After the immunisation was begun, six instances of diphtheria occurred in connection with the school, two severe cases in un-immunised children, with one death in a child whose parents refused immunisation, and four very mild cases in children partially protected.

Mitcham, Links Council Infants' School.—Diphtheria, generally of a serious character, has for several years been prevalent in Mitcham. In March, 1925, swabbing of all the children in this school revealed a number of unsuspected carriers of the disease.

On September 11th diphtheria began in the infants' department, and by the 16th October 10 children in the department were suffering from diphtheria and one death took place.

On October 23rd a meeting of parents was convened, and about 180 mothers attended. The procedure was explained by the county medical officer of health and by Dr. Donaldson; Col. Bidder, one of the school managers, and Mr. Smith, secretary-superintendent of the Southern Railway Orphanage, Woking, also spoke. Every mother present requested that testing and immunisation should be carried out, and several mothers urged that the children under school age might also be protected.

There were on the registers of the infant school 228 children; 20 were absent suffering from diphtheria; 169 children were tested and immunised.

After the work began there was only one instance of diphtheria; this was in a child whose parents refused the test.

The cost of materials for testing and immunising was about 3s. 6d. per child.

At the end of the year a similar procedure was being carried out at Fortescue Road School, Mitcham, and at Pirbright Infants' School.

The success of the work depends very largely on the enthusiasm of the teaching staff. It is essential that there should be a preliminary conference with the mothers; without it consent to protective measures is difficult to obtain.

Following-up.

The careful and systematic following-up of children found to be defective is an essential feature of any scheme of school medical inspection and treatment. In Surrey the school

nurses assist the medical officers at inspections and at the clinics. They are thus able to obtain an intimate knowledge of the defects discovered and of the advice to be given to parents. Records of all defective children are kept at the schools, and the nurses visit the homes and encourage the parents to obtain treatment. They make arrangements for the attendance of children at school clinics or hospitals, and they are responsible for the collection of fees paid by parents.

The re-examination of defective children by assistant medical officers also forms an important part of the scheme of following-up. In 1920 only 1,921 re-inspections were carried out. In 1924 the number had increased to 10,659, and in 1925 the figure was 14,865.

The school nurses visit the schools for the maintenance of cleanliness, and to check the spread of infectious 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 mental defective persons of all ages.

Table IV. (v) shows the work done by the school nurses to secure cleanliness of the children. The number of children found to be dirty or verminous is now considerably less than in former years; this improvement is due almost entirely to the systematic methods now adopted in dealing with children who attend school in an unclean condition and to the fact that the nurses are able to pay more frequent visits to the schools. The following comparative figures are of interest:—

	1920	1921	1922	1923	1924	1925
Number of visits to schools by nurses	5,186	6,853	6,974	7,221	7,858	9,274
Children with Nits in the hair	61,455	73,193	50,107	44,419	29,059	27,845
Children with Lice in hair	4,709	4,629	3,051	4,178	2,866	3,140
Verminous bodies ..	235	174	106	116	104	158
Exclusions—1st time ...	3,827	3,638	1,735	1,533	1,444	1,598
2nd time ...	1,190	1,245	563	392	409	419
3rd time ...	861	739	260	138	132	130

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.

On the 1st October, 1925, consequent upon the appointment of four additional assistant medical officers and ten health visitors, arrangements were made for the more frequent attendance of the assistant medical officer and nurse at the existent school clinics, and for the establishment of additional clinics in premises used as maternity and child welfare centres in districts where a school clinic was not already easily accessible, the clinic being held for an hour prior to the commencement of the welfare centre. The number of school treatment centres was thereby increased from 37 to 74. A list of these clinics is given in table VII. and table IV. (i) is a return of the ailments treated. During the year there were 18,261 attendances of children for treatment.

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 by low pressure hot water system.

(*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 when necessary; 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. There were 5,980 attendances at the eye clinics.

(*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 VII.

The number of children inspected for dental defects was 27,022. The percentage of children suffering from dental defects who received treatment was 47·3.

The percentage is slightly lower than that for last year. This is due to the fact that although two additional age groups were added for inspection and treatment as from the 1st January, 1925, the extra dental surgeon was not appointed until the beginning of the financial year, *i.e.*, 1st April, 1925. It was therefore not possible for the dental surgeons to treat by the end of the year all those children whose parents had accepted treatment at the school clinic.

During 1925 the dental inspection of all children aged 6, 7, 8, 12 and 13 was undertaken and, in addition, a number of special cases was examined. The scheme approved by the Board provides for the re-examination in 1926 of all the children seen at routine inspections during 1925 and the addition of two age groups. That is to say, during the current year all children aged 6, 7, 8, 9, 12, 13 and 14, together with any specials, are due to be dealt with. One additional dental surgeon and one health visitor will be required 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 1925 is set out in table IX.

During the past year considerable attention has been given to the subject of the antecedents of tuberculosis in children. The pretuberculous child has long been regarded as a vague clinical entity. Dr. Arthur Massey, one of the assistant medical officers, as a result of much work in respect of tuberculous children and their previous family, environment and medical history, has endeavoured to draw up criteria whereby the pretuberculous state may be, as far as practicable, diagnosed. Certain children, specially predisposed to tuberculosis by reason of physical defect or infected environment, have been removed, with parental consent, to special open-air

schools. In most cases, parental co-operation in this preventive measure has been accorded; it is noteworthy that the one objection often urged by the parents is the distance of the special school from the home, preventing their periodic visiting. There would appear to be scope for a residential open-air school in Surrey. There can be little doubt that the segregation of selected pretuberculous children and their transference to surroundings specially conducive to health, constitute a potent factor in the prevention of tuberculosis.

(*e*) *Crippled Children.* — The scheme for the detection, examination and treatment of crippled children was fully set out in the report for 1924. During the year under review the assistant medical officers have continued to carry out a careful survey of all crippled children, and cases requiring treatment have been referred to the various orthopædic centres in the county.

The amount paid by the Committee towards the cost of the treatment was reduced on the 1st July, 1925, from 3/- to 2/6 per attendance.

There is ample evidence that the children have derived considerable benefit from the treatment and that the expenditure incurred has been fully justified.

The following examples are typical of the work undertaken: —

> *A.B., aged ten years,* was sent to the Woking Aid Post in September, 1923, by the school nurse, the father having been told that nothing could be done for him. He had suffered from a deformity of the foot since birth. All the muscles of the leg were wasted and there was a certain amount of shortening. He was operated on by the surgeon in November, 1923, and put into plaster, and when this was removed he was given a special boot and a course of electrical treatment and massage at the clinic. A second operation was performed in May, 1924, and treatment was resumed. A third operation took place in March, 1925, when the lad was in hospital for eight weeks. After a further course of treatment at the clinic, the instruments were left off and in October, 1925, the boy was discharged wearing ordinary boots. He has now returned to school and is playing football. He will be seen once a year for observation.

C.D., aged twelve years, was sent to the Woking Aid Post by the school doctor in April, 1923. She was suffering from flat foot. The feet were very flat with dropped arches.

She was ordered special boots, a course of exercises, massage and electrical treatment. The exercises were subsequently carried out at home, and by July the feet were pronounced very much improved. She has been kept under observation at the clinic.

She has now left school and is in domestic service, wearing ordinary shoes and suffering no pain in her feet.

E.F., aged ten years, was referred to the Kingston Aid Post on April 6th, 1925, suffering from the effects of infantile paralysis. Owing to paralysis of the legs and weakness of the back muscles, the child had never walked. The deformities were put up in plaster in order to correct the malpositions and the paralysed muscles were given massage. In July re-education in walking was commenced and suitable apparatus was fitted. Early in the autumn the child began to walk fairly well and is now continuing to improve under treatment.

G.H., aged nine years, was admitted to Kingston Aid Post on the 23rd February, 1925, suffering from a claw hand, the result of infantile paralysis. The hand was quite useless and immovable. Passive movements of the wrist, hand and fingers were begun and the deformities corrected in plaster. Later, daily massage was given with finger movements and the hand was put in a splint. By June the fingers were straight and the child began to show some movements in them. With a continuation of massage and electrical treatment, further improvement was shown, and in December, 1925, the child underwent an operation whereby tendons were transplanted. Already there is further improvement with movement of the hand and also of the fingers.

