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ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR

— 1926. —

JOSEPH CATES,

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

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EXTERIOR VIEW—MALDEN CLINIC.

Surrey County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER of HEALTH

For the Year 1926

BY

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

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

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PREFACE.

This report deals with the health of the county, and briefly records the public health activities of the Council during the year 1926.

The vital statistics of the county are favourable on the whole, but the birth-rate once again is less than that of the preceding year. The persistently falling birth-rate is bringing the Nation to a point where births and deaths will occur in equal numbers, a situation fraught with peril.

Happily, in Surrey, the year is memorable for two outstanding achievements.

The building of the county sanatorium at Milford was begun and approval was given to a scheme to provide treatment for children under school age.

Other noteworthy features of the progressive policy of the Council in health matters are the re-organisation of the scheme of veterinary inspection of dairy cattle and the routine bacteriological examination of milk.

It is satisfactory to report that mothers each year are making greater use of the beds reserved for them in the maternity homes at Redhill and Woking; in fact, the accommodation in these Institutions is now hardly sufficient to meet the needs of the county.

Although smallpox in a mild form is still widely prevalent in Northern counties, in Surrey the importations have so far been localised. It is unlikely that this good fortune will continue.

The scheme to ascertain and treat crippling defects in children is firmly established. Evidence of the value of the work may be seen at each centre where children, once crippled, are now with straight backs and strengthened limbs ready to compete on equal terms with their fellows.

While the expenditure of public money on health cannot usefully be made without the backing of public opinion, there is the certain assurance that the outlay will be justified in the result.

JOSEPH CATES.

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

9th June, 1927.

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.
†Booth, W. G.	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
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.
†Fraser, J. A.	M.B., Ch.B., 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.	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. H.	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
* Resigned before the end of the year.
† Appointed during the year.
** Appointment terminated 31st March, 1926.

County Health Inspector.

Harrison, G. W., A.M.Inst. M. & Cy.E., 4, 7.

Home Teacher for the Blind.

Huskisson, Pauline M., 6.

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
†Harvey, M., 1, 2
*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
†Hunt, E., 1, 2
Jackson, G. H., 1, 2, 3
James, E. J., 1, 2, 3
*Jay, F. K., 1, 2
†Kent, E., 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
Mander, E. E. A., 1, 2, 3
Miller, G. E., 1, 2, 3
*Mitchell, A. G., 1, 2
Mitchell, A. H., 1,
Nickels, E. E., 1, 2, 3
Payne, M., 1, 2, 3
Polden, F. M., 1, 2, 3
Robb, W., 1, 2, 3
†Robson-Scott, H. E., 1, 2, 3
Saunders, K. E., 1, 2
Sayer, F., 2, 3
Smith, D. A., 1, 2, 3
Southall, B. I., 1, 2, 3
†Sperry, E. M., 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

Clerical.

Lunn, H. G....	Barrister-at-Law, Assistant Clerk of the Council attached to the Public Health Department.
Menzies, J. C., 4	Chief Departmental Clerk.
Whitton, J. E.	Staff Clerk.
Tyler, L. A.	,, ,,
Goodale, E. T.	,, ,,
Manester, W. L.	Office Clerk.
Ramm, C. W.	,, ,,
Berry, F.	,, ,,
Barratt, H. A.	,, ,,
Hunt, A. A.	,, ,,
Linney, L. W.	,, ,,
Hartfree, Dorothy A.	Shorthand Typist (senior)
Lister, Nina...	,, ,,
Evans, Kathleen D.	,, ,,
Strutt, Hilda M.	,, ,,
Hogbin, Muriel	,, ,,
Scruby, A. E.	Probationer.

1 Fully trained nurse.
2 Certificate of the Central Midwives Board.
3 Certificate for Health Visitors (Royal Sanitary Institute).
4 Certificate for Sanitary Inspectors (Royal Sanitary Institute).
5 Certificate for Maternity and Infant Welfare (Royal Sanitary Institute).
6 Certificate of the College of Teachers, Association for the Blind.
7 Certificate for Inspector of Meat and other Foods (Royal Sanitary Institute).

†Appointed during the year.

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 1926 and of its urban and rural districts are compared with those of England and Wales :—

1926.	Urban Districts.	Rural Districts.	Administrative County.	†England and Wales.
Birth-rate	14·8	14·1	14·7	17·8
Death-rate	10·1	9·6	10·0	11·6
Zymotic death-rate	0·28	0·23	0·27	‡
*Infant mortality-rate	50	47	50	70
Smallpox death-rate	nil	nil	nil	0·00
Enteric fever death-rate	0·01	0·01	0·01	0·01
Measles death-rate	0·09	0·04	0·08	0·09
Scarlet fever death-rate	0·01	0·02	0·01	0·02
Whooping cough death-rate	0·08	0·05	0·08	0·10
Diphtheria death-rate	0·03	0·04	0·03	0·07
Influenza death-rate	0·22	0·26	0·23	0·22
*Diarrhœa and enteritis death-rate in children under two years of age	3·6	3·4	3·4	8·7

* 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 £27,841. Only four counties have a higher assessable value; none has a lower county rate.

The net expenditure on public health services for the year ended 31st March, 1927, was £38,622.

Rivers.

Reference was made in the report for 1925 to the more important rivers within the county.

River Wandle.

Considerable attention has been given to the condition of the River Wandle during the year; regular inspections have been carried out, and any complaints received have been promptly followed up.

In addition to general inspection throughout the course of the river, a detailed survey of the first stretch of the river from Wandle Park, Croydon, to the London Road bridge at Wallington, has been made, and a report with accompanying plans and recommendations were considered by the Council.

Pollution of the river in this stretch is due principally to oil which gains access through the surface water drainage system of Croydon.

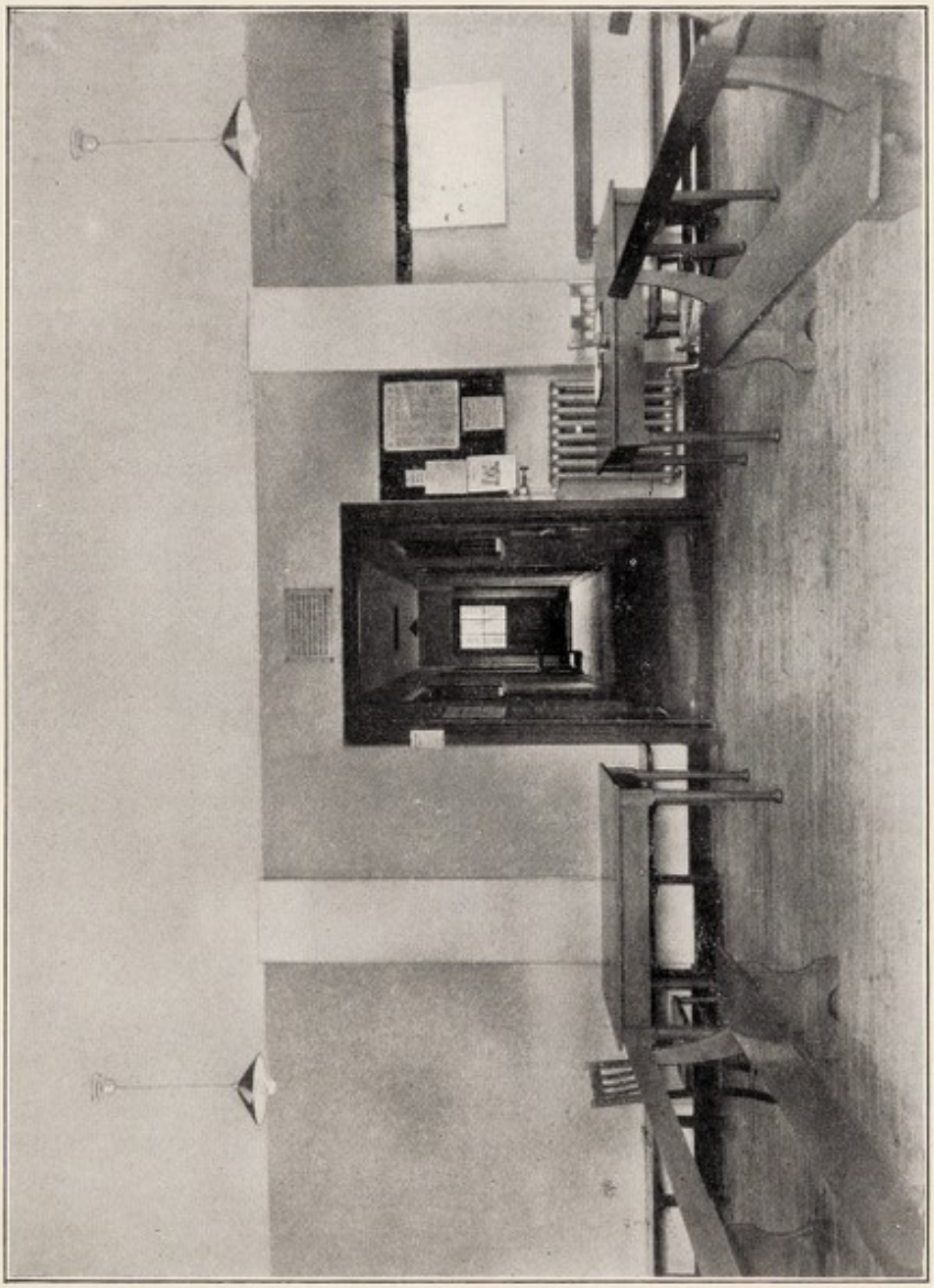
The removal of obstructions—due not only to deposits and growths in the river and defective banks, but to the inadequacy of culverts carrying the river at various points—and river training generally were also important matters requiring attention in the section under review. The obstructions were found to be a danger to surrounding property in times of flood.

The County Council, according to the provisions of Part II. of the Surrey County Council Act, 1925, set up the River Wandle Advisory Committee, and this Committee duly considered and approved the report referred to above.

Further details and observations will be taken and submitted to the Council, when a decision will be made as to the procedure to be adopted for carrying out the recommendations suggested.

In several instances where bad conditions existed, substantial improvements affecting the river have been made, namely:—

Situation.	Improvement.
Guy's Road, Beddington	Construction of footpath and low retaining wall; obstructions cleared and velocity of stream improved.
Watercress Beds, Guy's Road, Beddington ..	Obstructions removed, concrete and timber walls constructed and velocity of stream improved.
Beddington Park, Beddington	Obstructions removed and velocity of stream improved.
High Street, Colliers Wood	Old obstructive piers removed and much improved arrangement substituted during reconstruction of Mill.
Butter Hill, Carshalton..	Concrete walls constructed.
Butter Hill, Carshalton..	Connection to public drainage system of factory sanitary conveniences.



WAITING ROOM AND CORRIDOR—MALDEN CLINIC.

The investigation of certain chemical pollution in the river in the Mitcham district proved the source of it to be in Carshalton. The Council took a serious view of the case, and warned the person responsible that any further offence in that respect would result in legal proceedings.

Another instance of chemical pollution in the Carshalton district was, on request, immediately remedied.

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 1926, for the purpose of calculating the birth rate was 781,400.

The population on which the death-rates are based is 773,900.

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 11,476. Of these, 494, or 4·3 per cent., were illegitimate, as compared with 4·4 in 1925. The net birth-rate was 14·7 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 1926 was 17·8 per 1,000 population.

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

Deaths.

The number of deaths of civilians belonging to the county after the allocation of transferable deaths was 7,778. This gives a net death-rate of 10·0 per 1,000 of the civil population as compared with 10·3 in 1925. The death-rate in England and Wales in 1926 was 11·6.

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 7,778 deaths, tuberculosis (all forms) was given as the cause in 5·4 per cent., cancer in 14·3, cerebral hæmorrhage in 6·1, 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 574. The net infant death-rate was 50 per 1,000 births as compared with 70 per 1,000 births in England and Wales. The infant death-rate for the county in 1925 was 46·1. The death-rate among the 494 illegitimate children born during 1926 was 101 per 1,000. This is 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 1926 was 213; and the death-rate was 0·27 per 1,000 civilians, an

increase of 0·06 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 for certain of the diseases in previous years in VIIIA.

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

The death-rates from these causes during 1926 are given in table IX.; those for Respiratory Diseases and Pulmonary Tuberculosis in previous years in tables IXA. and IXB.

Infectious Diseases.

The amount of infectious disease notified in 1926 is set forth in table X.

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

Small-pox.—A case of small-pox was imported to Limpsfield on June 7th. The patient was a domestic servant who had, up to that date, been living with her parents at South Shields. The girl was removed to Clandon Hospital. The disease was of a mild type; the patient made a good recovery, and was discharged on the 10th July.

On July 9th, another patient near Oxted began to be ill. She was admitted to Clandon, and was discharged on the 29th July.

Owing to the fact that about 28 days had elapsed between the onset of the illness of the two patients, it seemed certain that there had been a missed case. Very careful investigations were carried out, and it was found that a relative of the second patient was ill with symptoms of abortive small-pox twelve days before the girl developed the disease, and there appears little doubt that the infection was thus transmitted.

Herpes Zoster and Chickenpox.—Herpes Zoster, commonly called Shingles, is characterised by an eruption of small vesicles in groups and clusters arranged in a broken band along one side of the body, or along a limb, or upon the face. There are, in children, generally premonitory symptoms, headache, sickness, and slight temperature. In adults, the eruption is often preceded by a pain in the site to be affected by the vesicles. The eruption generally appears suddenly, lasts for a week or ten days, does not relapse, and does not recur.

The peculiar arrangement of the rash suggests some connection with the distribution of individual nerves. Apart from the clustered vesicles, there may occur isolated vesicles in other parts of the body. The eruption is almost invariably unilateral.

As long ago as 1861, Barensprung described a lesion of the intercostal nerves. More recently, Head and Campbell found hæmorrhage in the posterior root ganglia. The pathology of the eruption therefore shows a resemblance to anterior poliomyelitis. Herpes Zoster may result also from injury or disease of the posterior roots as in caries or a new growth. It may also follow from the administration of arsenic.

In 1909, Von Bokay reported nine cases in which Herpes Zoster in one person was followed by Varicella in another person in from eight to seventeen days, and in which he was satisfied that other sources of infection could be excluded.

In 1913, Le Feuvre, of South Africa, reported nine cases of Herpes Zoster followed by Varicella in other persons in eight to twenty-one days, all arising in remote country districts where no cases of Varicella were known to have occurred for considerable periods. Le Feuvre has also discovered fifty cases on record prior to 1912, in forty-one of which Herpes Zoster was followed by Varicella in another person, and in five of which Herpes Zoster and Varicella were apparently present in the same person.

James Taylor, in the *British Medical Journal* for September, 1920, gives four instances which had come to his knowledge

of Herpes Zoster apparently starting an outbreak of Chickenpox.

In 1921, A. E. Carver analysed fifty cases reported since 1913, of Herpes Zoster in one person followed by Varicella in another, in which the probability of infection from other sources could be reasonably excluded.

In the *Lancet*, of April 2nd, 1921, James Watt, then Medical Superintendent of the Downs Sanatorium, Sutton, refers to a patient who had typical Herpes Zoster on the 29th July, and on the 1st August a papular eruption which was clearly Chickenpox, and there seems reason to believe that the patient had Chickenpox in childhood.

Walter M. Kraus, in the *New York Medical Journal* for August, 1921, after reviewing the literature relating to the subject, comes to the conclusion that enough instances of the coincidence of the two diseases have occurred to make it more than likely that they have a common cause, and he argues that the occurrence of Herpes Zoster without any definite association with Chickenpox, or with other cases of Herpes Zoster is not against this theory, as Herpes Zoster is often only a secondary manifestation of some other disease.

William Elliott, in the *Glasgow Medical Journal* for May, 1922, reviewed the records of the Ruchill Fever Hospital, Glasgow, over a period of ten years. He found nine cases of Herpes Zoster occurring in the wards, and in five of them outbreaks of Chickenpox followed. No source of infection other than the Herpes Zoster could be found. With regard to the other four cases, in one, a diagnosis of Herpes Zoster seems to have been doubtful, and in a second the Herpes Zoster occurred in a ward which was practically empty. It may be said, therefore, that out of seven occasions on which a patient in a ward developed Herpes Zoster, unexplainable Chickenpox followed in five.

A. C. Roxburgh, in the *British Journal of Dermatology* for April, 1923, reports two instances in which Herpes Zoster appeared to be the first manifestation of typical Chickenpox which occurred on the day following the development of the

Herpes Zoster. Sixteen days before the attack the husband of the patient had typical Herpes Zoster. In the second case a cook developed Herpes Zoster, and sixteen days afterwards a child staying in the house had a typical attack of Chickenpox. There were no other cases of Chickenpox known in the neighbourhood at the time.

Wiburd, in 1924, pointed out that an attack of Herpes Zoster could be provoked in a susceptible person by the giving of arsenic, but Chickenpox has never been known to have originated as the result of such treatment, and there is no record of any case of Chickenpox following Herpes Zoster so produced.

A. and H. Netter, of Paris, have found records of a hundred and two cases, in eighty-seven of which Herpes Zoster was followed by Varicella in another person, and in fifteen of which the reverse obtained. The question arises as to whether errors in diagnosis may account for the frequency of the association of the two conditions, and Hamburger suggests that the eruption which has been considered to be Herpes Zoster, has, in fact, been localised Chickenpox.

One attack of Chickenpox confers immunity for life. Similarly, second attacks of Herpes Zoster in the same person are almost unknown. Chickenpox does not appear to protect against Herpes Zoster, and there is no reason to believe that Herpes Zoster conveys immunity to Chickenpox.

Various theories have been put forward to account for the two manifestations of the one organism, and it has been suggested that in Chickenpox the organisms gain access to the blood, causing the disease to be general, but in Herpes Zoster, the path of infection is through the nose to the meninges, and thence to the cerebro-spinal fluid.

To summarise the evidence, it seems that:—

(1) Chickenpox in one individual may follow Herpes Zoster in another person within the ordinary incubation period of Chickenpox, *i.e.*, in about seventeen days.

(2) That in these cases, no other source of infection except the Herpes Zoster is discovered.

(3) That Herpes Zoster in one person may follow Chickenpox in another person.

(4) That Chickenpox and Herpes Zoster may exist in the same individual at the same time.

Ker suggested that coincidence would explain the simultaneous attacks of Herpes Zoster and Chickenpox in the same person, and that where Chickenpox follows Herpes Zoster in different individuals, we must conclude that the organism behaves differently under different conditions.

The subject is one of interest, and of some importance to specialists in preventive medicine, because in times of Smallpox prevalence, the differential diagnosis of Chickenpox and Smallpox may be a matter of some anxiety, and Local Authorities may make Chickenpox compulsorily notifiable. If Herpes Zoster gives rise to Chickenpox, it would seem reasonable that compulsory notification should be extended also to Herpes Zoster.

Acute Anterior Polio-Myelitis.

Infantile paralysis, or acute anterior polio-myelitis, has been recognised as a definite communicable disease since about 1881, although an epidemic was described in America in 1841. Sporadic instances of the disease occur from time to time. Children are chiefly affected.

During the last twenty years there have been epidemics in America, Australia, and some parts of Europe. In America, the deaths from the disease were numerous. Small outbreaks have been noted in England on several occasions; in Bristol in 1909, in Maryport in 1910, in Devonshire and Cornwall in 1911, in Dorset and in the Midlands. There was also a localised outbreak in Surrey ten years ago at Claygate.

Acute polio-myelitis generally begins with fever and gastro-intestinal disturbances. After a day or two of these symptoms paralysis appears, and is inclined to pick out certain groups

of muscles—for example, those dealing with movements of the feet.

When the acute stage passes away the extent of the paralysis not infrequently diminishes, but it is usual for some permanent incapacity to remain.

The death rate varies in different epidemics, and may be as high as 30 per cent. of those attacked. The organism causing the disease and the incubation period are not definitely established.

It is somewhat unusual, apart from epidemics, to discover more than one case in a house.

There are on record a number of instances of school epidemics, and during the present outbreak certain schools have been affected. During 1926 the number of notifications of the disease each month in England and Wales and in Surrey have been as follows:—

Month.	England and Wales.	Surrey.
January	17	1
February	20	—
March	14	—
April	14	—
May	21	—
June	29	1
July	57	—
August	144	—
September	210	3
October	241	5
November	190	7
December	126	6
Totals	1183	23

These figures showed an unusual prevalence of Infantile Paralysis, and the Public Health Committee, in order to co-operate with the district medical officers of health, desired that one of the assistant medical officers should be detailed to carry out an enquiry into the instances of the disease ar

it occurred. To enable this enquiry to be made, the medical officers of health of local sanitary authorities were requested to furnish the county medical officer of health with the names and addresses of the patients.

In four instances the local sanitary authorities refused to comply with this request, compliance with which the County Council considered was obligatory under section 69 (2) of the Housing and Town Planning Act, 1909. The matter was therefore referred to the Minister of Health for a decision.

Tuberculosis.

Notifications.—During the year 673 notifications of pulmonary tuberculosis were received; the number of deaths from this disease in the same period being 420.

There were in the county 93 deaths from non-pulmonary tuberculosis, but only 159 notifications were made during the year.

Table XI. shows the number of notifications during 1926, 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.