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. ...	75	917
Guildford, Royal Surrey County Hospital	Mr. Dudley Buxton, F.R.C.S.	38	108
Kingston, Red Cross Curative Post, Victoria Cottage Hospital	Mr. McCrae-Aitken, F.R.C.S.	145	5,667
Merton, The Nelson Hospital	Mr. C. Lambrinudi, F.R.C.S.	109	766
Windsor, King Edward VII. Hospital	Mr. G. R. Girdlestone, M.A., F.R.C.S.	4	4
Woking, Red Cross Curative Post, Victoria Cottage Hospital.	Mr. Rowley Bristow, F.R.C.S.	136	661

Remedial Exercises in the Schools.—At the meeting of the Medical Service Committee on the 24th June the school medical officer drew attention to the expense incurred by the frequent visits of children suffering from flat feet to orthopædic centres, and he was instructed to arrange for the county organiser of physical training to see certain of the special classes established by the London County Council for the treatment of this type of defect. The county organiser reported that she had visited remedial classes at Canonbury Road School, Highbury, and Buckingham Street School, King's Cross.

The two classes were similar, consisting of 18-25 girls, from 10-13 years old. They were picked from the rest of the school by the doctors as physically weak, and as needing extra physical exercise. Their ailments, caused mainly by malnutrition, included slight scoliosis (lateral spinal curvature, mostly dorsal), kyphosis (hollow back), round shoulders with poking head, and flat feet.

The more serious cases of scoliosis found in the London Schools were treated at neighbouring clinics or hospitals.

The lessons consisted of ordinary Swedish exercises, chosen to strengthen the body, to stretch and to loosen the joints of the class as a whole, but, owing to the varied nature of the cases, no individual work was taken.

Unlike the schools under the Surrey Committee, the London County Council schools do not have a compulsory daily physical training lesson, but only three periods a week; there is, therefore, greater need for the remedial daily lesson for the weaker children in London than in Surrey.

The girls change for these lessons into a special cotton costume, consisting of short tunic and knickers, cap and soft shoes, and periodically, their backs are examined by the doctors. The costumes are made in the schools, and are paid for out of voluntary school funds, *i.e.*, sports or concert funds. A glass of milk daily is provided by the Authority.

In the north eastern division of London, 15 schools have classes of the kind, but they are found to give rise to certain difficulties. In addition to the strain on school funds, the girls have to be taken out of ordinary lessons, and there is considerable disorganisation of the curriculum. The teachers responsible for the classes are invited to attend a short course, at which the most suitable exercises are taken and illustrated by talks on the theory of the movements.

The classes held in the London County Council schools are purely experimental, and it is apparent that there is still considerable doubt whether the results justify the special provision.

As a result of this report and a discussion which the school medical officer had with the county organiser, he did not advise that special classes be then established in Surrey, but he recommended:—

(1) That instances of physical defect amongst the children attending the secondary schools be brought to the notice of the head masters or head mistresses in order that proper exercises could be given by the physical instructors in each school.

(2) That when an instance of a similar defect is discovered in a child attending a public elementary school, the county organiser should be informed in

order that she can impress on the class master or mistress the need for suitable daily physical training to remedy the defect.

(3) That the county organiser should be asked to take steps to include in the daily lesson of children in public elementary schools, a few exercises recognised as likely to prevent the occurrence of flat feet.

The Committee adopted these recommendations.

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 May 9th, and ended on September 26th, the Camp having been occupied, during the 21 weeks between those dates, for 19 weeks by 451 scholars (264 Boys and 187 Girls), with 22 teachers, from 24 schools altogether. The following table shows how these figures compare with those of previous seasons:—

Season.	Weeks of Occupation.	Boys.	Girls.	Total.	Teachers.	Schools.
1922	20	435	130	565	29	11
1923	12½	247	81	328	17	9
1924	19	296	74	370	19	11
1925	19	264	187	451	22	24

> The great increase in the number of schools which participated in the use of the Camp during the season is accounted for by the fact that, through the interest and help of Sir Arthur R. Glyn, Bart., with the assistance of Mr. S. King (the Head Master of the Leatherhead Council School), and Mr. A. A. Weaver (the Head Master of the Tadworth Council school), 49 boys from 12 of the smaller rural schools, who could not otherwise have been accommodated, were able to have the use of the Camp for a fortnight during the Summer holidays. The Management Committee are grateful to Sir Arthur Glyn for having

initiated this arrangement, and for his kind interest in and help to the boys in question, and also to Mr. King and Mr. Weaver for having undertaken the charge of this party during their vacation. The innovation proved an unqualified success, and there is reason to hope and believe that it is Sir Arthur's intention to endeavour to repeat it next season and possibly to extend it to cover the whole of the period of the Summer holidays.

The Committee also wish to record their appreciation of the action of teachers of the Gorringe Park Council (Boys') school (Mr. E. J. Cutchee, Mr. A. Lattimer and Mr. C. Neal) in devoting part of their Summer holidays to enable scholars of that school to spend the first fortnight of the holidays at the Camp.

In addition to the use made of the Camp during the Summer holidays already referred to, two outstanding and welcomed features of the season were the number of schools who made use of the Camp for the first time and the increase in the number of girls who attended. Apart from 11 of the 12 schools which formed Sir Arthur Glyn's party, scholars from three Boys' and two Girls' schools paid first-time visits.

Owing to the failure of one school to fulfil the arrangements made, the Camp was unoccupied for the two weeks from July 18th to August 1st.

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

The Management Committee desire to place on record their high opinion of the excellent spirit of comradeship which prevailed in all the parties visiting the Camp and, too, their keen appreciation of the untiring efforts of the teachers in charge to make the visits a complete success in every way.

The Management Committee are indebted to the Education Committee for the sympathetic consideration given to the recommendations made for structural and other improvements, which have contributed largely to the success of yet another season's working of the Camp. The provision of the Hospital building and its equipment, the tar-paving of a considerable portion of

the Courtyard, the improvement of the surface-water and other drainage and the fencing of portions of the ramparts have been most helpful.

The thanks of the Management Committee are also due to the County School Medical Officer for the excellent arrangements made by him for the medical examination of the scholars at their schools immediately before their visits to the Camp, his arrangements having involved the minimum of inconvenience to the children and teachers.

The Camp's Hon. Medical Officer (Miss M. H. Archibald, M.A., M.D.) has again well earned the Committee's thanks for the time spent by her in visiting the Camp and for her watchful care over the children. Fortunately, beyond minor ailments and injuries, there were no cases of illness at the Camp during the season, though two children had to be taken to the Royal Surrey County Hospital, where they received prompt and kind attention to their injuries.

There has again been universal appreciation of the good work of the Caretakers (Mr. and Mrs. C. H. Moody), children, parents and teachers all testifying to their interest in and readiness to do everything in their power for the welfare of the Camp and its visitors. The arrangements made by the Education Committee whereby the Caretakers have been able to reside within a few yards of the Camp have added to its smooth working.

The Committee cannot conclude their report without again paying tribute to the invaluable services rendered in countless ways by the Joint Hon. Secretaries (Mr. H. Butcher and Mr. R. B. Roberts).

Table VIII. 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, 1925.

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

Elementary Schools.—The standard of the physical training in the county is maintained by the regular organisation of classes for teachers. These are immediately followed up by criticism in the school.

Upper School Classes.—Two courses were held at Surbiton and at Barnes, where the same ground was covered as at Carshalton and Purley last year. They were both mixed classes with attendances of 70 and 38 (approximately).

Infants' School Classes.—Farnham and Bagshot were chosen for courses this year; 26 teachers attended at Farnham and 20 at Bagshot.

Certificates will be awarded in the spring term, 1926, to those who made 75 per cent. attendance and also pass a practical examination in the schools with their own children.

Children in National Folk Dances.—These were taken in Guildford (3), Woking, Wimbledon, Haslemere, Horley, Caterham and Bagshot, with large attendances.

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 48·8 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.

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.

There is much other work which might be done by voluntary workers, and in a circular forwarded during the year to care committees it is set out that—

(a) The care committee should acquaint themselves with the nature of the probable future of the children after leaving school, and the parents of the child should be invited to meet the care committee to discuss the nature of the employment the child should seek. In cases where this invitation is not accepted, or unsatisfactory arrangements appear to have been made, the parents should be visited.

(*b*) The care committee should keep the children under a general supervision until they reach the age of seventeen. Should a child fall out of employment, he or she should be advised to register or re-register at the juvenile labour exchange. Wherever possible, children should be advised to join some organisation for boys and girls, such as an old scholars' association, in order that they may keep in touch with the influence of the school and the care committee. This side of the work of the care committee is capable of very great development.

When parents persistently refuse to obtain medical assistance for the defects discovered in children attending the public elementary schools, these instances of neglect (table X.) are referred to the National Society for the Prevention of Cruelty to Children. During 1925, 49 cases of neglect were reported to the Society, and in 47 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.

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

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 established observation classes for mentally retarded children. Into these classes are 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.

Observation classes are being carried on at the following schools:—

Bandon Hill Mixed Council.
Barnes Central Girls' Council.
Barnes Central Boys' Council.
Bisley Boys'.
Carshalton Camden Road Boys' Council.
Coulsdon, Smitham Bottom Mixed Council.

Leatherhead Senior Mixed Council.
Lower Mitcham Boys' Council.
Lower Mitcham Girls' Council.
Mitcham, Gorringe Park Boys' Council.
Mitcham, Gorringe Park Girls' Council.
Mitcham, Singlegate Boys' Council.
Mitcham, Singlegate Girls' Council.
New Malden West Mixed Council.
Raynes Park Girls' Council.
Sutton, Crown Road Boys' Council.
Sutton, New Town Boys' Council.
Tolworth Boys' Council.

All the 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.

The scheme of medical and dental inspection of pupils attending all the secondary schools in the county, with one exception, was brought into operation in July, 1924. Since that date head masters and head mistresses have expressed their appreciation of the work that is being carried out, but the Governors of the Guildford Grammar School have refused to accept the scheme of the Committee for the medical and dental inspection of the boys.

The children examined medically 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 scope of the examinations is that laid down by the Board and is wider and more complete than that adopted in public elementary schools.

The numbers inspected in each age group are shown in table XII. on page 142.

The defects found are recorded in table XIII. on page 143. It will be seen that the percentage of pupils found to require treatment is 15·9 as compared with 18·7 in the case of children attending public elementary schools. Of the 2,981 pupils who were examined at routine inspection, 298, or 10 per cent. suffered from some degree of defective vision or squint, as compared with 6·5 of children at public elementary schools.

The Committee has decided for the present not to provide facilities for parents unable to obtain treatment for the defects

It was suggested that arrangements be made for the school nurse to pay regular visits to all secondary schools for the purpose of examining the pupils from the point of view of cleanliness. Several head mistresses, however, objected to this suggestion, and the Committee decided that they would wait a request from the Governors of each school for the nurse to visit. In only one instance was an application received that the examinations should take place. At this school the nurse paid 8 visits during the year, carried out 789 examinations of the scholars, and found two girls to have nits in the hair. Appropriate notices were sent to the parents and the pupils subsequently attended school in a clean condition.

Special Enquiries.

Three special enquiries were carried out during the year at the request of the Board of Education.

(*a*) *The incidence of goitre in school children aged* 12.—The investigations were made by the assistant medical officers and it was found that of 3,324 boys and 3,045 girls inspected there were 111 boys and 300 girls, or 3·3 per cent. and 9·9 per cent. respectively, in whom the thyroid was so much enlarged that the increase in size was noticeable on casual inspection.

(*b*) *The incidence of encephalitis lethargica in children under* 16.—The names and addresses of all children under 16 years of age who had at any time been notified as suffering from encephalitis lethargica were supplied by the district medical officers of health. These cases were investigated by the assistant medical officers with the following results:—

Cases reported	26
Died as a result of the disease	9
Left the county	5
Still living in the county	12

Of the twelve cases still living in the county, one suffered from wasting of the limbs and was receiving massage. One had slight impairment of one arm. Two were regarded as being highly nervous in temperament. The intellect of one was somewhat impaired and the child had been admitted into a training home. The remaining seven had apparently completely recovered.

(*c*) *Survey of the physique of children in attendance at elementary schools in rural areas.*—Prior to undertaking these investigations, a meeting of the assistant medical officers in the county was called and it was arranged that six of them should each carry out enquiries concerning two rural schools in their districts. In selecting the schools an attempt was made to take those which might be contrasted, *e.g.*, one in which a large number of children remained for dinner and another in which only a few children remained at school for the midday meal.

During these investigations the six assistant medical officers examined 769 children attending twelve elementary schools in the county, and the following tables give a summary of the conditions found.

(i) *Merle Common Council School*, with an average attendance of 114, is the only school in the county in which a hot dinner is cooked daily for the children who remain at school. Arrangements are carried out by a local committee, a cook is employed at a wage of 25/- per week, and the meal is served in the special subjects centre which is a separate building. Tables and sufficient seating accommodation are provided and comfort prevails during meals. Infants are charged 9d. per week and older children 1/- per week.

The following are specimen menus:—

(1) Meat, potatoes; suet pudding.

(2) Soup, bread, dumplings; chocolate pudding.

(3) Fish pie; rice pudding with jam sauce.

Of the 84 children who remain at school for dinner, 70 per cent. partake of the meal provided. A classroom is set apart for children who do not take the school dinners, and prefects are responsibile for order and neatness.

Thirty per cent. of the children remaining at school for dinner eat food brought from their homes.

Children are encouraged to have an extra pair of shoes at school, so that a change may be effected when necessary.

The school is a modern brick building, well lighted, heated and ventilated. There is good cloak room accommodation and a main water supply for drinking and washing.

Percentages of children examined whose physical condition was found to be:—

		(1) Good.	(2) Average.	(3) Bad.
Diners at school	(1) School dinner ...	28·8	55·9	15·3
	(2) Sandwiches, &c. ...	12·0	60·0	28·0
Diners at home		41·7	45·6	12·5

(ii) *Bramley, Grafham School*, with an average attendance of 55, has the next best arrangements.

Hot cocoa, or milk may be obtained at a cost of 3d. a week.

Eggs brought by the children can be boiled.

Separate tables for boys, girls and infants are placed in the centre of the largest room and are covered with tablecloths; chairs are provided.

Each child brings a mug or cup which is kept at the school. After the meal the older girls wash up, while the boys sweep the floors and remove the tables.

Each child has a pair of rope soled shoes which are kept at school and worn when the boots are wet. The school is a modern brick building and the heating, lighting and ventilation are good. The cloakroom accommodation is adequate, and there is a main supply of water for drinking and washing.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	62·9	37·07	—
Diners at home	50·0	50·0	—

(iii) *Burstow, Outwood School*, has an average attendance of 45. Hot cocoa is supplied daily at a cost of 3d. per week, and malted milk is supplied to delicate children. Eggs, puddings and other articles of food are warmed in the head teacher's kitchen if necessary. Meals are taken in a classroom, and the caretaker supervises.

Boots are changed in bad weather.

The school is a modern one with adequate lighting, ventilation and heating arrangements. The cloakroom accommodation is ample, and there is a main water supply for drinking and washing.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	55·5	33·3	11·1
Diners at home	54·5	21·2	24·2

(iv) *Abinger, Oakwood School*, has an average attendance of 73. During the winter months hot cocoa is prepared by the head teacher after morning school, at a cost of 4d. per week, almost every child accepting this refreshment; the poorest are excused payment.

The boys take their dinner in one room, the girls and infants in another, with a teacher in charge of each room. Each child provides a table cloth, and remains seated until all have finished.

Some of the children keep a pair of shoes at school.

The school is a church one, with an earth playground and no undercover. The lighting, ventilation and heating arrangements are good. Well water is used for drinking, rain water for washing.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	64·2	26·4	9·4
Diners at home	62·5	18·7	18·7

(v) *Thursley School*, is a church school with an average attendance of 72.

Cocoa is provided at a charge of ½d. per cup, poor children being excused payment. Food is eaten in the classrooms, but no special preparation is made.

A change of shoes and stockings is kept at the school.

Lighting, heating and ventilation are adequate. Rain water is used for washing and deep well water for drinking. The playground is unpaved.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	69·4	30·6	—
Diners at home	81·25	18·7	—

(vi) *Virginia Water School*, is a church school with an average attendance of 39.

Hot cocoa is provided at 1d. per week, and food may be heated when necessary.

The children eat their meals in a classroom where a teacher supervises; tablecloths are placed on the desks.

The lighting and ventilation arrangements are adequate, but the temperature of the rooms is cold in winter.

There is a main water supply for drinking and washing.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	43.75	56.25	—
Diners at home	75.0	17.9	7.1

(vii) *Crowhurst School*, has an average attendance of 39. Hot cocoa is supplied at a cost of 2d. per week, and food may be warmed when desired. A classroom is set apart for dinner, and a teacher supervises. Tablecloths are placed on lines of desks.

The school is a brick building in good repair. The lighting, heating and ventilation are adequate. The cloakroom and lavatory accommodation are inadequate. There is a main supply of water for drinking and washing.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	13.3	55.3	33.3
Diners at home	25.0	65.0	10.0

(viii) *Sidlow Bridge School*, is a voluntary school with an average attendance of 38.

Hot cocoa is supplied daily at a cost of 3d. per week. A classroom is set apart for dinner and a teacher supervises. Table cloths and carton plates are provided.