There has been a decline of sixty-six per cent. in the death rate from all forms of tuberculosis in England and Wales since the year 1869. The fall in the death rate in Surrey has kept pretty constant with that of England and Wales—but in both cases there was a rise in the death rate from tuberculosis during the war—that time of privation and anxiety, when there was difficulty in obtaining suitable food—and in both a decline in the rate after that time.

The causes of that decline are probably four. There is no doubt that the dose of infection which each person receives is to-day considerably less than it was fifty years ago. Remembering that the chief agent in the spread of tuberculosis is the careless consumptive, it is easy to appreciate the importance of the fact that there is considerably less spitting to-day than there was fifteen or twenty years ago. At that time, in the

smoking compartments of railway carriages and other places, there was ample evidence of spitting. Latterly, there has been a very great improvement in public habits, and if there is less spitting, there is less danger from the careless consumptive. There is less dust. Factory legislation and other measures have led to an improvement in the conditions with regard to dust in factories, work places and in the streets. During recent years, there has been more segregation of the sick; there are more beds for cases of pulmonary tuberculosis—particularly for late cases, so that these patients can be removed from their homes, where the risk of infection is great. In recent years, too, there have been many improvements in social conditions, better food, higher wages, and healthier housing conditions.

There has been much education effected in the meaning of disease, prevention of disease and the living of a healthy life, and lastly, there has been the definite campaign which has been on foot since about 1907, directed particularly against tuberculosis. This campaign, which is still being carried on, has undoubtedly done a great deal to diminish the death-rate from the disease.

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

Tables XIV.—XVII. give the Surrey figures compiled according to the Ministry of Health's Memoranda Nos. 37/T. and 121/T. These tables are difficult to prepare, and entail a very considerable amount of work.

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	0·005	0·008
Over 15 years	0·29	0·23

Surrey County Sanatorium.

The contract for the erection of the Surrey County Sanatorium at Milford, to accommodate 300 patients, was entered into in March, 1926, and work was begun on the 22nd of that month. The contractors are Messrs. Chapman, Lowry and Puttick, of Haslemere, and the contract price for the buildings, including the provision of heating, electricity, generating plant and other services amounts to £166,270. The architect is Mr. Sidney Tatchell, F.R.I.B.A.

The tender of Messrs. Streeter & Company, Limited, Godalming, for laying the main drain from the sanatorium to Godalming, was accepted during the year, but work under the contract was delayed until 1927 owing to legal difficulties caused by the death of the owner of certain lands through which the drain is to be laid.

Substantial progress in the erection of the buildings was made by the end of 1926, despite the interruption in the supply of materials caused by the general strike. The contract provides for the completion of the work by September, 1928, but at the present rate of progress its completion at an earlier date may be anticipated.

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.

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

In the autumn of 1926 the Committee of the Richmond Hospital gave notice to terminate the arrangements whereby the County Council had the use of the out-patient department.

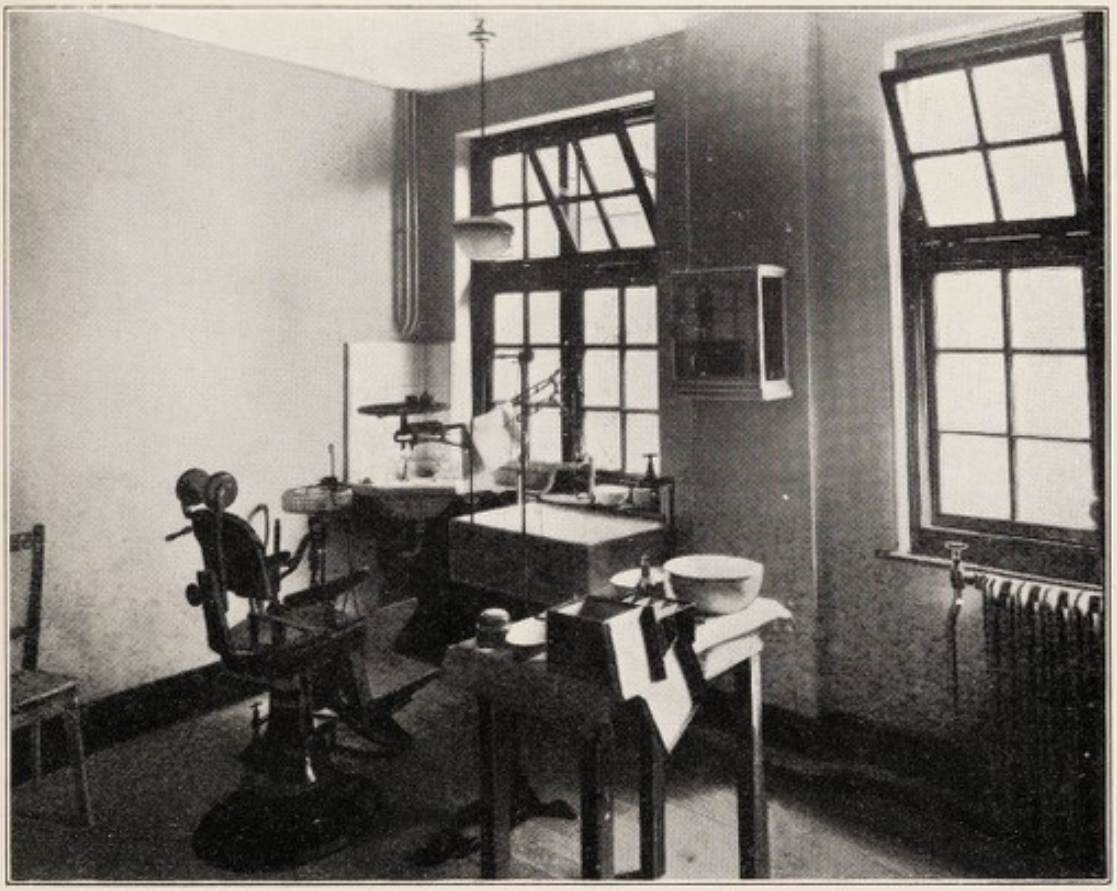
Maternity and Child Welfare.

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.

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.
1922	421,594	6,852
1923	425,450	6,571
1924	431,350	6,300
1925	435,550	6,331
1926	450,670	6,449

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.



Dental Room at Malden Clinic.

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 any condition.

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."
1922	306	22	328	295	33
1923	314	21	335	315	20
1924	326	31	357	346	11
1925	342	14	356	346	10
1926	354	11	365	357	8

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 given below. Prior to 1923 the obligation to notify was not generally fulfilled.

Year.	Notifications received.	Special Investigations made.
1922	920	339
1923	1,382	355
1924	1,452	425
1925	1,599	426
1926	1,780	944

Still-births.—The numbers of still-births reported since 1922 are as follows:—

Year.	Still-births in the practice of Certified Midwives.	Percentage to total births registered in the Administrative County.
1922	84	0.7
1923	82	0.7
1924	66	0.58
1925	93	0.82
1926	100	0.87

Abortions and Miscarriages.—The number notified by certified midwives has been:—

1922	35
1923	25
1924	43
1925	41
1926	48

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

These Regulations, which came into operation on the 1st October, 1926, amend the present procedure with regard to the notification of cases of ophthalmia neonatorum. Formerly it was the duty of both the midwife and the medical practitioner to make notification to the medical officer of health of the Local Sanitary Authority. In practice it has been found that this arrangement has led to some misunderstanding, and the duty of notifying cases of ophthalmia neonatorum is now placed solely upon the medical practitioner in attendance.

In these Regulations it is suggested that the Maternity and Child Welfare Authority should provide for the supervision, domiciliary nursing and treatment of all cases of inflammation or discharge from the eyes, whether or not notified as ophthalmia neonatorum.

The County Council has had for some time an arrangement with the Metropolitan Asylums Board whereby institutional treatment is afforded to children born within the Maternity and Child Welfare area of the county and found to be suffering from inflammation of, or discharge from the eyes. Domiciliary nursing has not been provided because it is considered that children with ophthalmia can better be treated in hospital.

The arrangements made with the Metropolitan Asylums Board have been thus utilised since 1923:—

Year.	Cases admitted.
1923	1
1924	1
1925	2
1926	1

The number of notifications of inflammation of the eyes received each year since 1922 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.	
1922	65	49	3.2
1923	86	62	5.2
1924	93	48	4.3
1925	97	48	4.2
1926	109	51	4.4

The following table gives particulars of the notified cases of ophthalmia neonatorum during the past five 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
1926	51	32	27	5	30	—	—	2

Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

These Regulations, which are of far-reaching importance, place upon the County Council additional duties and empower Maternity and Child Welfare Authorities to make provision for the special treatment of women suffering from puerperal infection.

Puerperal fever, a somewhat ill-defined disease, has been notifiable for many years. These Regulations, while leaving puerperal fever still notifiable, require medical practitioners to notify the medical officer of health to the Local Sanitary Authority the occurrence of a temperature of 100·4 deg. Fahrenheit, sustained during a period of 24 hours or recurring during that period in a woman within 21 days after childbirth or miscarriage. This febrile condition, irrespective of its cause, is known as puerperal pyrexia.

At the time of notification the medical practitioner can request—

(*a*) A second opinion on the case;

(*b*) A bacteriological examination;

(*c*) That the patient be removed to hospital;

(*d*) That trained nurses be provided.

The Council has prepared a comprehensive scheme which will provide the following facilities.

The county, for the purposes of the scheme, is divided into three areas, each grouped round a large hospital. Cases of puerperal pyrexia occurring in the south-west area will, at the request of private practitioners, be seen by Mr. H. B. Butler, F.R.C.S., Gynæcologist to the Royal Surrey County Hospital, Guildford, and will, in suitable instances, be admitted for treatment to that institution.

For the south-east area it is hoped that a member of the staff of the East Surrey Hospital will be appointed as consultant and the patients will be admitted to that hospital.

For the northern part of the county arrangements have been made whereby Mr. J. M. Wyatt, F.R.C.S., Obstetric Specialist to the Metropolitan Asylums Board, will be the consultant for the County Council, and patients recommended by him will be admitted to one of the institutions of the Board.

Ambulance facilities will be provided by the hospitals concerned. Arrangements have been made with Dr. Matson, pathologist of the Royal Surrey County Hospital, Guildford, to carry out bacteriological work.

During the three months of the year these regulations were in operation, 38 notifications of puerperal fever and puerperal pyrexia were received, two applications were made by medical practitioners for a second opinion, and five patients were admitted to hospital. There seems little doubt that more requests for these facilities, particularly that relating to the services of a consultant, will be made by medical practitioners as the scheme becomes more widely known.

Rise of temperature and puerperal fever.—The figures given below show the number of notifications received since 1922:—

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.	Deaths from puerperal fever.	Case mortality per cent.
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
1926	64	39	3.3	8	20.5

Training of Midwives.

Under an arrangement with the Surrey County Nursing Association the Council makes a grant of approximately £20 for each midwife trained by the Association. The difficulty of obtaining candidates does not grow less. The following table contains particulars with regard to the work of the County Nursing 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.
1922	24	10	10	13
1923	15	23	20	10
1924	18	18	16	9
1925	20	17	14	10
1926	15	12	12	15

Training of Unmarried Mothers for Domestic Service.—During the past five years the number of mothers admitted to Waltham House Hotel at the cost of the Council were:—

1922	9
1923	10
1924	9
1925	13
1926	7

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.

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.

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	
1926	97.6	

Maternity Homes.—The Council has no maternity homes, but arrangements are made whereby women who attend any of the welfare centres in the county and 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, and in one or two other districts.

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

1923	44
1924	54
1925	104
1926	160

Registration of Maternity Homes.

The registration of all maternity homes in the county was made compulsory by virtue of the provisions of Part IV. of the Surrey County Council Act, 1925. The powers of the County Council under this Part of the Act were delegated to the Public Health Committee, who fixed 1st April, 1926, as the date when it should come into operation. Notice of the provisions with regard to registration was given by advertisement in the Surrey Press in December, 1925, and directly sent to all persons known to be keeping maternity homes. During the year the Council received 87 applications for the registration of premises under the Act. These applications were all investigated and the premises inspected by the County Medical Officer. The registration of 85 homes was ordered,

some of them subject to the execution of certain structural or other alterations, and in two cases registration was refused. Three registered keepers subsequently discontinued the use of their premises as maternity homes, and at their request the entries in the register were cancelled. By-laws were made by the County Council on 15th June, 1926, prescribing the records to be kept with respect to the patients received, the children born, and the business carried on at maternity homes, and also with respect to deaths occurring in such homes. The By-laws were allowed by the Minister of Health on the 28th June, 1926.

Five instances of the use of unregistered premises contrary to the provisions of the Act were reported to the Public Health Committee during the year. The Committee have decided that applications for registration in future shall be taken into consideration by them at their meetings in June and December each year.

A regular and systematic inspection of the registered homes is carried out under the direction of the county medical officer.

Payment of doctors called in to the help of midwives.—In 1926 the amount paid by the County Council was £1,124; of this sum £394 was afterwards recovered from the patients. The fees were paid in the first instance by the County Council in 783 of the 1,780 cases in which medical help was summoned. Of the 1,780 patients for whom medical aid was sought, 56 per cent. paid their accounts directly to the doctors, as compared with 36 per cent. in 1925.

Non-compliance with the Rules of the Central Midwives Board.—Prima facie cases of negligence or neglect on the part of four certified midwives were reported to the Board during 1926.

Home Visiting.—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.
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
1926	983	2,085	5,915	23,399	1,188	33,036

Treatment of Children under Five Years of Age.

It is a matter of common knowledge that 65 per cent. of entrants to school at 5 years of age are found to be in need of dental treatment, and that 8·7 per cent. require an operation for enlarged tonsils and adenoids, and that 4 per cent. are suffering from defects of vision.

Medical officers in infant welfare centres are frequently faced with the difficulty that a child suffering from one or other of these defects cannot obtain treatment because the parents are not in a position to pay for it and facilities for treatment do not exist.

Clearly, it is better for the child and more economical for the community that the defects should be treated as soon as they are discovered rather than that a child should wait until five years of age for treatment by the Local Education Authority.

The cleaning and temporary filling in a decayed tooth of a child of three is likely to prevent a considerable amount of dental caries in after years; and the removal of the enlarged tonsils of a child before school age is a useful step

towards the prevention of permanent damage to nose, throat and ear during school life.

In a scheme for the treatment of children in attendance at welfare centres, a tentative beginning might be made by arranging for treatment at the larger and better equipped school clinics; for example, at Chertsey, Woking, Malden, Surbiton, and in such other areas as circumstances and the number of children requiring treatment demand.

The Public Health Committee therefore approve a scheme providing for:—

(1) A whole-time dental surgeon to be appointed on the public health staff.

(2) Arrangements to be made for attendance at these centres of a part-time ophthalmic surgeon.

(3) An additional health visitor to be appointed to act as dental nurse; and

(4) Arrangements to be made with the hospital serving the areas mentioned to accept children suffering from enlarged tonsils for treatment on the terms at present sanctioned by the County Education Committee.

The scheme has been provisionally approved by the Ministry of Health, and subject to certain minor details of administration will, it is hoped, come into operation during the current financial year.

Midwives' Post Graduate Training.

Some difficulty has been experienced in providing post graduate training for practising midwives in the county. The Committee has approved a scheme for a short course of training extending for a fortnight, but no institution in London was prepared to meet the need for instruction of this duration.

Use was made of a course of lectures provided for teachers of midwifery, but the needs of practising midwives, particularly those midwives working in rural districts, is still unmet. An attempt is being made at the present time to organise a course of post graduate training at the County Hospital at Guildford.

Several health visitors on the staff of the public health department have been sent for short periods to courses of lectures on tuberculosis, infant welfare work and mental deficiency. The opportunities to obtain post graduate training are much appreciated by the staff, the members of which have invariably been successful in the examinations which are held at the end of the courses. On more than one occasion a county health visitor has headed the list of successful students.

Health Education at Infant Welfare Centres.

A regular course of lectures, addresses and other health talks has been given at the infant welfare centres in the county during the year, generally at the request of the voluntary workers. The lectures have been given by assistant medical officers and by health visitors specially qualified for this work. Under the auspices of the Voluntary Workers Advisory Committee, a body set up by the County Council to advise the Public Health Committee regarding the social activities carried out at the various centres in the county, a course of public lectures on tuberculosis and cancer was arranged to be given by the county medical officer of health.

The attendances fully justified the large amount of work which was undertaken to make the movement a success.

It is anticipated that during the current year there will be material progress in education in health at centres.

A definite programme of subjects to be dealt with has been arranged, and it is anticipated that each centre will have the benefit of one or more courses of instruction.

Prevention and Treatment of Crippling.

Children suffering from orthopædic defects come to the notice of health visitors in the course of their home visits, at the welfare centres 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 are 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	1926
Croydon General Hospital	—	—	—	—
Guildford: Royal Surrey County Hospital	—	—	12	20
Kingston: Red Cross Curative Post, Victoria Cottage Hospital	9	1	28	125
Merton: Nelson Hospital	—	—	—	—
Purley: Red Cross Aid Post	—	—	—	1
Windsor: King Edward VII. Hospital	—	—	—	—
Woking: Red Cross Curative Post, Victoria Cottage Hospital	59	70	101	150
Weybridge	1	3	12	4
Totals	69	74	153	300

The additional centre at the East Surrey Hospital, Redhill, is now established, and should well serve the needs of the south-east corner of the county.

NOTE.—The number of children (5-16 years) treated under the scheme of the Education Committee is given on page 103.

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

Article.	Number of samples examined for the presence of a preservative.	Number in which a preservative was reported to be present.
Milk	1732	1. 0·02% Boric Acid was found
Cream	34	12. 0.23% Boric Acid was found 0·04% ,, ,, ,, ,, 0·2% ,, ,, ,, ,, 0·01% ,, ,, ,, ,, 0·14% ,, ,, ,, ,, 0·01% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·3% ,, ,, ,, ,, 0·01% ,, ,, ,, ,, 0·25% ,, ,, ,, ,,
Preserved Cream	46	46

Cream sold as preserved cream.

(*a*) As to statements on labels:—
(1) Correct statements made 46
(2) Incorrect statements ... ... Nil.

(*b*) Determination of milk fat:—
(1) Above 35 per cent. 46
(2) Below 35 per cent. ... ... Nil.

(*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 provisions of the Public Health (Milk and Cream) Regulations, 1912, when making his analyses.

Public Health (Meat) Regulations, 1924.

In July, 1926, the Public Health Committee decided to request Local Sanitary Authorities in Surrey to state what action, if any, had been taken by them to enforce, within their area, the provisions of the Regulations.

From the following replies received valuable information was forthcoming respecting the working of the Regulations and the supervision of meat sold for food.

In the borough of Godalming the Public Health (Meat) Regulations were, it is stated, enforced on the 1st April, 1925.

All butchers and slaughtermen were circularised with copies of the Regulations and a list of their duties thereunder. Posters were also distributed for information of their employees.

Slaughtering hours were fixed by them, and notified to the sanitary inspector. Endeavour is made to inspect as much meat as possible during these hours, but owing to the scattered positions of the slaughterhouses and clashing of slaughter hours of several firms, some meat must necessarily go without inspection.

The Council made the following observations as to the administration of the Regulations:—

(1) Art. 10 (2). If slaughtering takes place after 7 p.m. on any one day, the removal of carcases should not be permitted before 9 a.m. on the following day.

(2) Art. 13. The blowing of hot fat with the human breath on to dressed lamb and sheep carcases should be prohibited.

(3) Art. 20 (5) (a). The Regulations should either state definitely or indicate what steps are to be taken to prevent meat exposed in shop *and stall* windows from contamination by flies, mud, and filth.

> Glass fronts and electric fans have been recommended to butchers in this town, to be used at their discretion, with a warning that should contaminated meat be found in their premises from any of these sources, they will be liable to prosecution.

In the borough of Guildford no proceedings were instituted during 1925, but proceedings were pending against two wholesale firms for conveying bacon unprotected by a clean cloth.

No attempt has been made to bring about uniformity in construction of shop fronts—each case being dealt with on its merits.

It was further stated that the Regulations were receiving adequate attention from the Council's officers.

In the borough of Reigate the sanitary inspector replied that, in view of the somewhat drastic (though necessary) provisions of the Meat Regulations, he had pleasure in expressing his appreciation of the way that the butchers had endeavoured to meet his wishes to carry them out. No friction worth speaking about had been encountered.

The sanitary inspector said he had experienced a great difficulty in properly disposing of carcases and offals that were found to be unfit. However, the Council were then considering the advisability of erecting a refuse destructor, and he hoped when that matured a plant would be attached for dealing with organic waste.

With regard to the covering of meat either behind glass or otherwise, it was a difficult problem, as the Regulations were by no means definite upon the point, and he therefore refrained from drastic action in the matter until some more definite regulation was laid down.

The vehicles used by the butchers were kept exclusively for the purpose of carrying meat, and were closed. Generally speaking there was every attention with regard to cleanliness.

There were no meat stalls within the borough.

There had been no proceedings taken under the Regulations.

In the borough of Richmond the medical officer of health reported that on the Regulations coming into force the Local Authority supplied copies of the Regulations to all persons affected, and in many instances traders carried out structural alterations and provided up-to-date shop fronts to the premises for the proper protection of meat and food supplies.