Some of the children bring a pair of slippers in wet weather. Wet clothes are dried in the house adjoining the school.

The building is an old-fashioned one of brick, with poor lighting and ventilation. Heating arrangements are good.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	61.9	33.3	4.8
Diners at home	59.09	31.8	9.09

(ix) *Banstead, Tadworth Council School,* has an average attendance of 119.

Hot cocoa is provided occasionally in very cold weather. Two classrooms are used for the diners.

Each child has a pair of " plimsols " to change into in wet weather.

The arrangements for heating, lighting and ventilation are good. The cloakrooms are adequate and there is a main water supply for drinking and washing.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average	(3) Bad.
Diners at school	26.3	57.9	15.8
Diners at home	30.0	57.7	12.2

(x) *Headley C. of E. School,* has an average attendance of 49. Hot water is supplied for children who wish to make cocoa. The small tables in the infants' room are used for the meal and the head teacher supervises.

Nearly all the children bring an extra pair of shoes and stockings in wet weather.

The lighting and ventilation are good in the infants' room but poor in the other rooms. Heating arrangements are not adequate in cold weather.

The playground is unpaved and no undercover is provided. There is a main water supply for drinking and washing.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	57·9	42·1	—
Diners at home	71·05	28·9	—

(xi) *Chertsey, Long Cross School,* has an average attendance of 49. There are no arrangements for providing hot cocoa, and the children eat their meals in one of the classrooms.

The building is an old one, the ventilation and lighting are adequate, but the heating arrangements are not good, especially in the infants' room, where the temperature was as low as 41 degrees F. in March, 1925.

The water used for drinking and washing is obtained from a neighbouring well.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	77·7	22·2	—
Diners at home	88·5	11·5	—

(xii) *Banstead, Burgh Heath School,* has an average attendance of 100.

Only three children remain at school for dinner, and there are no arrangements for providing hot cocoa, but food can be warmed up if required.

The building is a brick one and is heated by hot water pipes and gas radiators. The heating, lighting and ventilation are adequate. There is a main water supply.

Percentages of children examined whose physical condition was found to be:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	33·3	33·3	33·3
Diners at home	30·9	52·4	16·6

Summary.

Of the 769 children examined:—352 remained at school for the mid-day meal, and 417 took the meal at home.

The percentages of physical condition were:—

	(1) Good.	(2) Average.	(3) Bad.
Diners at school	47·7	42·3	9·9
Diners at home	48·7	40·5	10·8

The only school in the group where a hot mid-day meal is provided for the children who remain at school showed that 28·8 per cent. of children taking the school dinner were found to be of good nutrition as against 12 per cent. of children who brought their own food, and 41·7 per cent. of children who went home for dinner.

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.

Children whose parents make application for stage play licences under the Employment of Children in Entertainments Rules, 1920, are examined by the assistant medical officers. During the year eleven children were examined, and in each case the prescribed certificate was granted.

Miscellaneous.

(*a*) *Examination of county scholarship candidates.*—During the year 498 candidates for county scholarships (290 boys and 208 girls) were examined medically. Of these 403 (243 boys and 160 girls) were found to be physically fit to hold scholarships, and the remaining 95 (47 boys and 48 girls) were required to obtain treatment for defects before the award of the scholarships was confirmed.

(*b*) *Examination of elementary school teachers.*—From time to time at the request of the Education Committee certain elementary school teachers are examined medically in order to decide as to their physical fitness for continued duty. During the year 10 teachers were examined by the school medical officer or a medical member of his staff, and in each instance it was considered that the teacher was fit to continue work in school.

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	4,069	3,754	7,823
Intermediates	2,546	2,325	4,871
Leavers	3,991	4,097	8,088
Totals	10,606	10,176	20,782

B.—Other inspections.

	Number of special inspections.	Number of re-examinations.
Boys	2,892	7,181
Girls	2,989	7,684
Totals	5,881	14,865

TABLE II.

A.—Return of defects found in the course of medical inspection in 1925.

	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	80	235	16	23
Skin—				
Ringworm, Head	4	—	82	3
,, Body	8	—	81	1
Scabies	23	—	25	—
Impetigo	83	3	643	3
Other diseases (non-tubercular)	99	46	381	20
Eye—				
Blepharitis	131	17	141	5
Conjunctivitis	30	6	90	—
Keratitis	2	—	2	—
Corneal opacities	1	4	—	3
Defective vision (excluding squint)...	784	321	858	35
Squint	120	117	71	5
Other conditions	20	13	54	9
Ear—				
Defective hearing	78	87	50	31
Otitis media	92	28	180	10
Other ear disease	100	11	70	6
Nose and Throat—				
Enlarged tonsils	607	1,334	228	126
Adenoids	132	267	99	64
Enlarged tonsils and adenoids	763	508	486	42
Other conditions	71	42	136	27
Enlarged cervical glands (non-tubercular)	45	997	101	127
Defective speech	2	69	1	22
Heart and Circulation—				
Heart disease, Organic ...	16	141	31	8
,, ,, Functional ...	21	262	4	49
Anæmia	182	60	85	40
Lungs—				
Bronchitis	117	303	113	52
Other non-tubercular diseases	5	54	22	17

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	4	—	—	—
,, suspected	14	66	8	33
Non-Pulmonary—				
Glands	10	25	13	2
Spine	—	1	1	—
Hip	2	1	1	1
Other bones and joints ...	3	4	1	—
Skin	—	—	—	—
Other forms	1	4	1	2
Nervous system—				
Epilepsy	4	25	8	20
Chorea	3	13	26	19
Other conditions	20	33	22	29
Deformities—				
Rickets	10	34	2	3
Spinal curvature	124	81	26	14
Other forms	311	409	70	20
Other diseases and defects ...	281	316	823	205
Totals	4,403	5,937	5,052	1,076

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	7,823	1,465	18·7
Intermediates	4,871	916	18·8
Leavers	8,088	1,510	18·7
Totals	20,782	3,891	18·7

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	2	7
		Attending public elementary schools	—	—	—
		At other institutions	—	—	—
		At no school or institution	1	1	2
	(ii.) Suitable for training in a school or class for the partially blind	Attending certified schools or classes for the blind	4	8	12
		Attending public elementary schools	3	2	5
		At other institutions	—	—	—
		At no school or institution	3	1	4
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	14	10	24
		Attending public elementary schools	—	—	—
		At other institutions	—	—	—
		At no school or institution	5	—	5
	(ii.) Suitable for training in a school or class for the partially deaf	Attending certified schools or classes for the deaf	7*	7	14*
		Attending public elementary schools	5	1	6
		At other institutions	—	1	1
		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	21	16	37
		Attending public elementary schools	88	58	146
		At other institutions	—	3	3
		At no school or institution	35	37	72
	(ii.) Notified to the Local Control Authority during the year	Feeble-minded	1	3	4
		Imbeciles	8	12	20
		Idiots	—	—	—
Epileptic	(i.) Suffering from severe epilepsy	Attending certified special schools for epileptics	6	5	11
		In institutions other than certified special schools	2	—	2
		Attending public elementary schools	—	—	—
		At no school or institution	6	5	11
	(ii.) Suffering from epilepsy which is not severe	Attending public elementary schools	15	14	29
		At no school or institution	4	6	10

TABLE III—*Contd.*

—	—	—	Boys.	Girls.	Tota
Physically Defective	(i.) Infectious pulmonary and glandular tuberculosis	At approved sanatoria or sanatorium special schools	1	3	4
		At other institutions	—	—	—
		At no school or institution	4	7	11
	(ii.) Non-infectious but active pulmonary and glandular tuberculosis.	At approved sanatoria or sanatorium special schools	5	10	15
		At certified residential open-air schools	—	—	—
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	20	17	37
		At other institutions	—	—	—
		At no school or institution	5	1	6
	(iii.) Delicate children (*e.g.* pre or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At certified residential open-air schools	7	8	15
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	118	122	240
		At other institutions	—	—	—
		At no school or institution	13	20	33
	(iv.) Active non-pulmonary tuberculosis	At approved sanatoria or hospital schools	20	13	33
		At public elementary schools ...	10	7	17
		At other institutions	—	—	—
		At no school or institution	6	4	10
	(v.) Crippled children (other than those with active tuberculosis), *e.g.*, children suffering from paralysis, etc. and including those with severe heart disease	At certified hospital schools ...	9	8	17
		At certified residential cripple schools	10	2	12
		At certified day cripple schools ...	4	2	6
		At public elementary schools ...	118	146	264
		At other institutions	2	2	4
		At no school or institution	16	39	55
		Totals	602	603	1205

* Includes one boy dumb but not deaf.

TABLE IV.

Group 1.—Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during 1925.

	Treatment of defects found during 1923 and 1924							Treatment of defects found during 1925.									Total defects treated during the year, whether found during 1925 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.				Referred for treatment.	Defects treated.			Referred for treatment.	Defects treated.						
	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.			Under scheme of Local Education Authority.	Otherwise.	Total.		Under scheme of Local Education Authority.	Otherwise.	Total.		Under scheme of Local Education Authority.	Otherwise.	Total.
Malnutrition	2	1	3	4	—	4	7	80	35	7	42	16	12	1	13	55	53	9	62
Skin—																			
Ringworm, Head	—	—	—	2	—	2	2	4	2	1	3	82	70	7	77	80	74	8	82
,, Body	1	—	1	2	—	2	3	8	6	1	7	81	77	2	79	86	86	3	89
Scabies	3	—	3	1	1	2	5	23	10	7	17	25	25	—	25	42	39	8	47
Impetigo	6	—	6	6	—	6	12	83	53	6	59	643	617	10	627	686	682	16	698
Other Diseases (non-Tubercular)	5	5	10	11	7	18	28	99	60	19	79	381	356	12	368	447	432	43	475
Eye—																			
Blepharitis	9	3	12	5	—	5	17	131	90	5	95	141	133	3	136	231	237	11	248
Conjunctivitis	1	1	2	1	—	1	3	30	13	4	17	90	74	8	82	99	89	13	102
Keratitis	—	—	—	—	1	1	1	2	1	1	2	2	1	1	2	4	2	3	5
Corneal Opacities	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Defective Vision	}		See Table	IV., Group II.									See Table	IV., Group II.					
Squint																			
Other Conditions	1	2	3	1	1	2	5	20	7	1	8	54	44	6	50	58	53	10	63
Ear—																			
Defective Hearing	10	8	18	2	4	6	24	78	36	16	52	50	30	9	39	91	78	37	115
Otitis Media	8	4	12	8	3	11	23	92	51	15	66	180	146	14	160	226	213	36	249
Other Ear Disease	11	7	18	7	—	7	25	100	69	7	76	70	60	6	66	142	147	20	167
Nose and Throat—																			
Enlarged Tonsils	}		See Table	IV., Group III.									See Table	IV., Group III.					
Adenoids																			
Enlarged Tonsils and Adenoids																			
Other Conditions	3	5	8	4	6	10	18	71	21	7	28	136	103	13	116	144	131	31	162
Enlarged Cervical Glands (non-Tubercular)	6	4	10	3	4	7	17	45	8	7	15	101	67	18	85	100	84	33	117
Defective Speech	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—
Heart and Circulation—																			
Heart Disease, Organic	2	4	6	—	—	—	6	16	4	8	12	31	4	2	6	18	10	14	24
,, ,, Functional	—	—	—	1	1	2	2	21	1	7	8	4	3	1	4	12	5	9	14
Anæmia	15	5	20	8	3	11	31	182	93	20	113	85	76	9	85	198	192	37	229
Lungs—																			
Bronchitis	8	5	13	3	1	4	17	117	31	26	57	113	93	11	104	161	135	43	178
Other non-Tubercular Diseases	2	5	7	—	—	—	7	5	2	2	4	22	15	3	18	22	19	10	29
Tuberculosis—																			
Pulmonary, Definite	—	—	—	—	—	—	—	4	—	3	3	—	—	—	—	3	—	3	3
,, Suspected	—	2	2	—	1	1	3	14	1	6	7	8	1	4	5	12	2	13	15
Non-Pulmonary—																			
Glands	—	3	3	—	—	—	3	10	1	7	8	13	2	8	10	18	3	18	21
Spine	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	1	1
Hip	—	—	—	—	—	—	—	2	—	—	—	1	—	1	1	1	—	1	1
Other Bones and Joints	—	—	—	—	—	—	—	3	—	3	3	1	—	—	—	3	—	5	5
Skin	—	—	—	—	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	1	—	1	1	1	—	1	1	2	—	2	2
Nervous System—																			
Epilepsy	—	1	1	—	1	1	2	4	—	3	3	8	1	5	6	9	1	10	11
Chorea	—	—	—	—	1	1	1	3	—	2	2	26	7	10	17	19	7	13	20
Other Conditions	2	1	3	1	—	1	4	20	4	3	7	22	12	3	15	22	19	7	26
Deformities—																			
Rickets	1	—	1	—	—	—	1	10	3	1	4	2	1	—	1	5	5	1	6
Spinal Curvature	14	4	18	3	—	3	21	124	83	6	89	26	20	—	20	109	120	10	130
Other Forms	37	14	51	9	1	10	61	311	145	11	156	70	50	2	52	208	241	28	269
Other Diseases and Defects	11	15	26	21	21	42	68	281	83	52	135	823	603	97	700	835	718	185	903
Totals	158	99	257	103	59	162	419	4,403	913	265	1,178	5,052	2,703	268	2,971	4,149	3,877	691	4,568

	Defects treated.								Routine cases.	
	Under scheme of Local Education Authority.			Otherwise.			Total.			
	Referred for treatment.	Not referred for treatment.	Total.	Referred for treatment.	Not referred for treatment.	Total.	Referred for treatment.	Not referred for treatment.	Total.	
Malnutrition	2	1	3	2	—	2	4	1	5	—
Skin—										
Ringworm, Head	—	—	—	—	—	—	—	—	—	—
,, Body	1	—	1	1	—	1	2	—	2	—
Scabies	3	—	3	—	—	—	3	—	3	1
Impetigo	6	—	6	2	—	2	8	—	8	—
Other Disease (non-Tubercular)	5	5	10	1	—	1	6	5	11	—
Eye—										
Blepharitis	9	3	12	—	—	—	9	3	12	—
Conjunctivitis	1	1	2	—	—	—	1	1	2	—
Keratitis	—	—	—	—	—	—	—	—	—	—
Corneal Opacities	—	—	—	—	—	—	—	—	—	—
Defective Vision	See Table IV. Group C									
Squint										
Other Conditions	1	2	3	—	—	—	1	2	3	1
Ear—										
Defective Hearing	10	8	18	—	—	—	10	8	18	—
Otitis Media	8	4	12	—	—	—	8	4	12	—
Other Ear Disease	11	7	18	—	—	—	11	7	18	—
Nose and Throat—										
Enlarged Tonsils	See Table IV. Group C									
Adenoids										
Enlarged Tonsils and Adenoids										
Other Conditions	3	5	8	1	—	1	4	5	9	4
Enlarged Cervical Glands (non-Tubercular)	8	4	12	—	—	—	8	4	12	3
Defective Speech	—	—	—	—	—	—	—	—	—	—
Heart and Circulation—										
Heart Disease, Organic	2	4	6	—	—	—	2	4	6	—
,, Functional	—	—	—	2	—	2	2	—	2	1
Anæmia	15	5	20	3	1	4	18	6	24	3
Lungs—										
Bronchitis	8	5	13	—	—	—	8	5	13	3
Other non-Tubercular Diseases	2	5	7	—	—	—	2	5	7	—
Tuberculosis—										
Pulmonary, Definite	—	—	—	—	—	—	—	—	—	—
,, Suspected	1	2	3	—	—	—	1	2	3	—
Non-Pulmonary—										
Glands	—	3	3	—	—	—	—	3	3	—
Spine	—	—	—	—	—	—	—	—	—	—
Hip	—	—	—	—	—	—	—	—	—	—
Other Bones and Joints	2	—	2	—	—	—	2	—	2	—
Skin	—	—	—	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	—	—	—
Nervous System—										
Epilepsy	—	1	1	—	—	—	—	1	1	—
Chorea	1	—	1	—	—	—	1	—	1	—
Other Conditions	2	1	3	—	—	—	2	1	3	1
Deformities—										
Rickets	—	1	1	—	—	—	—	1	1	—
Spinal Curvature	14	4	18	—	—	—	14	4	18	3
Other Forms	27	14	41	—	—	—	27	14	41	9
Other Diseases and Defects	11	15	26	—	—	—	11	15	26	21
Totals	158	99	257	—	—	—	158	99	257	103

TABLE IV.—*Contd.*

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1925.

Period.	Number of defects dealt with.				Number of children.											
					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.	By private practitioner or hospital.	Otherwise.	Total.	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 1923 and 1924 ...	245	28	8	281	205	29	234	205	29	234	10	—	10	10	—	10	38
Defects found during 1925	1,543	79	24	1,646	1,063	78	1,141	1,001	78	1,079	102	4	106	77	4	81	399
Totals ...	1,788	107	32	1,927	1,268	107	1,375	1,206	107	1,313	112	4	116	87	4	91	437

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1925.