There were two or three premises where improvements were desirable, but the occupiers and owners had not come to an agreement to carry out the necessary alterations as the premises were likely to be interfered with owing to foreshadowed public street widening.

Generally speaking, meat traders with multiple shops had spent considerable sums on their premises to bring them up to a modern standard, but the small individual traders appeared to be loath to incur expense regarding the provision of new shop windows on the grounds that the Order generally throughout the country was not uniformly carried out—they made particular reference to the condition of affairs near the wholesale markets in London. The medical officer of health was, however, of opinion that by constant visits and the gradual process of education, traders would come to realise the benefits that would accrue in carrying out the desire of the Ministry as outlined in the Order. No proceedings had been instituted in this area for any contravention of the Regulations.

In the borough of Wimbledon steps had been taken to obtain compliance with the Regulations by inspection and re-inspection of the premises coming within the purview of the Regulations. No proceedings had been taken as it was felt in the absence of more definite backing by the Ministry of Health more was to be obtained by persuasion than by the institution of legal proceedings.

With respect to Regulation 20 (5) (a) the policy of persuasion was having good effect.

In the urban district of Caterham it was said that a very strict watch was kept upon slaughterhouses and butchers' shops to ensure that the Public Health (Meat) Regulations, 1924, were, so far as possible, complied with.

A continuous inspection was made of slaughtering and regular oversight was kept of all shops to ascertain that meat exposed for sale was protected, as far as possible, from contamination by flies, dust or other contaminating substances.

Meat was not sold from stalls or vehicles in the district and there were only seven butchers' shops. These shops were well set back from the road with wide pavements in front, and the Council had not insisted upon the provision of glass fronts for all shops, but no butchers were allowed to hang meat outside the shops. In cases where the shops were close to the road, the occupiers were required to cover the meat with muslin or some other similar covering.

In the urban district of Chertsey the reply was to the effect that no legal proceedings had been instituted, but action had been taken, with beneficial results, in respect of a few offences such as the wearing of dirty overalls and caps. The shops in the district were maintained up to the best standard of those of neighbouring districts, and it had not been found necessary to take any action under Regulation 20 (5) (a).

In the Farnham urban district it was stated that the Council had taken no action in regard to Part 3 (meat marking).

Proceedings had been taken by the Council under Part 2 in two cases of contravention of the Regulations with regard to giving notice of intention to slaughter in unlicensed slaughterhouses and in both cases convictions had been recorded, and the Council had reason to congratulate themselves upon the result of their efforts to secure a liberal interpretation of the requirements of Regulation 20 (5) (a).

In February last there were eight meat selling shops in the urban district with fixed plate glass windows, nine with sliding glass windows seldom used, and one shop and one stall with no protection. As the result of representations made by the

Council the last-named shop had been reconstructed on modern lines, two of the shops which had sliding glass windows had been fitted with up-to-date fronts with fixed glass windows, and in the other cases the owners had undertaken to keep the sliding glass windows in position whenever meat was exposed for sale. Further improvement was necessary in the case of the one meat stall in the district and this was receiving the attention of the Council. In no case was meat hung outside the shop boundary.

The district council also made the valuable observation that Regulations upon somewhat similar lines to those contained in the Public Health (Meat) Regulations, 1924, might well be made with regard to foodstuffs exhibited for sale in the shops of provision merchants, bakers and confectioners.

In the Leatherhead urban district the sanitary inspector reported that no complaint had been received, and none of the butchers' shops in Leatherhead had open fronts.

In the Maldens and Coombe urban district endeavour was made to enforce the Regulations without resorting to legal proceedings, and improvements had gradually been effected. The Council was endeavouring to secure that all the butchers' shops in the district should be provided with proper glass windows. Only two were not so provided.

It had been found that during the hot weather, and fly season, the greater proportion of meat for sale was not exposed but kept in cold store. The inspector did not favour the use of muslin to protect meat.

In this district the position of shops generally was such that the risk of contamination from substances, apart from dust, was remote.

Many of the shops had electric fans to create a current of air in order to keep the meat as free as possible from flies.

No stalls existed in this district, except the tables which had been observed immediately in front of butchers' shops, and the Council was taking steps regarding them.

The Regulations regarding transport and handling of meat had been carried out.

Generally, matters were considered satisfactory, and the policy of a medical officer of the Ministry of Health (who gave a lecture at the Surrey County Council Offices at London) had been followed, viz., "obtain improvement slowly."

The inspector of the Council suggested that the use of newspapers (purchased from various sources) for wrapping up meat was, for obvious reasons, most unsatisfactory and should be condemned.

In the Mitcham urban district it was stated that at the time the provisions of the Public Health (Meat) Regulations, 1924, came into force, the Council circularised all dealers in this commodity in the district, and gave them full particulars of the regulations and their general effect. As the result of this action the Council had not had occasion to take any proceedings in respect of contravention of the Regulations.

The butchers generally had endeavoured to carry out the requirements and had since the issue of the Regulations kept inside their shop premises all meat exposed for sale.

The Council had intended to press for the provision of window fronts, but were prevented from so doing by the construction of the regulations by the Ministry of Health.

The District Council made the pertinent suggestion that it should be compulsory to provide shop fronts of some description to all premises where food was exhibited for sale.

In East and West Molesey urban district the reply was to the effect that butchers had been persuaded to provide dust-proof windows and to take the steps necessary to prevent contamination of meat by flies, dust or other contaminating substances.

In Surbiton urban district it was stated that all the butchers' shops in this district were fitted with glass windows, although they were not always in use. It would be remembered, however, that the Ministry of Health intimated to

the Butchers' Trade Federation that the effect of the Regulations was not necessarily to compel the provision and use of glass windows in every case, and it was therefore difficult for the Council to insist that the windows should always be kept closed. Nevertheless, the butchers' shops in this district were kept under very close observation, and, generally speaking, there was little ground for complaint. Due precautions were taken to safeguard meat from contamination.

In Walton-upon-Thames urban district the answer was that this matter had been energetically taken up by the sanitary department of the Council. All butchers were notified of the Regulations, and it was reported that all of them had complied. The question of glass shop fronts presented some little difficulty, but that difficulty had been surmounted in every case. There was only one meat stall in the district, and the proprietor was reported to be fulfilling the regulations so far as they affect him.

No contravention had been reported to the Council, and therefore no proceedings had been necessary.

In the urban district of Windlesham all the purveyors of meat in the district had been acquainted with the Regulations, but no proceedings had been instituted by the Council in respect of any contravention. Various improvements had been made at premises where food was deposited or prepared for sale since the Regulations came into force.

In the urban district of Woking the report stated that, as far as practicable, all meat was kept in cold storage; all the larger shops were provided with cold rooms and the smaller ones with ice boxes. The butchers were gradually providing fixed windows to prevent dust blowing on to the meat, and in some cases electric fans were in use to prevent it being contaminated by flies. Generally, during the past few weeks, the windows had been found to be closed when meat had been exposed for sale.

In rural districts there must, of necessity, in administration of the Regulations, be greater difficulties arising from the longer distances to be travelled by sanitary inspectors in the

course of their work and the peculiar circumstances of certain of the villages.

In Chertsey rural district the reply was to the effect that the Council had taken every step possible to enforce the provisions of the Public Health (Meat) Regulations, 1924, in their area. The sanitary inspector made constant visits to all food stores, and every precaution was taken by the butchers as regards cleanliness. The Council had special printed placards prepared and distributed, requesting customers not to handle meat.

In Farnham rural district it was stated that the Council had observed the provisions of the Public Health (Meat) Regulations, 1924, but it had not been necessary to take any proceedings in respect of any contravention of the Regulations.

As regards Regulation 20 (5) (a), which prescribes the steps to be taken to safeguard meat from contamination, it was reported that inspections were carried out of slaughterhouses, butchers' shops and all apparatus belonging thereto.

Whilst the Council had no observations to make with regard to the administration of the Regulations, it was felt that a growing appreciation of their value was undoubtedly arising in the minds of the public.

In the rural district of Godstone the sanitary inspector made the following observations:—

(1) *Part II. Slaughterhouses and Slaughtering.*

The provisions under Part II. had been enforced.

The whole of the slaughterhouse keepers had given written notice under Article 8 (1), and the slaughterhouses were visited accordingly.

(2) *Part III. Meat Marking.*

No action had been taken under Part III.

(3) *Part IV. Stalls.*

There were no stalls in this district.

(4) *Part V. Shops and Stores.*

These Regulations had been carried out satisfactorily.

In many cases butchers' shops had been fitted with plate glass windows, but there were some of the older type which had removable shutters only.

During the summer months, however, when there was a greater likelihood of contamination by flies and dust, it was the practice to keep the meat in cold stores, thus avoiding undue exposure of meat in the shops.

No proceedings had been instituted by the Council under the Regulations.

In Guildford rural district it was said that the Public Health (Meat) Regulations, 1924, were brought to the notice of all shopkeepers and meat traders in the area of the Council in March, 1925, and copies of the circular letter sent, together with other particulars, were enclosed for the information of the Committee.

Up to the present no proceedings had been taken in respect of any contravention of the Regulations.

In Hambledon rural district the sanitary inspector stated that notice had been given of regular days of slaughtering by most of the butchers. If slaughtering was done on other than those days notice was given to the inspector by telephone or by use of special postcards provided by the Council. Notice of disease or abnormal conditions of any carcase, was sent to the inspector.

During 1925 some 423 inspections were made to slaughter-houses and food shops. Many of these inspections took place during hours of slaughtering, and as much meat as possible was inspected. An immediate inspection was always made on receipt of any notification of disease or abnormal condition of any carcase.

Several quantities of diseased and unsound meat were examined, and carcases found to be unfit for food were voluntarily surrendered by the owners for destruction.

Several notices were served under the Regulations and these were complied with, in no case was it found necessary to institute proceedings.

Some of the district councils replied simply that the Regulations were being properly enforced, and in a few instances the district councils did not see their way to answer the enquiry of the County Council.

While there has undoubtedly been material advance in the steps which might be taken to safeguard the cleanliness of food, it is quite clear that much remains to be done, and in some areas meat can still be seen exposed to dust, dirt and animal contamination.

Milk and Dairies.

The Milk and Dairies (Consolidation) Act, 1915, and the Milk and Dairies Order, 1926, which have come into force, are very important, and are the subjects of considerable responsibility on the part of the Council. So far as figures are available it would appear that there are in Surrey, including the Boroughs, approximately 1,087 registered cow-keepers having 19,045 cows.

Milk and Dairies (Consolidation) Act, 1915.—This Act came into operation on the 1st September, 1925.

Sections 3, 4 and 5 and the First Schedule contain provisions for stopping the sale of milk likely to cause tuberculosis. The duty of enforcement is placed on the County Council in which the cows are kept, and any Order made by them will prohibit the sale of milk in any area. Section 4 requires the medical officer of health of a county to make the necessary investigations on receipt of a notice from any other medical officer of health.

The provisions of the First Schedule to the Act, which details the steps to be taken where the County Medical Officer of Health is of opinion that tuberculosis is caused or is likely to be caused by the consumption of milk supplied from any dairy, are summarised below:—

(*a*) The County Medical Officer is to report the circumstances to the County Council.

(*b*) On receipt of such report the County Council may serve notice on the dairyman to appear before them or furnish written explanation within 48 hours to show cause why an order prohibiting the supply of milk should not be made.

(*c*) The County Council may make an order prohibiting the supply of milk.

(*d*) Copies of the order to be served on dairyman, Ministry of Health and Board of Agriculture.

(*e*) Where no order is made the County Council shall allow the dairyman any reasonable expenses incurred by him in showing cause.

(*f*) If the dairyman is aggrieved by making or continuance of the order he may appeal to a Court of Summary Jurisdiction.

(*g*) If an order of prohibition is made against the dairyman he shall, unless an order has been made in consequence of his own default or neglect, be entitled to recover from the County Council full compensation for any damage or loss he may have sustained by reason of the making of the order. He shall also be entitled to full compansation for damage or loss by reason of the unreasonable continuance of the order.

(*h*) Any dispute as to fact of damage or loss or as to the amount of compensation shall be settled by arbitration as provided in the Public Health Act, provided that if the compensation does not exceed £20 it may at the option of either party be settled by and be recoverable before a Court of Summary Jurisdiction.

Section 8 of the Act, in conjunction with Section 14, enlarges the power of the Officers of the County Council or Local Sanitary Authorities to take samples of milk, and such

samples may under the Act be taken at any time before the milk is delivered to the consumer. Except by the direction of the Minister, samples may only be taken in the area for which the Officer acts, but an authorised officer of one Authority may by notice require the Medical Officer or other authorised Officer of another Authority, being a Sale of Food and Drugs Acts Authority, to take samples of milk within the area of his Authority. Where such a notice is given, the Authority whose officer requires samples to be taken will be liable to defray the expenses incurred, and for the purposes of the Sale of Food and Drugs Acts the sample will be deemed to have been taken within the area of the officer giving the notice.

Under Section 13, if a local authority fail to fulfil their duties under the Act or under any Milk and Dairies Order, the Ministry of Health may, after holding a local enquiry, make an order compelling a local authority to fulfil their duties. Where the local authority in default is a district council the Ministry of Health may transfer to the County Council all or any of the powers and duties of the district council under the Act (see also Section 11 of the Milk and Dairies Amendment Act, 1922).

Section 15 empowers a county council or local sanitary authority to delegate to a committee any of their powers or duties under this Act or any Milk and Dairies Order.

The expenses of a county council under the Milk and Dairies Act and Orders are to be defrayed out of the county fund as expenses for general county purposes or, if an order of the Minister of Health so directs, as expenses for special county purposes charged on such part of the county as may be provided by the order.

Section 16 provides for the payment of compensation to officers and servants of any local authority who held office at the passing of the Act who, in consequence of the Act or of anything done pursuant thereto suffer any direct pecuniary loss by abolition of office or by diminution or loss of fees or salary.

Milk and Dairies Order, 1926.—The above Order revokes the Dairies, Cowsheds and Milkshops Orders of 1885, 1886 and 1899, so far as they relate to England and Wales, and all regulations made thereunder by local authorities, and supplements the Milk and Dairies (Consolidation) Act, 1915, and the Milk and Dairies (Amendment) Act, 1922.

The date of commencement of the Order is the 1st October, 1926.

The Order is of great importance, and, if the provisions contained therein are enforced, bids fair to effect considerable improvement in the condition of the milk supplied to consumers.

Parts III., V., VI. and VII., which are to be administered by local sanitary authorities, contain provisions relating respectively to:—

(i) The registration of cowkeepers and dairymen;

(ii) The cleanliness of dairies and protection of milk against contamination;

(iii) Special provisions applicable to cowkeepers; and

(iv) Conveyance and distribution of milk.

Part IV. of the Order, which relates to the health and inspection of cattle, is to be administered by the County Council, whose duty it is also to enforce sections 3, 4 and 5 of the Act of 1915, above mentioned. Such sections, which relate to the prohibition of the sale of tuberculous milk and impose very definite duties and responsibilities upon the County Council and the County Medical Officer of Health, are hereinbefore referred to in detail.

Part IV. requires that the County Council shall cause to be made such inspections of cattle in the administrative county as may be necessary and proper for the purposes of the Act and Order (Article 8). This duty, which is now laid upon the County Council, has hitherto been carried out by local sanitary authorities, many of whom have appointed veterinary

officers for the purposes of such or similar duties. To enable the County Council properly to administer Part IV. of the new Order, the appointment of veterinary officers to make the necessary routine and special inspections of cattle was receiving consideration.

Attention has been drawn to Article 6 of the new Order, which requires that every local sanitary authority "shall immediately after the commencement of this Order inform the County Council of the particulars then in force of cow-keepers and their premises, and they shall as soon as may be inform the County Council of all alterations made in the register." This provision has involved the preparation and maintenance by the County Council of a register of all persons carrying on in the administrative county the trade of cow-keeper or dairyman and of all farms and other premises which are used as "dairies" as defined by the Act.

The County Council delegated their powers under the above Act and Order to the Public Health Committee, with an intimation that consultation and co-operation with the Agricultural and Public Control Committees were expedient.

Cases occurring during the year have been dealt with, and arrangements have been made with the Public Control Committee for sampling milk by their officers in conjunction with their duties under the Sale of Food and Drugs Act.

Table XXIII. gives the number of routine samples taken from 1st October up to 31st December, 1926.

Too much reliance cannot be placed upon the results, as although the bacterial cultural examination failed to shew the presence of tuberculosis, it should be noted that a large amount of milk pasteurization is carried on, which would prevent the growth of the tubercle bacilli. This applies particularly to samples taken from retailers.

The samples in which the microscopical examinations shew the presence of streptococci often met with in cases of bovine mastitis and/or where tuberculosis is suspected, will be followed up.

The special cases dealt with between 1st October and 31st December are as follows:—

Place of sample.	Where produced.	Sanitary conditions of cowshed, etc.	Cows examined.	Cows affected.	Action.
Croydon	Sanderstead	Poor ..	28	1 Mammitis ..	Affected cow isolated and dried off.
Guildford	Bramley	Very fair, but wet milking carried on	7	Nil, but there was a history of previous infection of the udder in one cow which had disappeared after treatment.	Wet milking reported to Local Authority for action.
Cranleigh	Cranleigh	Very fair	49	3 Non-Tubercular Mammitis. 1 Tubercular Mammitis.	1 Tubercular animal slaughtered. 3 affected animals isolated and dried off.

Housing Advances.

During 1925-1926, the Public Health Committee have on a number of occasions considered the desirability of recommending the Council to exercise their powers in relation to advances under the Housing Act, 1925, and the Small Dwellings Acquisition Acts. Consideration was first given to the subject in November, 1924, when the Housing (Financial Provisions) Act, 1924, permitted the County Council concurrently with Local Authorities to exercise the above-mentioned powers in relation to advances.

Many applications for advances were made directly to the County Council by intending purchasers or builders of houses who for various reasons were unable to obtain loans from Local Authorities. The position was enquired into, and later

it was deemed advisable to refer the whole subject to a special Joint Sub-Committee, whose report and conclusions were submitted to the Council in June, 1925. That report contained particulars of local schemes under these Acts in operation in Surrey, including advances made by Local Authorities and information as to areas in which Local Authorities had not decided to exercise their powers.

The Joint Sub-Committee expressed an opinion that having regard to the extent to which Local Authorities in Surrey were then making use of their powers, the situation was not one which called for exercise by the County Council of their concurrent powers.

At the November meeting of the Council in 1925, the Public Health Committee reported the receipt of further applications for advances, and stated that the time had arrived when the situation generally in Surrey in relation to this matter should be again reviewed.

As a preliminary step, Local Authorities in Surrey were invited to a conference at the County Hall, held in December, 1925, and they were also asked to send to the County Council replies to detailed questions in regard to the subject. The replies to these questions, which were considered by the Public Health Committee in April, 1926, indicated the desirability of some action being taken by the County Council. Formal recommendations which were submitted to the Council in June were referred to a Joint Committee consisting of representatives of the Public Health Committee and the Finance Committee, and such Joint Committee in July submitted to the Council a report containing definite recommendations for the exercise by the County Council (in certain cases) of their powers under the Acts.

The proposals of the Joint Committee were generally approved by the Council, and subsequently embodied in a scheme which was submitted to and adopted by the Council in November, 1926. The scheme briefly provides that advances may be made (*a*) under the Small Dwellings Acquisition Acts

(in Chertsey Urban and Reigate Rural Districts only); and (*b*) under sections 70 and 92 of the Housing Act, 1925, in cases where the Local Authority is either precluded by its regulations from making advances or for some other specified reason is not willing to act.

Subsequently, the Council, on the recommendation of the Finance Committee, decided that only bonâ fide residents in the administrative county, or applicants who are able to adduce bonâ fide reasons necessitating their taking up residence in the county shall be eligible to obtain advances under the scheme.

During the few weeks which elapsed between the date of adoption of the scheme and the end of the year a few applications for advances were received, but now that the scheme is becoming known inquiries and applications are daily increasing in number.

Overcrowding.

At the end of the year the Public Health Committee considered the subject of overcrowding in relation to the health of the community, and particularly to the incidence of tuberculosis. A questionnaire was addressed to Local Authorities in the county, and the replies are set out below. The answers to the questions open up several interesting issues.

QUESTIONS.

(*a*) Number of cases of overcrowding brought to notice of Local Authority during the year ended 31st December, 1926.

(*b*) Number of such cases in which proceedings to abate nuisance by overcrowding have been taken by the Local Authority.

(*c*) Number of such cases in which proceedings would have been taken if alternative housing accommodation had been available.

(*d*) What indication (if any) is there that overcrowding in the district is diminishing or increasing.

REPLIES.

BARNES URBAN.

(*a*) 26.

(*b*) Preliminary notices served in all cases. Four abated on receipt of such notices.

(*c*) Further proceedings would have been taken in all cases if alternative accommodation had been available.

(*d*) Conditions more or less unchanged.

BEDDINGTON AND WALLINGTON URBAN.

(*a*) 16.

(*b*) Nil.

(*c*) Sixteen, but 12 were abated, the Council granting tenancies of Council houses to the families concerned. Remaining 4 now under consideration.

(*d*) List of applications for tenancies of Council houses, in conjunction with the facts above stated, suggests that overcrowding is diminishing.

CARSHALTON URBAN.

(*a*) 2.

(*b*) Nil.

(*c*) 1.

(*d*) Speaking generally, overcrowding has been considerably reduced by the provision of houses by the Council from year to year, but there still remain a few cases of such a character as cannot be admitted to decent houses, and the Council are considering the question of making provision of a special character for such cases.

CATERHAM URBAN.

(*a*) About 20.

(*b*) 1.

(*c*) Not any bad cases, but if alternative accommodation were available statutory notices would probably have been served.

(*d*) Overcrowding in the neighbourhood is diminishing, chiefly owing to erection of houses by Local Authority and the erection of flats by the Brigade of Guards for housing soldiers married "off the strength."

The Urban District Council are "closely watching the problem of overcrowding."

CHERTSEY URBAN.

(*a*) 16.

(*b*) None.

(*c*) Proceedings would have been taken in 10 cases.

(*d*) The Council are carrying out a scheme for the erection of 100 houses, in addition to 50 already erected by them. Six of the cases referred to in (*a*) above have been abated by the provision of houses under the former scheme. There is no evidence of diminution of overcrowding.

COULSDON AND PURLEY URBAN.

(*a*) 1.

(*b*) None.

(*c*) 1.

(*d*) There is an indication that overcrowding is diminishing. The provision of housing accommodation by the Council has materially assisted in this respect.

DORKING URBAN.

(*a*) 5.

(*b*) None.

(*c*) In all cases.

(*d*) 14 cases of overcrowding were reported in 1925, and in view of the number of houses for the working classes that have been built in the district in recent years, it would appear that a decrease of overcrowding is indicated.

EPSOM URBAN.

(*a*) 4. There are very many cases where rearrangement of sleeping accommodation afforded temporary abatement of the nuisance.

(*b*) None.

(*c*) Difficult to answer question having regard to lack of alternative accommodation.

(*d*) Housing scheme of the Local Authority and the building of houses by private enterprise has slightly diminished overcrowding in the district.

ESHER AND THE DITTONS URBAN.

(*a*) 31.

(*b*) Nil.

(*c*) Nil.

(*d*) During the past half-year the allotment of 100 Council houses to residents has very appreciably improved the position, which will be still further improved in the course of the present year, during which 114 additional houses will become ready for occupation.

FARNHAM URBAN.

(*a*) 2.

(*b*) None.

(*c*) In each of the two cases referred to in (*a*) the Council were able to provide accommodation in houses recently erected by them.

(*d*) It is suggested that the erection of 200 houses within the past two years is some evidence that overcrowding is diminishing.

GODALMING BOROUGH.

(*a*) 20.

(*b*) Statutory notices served in 5 cases (all complied with).

(*c*) Proceedings would have been taken in all cases.

(*d*) Twenty-eight families (from overcrowded conditions) have been given houses under the Council's scheme. But "it appears that as fast as this Council build houses in order to reduce overcrowding in the Borough people crowd in from those districts which are not building houses and our conditions get little or no better."

GUILDFORD BOROUGH.

(*a*) 13.

(*b*) 1. Abatement order complied with.

(*c*) Proceedings would have been taken in 9 cases.

(*d*) Overcrowding is gradually being diminished owing to the Council's scheme for building houses.

HAM URBAN.

Only one case of overcrowding—nuisance abated within a short period.

HASLEMERE URBAN.

The District Medical Officer has reported to the Urban District Council that "of the 22 cases of tuberculosis reported during 1921-7 9 have been imported, 10 have lived in unexceptionally good houses, and in the remaining 3, although the housing conditions were not good there was no definite overcrowding. It would not appear, therefore, that the shortage of housing accommodation had any influence on tuberculosis in Haslemere."

KINGSTON BOROUGH.

(*a*) 15.

(*b*) 2 cases.

(*c*) Each case taken on its merits.

(*d*) At end of 1923 57 cases of overcrowding were known to exist. This number was reduced to 27 at the end of 1926, which shows substantial reduction.

LEATHERHEAD URBAN.

(*a*) None.

(*b*) None.

(*c*) None.

(*d*) Some overcrowding exists, but cannot be said to be increasing. Council are undertaking a new housing scheme, and, when complete, existing cases will be dealt with.

MALDENS AND COOMBE URBAN.

(*a*) Very few. There are many houses in the district where overcrowding actually exists and information as to these is in possession of the Housing Committee; unless overcrowding is such that action is absolutely necessary to safeguard health, the policy of the Council is not to press matters unduly for the present. The Council recognises that compliance with a notice to abate overcrowding generally produces a similar state of affairs elsewhere. They are accordingly contemplating the building of a large number of flats (in addition to 158 houses and 39 flats already erected), being of opinion that the provision of new accommodation (not the service of notices) is the only practicable way of dealing with the problem.

(*b*) Nil.

(*c*) Probably in all cases (about 50).

(*d*) Will be substantially reduced if Council proceed with scheme now under consideration.

MERTON AND MORDEN URBAN.

(*a*) 3.

(*b*) Nil.

(*c*) It is likely that proceedings would have been taken to enforce compliance with statutory notices in each case had alternative accommodation been available.

(*d*) While it is considered there is no indication of a decrease in overcrowded conditions, it cannot be said that there is a noticeable increase. This Council has, since the war, erected 436 houses, which have been let to local applicants, but it is believed that the houses from which such applicants are taken are subsequently sub-let to families from other parts of the Greater London area. The Council proposes to proceed with the erection of an additional 100 houses, to be completed during the present summer.

MITCHAM URBAN.

(*a*) 13. In addition, 5 intimatory notices were served, which were dealt with and rendered reports to the Council unnecessary.

(*b*) Nil.

(*c*) Proceedings would have been taken in six cases.

(*d*) No indication either way. As the district abuts on the London area "it has been found that with the removal of a family from rooms in any part of the district they are immediately filled up by the immigration of another family into the district from over the border."

East and West Molesey Urban.

(*a*) 2.

(*b*) None.

(*c*) None.

(*d*) Sanitary Inspector has investigated all complaints of overcrowding, but in no case has he found actual overcrowding to exist. Council have just completed 61 houses and propose to buy land for 75 more. These, it is hoped, will deal with the cases where families live in a combined room or in two small rooms.

Reigate Borough.

(*a*) 10.

(*b*) None. The explanation being that as soon as the Inspector appears the occupier gets rid of his sub-tenants. It is feared, however, that these sub-tenants get into other houses and overcrowding begins again. Several families in Reigate are continually on the move in this way.

(*c*) None.

(*d*) Conditions unchanged.

Richmond Borough.

(*a*) 109.

(*b*) None. Overcrowding abated in many instances, the Council having found accommodation for people either in Council houses or in other premises.

(*c*) Probably all.

(*d*) None, but Council have built about 180 houses and have recently accepted a contract for 63 additional houses.
The above figures are given as a result of a house-to-house survey of over 3,000 houses undertaken with the object of enquiring into the state of overcrowding. In a large number of cases overcrowding was due to families coming from outside the borough and taking up quarters in houses already full or nearly full.

Surbiton Urban.

(*a*) 3.

(*b*) 3.

(*c*) Nil.

(*d*) There is every indication that the housing problem in the district is less acute than it was a short time ago. Every case of alleged overcrowding has been attended to at once. In many instances "complaints are without foundation, and the number of persons resident in the premises has not been so large as to jutify proceedings. If the Public Health Committee of the County

Council would care to suggest any special standard which, in their opinion, it is desirable to enforce where cases of tuberculosis exist, the District Council will be prepared to consider the adoption of such standard in those cases."

SUTTON URBAN.

(*a*) There appear to be about 50 cottages occupied by more than 2 persons per room.

(*b*) None.

(*c*) No special number can be stated.

(*d*) Definite answer cannot be given, so many people not belonging to the district having in recent years sought accommodation within it. Council have already erected 232 cottages. 36 are now in course of erection and a further large scheme is under consideration.

WALTON-ON-THAMES URBAN.

(*a*) There was only one case of legal overcrowding which came to my Council's notice during the year ending 31st December, 1926 (legal overcrowding being where there is less than 300 cubic feet per person or 150 cubic feet per child under ten years of age).

(*b*) None.

(*c*) None.

(*d*) The number of overcrowding cases in the District has diminished. I think I should say that while, so far as we are aware, there has only been one case of legal overcrowding, there are in the district a number of cases of two families living in one house. To some extent this is probably due to lack of housing accommodation, and this is one of the reasons why my Council is now proceeding with the erection of further houses for the working classes.

WEYBRIDGE URBAN.

(*a*) None.

(*b*) None.

(*c*) None.

(*d*) Council have now built 57 houses (all occupied), and a further 100 will be completed and occupied during next few months.

WIMBLEDON BOROUGH.

(*a*) 15.

(*b*) 6.

(*c*) 9.

(*d*) No indication either way. "Where one case of overcrowding is abated by a family moving out a new case would probably be discovered in another part of the district."

WINDLESHAM URBAN.

(*a*) 10.

(*b*) None.

(*c*) None.

(*d*) Number of cases of overcrowding at end of 1925 was 17. Fourteen cases have been abated during 1926. Eleven of the Council's 20 houses were let to persons living in overcrowded houses. A further 20 houses are in course of erection.

WOKING URBAN.

(*a*) 12.

(*b*) None.

(*c*) One.

(*d*) No indication.

DORKING RURAL.

(*a*) 2 (overcrowding of sheds abated).

(*b*) None.

(*c*) None.

(*d*) No material change.

EPSOM RURAL.

(*a*) 60.

(*b*) Nil.

(*c*) 21.

(*d*) Overcrowding, particularly in the smaller working-class houses of the district, continues to be a serious problem. The principal cause is that the poorer classes cannot afford to pay the rents asked and are therefore obliged to sub-let. Unfortunately the houses now being built by private enterprise are either for sale only or to let at rentals beyond the reach of the poorer section of the community.

The Council have completed 140 houses and these have been occupied during the year, and 66 of the overcrowding cases have been allotted cottages. Three overcrowded families have removed from the district.

FARNHAM RURAL.

(*a*) 6.

(*b*) 1.

(*c*) 1.

(*d*) Council's Sanitary Inspector reports his opinion that overcrowding is diminishing. In each of the cases referred to in (*a*) the

cottages had only two bedrooms, and one or more of the occupants obtained other accommodation after notice had been served. Twenty Council houses (Ash Parish) have just been completed, and additional houses are contemplated. These should still further diminish overcrowding.

GODSTONE RURAL.

(*a*) 14.

(*b*) None.

(*c*) None.

(*d*) Diminishing. Nine of the 14 cases have been abated, the tenants being granted Council houses. The remaining cases will be considered when other Council houses become available.

GUILDFORD RURAL.

(*a*) 10.

(*b*) 3.

(*c*) 7 under consideration.

(*d*) Only very slight evidence that overcrowding is diminishing.

HAMBLEDON RURAL.

(*a*) 3.

(*b*) 2.

(*c*) 1.

(*d*) The Clerk states: "I do not think the question of overcrowding in the district is increasing."

REIGATE RURAL.

(*a*) 9.

(*b*) None.

(*c*) Probably all.

(*d*) Diminishing. Six cases referred to in (*a*) abated.

MINISTRY OF HEALTH INQUIRIES.

Ministry of Health inquiries were held regarding applications for loans in connection with matters affecting the public health of the county, and were attended on behalf of the Council by an officer of the public health department. The details are given in table XXIV.

Blind Persons Act, 1920.

The County Council adopted a Scheme for the Welfare of the Blind in July, 1921, but the operation of the Scheme was deferred until 1922-3. Since then, the Scheme has been gradually extended and developed.

Particulars of the Scheme are set out in the ensuing paragraphs.

Register.—The Public Health Committee are responsible for the compilation of the official register of all blind persons ordinarily resident in Surrey. The register, in the first instance, was compiled from the records of the Surrey Voluntary Association for the Blind, and is continually being revised and brought up to date. At the end of the year the register contained the names of 649 blind persons, classified as follows:—

Employed	87
Unemployable	204
Mental Institutions	84
Poor Law Institutions	46
St. Dunstan's	28
Independent means	47
Trained but unemployed	5
Awaiting admission to Schools	2
Physically defective	13
Mentally defective	5
Awaiting training	6
In institutions (including schools) ...	32
Unclassified	90
	649

The numbers of blind persons on the register at the end of previous years were as follows:—523 (1924), 657 (1925). Visits are paid each quarter to all registered blind persons by the Health Visitors with the object of keeping the register up to date and reporting necessitous cases. The Surrey Voluntary Association for the Blind co-operate with the Public Health Committee in this work.

Home Workers.—The County Council participate in the Home Workers' Scheme, organised and administered by the National Institute for that portion of London and the adjoining counties which lie to the south of the Thames. At the end of the year there were 31 Surrey Blind persons included in this Scheme compared with 29 at the beginning of the year. The wages of each blind worker are augmented by the County Council through the National Institute to the extent of 5/- per worker per week. The Scheme is working satisfactorily, and is of special benefit to the blind in the rural parts of the County, where attendance at workshops or at training centres is quite impossible. In a few cases, where the blind workers are not up to the standard required for inclusion in the Scheme, the Home Industries Department of the National Institute has kindly arranged for the supply of raw materials at cost price.

Books for the Blind.—The Council have made an arrangement with the National Library for the Blind whereby the Library undertake to supply books and music to all Surrey blind persons in need of them. In consideration of this service, the grant of £100 made by the Council to the funds of the Library in 1925 was renewed in 1926. The Library also undertake to pay the postages on books where, in the opinion of the Council, the blind person is too poor to meet this expense.

The number of blind persons in receipt of books and music on loan during the year was 118.

Unemployable and Necessitous Blind.—Grants in money or in kind are made to persons of this description by the Surrey Voluntary Association for the Blind. Necessitous blind persons in need of help are brought to the notice of the Association by the Honorary Representatives of the Association, and also by the Council's Health Visitors. This branch of work of the Association is increasing in importance. In the administration of grants, care is taken to avoid overlapping, and the circumstances of each case are closely investigated.

Help is given by the Association in many other directions, *e.g.*, by assisting blind persons to obtain charity and other pensions, by payment of rail fares to hospital, and by contributing the whole or part of the charges for maintenance at holiday and convalescent homes.

Education and Training.—The education and training of all blind children between the age of 5 and 16 and of all young persons and adults above the age of 16 are matters which are dealt with by the Surrey Education Committee under their statutory and permissive powers. In a few exceptional cases, grants for the training of blind adults were made by the Surrey Voluntary Association for the Blind during 1926.

Home Teaching.—Excellent work in this direction continues to be done by the Home Teacher directly employed by the County Council. This officer gives instruction to the blind in their own homes in reading and writing in Braille and Moon types and in simple pastime handicrafts. The appointment of a second Home Teacher, the need of which was emphasised in the last annual report, was authorised by the County Council in July, but the appointment was not made during the year.

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. 1911. Persons.	1911. Males.	1911. Females.	1921. Persons.	1921. Males.	1921. Females.	– Decrease.	Registrar-General's Estimate (Mid-Year).
Urban.									
1. Barnes	2,519	30,377	13,624	16,753	34,299	15,008	19,291	3,922	36,180
2. Beddington and Wallington	3,040	14,322	6,199	8,123	16,308	7,129	9,179	1,986	17,480
3. Carshalton	2,926	11,634	5,221	6,413	14,021	6,158	7,863	2,387	17,040
* 4. Caterham	2,438	10,841	5,338	5,503	11,763	5,947	5,816	922	13,670
5. Chertsey	10,776	13,816	6,696	7,120	15,127	7,161	7,966	1,311	15,660
6. Coulsdon and Purley	8,572	18,872	8,020	10,852	21,491	8,916	12,575	2,619	27,500
7. Dorking	1,338	7,848	3,544	4,304	8,057	3,545	4,512	209	8,210
8. Egham	7,786	12,551	5,998	6,553	13,725	6,333	7,392	1,174	13,710
9. Epsom	4,423	19,156	8,810	10,346	18,804	8,848	9,956	– 352	22,560
10. Esher and The Dittons	5,979	12,518	5,561	6,957	14,309	6,335	7,974	1,791	14,740
†11. Farnham	3,214	11,680	5,590	6,090	12,128	5,660	6,468	448	16,520
*12. Frimley	7,674	13,673	7,320	6,353	13,676	6,807	6,869	3	15,460
13. Godalming (M.B.)	813	8,846	4,305	4,541	9,197	4,426	4,771	351	9,233
*14. Guildford (M.B.)	2,592	23,820	11,227	12,593	24,926	11,696	13,230	1,106	27,100
15. Ham	1,869	1,435	616	819	1,510	644	866	75	1,574
16. Haslemere	2,263	3,520	1,537	1,983	3,865	1,506	2,359	345	3,963
*17. Kingston-on-Thames (M.B.)	1,131	37,975	17,717	20,258	39,479	18,191	21,288	1,504	39,870
18. Leatherhead	3,508	5,491	2,725	2,766	5,817	2,761	3,056	326	6,128
19. Maldens and Coombe	3,221	12,137	5,786	6,351	14,495	6,577	7,918	2,358	17,130
20. Merton and Morden	3.237	14,140	6,746	7,394	17,532	8,249	9,283	3,392	19,980
21. Mitcham	2,935	29,606	14,758	14,848	35,119	16,910	18,209	5,513	28,410
22. Molesey, East and West	1,517	6,492	2,981	3,511	7,280	3,280	4,000	788	7,080
23. Reigate (M.B.)	5,995	28,502	12,947	15,555	28,914	12,785	16,129	412	28,880
24. Richmond (M.B.)	2,491	33,221	14,054	19,167	35,639	15,265	20,374	2,418	34,860
25. Surbiton	3,049	17,717	7,453	10,264	19,547	8,472	11,075	1,830	20,890
26. Sutton	1,835	21,270	10,055	11,215	21,063	9,381	11,682	– 207	21,580
27. Walton-on-Thames	6,860	12,856	5,679	7,177	14,644	6,334	8,310	1,788	14,980
28. Weybridge	1,371	6,286	2,568	3,718	6,684	2,809	3,875	398	6,308
29. Wimbledon (M.B.)	3,221	54,966	24,071	30,895	61,418	28,885	32,533	6,452	58,030
30. Windlesham	5,691	4,249	2,079	2,170	4,878	2,215	2,663	629	4,754
*31. Woking	11,826	24,808	11,996	12,812	26,423	12,070	14,353	1,615	27,820
Total	126,110	524,625	241,221	283,404	572,138	260,303	311,835	47,513	607,300
Rural.									
1. Chertsey	16,021	9,383	4,761	4,622	11,163	5,396	5,767	1,780	11,840
2. Dorking	39,526	10,580	5,103	5,477	10,575	4,853	5,722	– 5	10,390
3. Epsom	32,580	30,245	13,951	16,294	34,118	15,355	18,763	3,873	40,680
†*4. Farnham	26,149	15,945	7,447	8,498	18,332	8,334	9,998	2,387	14,620
5. Godstone	53,512	23,931	11,210	12,721	25,387	11,468	13,919	1,456	26,350
* 6. Guildford	53,342	18,274	8,951	9,323	21,879	11,186	10,693	3,605	22,350
7. Hambledon	60,932	21,849	10,670	11,179	23,030	11,096	11,994	1,241	23,370
8. Reigate	44,649	21,195	10,022	11,173	22,720	10,442	12,278	1,525	24,500
Total	326,711	151,402	72,115	79,287	167,264	78,130	89,134	15,862	174,100
Administrative County	452,821	676,027	313,336	362,691	739,402	338,433	400,969	84,508	781,400

* 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 773,900.

† 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 I.

POPULATION

DISTRICTS.	Area in statute acres (land and inland water).	Population. 1911. Persons.	Population. 1911. Males.	Population. 1911. Females.	Inter-censal rate (per cent).
Urban.					
1. Barnes	2,610	30,877	15,854	[illegible]	50
2. Beddington and Wallington	3,040	14,322	6,199	[illegible]	60
3. Carshalton	2,926	11,604	5,221	[illegible]	40
* 4. Caterham	2,488	10,841	5,398	[illegible]	70
5. Chertsey	10,776	13,816	6,606	[illegible]	60
6. Coulsdon and Purley	8,572	18,872	8,020	[illegible]	00
7. Dorking	1,288	7,848	3,644	[illegible]	10
8. Epsom	7,786	12,561	5,908	[illegible]	10
9. Epsom	4,422	19,168	8,819	[illegible]	00
10. Esher and The Dittons	5,079	12,618	5,561	[illegible]	40
†11. Farnham	3,214	11,880	5,500	[illegible]	20
*12. Frimley	7,074	13,878	7,320	[illegible]	00
13. Godalming (M.B.)	813	8,816	4,305	[illegible]	33
*14. Guildford (M.B.)	2,592	23,820	11,927	[illegible]	00
15. Ham	1,859	1,485	816	[illegible]	74
16. Haslemere	2,263	3,020	1,857	[illegible]	03
*17. Kingston-on-Thames (M.B.)	1,181	37,976	17,717	[illegible]	70
18. Leatherhead	8,308	5,401	2,725	[illegible]	20
19. Maldens and Coombe	3,221	12,137	5,788	[illegible]	30
20. Merton and Morden	3,287	14,140	6,742	[illegible]	80
21. Mitcham	2,985	20,806	14,788	[illegible]	10
22. Molesey, East and West	1,817	6,422	2,981	[illegible]	80
23. Reigate (M.B.)	5,905	28,602	12,367	[illegible]	50
24. Richmond (M.B.)	2,191	33,821	14,054	[illegible]	60
25. Surbiton	3,049	17,747	7,483	[illegible]	30
26. Sutton	1,855	21,270	10,065	[illegible]	50
27. Walton-on-Thames	6,860	12,836	5,678	[illegible]	80
28. Weybridge	1,371	6,286	2,303	[illegible]	05
29. Wimbledon (M.B.)	3,221	54,106	24,074	[illegible]	20
30. Windlesham	5,031	4,249	2,070	[illegible]	34
*31. Woking	11,826	24,806	11,236	[illegible]	20
Total	[illegible]	521,825	241,221	[illegible]	[illegible]
Rural.					
1. Chertsey	15,021	9,385	4,761	[illegible]	40
2. Dorking	30,256	10,380	5,103	[illegible]	20
3. Epsom	32,580	30,245	13,851	[illegible]	40
†4. Farnham	26,140	15,945	7,447	[illegible]	20
5. Godstone	35,342	23,381	11,210	[illegible]	50
* 6. Guildford	38,362	18,274	8,331	[illegible]	50
7. Hambledon	60,982	21,846	10,070	[illegible]	70
8. Reigate	44,840	21,185	10,122	[illegible]	00
Total	326,171	151,402	72,145	[illegible]	00
Administrative County	852,824	672,027	313,366	[illegible]	00

* In these districts a deduction is made from the population shown above in order that these districts having within their borders a certain number of asylums for the purposes of death rates is estimated to be 173,000.