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 1923 and 1924 ...	602	99	701	18	719
Defects found during 1925	1,062	74	1,136	11	1,147
Total defects treated during 1925	1,664	173	1,837	29	1,866

TABLE IV.—Contd.

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1925.

Period.	Number of defects dealt with.								Number of children
	Who were prescribed.			Who obtained spectacles.					Recommended for treatment.
	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	By private practitioner or otherwise.	Total.			Under the authority's scheme.
Defects found during 1923 and 1924	29	281	234	8	305	25	29	216	234
Defects found during 1925	72	848	1,191	42	1,083	97	78	813	879
Totals	101	1,129	1,425	50	1,388	122	107	1,029	1,113

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1925.

Period.	Number of defects.			
	Received operative treatment.			Received other forms of treatment.
	Under local authority's scheme.	By private practitioner or hospital apart from authority's scheme.	Total.	
Defects found during 1923 and 1924	602	99	701	18
Defects found during 1925	1,062	74	1,136	11
Total defects during 1925	1,664	173	1,837	29

TABLE IV.—*Contd.*

GROUP IV.—TREATMENT OF DENTAL DEFECTS.

(*a*) NUMBER OF CHILDREN DEALT WITH.

	Routine age groups.						Specials.	Total routines and specials.
	6	7	8	12	13	Total.		
Inspected by Dentists ...	4,597	4,192	4,364	6,425	5,641	25,219	1,803	27,022
Referred for treatment	3,117	2,920	3,123	4,398	3,748	17,306	1,555	18,861
Actually treated ...	1,233	1,130	1,225	2,101	1,319	7,008	1,905	8,913
Retreated (result of periodical examination)	803							

(*b*) PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of half days devoted to inspection.	No. of half days devoted to treatment.	Total No. of attendances made by the children at the clinic.	No. of permanent teeth.		No. of temporary teeth.		Total No. of fillings.	No. of administrations of general anæsthetics included in (4) and (6).	No. of other operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent teeth.	Temporary teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
481	1,700	13,224	3,350	5,776	13,957	1,503	7,279	1,572	2,160	2,078

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.								
			Clothing filthy.	Nits.	Lice.	Bodies verminous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecutions under Bye-laws.	No. fined.	Adjourned or withdrawn on improvement.	Discharg'd with a caution or dismissed.
										1st time	2nd time	3rd time				
9,274	33·6	347,689	917	27,845	3,140	158	32,055	12,171	6,724	1,598	419	130	79	51	27	1

(*b*) CHILDREN CLEANSED AT BARNES CLEANSING STATION.

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

TABLE V.

(*a*) Notifications of infectious diseases.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Diphtheria	315	124	290	729
Scarlet fever	360	46	343	749
Enteric fever	—	—	—	—
Measles	1,552	93	582	2,227
Whooping cough	1,644	365	949	2,958
German measles	1,094	21	—	1,115
Chicken-pox	1,791	66	—	1,857
Mumps	4,555	297	2,940	7,792
Other	1,371	30	56	1,457
Totals	12,682	1,042	5,160	18,884

(*b*) Contagious diseases.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	128	8	136
Pediculosis	6	—	6
Scabies	47	2	49
Impetigo	243	10	253
Ophthalmia	—	—	—
Erysipelas	4	1	5
Other	5	—	5
Totals	433	21	454

TABLE VI.

SCHOOL CLOSURE ON ACCOUNT OF INFECTIOUS DISEASE IN 1925.

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Alfold C.	9th Mar.	23rd Mar.	Influenza
Beddington and Wallington C. of E.	14th Jan.	2nd Feb.	Mumps
Beddington, Bandon Hill C.	12th Jan.	2nd Feb.	Mumps
Beddington and Wallington, Holy Trinity C. of E.	13th Mar.	20th Apr.	Mumps and Easter holidays
Chiddingfold C. of E. Infants ...	11th May.	8th June	Mumps, whooping cough and Whitsun holidays
*Chobham, Valley End C. of E. ..	24th Feb.	9th Mar.	Influenza
Epsom, West Hill C. Infants... ...	4th Feb.	9th Feb.	Influenza
Farnham, Wrecclesham C. of E. Mixed	30th Jan.	9th Feb.	Influenza
Farnham, Wrecclesham C. Infants ...	30th Jan.	9th Feb.	Influenza
Godstone C. of E.	22nd Jan.	2nd Feb.	Influenza
Godstone, Blindley Heath C. of E. ...	30th Jan.	16th Feb.	Mumps
Ham C. of E.	4th Feb.	16th Feb.	Influenza
Horne Parochial	3rd Apr.	20th Apr.	Influenza and Easter holidays
Limpsfield C. of E.	27th Jan.	2nd Feb.	Influenza
Lingfield C.	22nd Jan.	2nd Feb.	Influenza
Oxted C. of E.	27th Jan.	2nd Feb.	Influenza
Shalford C. Infants	16th Mar.	19th Mar.	Whooping cough and measles
Woldingham C....	9th Mar.	16th Mar.	Influenza and mumps
Wotton Parochial	6th Apr.	20th Apr.	Measles and Easter holidays

*Closed by order of local sanitary authority.

TABLE VII.