† In October, 1911, an acreage of 3,123 was transferred to Farnham District from 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 IN SURREY :—

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	50·4
1926	14·7	10·0	50·0

TABLE IVa.

Diagram showing the birth rate (per 1,000 population) in the Administrative County in each of the years 1889–1926.

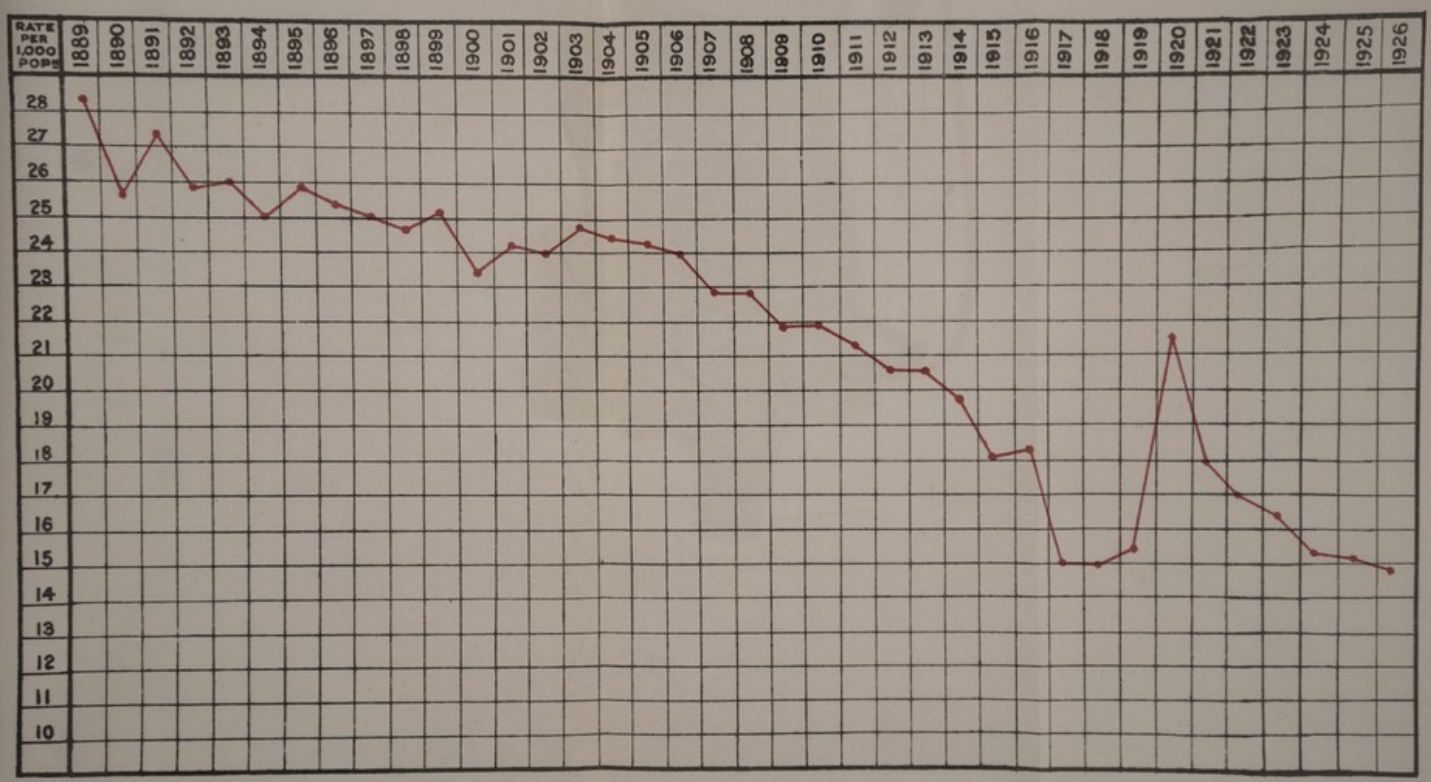


TABLE IV.

BIRTHS IN 1926.

DISTRICTS.	Number.	Net rate per 1,000 population.	Excess of births over deaths.
URBAN.			
1. Barnes	542	14·9	162
2. Beddington and Wallington	260	14·8	74
3. Carshalton	290	17·0	132
4. Caterham	170	12·4	81
5. Chertsey	235	15·0	69
6. Coulsdon and Purley	317	11·5	154
7. Dorking	126	15·3	10
8. Egham	198	14·4	54
9. Epsom	253	11·2	97
10. Esher and The Dittons	201	13·6	43
11. Farnham	250	15·1	76
12. Frimley	241	15·5	117
13. Godalming (M.B.)	116	12·5	17
14. Guildford (M.B.)	396	14·6	98
15. Ham	24	15·2	11
16. Haslemere	48	12·1	17
17. Kingston-on-Thames (M.B.)	619	15·5	153
18. Leatherhead	109	17·7	42
19. Maldens and Coombe	248	14·4	90
20. Merton and Morden	333	16·6	154
21. Mitcham	829	21·5	445
22. Molesey, East and West	117	16·5	36
23. Reigate (M.B.)	366	12·6	49
24. Richmond (M.B.)	482	13·8	18
25. Surbiton	328	15·7	94
26. Sutton	328	15·1	90
27 Walton-on-Thames	228	15·2	81
28. Weybridge	77	12·2	6
29. Wimbledon (M.B.)	807	13·9	228
30. Windlesham	83	17·4	40
31. Woking	385	13·6	144
Total	9,006	14·8	2,882
RURAL.			
1. Chertsey	168	14·1	73
2. Dorking	165	15·8	56
3. Epsom	539	13·2	192
4. Farnham	253	17·3	111
5. Godstone	391	14·8	106
6. Guildford	301	13·4	105
7. Hambledon	305	13·0	55
8. Reigate	348	14·2	118
Total	2,470	14·1	816
Administrative County	11,476	14·7	3,698

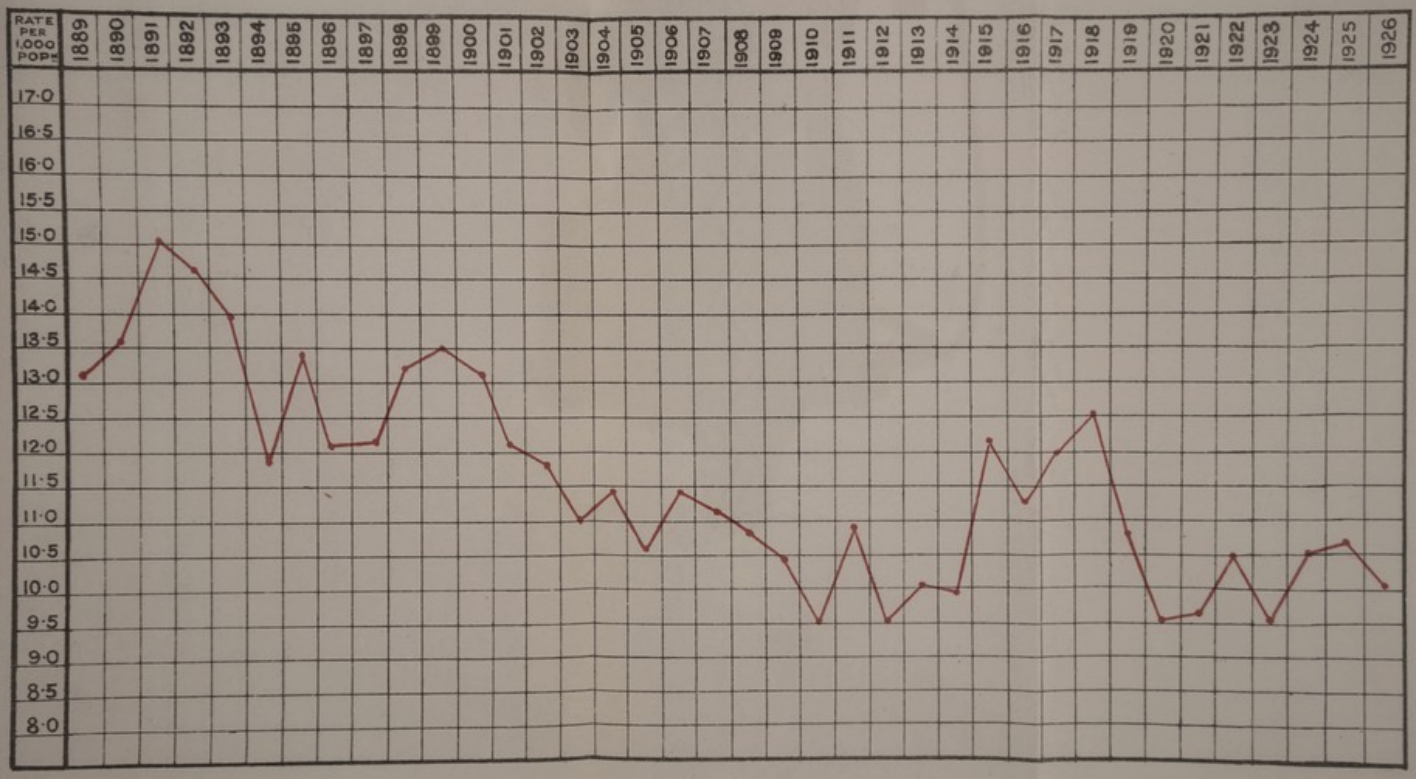
TABLE V.

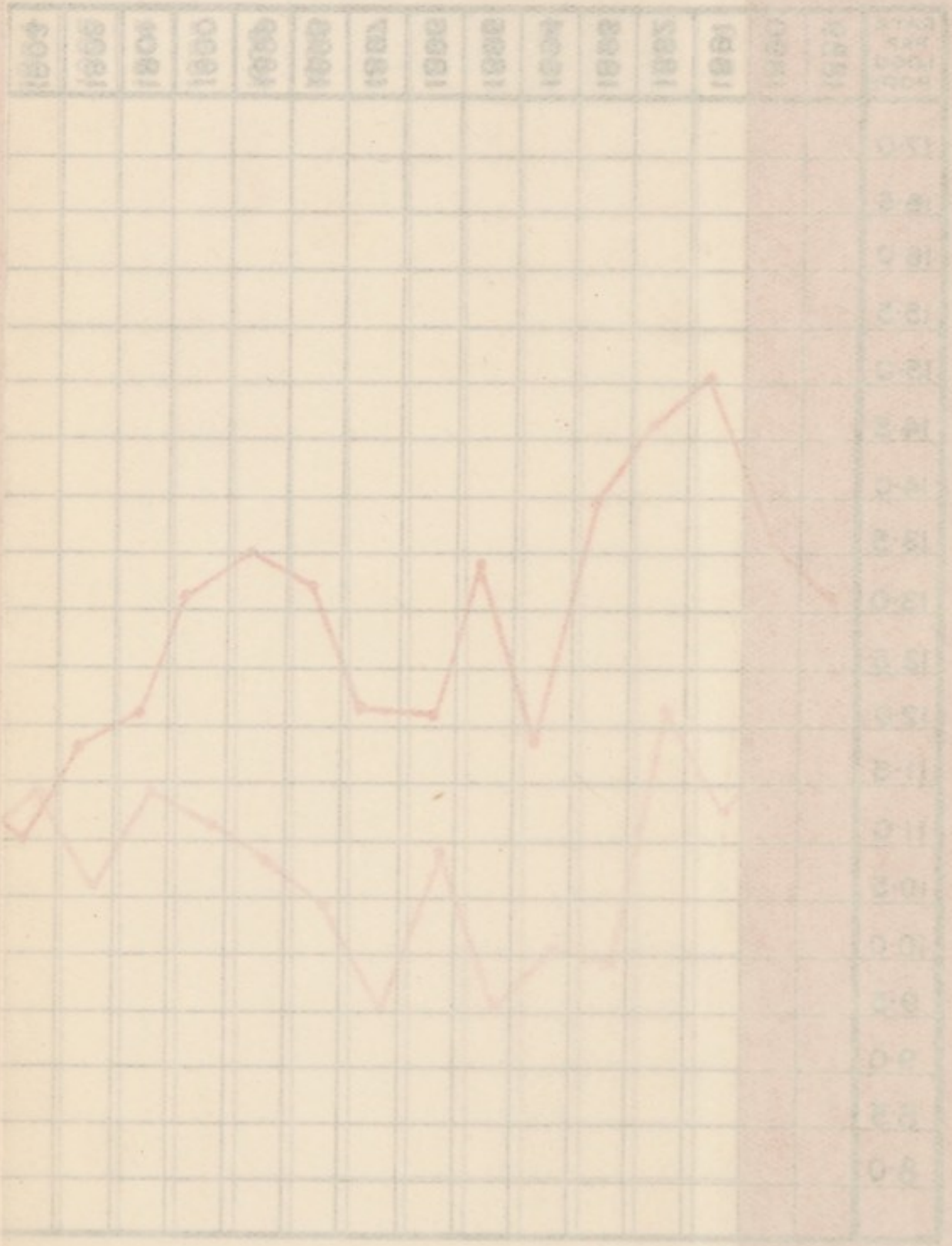
DEATHS FROM ALL CAUSES IN 1926.

DISTRICTS.	Number.	Net rate per 1,000 population.
URBAN.		
1. Barnes	380	10·5
2. Beddington and Wallington	186	10·6
3. Carshalton	158	9·2
4. Caterham	89	7·1
5. Chertsey	166	10·6
6. Coulsdon and Purley	163	5·9
7. Dorking	116	14·1
8. Egham	144	10·5
9. Epsom	156	6·9
10. Esher and The Dittons	158	10·7
11. Farnham	174	10·5
12. Frimley	124	10·2
13. Godalming (M.B.)	99	10·7
14. Guildford (M.B.)	298	11·0
15. Ham	13	8·2
16. Haslemere	31	7·8
17. Kingston-on-Thames (M.B.)	466	11·6
18. Leatherhead	67	10·9
19. Maldens and Coombe	158	9·2
20. Merton and Morden	179	8·9
21. Mitcham	384	9·9
22. Molesey, East and West	81	11·4
23. Reigate (M.B.)	317	10·9
24. Richmond (M.B.)	464	13·3
25. Surbiton	234	11·2
26. Sutton	238	11·0
27. Walton-on-Thames	147	9·8
28. Weybridge	71	11·2
29. Wimbledon (M.B.)	579	9·9
30. Windlesham	43	9·0
31. Woking	241	8·8
Total	6,124	10·1
RURAL.		
1. Chertsey	95	8·0
2. Dorking	109	10·4
3. Epsom	347	8·5
4. Farnham	142	9·9
5. Godstone	285	10·8
6. Guildford	196	9·4
7. Hambledon	250	10·6
8. Reigate	230	9·3
Total	1,654	9·6
Administrative County	7,778	10·0

TABLE Va.

Diagram showing the death rate from all causes (per 1,000 population) in the Administrative County in each of the years 1889–1926.





ADMINISTRATIVE COUNTY OF DURHAM: CAUSES OF DEATHS IN

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	4	3	3	2	1	14
Small-pox	—	—	—	—	—	—	—	—	—	—
Measles	9	18	22	12	—	1	—	—	—	62
Scarlet fever	—	3	2	5	1	—	—	—	—	11
Whooping cough	26	17	13	2	—	—	—	1	1	60
Diphtheria...	—	1	9	14	2	—	—	—	—	26
Influenza	5	1	2	1	10	19	50	37	56	181
Encephalitis lethargica	—	2	1	2	8	5	6	5	1	30
Meningococcal meningitis	2	—	1	1	1	—	—	—	—	5
Tuberculosis of the respiratory system	1	2	—	8	75	198	119	13	4	420
Other tuberculous diseases	12	4	19	16	16	13	9	4	—	93
Cancer, malignant disease	1	1	1	1	3	82	446	351	227	1,113
Rheumatic fever	—	—	—	7	4	5	4	1	3	24
Diabetes	—	—	1	3	4	6	24	18	14	70
Cerebral hæmorrhage, &c.	—	—	—	1	3	8	107	161	196	476
Heart disease	—	—	2	17	17	73	283	325	427	1,144
Arterio-sclerosis	—	—	—	—	1	4	64	134	271	474
Bronchitis	30	6	2	—	2	6	60	96	224	426
Pneumonia (all forms)	72	34	11	19	11	50	113	67	80	457
Other respiratory diseases	2	—	1	4	5	14	27	17	19	89
Ulcer of stomach or duodenum ...	—	—	—	—	3	18	43	10	8	82
Diarrhœa and enteritis	37	3	—	2	1	4	4	4	5	60
Appendicitis and typhlitis	—	—	4	10	7	11	16	4	5	57
Cirrhosis of liver	—	—	—	—	—	5	29	14	3	51
Acute and chronic nephritis	—	—	1	3	9	25	99	65	41	243
Puerperal sepsis	—	—	—	—	2	6	—	—	—	8
Other accidents and diseases of pregnancy and parturition	—	—	—	—	4	22	1	—	—	27
Congenital debility and malformation (including premature birth)	271	1	3	2	1	1	—	—	—	279
Suicides	—	—	—	—	12	25	43	8	4	92
Other deaths from violence	12	2	8	20	42	50	56	41	52	283
Other defined diseases	94	14	20	43	35	125	284	260	543	1,418
Causes ill-defined or unknown ...	—	1	—	—	—	1	—	1	—	3
All causes	574	110	123	194	283	780	1,890	1,639	2,185	7,778

TABLE VII.

DEATHS UNDER ONE YEAR IN 1926.

DISTRICTS.	Number.	Net rate per 1,000 births.
URBAN.		
1. Barnes	27	49·8
2. Beddington and Wallington	12	46·1
3. Carshalton	9	31·9
4. Caterham	16	94·1
5. Chertsey	21	89·3
6. Coulsdon and Purley	10	31·5
7. Dorking	5	39·6
8. Egham	13	65·6
9. Epsom	12	47·4
10. Esher and The Dittons	10	49·7
11. Farnham	14	56·0
12. Frimley	12	49·7
13. Godalming (M.B.)	4	34·4
14. Guildford (M.B.)	16	40·4
15. Ham	1	41·6
16. Haslemere	1	20·8
17. Kingston-on-Thames (M.B.)	42	67·8
18. Leatherhead	3	27·5
19. Maldens and Coombe	14	56·4
20. Merton and Morden	13	39·0
21. Mitcham	53	63·9
22. Molesey, East and West	7	59·8
23. Reigate (M.B.)	19	51·9
24. Richmond (M.B.)	26	53·9
25. Surbiton	16	48·7
26. Sutton	14	42·7
27. Walton-on-Thames	10	43·8
28. Weybridge	2	26·0
29. Wimbledon (M.B.)	27	33·4
30. Windlesham	4	48·2
31. Woking	25	64·9
Total	458	50·0
RURAL.		
1. Chertsey	8	47·6
2. Dorking	8	48·4
3. Epsom	19	35·2
4. Farnham	10	39·5
5. Godstone	15	38·3
6. Guildford	15	49·8
7. Hambledon	16	52·4
8. Reigate	25	71·8
Total	116	47·0
Administrative County	574	50·0

TABLE VIIa.

Diagram showing the infant mortality rate (per 1,000 registered births) in the Administrative County in each of the years 1889–1926.

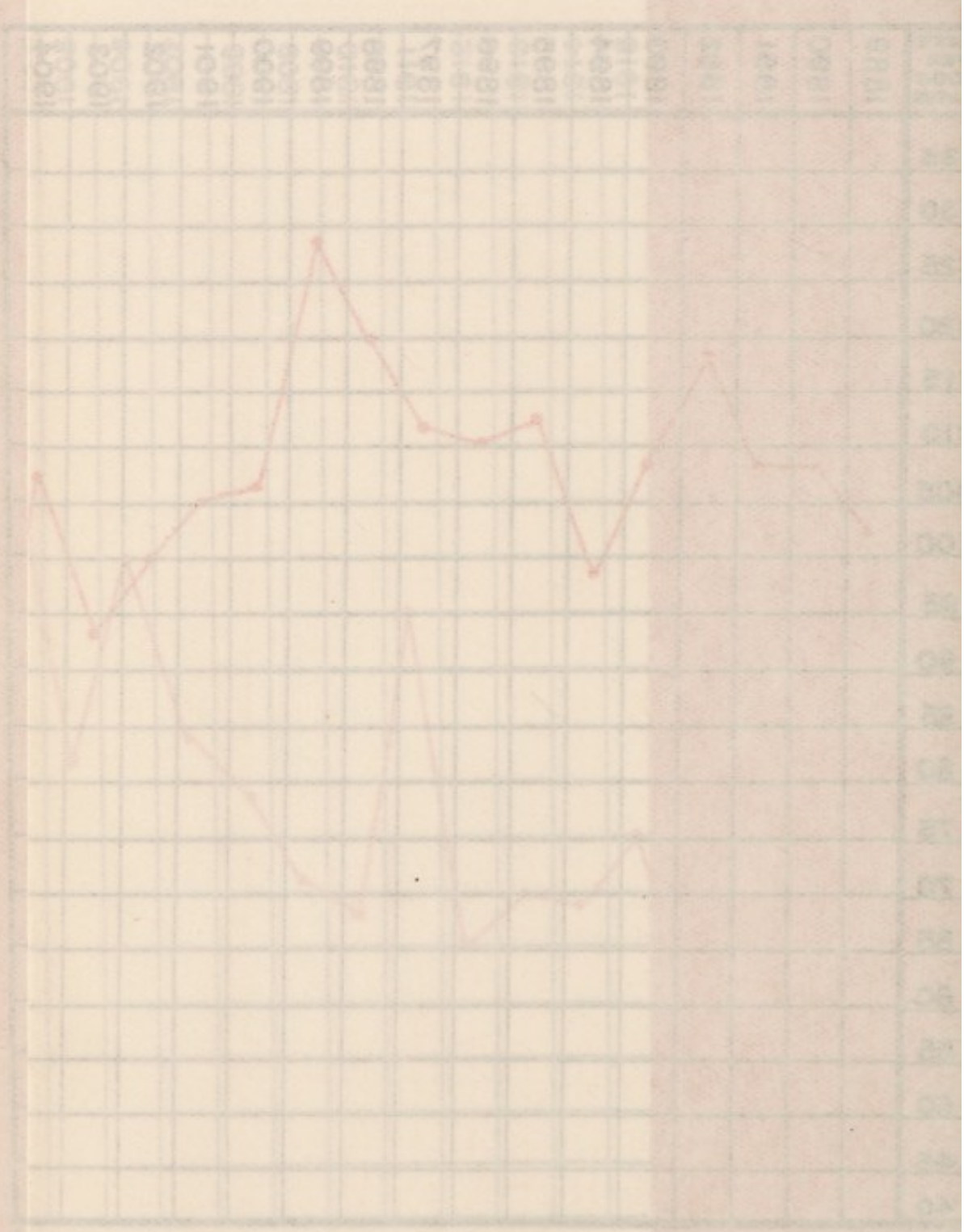
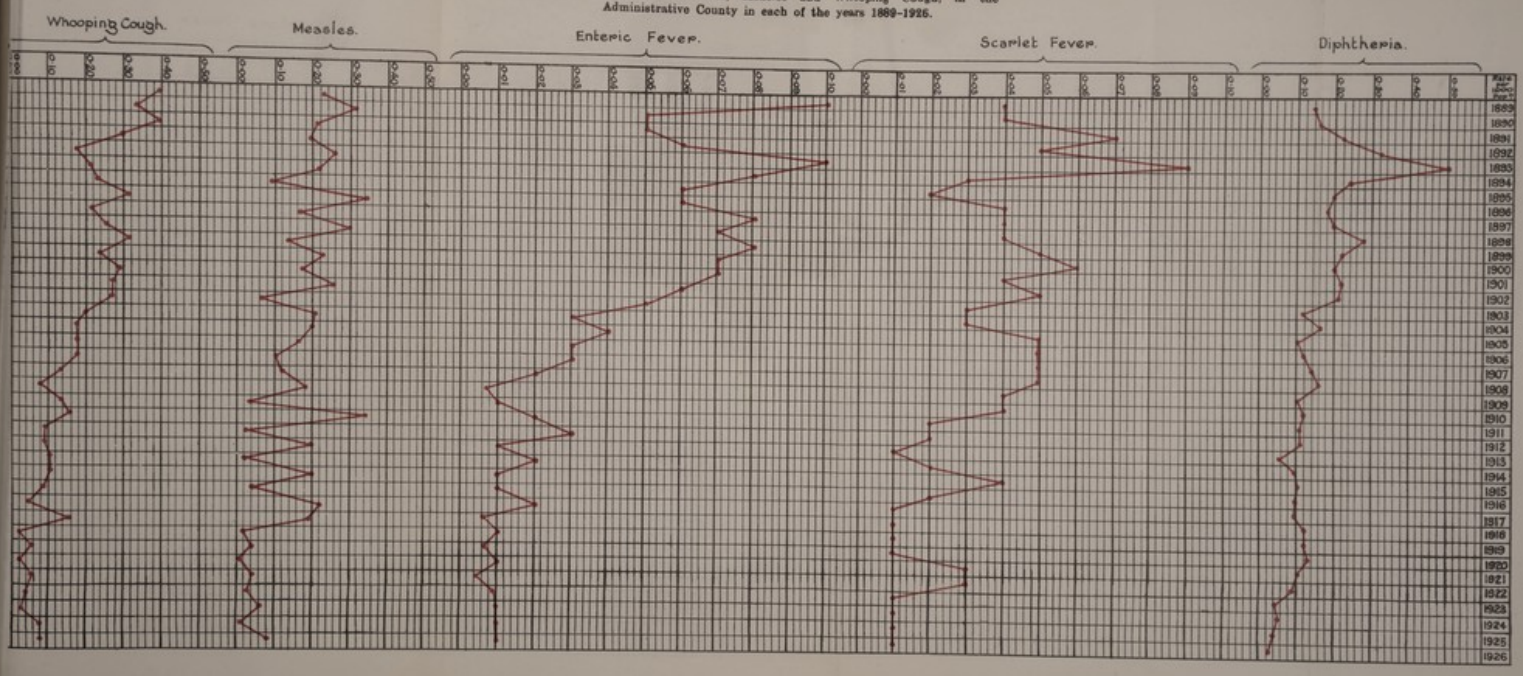


TABLE VIIIa.

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 1889–1926.



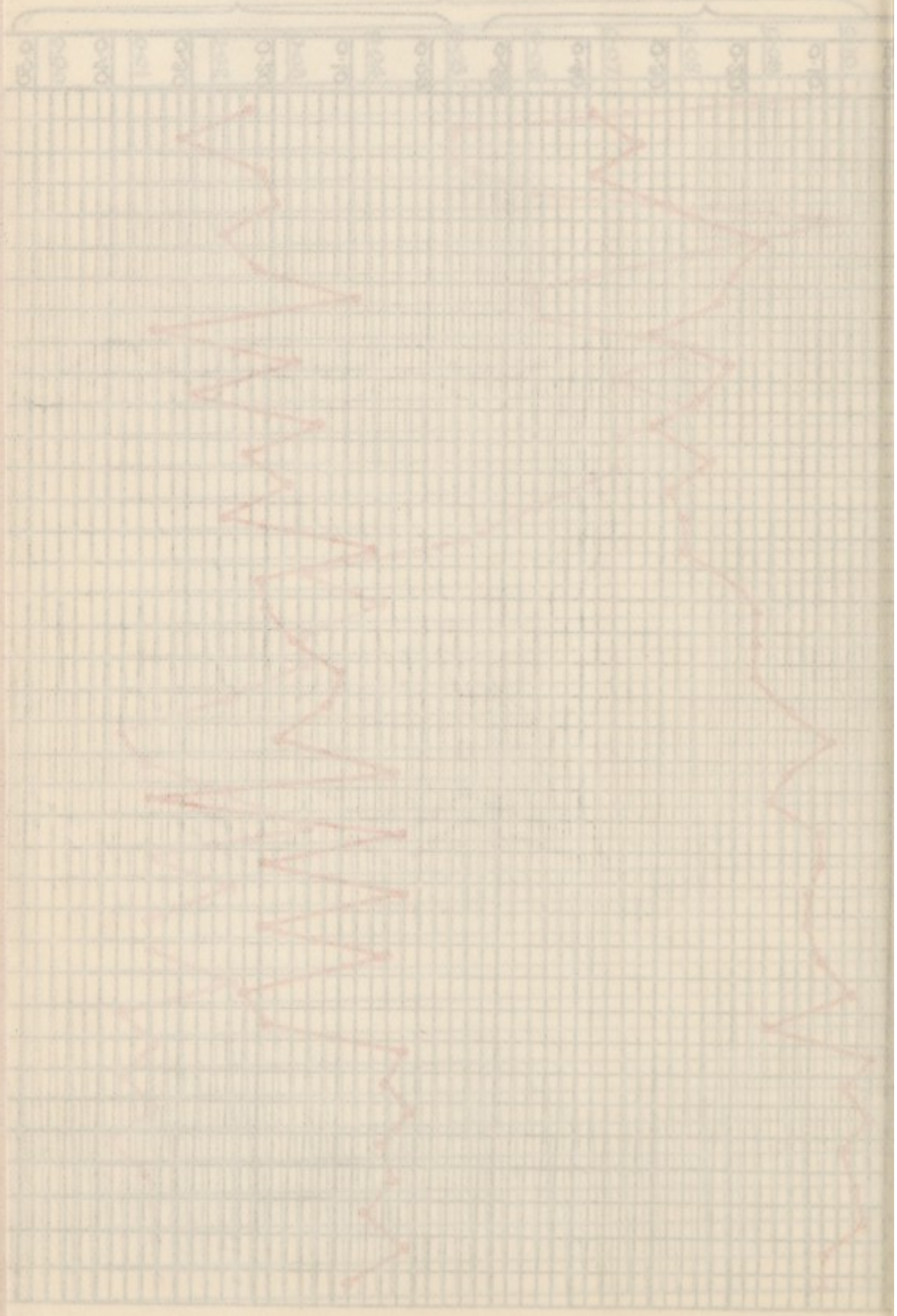


TABLE VIII.

DEATHS FROM THE SEVEN PRINCIPAL EPIDEMIC DISEASES, 1926.

DISTRICTS.	Number.	Net rate per 1,000 population.
URBAN.		
1. Barnes	10	0·27
2. Beddington and Wallington	—	—
3. Carshalton	3	0·17
4. Caterham	4	0·32
5. Chertsey	9	0·57
6. Coulsdon and Purley	2	0·07
7. Dorking.	3	0·36
8. Egham	9	0·65
9. Epsom	1	0·04
10. Esher and The Dittons	2	0·13
11. Farnham	3	0·18
12. Frimley	1	0·08
13. Godalming (M.B.)	—	—
14. Guildford (M.B.)	5	0·18
15. Ham	1	0·63
16. Haslemere	—	—
17. Kingston-on-Thames (M.B.)	10	0·25
18. Leatherhead	5	0·81
19. Maldens and Coombe	5	0·29
20. Merton and Morden	8	0·40
21. Mitcham	32	0·83
22. Molesey, East and West	2	0·28
23. Reigate (M.B.)	7	0·24
24. Richmond (M.B.)	14	0·40
25. Surbiton	9	0·43
26. Sutton	7	0·32
27. Walton-on-Thames	4	0·26
28. Weybridge	1	0·15
29. Wimbledon (M.B.)	7	0·12
30 Windlesham	3	0·63
31. Woking	6	0·22
Total	173	0·28
RURAL.		
1. Chertsey	5	0·42
2. Dorking	3	0·28
3. Epsom	8	0·19
4. Farnham	3	0·21
5. Godstone	7	0·26
6. Guildford	2	0·09
7. Hambledon	3	0·12
8. Reigate	9	0·36
Total	40	0·23
Administrative County	213	0·27

TABLE IX.

DEATHS FROM HEART DISEASE, RESPIRATORY DISEASES, TUBERCULOUS DISEASES AND CANCER, 1926.

DISTRICTS.	Heart disease.		Respiratory diseases. (non-tuberculous.)		Pulmonary tuberculosis.		Other tuberculous diseases.		Cancer.	
	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.
URBAN.										
1 Barnes	51	1·40	51	1·40	25	0·69	2	0·05	58	1·60
2 Beddington & Wallington..	26	1·48	21	1·20	13	0·74	1	0·05	25	1·43
3 Carshalton ...	22	1·29	21	1·23	4	0·23	1	0·05	38	2·23
4 Caterham	12	0·96	7	0·56	8	0·64	3	0·24	8	0·64
5 Chertsey	32	2·04	17	1·08	13	0·83	2	0·12	24	1·53
6 Coulsdon and Purley	23	0·83	20	0·72	11	0·39	2	0·07	27	0·98
7 Dorking	19	2·31	12	1·46	3	0·36	—	—	16	1·94
8 Egham	18	1·31	24	1·75	5	0·36	3	0·21	17	1·23
9 Epsom	12	0·53	23	1·01	2	0·08	3	0·13	24	1·06
10 Esher and The Dittons	22	1·49	11	0·74	7	0·47	2	0·13	23	1·56
11 Farnham	27	1·63	20	1·21	5	0·30	2	0·12	23	1·39
12 Frimley	16	1·32	20	1·65	7	0·57	1	0·08	13	1·07
13 Godalming (M.B.)	18	1·94	11	1·19	8	0·86	2	0·21	9	0·97
14 Guildford (M.B.)	45	1·67	32	1·22	19	0·70	2	0·07	45	1·67
15 Ham	2	1·27	3	1·90	—	—	—	—	2	1·27
16 Haslemere ...	6	1·51	3	0·75	1	0·25	1	0·25	2	0·50
17 Kingston-on-Thames (M.B.)	55	1·39	64	1·61	28	0·70	4	0·10	71	1·83
18 Leatherhead..	8	1·30	13	2·12	5	0·81	1	0·16	9	1·46
19 Maldens and Coombe	12	0·70	29	1·69	9	0·52	1	0·05	15	0·87
20 Merton and Morden	24	1·20	19	0·95	19	0·95	2	0·10	29	1·45
21 Mitcham	62	1·61	51	1·35	23	0·59	9	0·23	44	1·14
22 Molesey E & W	12	1·69	9	1·27	3	0·42	1	0·14	9	1·27
23 Reigate (M.B.)	43	1·48	31	1·07	16	0·55	7	0·24	55	1·90
24 Richmond (M.B.)	90	2·58	53	1·52	29	0·83	4	0·11	70	2·00
25 Surbiton	38	1·81	33	1·57	9	0·43	3	0·14	25	1·19
26 Sutton	33	1·52	23	1·06	10	0·46	2	0·09	27	1·25
27 Walton-on-Thames	24	1·60	16	1·06	3	0·20	—	—	17	1·13
28 Weybridge ...	15	2·37	5	0·79	1	0·15	1	0·15	8	1·26
29 Wimbledon (M.B.)	92	1·58	102	1·75	30	0·51	5	0·08	104	1·79
30 Windlesham	7	1·47	9	1·89	—	—	—	—	6	1·26
31 Woking	30	1·10	28	1·03	13	0·47	2	0·07	39	1·43
Total	896	1·48	781	1·29	329	0·54	69	0·11	882	1·46

TABLE IXa.

Diagram showing the death rate from Respiratory Diseases (per 1,000 population) in the Administrative County in each of the years 1889–1926.

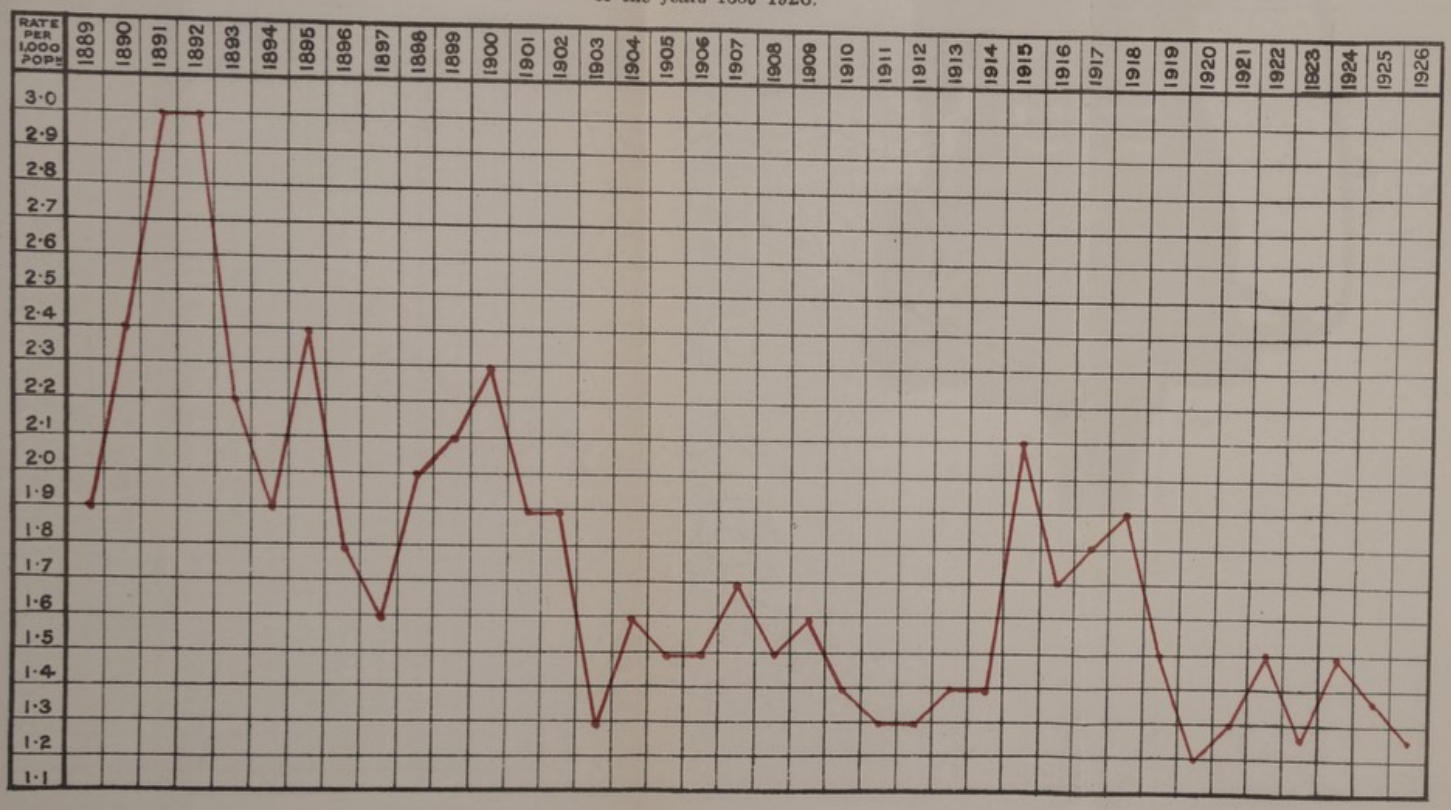


TABLE IXb.

Diagram showing the death rate from Pulmonary Tuberculosis (per 1,000 population) in the Administrative County in each of the years 1889-1926.