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

CLINIC.	ADDRESS.	DAYS AND TIMES OPEN FOR		
		General Medical Treatment.	Eye Treatment.	Dental Treatment.
Addlestone	Gen. Med.—Congregational Sunday School, Crouch Oak Lane Eye—C. of E. School	Every Friday afternoon, 1.30–2.30	4th Tuesday afternoon, 2.0–4.0, *if required*	—
Ash	Victoria Hall	1st and 3rd Monday mornings, 9.30–10.30	—	—
Ash, Wyke	The Village Hall, Normandy ..	1st and 3rd Monday afternoons, 1.30–2.30	—	—
Ashtead	Council School	—	—	As required
Badshot Lea	Cookery Room, Council School..	2nd and 4th Friday afternoons, 1.30–2.30	—	—
Bagshot	Gen. Med.—Wesleyan Chapel Rooms Eye and Dental—C. School	1st and 3rd Monday mornings, 9.30–10.30	3rd Tuesday afternoon, 2.0–4.0	4th Monday morning, *if required*, 10.0–12.0
Banstead	Church Institute	1st and 3rd Friday afternoons, 1.30–2.30	—	—
Barnes..	Technical Institute, Mortlake, S.W.	Every Monday morning and Wednesday afternoon	1st and 3rd Monday afternoons 2.0–4.0	2nd and 4th Monday afternoon, 2.0–4.0; every Tuesday morning, 10.0–12.0 and every Friday afternoon, 2.0–4.0
Bletchingley	Village Hall	1st and 3rd Friday afternoons, 1.30–2.30	—	—
Bookham	Barn Hall, Great Bookham ..	1st and 3rd Wednesday afternoons, 1.30–2.30	—	—
Bourne	Boys' Club, Gravel Hill, Lower Bourne	1st and 3rd Wednesday afternoons, 1.30—2.30	—	—
Byfleet	Village Hall	Every Thursday morning, 10.0–12.0	—	1st Wednesday morning, 10.0–12.0, *if required*
Camberley	Gen. Medical—Central Hall .. Eye and Dental—St. Michael's Church Rooms	1st and 3rd Thursday mornings, 9.30–10.30	1st Tuesday afternoon, 2.0–4.0	1st, 3rd and 5th Friday mornings and afternoons, 10.0–12.0, 2.0–4.0
Carshalton	Municipal Institute, Rochester Road	Every Monday, Thursday and Friday mornings, 9.30–10.30, and every Tuesday morning, 10.0–12.0	—	Every Wednesday morning and afternoon, 10.0–12.0, 2.0–4.0
Caterham Hill ..	Parish Hall, Chaldon Road ..	Every Friday morning, 9.30–10.30	—	—
Caterham Valley ..	Parish Hall, Stafford Road ..	2nd and 4th Tuesday afternoons, 1.30–2.30	—	2nd and 4th Thursday mornings and afternoons, 10.0–12.0, 2.0–4.0
Cheam	Parochial Room, Station Road	1st and 3rd Wednesday afternoons, 1.30–2.30	—	—
Chertsey	Infants' C. School, Stepgates ..	Every Wednesday morning, 10.0–12.0	2nd Tuesday afternoon, 2.0–4.0	Every Thursday morning and afternoon, 10.0–12.0, 2.0–4.0
Chobham	Women's Institute Hut and Industry Cottage	2nd and 4th Tuesday afternoons, 1.30–2.30	—	—
Cobham	Gen. Medical—Boys' Club, Spencer Road Dental—Village Hall	Every Wednesday afternoon, 1.30–2.30	—	1st, 3rd and 5th Thursday mornings 10.0–12.0
Coulsdon	Council School, Smitham Bottom	Every Tuesday morning, 9.30–10.30; 1st and 3rd Thursday mornings, 9.30–10.30; 2nd and 4th Thursday mornings, 10.0–12.0	—	Every Friday morning, 10.0–12.0, and 1st and 3rd Friday afternoons, 2.0–4.0
Cranleigh	"Tring," Cranleigh	1st and 3rd Tuesday afternoons, 1.30—2.30	—	2nd and, *if required*, 4th Thursday mornings & afternoons, 10.0–12.0, 2.0–4.0
Dorking	Imperial Club, West Street ..	Every Tuesday morning, 9.30–10.30	3rd Wednesday morning and afternoon, 10.0–12.0, 2.0–4.0	1st, 2nd and 3rd Friday mornings and afternoons, 10.0, 12.0, 2.0–4.0 and *if required*, 4th Friday morning and, afternoon, 10.0–12.0, 2.0–4.0
Dormansland ..	Baptist Chapel	2nd and 4th Monday afternoons, 1.30–2.30	—	—
Dunsfold	Winn Hall	1st and 3rd Thursday afternoons, 1.30–2.30	—	—
Effingham	Village Hall	2nd and 4th Wednesday afternoons, 1.30–2.30	—	—
Egham	Technical Institute, High Street	Every Friday morning, 10.0–12.0	5th Wednesday, 10.0–12.0and 2.0–4.0	2nd and 4th Wednesday mornings and afternoons, 10.0–12.0, 2.0–4.0
Egham, Hythe ..	St. Paul's Mission Room, Thorpe Road, Staines	Every Tuesday afternoon, 1.30–2.30	—	—
Elstead	Village Hall	2nd and 4th Thursday afternoons, 1.30–2.30	—	—
Epsom..	Wesleyan Church Rooms ..	Every Wednesday morning, 9.30–10.30	1st Thursday morning, 10.0–12.0	Every Friday morning and afternoon, 10.0–12.0, 2.0–4.0
Ewhurst	Village Hall	2nd and 4th Friday afternoons, 1.30–2.30	—	—
Farnham	"Brightwells"	Every morning—(Mondays, Wednesdays, Thursdays & Fridays, 9.30–10.30 Tuesdays, 10.0–12.0)	4th Friday morning and afternoon, 10.0–12.0, 2.0–4.0	Every Monday morning & afternoon, 10.0–12.0, 2.0–4.0; and, *if required*, 2nd & 4th Wednesday mornings & afternoons, 10.0–12.0, 2.0–4.0
Frimley	Village Hall	2nd and 4th Wednesday afternoons, 1.30–2.30	—	*If required*, 3rd Wednesday morning & afternoon, 10.0–12.0, 2.0–4.0
Godalming	Memorial Church Rooms, Queen's Road	Every Monday, Wednesday and Friday morning, 9.30–10.30	4th Thursday morning, 10.0–12.0, and *if required*, 2.0–4.0	Every Tuesday morning and afternoon, 10.0–12.0, 2.0–4.0
Guildford	49, Farnham Road	1st and 3rd Monday afternoons, 2.0–4.0	3rd Thursday morning and afternoon, 10.0–12.0, 2.0–4.0	Every Tuesday morning, 10.0–12.0, & 1st, 3rd and 5th Thursday mornings & afternoons, 10.0 2.0, 2.0–4.0
Hale	The Institute	1st and 3rd Friday afternoons, 1.30–2.30	—	—
Ham	Trefoil House, Petersham ..	2nd and 4th Tuesday afternoons, 1.30–2.30	—	—

		General Medical Treatment	Eye Treatment	Dental Treatment
Haslemere ..	Gen. Med.—St. Christopher's Hall	Every Tuesday afternoon, 1.30–2.30	If required, 4th Thursday afternoon, 2.0–4.0	1st Wednesday morning, 10.0–12.0, 2.0–4.0, and, if required, 3rd Wednesday morning and afternoon, 10.0–12.0, 2.0–4.0
	Eye and Dental—C. of E. School			
Horsham	Roundobapel School Rooms ..	2nd, 3rd, 4th and 5th Thursday afternoons, 1.30–2.30	2nd Monday morning, 10.0–12.0	Every Tuesday morning and afternoon
Hindhead	Gen. Med. — Congregational Chapel Rooms, Beacon Hill	2nd and 4th Wednesday afternoons, 1.30–2.30	—	—
	Dental—C. School			
Holmwood	Village Hall	1st and 3rd Thursday afternoons, 1.30–2.30	—	—
Horley	Technical Institute	Every morning 9.30–10.30 ..	If required, 2nd Thursday morning and afternoon, 10.0–12.0, 2.0–4.0	2nd, 3rd, 4th Tuesday mornings & afternoons, 10.0–12.0, 2.0–4.0
Horsley	Village Hall, W. Horsley ..	1st and 3rd Tuesday afternoons, 1.30–2.30	—	—
Hurst Green	St. Agatha's Mission Hall ..	Every Monday afternoon, 1.30–2.30	—	—
Knaphill	Wesleyan Chapel	Every Friday afternoon, 1.30–2.30	—	—
Leatherhead	The Institute, High Street ..	1st and 3rd Friday afternoons, 1.30–2.30	2nd Friday morning, 10.0–12.0	1st and 3rd Friday mornings & afternoons, 10.0–12.0, 2.0–4.0
Limpsfield	C. of E. School	2nd and 4th Thursday mornings, 9.30–10.30	—	—
Lingfield	Church House	2nd and 4th Tuesday mornings, 10.0–12.0	If required, 2nd Thursday morning and afternoon, 10.0–12.0, 2.0–4.0	1st, 3rd & 5th Monday and Friday mornings and afternoons, 10.0–12.0, 2.0–4.0

TABLE VIII.

STATEMENT SHOWING THE SCHOOLS FROM WHICH CHILDREN ATTENDED THE 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.
		Boys.	Girls.		
Mitcham, Singlegate C.	2	—	39	2	7/3
Carshalton, Camden Road C...	1	20	—	1	7/5½
Thames Ditton C.	2 (including Whit week)	19	—	1	7/10½
Sutton, Crown Road C.....	1	—	41	2	6/8¼
Merton C. of E.	1	—	29	2	7/3½
Mortlake Central C.	1	—	35	2	8/6¾
Raynes Park C.	2	52	—	2	6/7½
Camberley, Yorktown C.	1	21	—	1	8/1
Bagshot C.	1	13	—	1	8/1
Gorringe Park C.....	2 (Summ'h'lidays	46	—	2	6/10
Sir Arthur Glyn's party— Ashtead C.E. (3), Banstead C. (2), Cheam C.E. (4), Chessington C.E. (3), Ewell C.E. (12), Leatherhead C. (6), Merton, Rutlish Secondary (1), Mickleham C.E. (3), Mitcham, London Road C (7), Raynes Park, Aston Road C. (3), Sutton, Belmont C. (2), Tadworth C. (3).	2 (Summ'h'lidays)	49	—	2	6/10
Epsom C.	2	44	—	2	6/9¼
Mitcham, Gorringe Park C....	2	—	43	2	6/7¼
	19	264	187	22	approx. average 7/3
		451			

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	8	4
Barnes Hospital	—	1
Brompton Hospital for Consumption	6	6
Burrow Hill Sanatorium, Frimley	1	—
Croydon Borough Sanatorium, Cheam...	1	
Harpenden—National Children's Home	1	—
Heatherwood—United Services Hospital	—	1
Holy Cross Sanatorium, Haslemere	—	2
Northwood—Mount Vernon Hospital	10	14
Royal Chest Hospital, City Road, E.C. 1	2	5
Royal National Orthopædic Hospital, W. 1	—	1
Royal Sea-Bathing Hospital, Margate	8	4
St. Anthony's Hospital, Cheam	7	8
St. Bartholomew's Hospital	1	1
St. Catherine's Home, Ventnor, Isle of Wight	1	1
St. Nicholas' Hospital, Pyrford	4	2
St. Thomas's Hospital	—	1
Sevenoaks—Children's Hospital for Treatment of Hip Disease	1	—
Victoria Invalid Children's Homes, Margate	4	—
Victoria Park—City of London Hospital for diseases of the Chest and Heart	—	2
Wandle Valley Isolation Hospital	—	2
TOTALS	55	55

TABLE X.

CASES REFERRED TO THE N.S.P.C.C. DURING 1925.