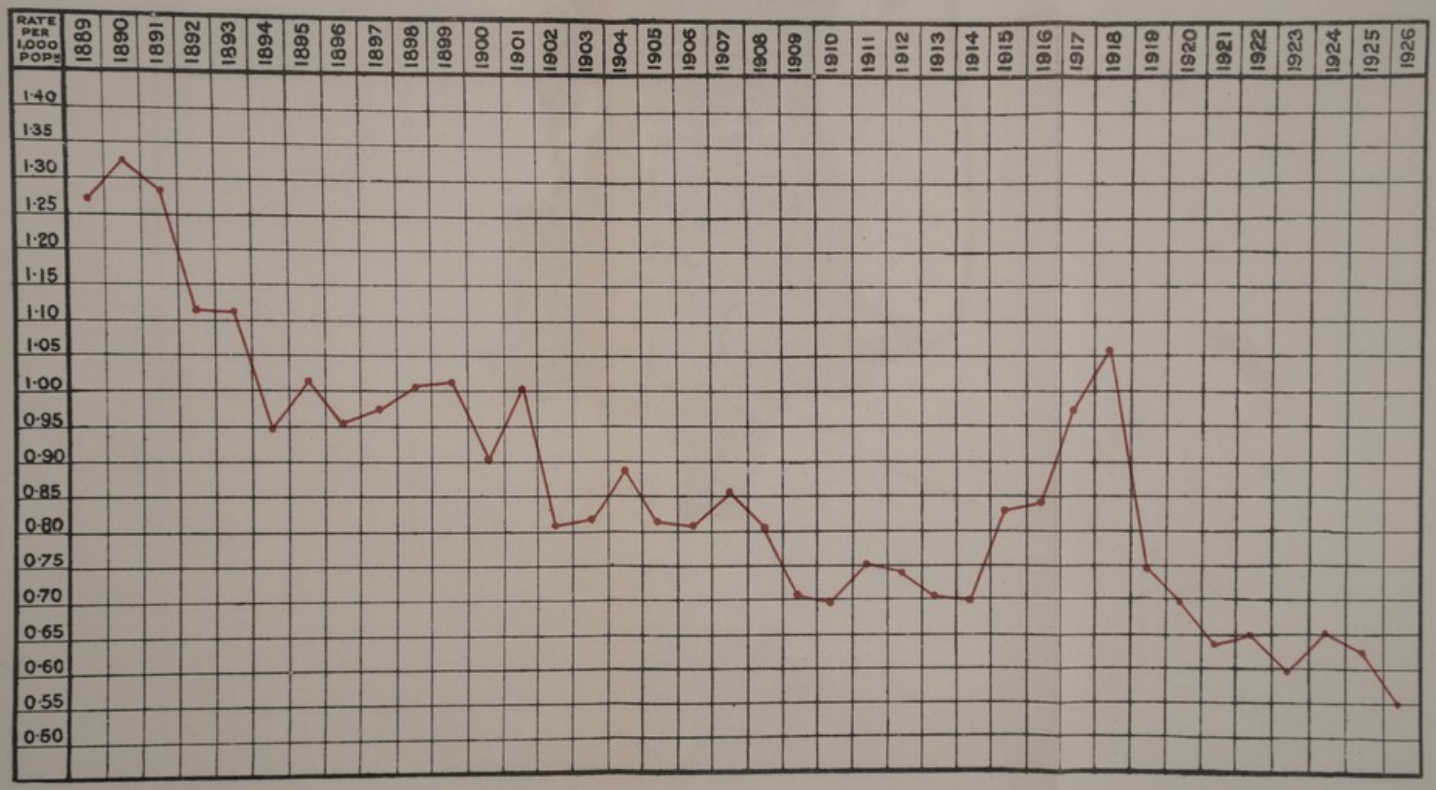


TABLE IX.—*continued.*

DISTRICTS.	Heart disease.		Respiratory diseases. (non-tuberculous.)		Pulmonary tuberculosis.		Other tuberculous diseases.		Cancer.	
	No.	Rate per 1,000.	No.	Rate per 1,000	No.	Rate per 1,000.	No.	Rate per 1,000.	No.	Rate per 1,000.
RURAL.										
1 Chertsey	10	0·84	11	0·92	3	0·25	—	—	12	1·01
2 Dorking	16	1·53	7	0·67	5	0·48	4	0·38	13	1·25
3 Epsom	46	1·13	50	1·22	22	0·54	6	0·14	51	1·25
4 Farnham	19	1·33	12	0·84	15	1·05	1	0·07	19	1·33
5 Godstone	47	1·78	31	1·17	18	0·68	4	0·15	44	1·66
6 Guildford.....	28	1·34	27	1·30	9	0·43	2	0·09	27	1·30
7 Hambledon ...	46	1·96	28	1·19	10	0·42	1	0·04	29	1·24
8 Reigate	36	1·46	25	1·02	9	0·36	6	0·24	36	1·46
Total.....	248	1·44	191	1·10	91	0·52	24	0·13	231	1·34
Administrative County	1144	1·47	972	1·25	420	0·54	93	0·12	1113	1·43

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 ...	1,144	1·47	1.36
Respiratory Diseases, all forms (excluding pulmonary tuberculosis)	972	1·25	1·45
Tuberculosis, Pulmonary ...	420	0·54	0·69
,, All other forms	93	0·12	0·15
Cancer, Malignant Disease	1,113	1·43	1·37

TABLE X.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1926.

Diseases.	Number of cases notified.	Attack-rate per 1,000 population.
Small-pox	2	0·002
Cholera	—	—
Diphtheria	641	0·82
Erysipelas	180	0·23
Scarlet fever	1,429	1·84
Typhus fever	—	—
Enteric fever	97	0·12
Continued fever	1	0·001
Puerperal fever	39	0·05
Puerperal pyrexia	29	0·03
Plague	—	—
Tuberculosis—Pulmonary	673	0·86
,, Non-pulmonary	159	0·20
Cerebro-Spinal fever	7	0·01
Acute Poliomyelitis	23	0·03
Ophthalmia neonatorum	51	0·06
Acute Polio-Encephalitis	3	0·004
Encephalitis Lethargica	36	0·04
Malaria (contracted abroad)	7	0·01
Dysentery	12	0·01
Pneumonia	564	0·72
Totals ...	3,953	5·1

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.		Puerperal Pyrexia.		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.	Cases.	Rate per 1,000.
Urban.																		
1 Barnes	—	—	12	0·33	9	0·24	79	2·18	1	0·02	1	0·02	—	—	47	1·29	7	0·19
2 Beddington and Wallington ...	—	—	16	0·91	3	0·17	32	1·25	—	—	—	—	1	0·05	13	0·74	3	0·17
3 Carshalton	—	—	51	2·99	3	0·17	28	1·64	1	0·05	1	0·05	3	0·17	13	0·76	2	0·11
4 Caterham	—	—	5	0·40	3	0·24	39	3·13	5	0·40	—	—	—	—	4	0·32	—	—
5 Chertsey	—	—	15	0·95	—	—	13	0·83	3	0·19	—	—	—	—	9	0·57	3	0·19
6 Coulsdon and Purley	—	—	17	0·61	4	0·14	48	1·74	8	0·29	1	0·03	—	—	20	0·72	2	0·07
7 Dorking	—	—	3	0·36	2	0·24	5	0·60	1	0·12	2	0·24	—	—	10	1·21	2	0·24
8 Egham	—	—	18	1·31	11	0·80	51	3·71	1	0·07	2	0·14	1	0·07	11	0·80	4	0·29
9 Epsom	—	—	12	0·53	11	0·48	5	0·22	7	0·31	1	0·04	—	—	13	0·57	7	0·31
10 Esher and The Dittons	—	—	19	1·28	1	0·06	17	1·15	—	—	—	—	—	—	17	1·15	1	0·06
11 Farnham	—	—	18	1·08	5	0·30	49	2·96	—	—	—	—	—	—	11	0·66	5	0·30
12 Frimley	—	—	—	—	—	—	19	1·57	1	0·08	1	0·08	—	—	7	0·57	3	0·24
13 Godalming (M.B.)	—	—	3	0·32	4	0·43	11	1·19	—	—	—	—	—	—	5	0·54	2	0·21
14 Guildford (M.B.)	—	—	9	0·33	5	0·18	13	0·48	3	0·11	3	0·11	3	0·11	26	0·96	5	0·18
15 Ham...	—	—	—	—	—	—	2	1·27	—	—	—	—	1	0·63	1	0·63	—	—
16 Haslemere	—	—	—	—	1	0·25	8	2·01	—	—	—	—	—	—	7	1·76	—	—
17 Kingston-upon-Thames (M.B.) ...	—	—	27	0·60	18	0·45	82	2·06	7	0·17	4	0·10	—	—	39	0·98	6	0·15
18 Leatherhead	—	—	3	0·48	—	—	5	0·81	1	0·16	—	—	—	—	14	2·28	3	0·48
19 Maldens and Coombe	—	—	12	0·70	3	0·17	9	0·52	1	0·05	—	—	1	0·05	14	0·81	6	0·35
20 Merton and Morden	—	—	22	1·10	9	0·45	70	3·50	1	0·05	1	0·05	1	0·05	17	0·85	8	0·40
21 Mitcham	—	—	88	2·29	13	0·33	105	2·73	2	0·05	6	0·15	1	0·02	53	1·37	23	0·59
22 Molesey, East and West ...	—	—	5	0·70	—	—	6	0·84	1	0·14	—	—	—	—	4	0·56	—	—
23 Reigate (M.B.)	—	—	1	0·03	7	0·24	115	3·98	23	0·79	3	0·10	4	0·13	33	1·14	11	0·38
24 Richmond (M.B.)...	—	—	6	0·17	3	0·08	37	1·06	1	0·02	1	0·02	—	—	38	1·09	8	0·22
25 Surbiton	—	—	23	1·10	7	0·33	34	1·62	1	0·04	1	0·04	—	—	20	0·95	8	0·38
26 Sutton	—	—	46	2·13	—	—	41	1·89	—	—	1	0·04	—	—	19	0·88	3	0·13
27 Walton-on-Thames	—	—	4	0·26	—	—	11	0·73	—	—	1	0·06	—	—	9	0·60	2	0·13
28 Weybridge	—	—	3	0·47	—	—	11	1·74	—	—	—	—	—	—	6	0·95	2	0·31
29 Wimbledon (M.B.)	—	—	26	0·44	17	0·29	165	2·84	4	0·06	3	0·05	—	—	46	0·79	5	0·08
30 Windlesham	—	—	3	0·63	—	—	2	0·42	—	—	—	—	1	0·21	3	0·63	—	—
31 Woking	—	—	15	0·55	4	0·14	28	1·03	—	—	1	0·03	2	0·07	15	0·53	4	0·14
Total	—	—	482	0·80	143	0·23	1,140	1·89	73	0·12	34	0·05	19	0·03	544	0·90	135	0·22
Rural.																		
1 Chertsey	—	—	25	2·11	—	—	31	2·61	1	0·08	—	—	2	0·16	9	0·76	1	0·08
2 Dorking	—	—	5	0·48	3	0·28	12	1·15	—	—	—	—	—	—	17	1·63	2	0·19
3 Epsom	—	—	52	1·27	13	0·31	58	1·42	6	0·14	—	—	1	0·02	33	0·81	3	0·07
4 Farnham	—	—	11	0·77	—	—	30	2·10	1	0·07	1	0·07	—	—	11	0·77	3	0·21
5 Godstone	2	0·07	35	1·32	3	0·11	47	0·78	2	0·07	—	—	4	0·15	17	0·64	2	0·07
6 Guildford	—	—	13	0·62	3	0·14	29	1·38	1	0·04	2	0·09	1	0·04	10	0·47	2	0·09
7 Hambledon	—	—	9	0·38	7	0·29	29	1·24	5	0·21	1	0·04	—	—	8	0·34	4	0·17
8 Reigate	—	—	9	0·36	8	0·32	53	2·16	8	0·32	1	0·04	2	0·08	24	0·97	7	0·28
Total	2	0·01	159	0·92	37	0·21	289	1·66	24	0·13	5	0·02	10	0·05	129	0·74	24	0·13
Administrative county	2	0 002	641	0·80	180	0·23	1,429	1·84	97	0·12	39	0·05	29	0·03	673	0·86	159	0·20

TABLE XI

GIVING THE CASES, NOTIFIED AND THE ATTACK RATES OF THE INFECTIOUS DISEASES IN THE SANITARY DISTRICTS IN THE COUNTY.

Districts.	Puerperal Fever.		Smallpox.		Diphtheria.		Enteric Fever.	
	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.
Urban.								
1 Barrow	1	0·0	—	+	12	0·33	1	0·0
2 Peddington and Wallington	—	—	—	—	16	0·31	1	0·0
3 Carshalton	1	0·0	—	+	51	2·39	1	0·0
4 Cheetham	—	—	—	+	5	0·40	1	0·0
5 Chertsey	—	—	—	+	15	0·95	—	—
6 Coulsdon and Purley	—	—	—	+	17	0·61	1	0·0
7 Dorking	2	0·0	—	+	13	0·36	2	0·0
8 Epsom	2	0·0	—	+	18	1·31	1	0·0
9 Epsom	1	0·0	—	+	12	0·33	1	0·0
10 Esher and The Dittons	—	—	—	—	19	1·28	—	—
11 Farnham	—	—	—	—	18	1·08	—	—
12 Frimley	—	—	—	+	14	—	—	—
13 Godalming (M.B.)	—	—	—	—	3	0·32	—	—
14 Haslemere (M.B.)	1	0·0	—	+	3	0·32	—	—
15 Ham	—	—	—	—	14	+	—	—
16 Haslemere	—	—	—	—	10	+	—	—
17 Hindhead and Thursley (M.B.)	—	—	—	+	27	0·60	—	—
18 Leatherhead	—	—	—	+	3	0·48	—	—
19 Malden and Coombe	—	—	—	+	12	0·70	—	—
20 Merton and Morden	—	—	—	+	22	1·10	—	—
21 Molesham	1	0·0	—	+	88	2·29	—	—
22 Mickleham, Banstead and Walton	—	—	—	+	15	0·70	—	—
23 Reigate (M.B.)	1	0·0	—	—	34	0·03	—	—
24 Richmond (M.B.)	1	0·0	—	+	6	0·17	—	—
25 Surbiton	1	0·0	—	+	23	1·10	—	—
26 Stretham	1	0·0	—	—	16	2·13	—	—
27 Walton-on-Thames	1	0·0	—	—	4	0·26	—	—
28 Weybridge	—	—	—	—	3	0·47	—	—
29 Wimbledon (M.B.)	5	0·0	—	+	26	0·44	—	—
30 Wandsham	—	—	—	—	3	0·62	—	—
31 Woking	1	0·0	—	—	15	0·55	—	—
Total	16	0·0	—	—	482	0·80	1	0·0
Rural.								
1 Chertsey	—	—	—	+	25	2·16	—	—
2 Dorking	—	—	—	—	6	0·68	—	—
3 Epsom	1	0·0	—	+	32	1·27	1	0·0
4 Farnham	1	0·0	—	+	11	0·77	—	—
5 Godstone	—	—	2	0·07	33	1·32	3	0·0
6 Guildford	2	0·0	—	+	13	0·62	3	0·0
7 Hambledon	1	0·0	—	+	9	0·38	2	0·0
8 Hingham	1	0·0	—	+	9	0·36	3	0·0
Total	6	0·0	2	0·01	139	0·92	37	0·0
Administrative County	22	0·0	2	0·002	644	0·80	180	0·0

TABLE XII.

STATEMENT GIVING THE CASES, AND CASE RATES, DEATHS, AND DEATH RATES IN EACH OF THE YEARS 1912–1926.

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
1926	673	0·86	420	0·54	159	0·20	93	0·12

TABLE XIII.

CASES NOTIFIED DURING 1926 UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1921.

Age period.	Pulmonary.		Non-pulmonary.	
	Male.	Female.	Male.	Female.
Under 1 year	—	1	1	2
One and under 5 years	1	2	15	13
5 ,, ,, 10 ,, ...	3	3	17	14
10 ,, ,, 15 ,, ...	8	11	17	11
15 ,, ,, 20 ,, ...	32	41	6	8
20 ,, ,, 25 ,, ...	53	55	6	11
25 ,, ,, 35 ,, ...	88	87	3	6
35 ,, ,, 45 ,, ...	73	49	4	8
45 ,, ,, 55 ,, ...	69	33	7	6
55 ,, ,, 65 ,, ...	30	20	1	2
65 and upwards	7	7	—	1
Totals	364	309	77	82
	673		159	

TABLE XIV.

LIST OF DISPENSARIES.

Dispensary.	Address.	Sessions.	Medical Officer.
1. Barnes	The Hospital, South Worple Way, Mortlake	Tues. 5-630 p.m.	Dr. A. C. Renwick
2. Cobham ...	Village Hall	Wed., 10 a.m. (2nd)	Dr. C. K. Attlee
3. Cranleigh ...	"Tring"	Tues., 10.30 a.m. (3rd)	Dr. E. Donaldson
4. Dorking ...	Imperial Club, West Street	Thurs., 10 a.m. (1st & 3rd)	Dr. C. L. Lakin
5. Egham ...	St. Paul's Mission Room, Thorpe Road	Wed., 10 a.m. (3rd)	Dr. A. C. Renwick
6. Farnham ...	Bayfield, High Park Road	Thurs., 10 a.m. ...	Dr. W.H. Butcher
7. Godstone ...	The Hut, South Godstone	Wed., 10 a.m. (1st and 3rd)	Dr. H. L. Oldershaw
8. Guildford ..	49, Farnham Road	Wed., 10 a.m. ... Fri., 10 a.m. ...	Dr. E. Donaldson
9. Horley	Technical Institute	Wed., 10 a.m. (2nd and 4th)	Dr. J. A. Fraser
10. Kingston ...	3, Grove Crescent	Tues., 9.30 a.m. Wed., 5.30 p.m. Fri., 1.30 p.m.	Dr. A. C. Renwick
11. Mitcham ...	Western Road ...	Tues., 1.30 p.m. Thurs., 1 p.m.	Dr. C. K. Attlee
12. Redhill	1A, Cecil Road ...	Mon., 2 p.m. ..... Thurs., 2 p.m.	Dr. J. A. Fraser
13. Sutton	Public Hall, Church Road	Mon., 10 a.m. ...	Dr. F. W. Gavin
14. Weybridge	Vigo House	Wed., 10 a.m. (2nd and 4th)	Dr. A. C. Renwick
15. Wimbledon	145, Merton Road	Mon., 1 p.m. ..... First Tues., 5.30 p.m. Fri., 9.30 a.m.	Dr. C. K. Attlee
16. Woking	Clarence Avenue	Mon., 9.30 a.m. ...	Dr. A. C. Renwick

TABLE XV.

RETURN SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1926.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts) :—												
(a) Definitely tuberculous	278	225	18	17	22	31	46	31	300	256	64	48
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	16	37	28	30
(c) Non-tuberculous	—	—	—	—	—	—	—	—	202	241	280	266
B.—Contacts examined during the year :—												
(a) Definitely tuberculous	8	9	—	2	—	1	2	2	8	10	2	4
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	1	2	2	1
(c) Non-tuberculous	—	—	—	—	—	—	—	—	30	78	107	139
C.—Cases written off the Dispensary Register as												
(a) Cured	—	5	—	—	—	3	1	—	—	8	1	—
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	240	356	422	431
D.—Number of Persons on Dispensary Register on December 31st :—												
(a) Diagnosis completed	927	719	58	53	89	94	164	124	1016	813	222	177
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	7	10	6	10

1. Number of persons on Dispensary Register on January 1st	2,080
2. Number of patients transferred from other areas and of "lost sight of" cases returned	49
3. Number of patients transferred to other areas and cases "lost sight of" ..	362
4. Died during the year	196
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ..	42
6. Number of attendances at the Dispensary (including Contacts)	8,857
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	3
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	
(a) "Light" treatment	701
(b) Other special forms of treatment ..	266
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ..	Nil
10. Number of consultations with medical practitioners :—	
(a) At Homes of Applicants	243
(b) Otherwise	295
11. Number of other visits by Tuberculosis Officers to Homes	566
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	6,722
13. Number of	
(a) Specimens of sputum, &c., examined	912
(b) X-ray examinations made in connection with Dispensary work ..	124
14. Number of Insured Persons on Dispensary Register on the 31st December	1,039
15. Number of Insured Persons under Domiciliary Treatment on the 31st December	112
16. Number of reports received during the year in respect of Insured Persons :—	
(a) Form G.P. 17	101
(b) Form G.P. 36	7

TABLE XX

BERMUDA SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1939.

Diseases	Employed		Unemployed		Non-Employed		Children		Total		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts) :—												
(a) Definitely tuberculous	318	332	18	17	33	31	49	31	300	326	94	88
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	18	31	38	30
(c) Non-tuberculous	—	—	—	—	—	—	—	—	305	341	380	300
B.—Contacts examined during the year :—												
(a) Definitely tuberculous	8	8	—	8	—	3	5	5	8	10	5	4
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	1	5	5	1
(c) Non-tuberculous	—	—	—	—	—	—	—	—	30	18	101	130
C.—Cases written on the Dispensary Register as												
(a) Cured	—	2	—	—	—	3	1	—	—	8	1	—
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	540	326	453	431
D.—Number of Persons on Dispensary	927	719	58	53	89	94	104	134	1016	812	999	777
Number of Persons to whom Dental Treatment was given, or in connection with the Dispensary		Nil			(a) Form C.P. 30 (b) Form C.P. 17				Zero or number of Insured Persons :—		101	1

TABLE XVI.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1926.

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients ..	Adults ..	M.	133	348	269	49	163
		F.	142	251	219	25	149
	Children ..	M.	34	37	25	1	45
		F.	41	26	32	—	35
Number of Observation Cases	Adults ..	M.	1	15	14	—	2
		F.	4	26	25	—	5
	Children ..	M.	2	10	11	—	1
		F.	—	13	11	—	2
	Total ..		357	726	606	75	402

TABLE XVII

RESIDENTIAL INSTITUTIONS'

AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1926.

—	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males	2	97	45	13	3	160
Adult Females	4	99	41	10	5	159
Children under 15	4	17	9	35	15	80
TOTAL	10	213	95	58	23	399

TABLE XVIII.