Condition.	No. of cases.	Result.		Still under investigation.
		Treatment provided.	Condition improved.	
Defective vision	15	15	—	—
Dirty and neglected	10	—	10	—
Enlarged tonsils and adenoids	10	8	—	2
Crippled	4	4	—	—
Squint	2	2	—	—
Chronic skin disease	2	2	—	—
Extensive dental caries ...	2	2	—	—
Miscellaneous	4	4	—	—
Totals	49	37	10	2

TABLE XI.

STATEMENT SHOWING REVISED REGULATIONS.

(Alterations shown in Italics.)

Disease.	Patient is infectious for	Patient may resume school attendance.	Children exposed to infection.
Diphtheria	At least 4 weeks, generally much longer. A patient should be considered infectious until three consecutive bacteriological examinations have proved the absence of the germ of the disease. No patient who has any discharge from nose or ears can be considered free from infection.	4 weeks after discharge from hospital, or on receipt of medical certificate of freedom from infection. This is to enable the patient to recover strength after the illness; also to obviate as far as possible the danger of occasional protracted infection.	*If the patient is admitted into hospital, the contacts should be excluded until a negative swab has been obtained from the nose and from the throat.* *If the patient remains at home, the contacts should be excluded until the house is free from infection and a negative swab has been obtained.*
Scarlet Fever	4 to 6 weeks, sometimes longer. Any patient having discharge from nose or ears must still be considered infectious, but peeling may generally be disregarded.	3 weeks after discharge from hospital, or on receipt of medical certificate of freedom from infection.	7 days from the date of last exposure to infection.
Typhoid or Enteric Fever.	6 weeks, often longer. The excretions may convey infection long after apparent recovery.	4 weeks after discharge from hospital, or on receipt of medical certificate of freedom from infection.	Need not be excluded.
Small Pox	4 to 5 weeks; until every scab has completely disappeared.	Upon receipt of medical certificate of freedom from infection.	*May continue to attend if successfully vaccinated within 3 years, otherwise should be excluded for 18 days from date of last exposure.*

Disease.	Patient is infectious for	Patient may resume school attendance	Children exposed to infection.
Measles.	*2 weeks.*	3 weeks from first appearance of rash.	*Children attending infants' departments or divisions should be excluded 14 days from date of onset of illness of the last patient with measles in the house; children attending other departments need not be excluded.*
Whooping Cough.	About 6 weeks.	When all cough has ceased, as a rule about *6 weeks* from the onset of the disease.	*Children attending infants' departments or divisions should be excluded for 21 days from date of onset of illness of last patient with whooping cough in the house; children attending other departments need not be excluded.*
German Measles	About *1 week.*	*10 days* from first appearance of rash.	Need not be excluded.
Chicken Pox.	About 3 weeks and until every scab has disappeared.	When the skin is clear of all scabs.	Contacts need not be excluded
Mumps.	About 3 weeks.	*3 weeks* from the onset of the disease.	*Need not be excluded.*
Poliomyelitis.	*3 weeks.*	*6 weeks from the onset of the disease.*	*Need not be excluded.*
Encephalitis Lethargica	*3 weeks.*	*6 weeks from the onset of the disease.*	*Need not be excluded.*
Cerebro-Spinal Meningitis.	*3 weeks.*	*6 weeks from the onset of the disease.*	*Need not be excluded.*

The general principle to be observed in re-admitting into school a child who has suffered from a serious illness is that re-admission is not to be enforced until convalescence is complete.

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY SCHOOLS.

TABLE XII.

A.—Routine inspections.

Code groups.	Number of pupils inspected.		
	Boys.	Girls.	Total.
Entrants	946	719	1,665
Intermediates	241	190	431
Leavers	547	338	885
Totals	1,734	1,247	2,981

B.—Other inspections.

	Number of special inspections.	Number of re-examinations.
Boys	151	246
Girls	270	278
Totals	421	524

TABLE XIII.

A.—Return of defects found in the course of medical inspection in 1925.

	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	10	26	—	—
Skin—				
Ringworm	1	—	—	—
Impetigo	1	—	1	—
Scabies	—	—	—	—
Other diseases (non-tubercular)	18	14	13	2
Nose and Throat—				
Enlarged tonsils ..	60	117	4	12
Adenoids	4	29	3	3
Enlarged tonsils and adenoids	20	25	—	2
Other conditions ..	8	9	3	—
Enlarged glands	5	58	—	3
Eyes—				
Blepharitis	5	—	2	—
Conjunctivitis	7	—	—	—
Other external conditions	1	1	—	—
Defective vision ..	172	120	36	32
Squint	2	4	—	—
Colour sense	—	7	—	1
Ears—				
Otitis media	3	3	1	1
Defective hearing ..	21	8	3	1
Other diseases	7	3	—	—
Defective speech	—	8	—	—
Thorax	7	14	—	—
Heart disease—				
Organic	3	6	2	3
Functional	2	34	1	7
Anæmia	15	10	1	6
Lungs—				
Tuberculosis—				
Pulmonary, definite ..	—	—	—	—
,, suspected ..	1	2	—	1
Not Tuberculosis—				
Bronchitis	8	24	—	2
Other non-tubercular diseases	2	9	—	2

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.
Nervous—				
Headaches	2	2	—	1
Overstrain	—	3	—	—
Hysteria	—	—	—	1
Other	—	9	—	5
Chorea—				
True	—	—	—	—
Chorieform movements..	2	4	—	—
Digestion	1	5	—	7
Constipation	2	7	2	—
Spinal curvature	24	79	4	22
Flat foot	112	204	17	36
Other deformity or defect ..	38	73	9	20
Catamenia—				
Amenorrhœa	—	—	—	—
Menorrhagia	—	3	—	—
Dysmenorrhœa	—	—	—	1
Totals ..	564	950	102	171

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

Code groups.	Number of pupils.		Percentage of pupils found to require treatment.
	Inspected.	Found to require treatment.	
Entrants	1,665	291	17·5
Intermediates	431	38	8·8
Leavers	885	144	16·3
Totals	2,981	473	15·9

TABLE XIV.

GROUP I.—TREATMENT OF DEFECTS FOUND AT ROUTINE AND SPECIAL INSPECTION

	Defects treated.			
	At Hospital	By private practitioner.	Otherwise	Total.
Malnutrition	—	1	—	1
Skin—				
Ringworm	—	2	—	2
Impetigo	—	2	—	2
Other	1	18	4	23
Nose and Throat—				
Tonsils	32	12	3	47
Adenoids	10	1	—	11
Enlarged tonsils and adenoids	6	1	—	7
Other	2	5	—	7
Enlarged glands	—	2	—	2
Eyes—				
Blepharitis	—	7	1	8
Conjuctivitis	1	2	1	4
Defective vision ..	66	89	70	225
Squint	—	1	—	1
Other external conditions	—	1	—	1
Ears—				
Otitis media	—	2	—	2
Other diseases	—	4	—	4
Defective hearing ..	4	20	1	25
Defective speech	—	1	—	1
Thorax	—	1	—	1
Heart—				
Organic	2	2	—	4
Functional	—	1	—	1
Anæmia	—	18	1	19
Lungs—				
Tuberculosis—				
Suspected	—	1	—	1
Not Tuberculosis				
Bronchitis	—	3	3	6
Other	—	—	—	—
Nervous—				
Headaches	—	1	2	3
Other	—	1	—	1
Choreiform movements ..	—	3	—	3
Digestion	—	2	—	2
Constipation	—	2	1	3
Spinal curvature	2	14	3	19
Flat foot	8	42	28	78
Other deformity or defect ..	8	23	4	35
Catamenia—				
Amenorrhœa	—	—	—	—
Menorrhagia	—	—	—	—
Totals ..	142	285	122	549

TABLE XIV.—*Contd.*

GROUP II.—TREATMENT OF VISUAL DEFECTS.

Number of defects dealt with.			Number of pupils.					
			For whom spectacles were prescribed.			Who obtained spectacles.		
By private practitioner or hospital.	Otherwise.	Total.	By private practitioner or hospital.	Otherwise.	Total.	From private practitioner or hospital.	Otherwise.	Total.
156	70	226	128	67	195	128	67	195

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.		
14	48	62	3	65

GROUP IV.—DENTAL INSPECTION.

	Routine age groups.											Total.	No. o sessions devoted to inspection.
	8 and under	9	10	11	12	13	14	15	16	17	Over 17		
Inspected by dentist ...	66	95	213	539	802	1,018	1,186	1,135	735	296	112	6,197	83
Referred for treatment ...	38	59	128	319	424	595	741	703	456	190	58	3,711	

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