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF PATIENTS* AND OF OBSERVATION OF DOUBTFUL CASES DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1926.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total.
			Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	6	5	1	6	11	—	3	8	5	—	—	1	46
		Improved	17	13	2	14	16	1	11	17	2	—	2	1	96
		No material improvement ..	6	2	—	1	1	2	—	2	—	—	—	—	14
		Died in Institution	1	2	—	2	1	—	—	—	—	—	—	—	6
	Class T.B.plus. Group 1.	Quiescent	3	2	—	1	7	—	9	2	—	1	—	—	25
		Improved	8	5	—	15	10	—	8	11	—	2	1	—	60
		No material improvement ..	2	—	—	1	1	—	1	1	—	—	2	—	8
		Died in Institution	2	—	—	—	1	—	2	1	—	1	—	1	8
	Class T.B. plus. Group 2.	Quiescent	1	—	—	7	—	—	1	—	—	—	1	—	10
		Improved	12	4	—	22	6	—	15	6	—	4	3	—	72
		No material improvement ..	9	6	1	4	3	—	4	5	1	—	1	—	34
		Died in Insititution	8	3	—	2	—	—	1	—	—	2	—	—	16
	Class T.B.plus. Group 3.	Quiescent	—	—	—	—	1	—	2	1	—	—	1	—	5
		Improved	5	7	—	16	3	—	13	6	—	1	3	—	54
		No material improvement ..	11	10	—	7	7	—	7	5	—	2	1	—	50
		Died in Institution	12	7	—	7	5	—	5	2	—	3	1	—	42
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent or Arrested	1	—	1	—	1	3	3	2	5	—	5	6	27
		Improved	1	—	—	—	—	—	1	—	—	1	1	2	6
		No material improvement ..	—	1	1	—	—	—	—	1	—	1	—	—	4
		Died in Institution	—	—	—	—	—	—	—	—	—	1	1	—	2
	Abdominal.	Quiescent or Arrested	—	2	—	—	1	1	—	1	2	—	—	2	9
		Improved	—	—	1	—	—	—	—	—	—	—	—	—	1
		No material improvement ..	—	—	1	—	1	—	—	—	—	—	—	—	2
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent or Arrested	1	—	—	2	—	—	—	—	—	—	—	—	3
		Improved	—	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement ..	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	1	—	—	—	—	—	—	—	—	—	—	1
	Peripheral Glands.	Quiescent or Arrested	—	1	3	—	2	2	—	—	4	—	—	2	14
		Improved	—	—	3	—	1	—	—	—	1	—	—	—	5
		No material improvement ..	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—

			Under 1 week.			1—2 weeks.			2—4 weeks.			More than 4 weeks.			Total.
Observation for purpose of diagnosis.		Tuberculous	—	1	—	1	—	—	1	1	1	3	4	4	16
		Non-tuberculous	—	—	—	1	—	1	2	4	2	6	13	12	41
		Doubtful	—	—	—	—	1	—	—	—	—	—	1	2	4

* It should be borne in mind that the definition of "patient" does not include persons in whom a definite diagnosis of tuberculosis has not been made.

Pulmonary Tuberculosis.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total.
			Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. Advanced.		Quiescent	6	5	1	6	11	—	3	8	5	—	—	1	46
		Improved	17	13	2	14	16	1	11	17	2	—	2	1	96
		No material improvement ..	6	2	—	1	1	2	—	2	—	—	—	—	14
		Died in Institution	1	2	—	2	1	—	—	—	—	—	—	—	6
Class T.B. Pulm. Group I.		Quiescent	3	2	—	1	7	—	9	2	—	1	—	—	25
		Improved	4	4	—	15	10	—	8	11	—	2	1	—	60
		No material improvement ..	2	—	—	1	1	—	1	1	—	—	2	—	8
		Died in Institution	2	—	—	—	1	—	2	1	—	1	—	1	8
Class T.B. Pulm. Group II.		Quiescent	1	—	—	4	—	—	1	—	—	—	1	—	10
		Improved	14	4	—	22	6	—	15	6	—	4	3	—	72
		No material improvement ..	5	6	1	14	3	—	14	5	1	—	1	—	34
		Died in Institution	8	3	—	2	—	—	1	—	—	2	—	—	16

* It should be borne in mind that the definition of "patient" does not include persons in whom a definite diagnosis of tuberculosis has not been made.

TABLE XIX.

VENEREAL DISEASES, 1926.

	London centres only.		Surrey centres.		
			Guildford.	Richmond.	Redhill.
Number of persons who, on the 1st January, 1926, were under treatment	*		102	53	13
Number of persons dealt with during the year for the first time	744		122	152	45
Number of persons who ceased to attend—					
(*a*) Before completing the first course of treatment	*		20	38	5
(*b*) After one or more courses, but before completion of treatment ..	*		10	7	2
(*c*) After completion of treatment but before final tests as to cure	*		—	22	3
Number of persons discharged after completion of treatment and observation ..	*		7	5	9
Number of persons who, on the 31st Dec., 1926, were under treatment or observation	*		135	84	20
Out-patient attendances—					
(*a*) For individual attention by the Medical Officer	17,826		1,994	2,053	413
(*b*) For intermediate treatment, *e.g.*, irrigation: dressings			1,779	3,555	807
Number of doses of salvarsan substitutes given ..	1,510		688	412	71
Specimens from persons attending sent to an approved laboratory—	For Practitioners	For Centres			
(*a*) Sporochaetes ..	7	8	3	6	1
(*b*) Gonococci	734	941	106	183	49
(*c*) Wasserman reaction ..	587	877	123	81	17
(*d*) Others	433	879	—	—	—
Number of in-patient days ..	1,989	—	—	—	—

* Figures not obtainable.

TABLE XX.

The following statement shows the welfare centres included in the county scheme, together with the attendances in 1926.

Sanitary district.	Name of centre.	Sessions held during the year.	New cases.			Totals.		
			Ante-natal consultations.	Infants under 1 year.	Children 1-5.	Ante-natal consultations.	Infants under 1 year.	Children 1-5.
URBAN.								
Barnes	Barnes	52	23	114	39	48	1757	1321
Caterham	Caterham Hill	51	7	40	20	19	419	788
	Caterham Valley	24	2	20	6	2	138	174
Chertsey	Addlestone	52	4	25	16	17	469	1242
	Chertsey	48	18	41	18	47	667	925
Dorking	Dorking	52	26	66	28	87	653	991
Egham	Egham	51	10	37	18	20	590	1386
	Egham Hythe	52	—	32	6	—	473	532
Epsom	Epsom	50	3	66	19	9	106	518
Esher and The Dittons	Long and Thames Ditton	56	3	21	18	7	328	1432
Farnham	Badshot Lea	24	—	20	5	—	215	437
	Bourne	24	3	21	14	9	192	407
	Farnham	102	44	61	26	111	1214	1618
	Hale	25	2	32	16	3	443	679
	Wrecclesham	23	3	15	9	9	92	272
Frimley	Camberley	52	30	53	19	135	778	1336
	Frimley	24	3	26	12	7	208	424
Godalming M. B.	Godalming	76	22	85	45	87	963	1665
Ham	Ham and Petersham	24	2	19	13	4	234	343
Haslemere	Haslemere	52	1	43	22	3	477	595
Leatherhead	Leatherhead	24	7	41	13	15	194	186
Maldens and Coombe	Maldens and Coombe	103	—	106	43	—	1506	2610
Molesey, East and West	Molesey, East and West	101	32	58	21	79	929	1364
Surbiton	Surbiton	104	58	139	78	293	1837	1856
Walton-on-Thames	Hersham	51	4	28	19	4	320	1018
	Walton-on-Thames	50	5	39	33	39	426	766
Weybridge	Weybridge	103	23	44	28	99	869	1250
Windlesham	Bagshot	48	18	36	3	56	360	850
	Windlesham	24	2	10	2	9	62	123
Woking	Woking Town	100	42	91	45	100	1064	1526
	Knaphill	51	—	66	18	—	538	560
RURAL.								
Chertsey	Byfleet	52	10	24	17	78	339	217
	Chobham	24	4	10	10	5	77	412
Dorking	Effingham	24	1	25	12	2	143	257
	Holmwood	23	—	8	6	—	85	108
Epsom	Banstead	24	2	32	14	2	253	244
	Bookham	23	2	19	15	6	120	197
	Cheam	24	1	21	9	2	134	162
	Cobham	52	—	22	26	2	285	494
	Tadworth	47	3	44	16	3	539	535
	Worcester Park	47	1	21	10	1	177	379
Farnham	Ash	52	8	40	23	22	514	1019
	Ash Wyke	23	8	12	9	32	101	307
	Hindhead	22	—	13	6	—	83	196
	Rowledge	22	4	17	14	17	169	436
	The Sands	12	3	3	2	9	26	45
	Tilford	24	7	5	3	25	74	225
Godstone	Bletchingley	23	4	16	7	19	142	371
	Dormansland	22	—	12	7	—	36	149
	Godstone	23	1	12	11	2	75	151
	Hurst Green	41	1	7	2	17	168	671
	Limpsfield	52	9	32	12	60	408	917
	Lingfield	45	5	13	7	18	178	277
	Oxted	24	8	14	9	19	109	272
	‡Tatsfield	5	3	7	20	9	26	62
	Warlingham	48	4	30	19	12	519	774
	Whyteleafe	23	4	31	20	11	238	471
Guildford	†Guildford							
	Horsley, West	24	5	19	2	13	121	282
	Merrow	52	1	10	5	4	200	635
	Peaslake	22	1	9	3	1	60	173
	Ripley	52	4	28	4	7	392	771
	Send	24	1	15	8	4	187	285
Hambledon	Cranleigh	24	6	18	28	30	134	277
	Dunsfold	24	—	17	11	—	138	316
	Elstead	24	1	16	11	2	138	260
	Ewhurst	23	—	6	2	3	78	226
	Shalford	51	8	10	15	36	162	657
Reigate	†Reigate	87	1	14	12	1	61	62
	Redhill (Ante natal only)	—	6	—	—	7	—	—
	Horley	51	1	39	11	1	297	637
	Horley Salfords	24	—	18	7	—	138	365
	Walton-on-the-Hill	24	—	17	8	—	247	257
	Totals	3,028	525	2,235	1,105	1,800	25,978	43,745

† Receive mothers and children from the county area by arrangement.

‡ Opened October, 1926.

The following statement shows the welfare centres included in the county scheme, together with the attendances in 1929.

Sanitary district.	Name of centre.	Sessions held during the year	New cases.			Totals.		
			Ante-natal consultations	Infants under 1 year	Children 1–5	Ante-natal consultations	Infants under 1 year	Children 1–5
URBAN.								
Barnes	Barnes	52	23	114	39	48	157	1321
Caterham	Caterham Hill	51	7	40	20	19	419	788
	Caterham Valley	24	2	20	6	2	138	174
Chertsey	Addlestone	52	4	25	16	17	189	1242
	Chertsey	48	18	31	18	47	687	925
Dorking	Dorking	52	26	66	28	87	653	591
Epsom	Epsom	51	10	37	18	20	590	1386
	Epsom Hythe	52	—	32	6	—	473	632
Epsom	Epsom	50	3	66	19	9	108	518
Esher and The Dittons	Long and Thames Ditton	56	3	21	18	7	328	1432
Farnham	Badshot Lea	24	—	20	6	—	215	437
	Bourne	24	3	21	14	9	182	407
	Farnham	102	44	61	26	111	1214	1618
	Hale	25	2	32	16	3	443	879
	Weycleesham	23	3	15	30	9	92	272
Frimley	Camberley	52	30	53	19	135	778	1336
	Frimley	24	3	36	12	7	208	424
Godalming M. B.	Godalming	76	22	85	45	87	963	1665
Ham	Ham and Petersham	24	2	19	13	4	234	343
Haslemere	Haslemere	52	1	43	22	3	417	596
Leatherhead	Leatherhead	24	7	41	13	15	194	186
Maldens and Coombe	Maldens and Coombe	103	—	106	43	—	1508	2610
Molesey, East and West	Molesey, East and West	101	32	58	21	79	929	1364
Surbiton	Surbiton	104	58	129	78	293	1837	1856
Walton-on-Thames	Hersham	51	4	28	19	4	320	1018
	Walton-on-Thames	50	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TABLE XXI.

Statement shewing the numbers of:—

(i) Houses erected in Surrey during the year 1926: and

(ii) Houses in course of erection at the end of 1926.

Sanitary district.	By Local Authority under assisted schemes.		By private persons.		By Public Utility Societies.		Total.	
	Houses erected during year 1926.	Houses in course of erection at end of 1926.	Houses erected during year 1926.	Houses in course of erection at end of 1926.	Houses erected during year 1926.	Houses in course of erection at end of 1926.	Houses erected during year 1926.	Houses in course of erection at end of 1926.
Urban.								
Barnes	27	—	299	217	—	—	326	217
Beddington and Wallington	24	40	245	197	—	—	269	237
Carshalton	4	8	387	433	—	—	391	441
Caterham	10	—	122	22	—	—	132	22
Chertsey	22	78	41	42	—	80	63	200
Coulsdon and Purley	92	—	575	291	—	—	667	291
Dorking	14	12	71	67	—	—	85	79
Egham	—	—	92	36	—	—	92	36
Epsom	62	31	146	59	—	—	208	90
Esher and Dittons	42	60	80	45	—	—	122	105
Farnham	20	—	77	21	—	—	97	21
Frimley	45	1	75	29	—	—	120	30
Godalming (M.B.)	20	70	32	12	—	—	52	82
Guildford (M.B.)	—	112	136	36	30	12	166	160
Ham	14	10	33	7	—	—	47	17
Haslemere	14	24	28	9	—	—	42	33
Kingston-on-Thames (M.B.)	66	18	92	70	—	—	158	88
Leatherhead	No return		—	—	—	—	—	—
Maldens and Coombe	*30	—	176	66	—	—	*206	66
Merton and Morden	—	—	621	295	—	—	621	295
Mitcham	74	134	453	594	—	—	527	728
Molesey, East and West	63	2	32	27	—	—	95	29
Reigate (M.B.)	11	—	82	45	—	—	93	45
Richmond (M.B.)	4	—	79	†78	—	—	83	†78
Surbiton	50	—	223	168	—	—	273	168
Sutton	92	36	121	48	—	—	213	84
Walton-on-Thames	54	12	83	50	—	32	137	94
Weybridge	47	100	28	18	—	—	75	118
Wimbledon (M.B.)	—	60	170	37	—	—	170	97
Windlesham	19	1	53	17	—	—	72	18
Woking	64	30	191	47	—	—	255	77
Rural.								
Chertsey	24	28	85	38	—	—	109	66
Dorking	—	—	62	17	—	—	62	17
Epsom	140	50	720	445	15	4	875	499
Farnham	20	—	140	63	—	—	160	63
Godstone	84	92	151	112	10	2	245	206
Guildford	14	24	155	37	—	—	169	61
Hambledon	—	—	151	39	—	—	151	39
Reigate	52	16	250	80	12	—	314	96
Totals	1,318	1,049	6,557	3,914	67	130	7,942	5,093

*30 Flats. † 24 Flats.

Sanitary district.	By Authority under assisted schemes.		By private persons.		
	Houses in course of erection at end of 1926.	Houses erected during year 1927.	Houses in course of erection at end of 1927.	
			URBAN.		
Barnes	—	269.	217		27
Beddington and Wallington	40	245.			24
Carshalton	8	387.	433		4
Caterham	—	122.	22		10
Chertsey	78	41.	42		22
Coulsdon and Purley	—	575.	291		32
Dorking	12	71.	57		14
Epsom	—	92.	26		—
Epsom	31	145.	59		62
Esher and Dittons	60	85.	45		42
Farnham	—	77.	21		20
Frimley	1	75.	29		45
Godalming (M.B.)	70	32.	12		30
Guildford (M.B.)	112	136.	36		—
Ham	10	33.	7		14
Haslemere	24	28.	9		14
Kingston-on-Thames (M.B.)	18	82.			66
Leatherhead	—	—	—		—
Maldens and Coombe	—	176.	68		20
Merton and Morden	—	621.	295		—
Mitcham	134	453.	594		74
Molesey, East and West	2	32	27		63
Reigate (M.B.)	—	82	45		11
Richmond (M.B.)	—	79	478		4
Surbiton	—	223	168		30
Sutton	38	121	48		92
Walton-on-Thames	12	83	59		34
Weybridge	100	28	18		47
Wimbledon (M.B.)	60	170	37		—
Windlesham	1	53	17		19
Woking	30	191	47		64
			RURAL.		
Chertsey	28	85	38		24
Dorking	—	62	17		—
Epsom	50	750	445		40
Farnham	—	140	63		20
Godstone	92	151	112		34
Guildford	24	155	37		14
Hambledon	—	151	39		—
Reigate	16	260	80		32
TOTALS	1,049	6,552	3,914		1,3

TABLE XXII.

SALE OF FOOD AND DRUGS ACTS.

NUMBERS OF SAMPLES ANALYSED.

Articles.	Number of samples analysed.	Number genuine.	Number adulterated.	Prosecutions.	Convictions.
Milk	1,601	1,494	107	27	15
Cream	70	59	11	3	2
Cream—preserved ...	9	9	—	—	—
Butter	95	94	1	—	—
Cheese	9	9	—	—	—
Margarine	11	11	—	—	—
Lard	12	12	—	—	—
Bread	—	—	—	—	—
Flour	10	8	2	—	—
Tea	4	4	—	—	—
Coffee	3	3	—	—	—
Cocoa	5	5	—	—	—
Sugar	4	4	—	—	—
Mustard...	—	—	—	—	—
Confectionery and Jam	7	7	—	—	—
Pepper	2	2	—	—	—
Wine	7	1	6	—	—
Beer	—	—	—	—	—
Spirits	37	31	6	—	—
Drugs	5	5	—	—	—
Other Articles	181	126	55	—	—
Totals	2,072	1,884	188	30	17

TABLE XXIII.

No. of Sample.	Date of Purchase.	Address of Seller.	Where Produced.	Result of Examination.				Certificate No.	Further Particulars.
				Bact: Count.	Bacillus Coli.	Microscopical.	Inoculation.		
	1926.								
E (T) 1 ..	Dec. 10th	Surbiton	Sherbourne ..	27,533	Negative	No T.B.	No T.B.	44,086	Sample taken in street from bottle.
E (T) 2 ..	Dec. 10th	Surbiton	Not known, milk bulked	26,900	Negative	No T.B.	No T.B.	44,087	Sample taken in street from bottle.
E (T) 3 ..	Dec. 10th	Surbiton	From own cows..	143,000	Positive	No T.B.	No T.B.	44,088	Sample taken in shop (bottle).
E (T) 4 ..	Dec. 10th	Surbiton	Surbiton	146,333	Negative	No T.B.	No T.B.	44,089	Sample taken in shop (bottle).
E (T) 5 ..	Dec. 10th	Surbiton	Hook and Chessington (mixed together)	47,666	Negative	No T.B.	No T.B.	44,090	Sample taken in shop (bottle).
E (T) 6 ..	Dec. 13th	Richmond	Somerset	1,025,000	Positive	No T.B.	No T.B.	44,352	Sample taken in shop, pan on counter.
E (T) 7 ..	Dec. 13th	Richmond	Sturminster, Dorset	83,333	Positive	No T.B.	No T.B.	44,353	Sample taken in shop (bottle).
E (T) 8 ..	Dec. 13th	Richmond	Either from Wormwood Scrubs or Putney, milk bulked	26,333	Negative	No T.B.	No T.B.	44,354	Sample taken in shop (bottle).
E (T) 9 ..	Dec. 13th	Richmond	Finchley, milk bulked	34,666	Negative	No T.B.	No T.B.	44,355	Sample taken in shop (bottle).
E (T) 10	Dec. 13th	Richmond	Bulked milk, impossible to trace exact source, 40 different sources	263,333	Positive	T.B. suspected	No T.B.	44,356	Sample taken in shop from pan on counter.
E (T) 11	Dec. 14th	Banstead	Woodmansterne..	66,333	Positive	No T.B.	No T.B.	44,551	Sample taken in shop from can.
E (T) 12	Dec. 14th	Banstead	Woodmansterne, mixed milk	43,666	Positive	No T.B.	No T.B.	44,552	Sample taken in street from hand-can.
E (T) 13	Dec. 14th	Wallington	Pulborough or Faygate	263,000	Positive and traces of vegetable debris.	No T.B.	No T.B.	44,553	Sample taken in street from bottle
E (T) 14	Dec. 14th	Wallington ..	Could obtain no information as to source of milk	18,533	Positive	No T.B.	No T.B.	44,554	Sample taken in street from bottle.
E (T) 15	Dec. 14th	Wallington.. ..	From about 14 different farmers at Billingshurst and Pulborough, milk bulked	85,000	Positive and traces of vegetable debris.	No T.B.	No T.B.	44,555	Sample taken in shop from pan on counter.
E (T) 16	Dec. 14th	Wallington ..	Lingfield ..	106,333	Positive	No T.B.	No T.B.	44,556	Sample taken in shop from can.
E (T) 17	Dec. 17th	Esher	Cobham and Horsham	126,333	Positive	No T.B., but presence Streptococci often met within cases of Bovine Mastitis.	No T.B.	45,009	Taken in shop from pan on counter. Was informed that the milk was returns from rounds.
E (T) 18	Dec. 17th	Walton-on-Thames	Bulked milk from at least 100 farms	27,800	Negative	No T.B.	No T.B.	45,010	Taken in shop from hand-can.
E (T) 19	Dec. 17th	Walton-on-Thames	Walton-on-Thames	24,300	Negative	No T.B.	No T.B.	45,011	Taken in Dairy from churn.
E (T) 20	Dec. 17th	East Molesey ..	Mixed milk from four different farmers	145,000	Positive	No T.B.	No T.B.	45,012	Taken in shop from can.
E (T) 21	Dec. 17th	East Molesey ..	W. Molesey ..	35,666	Positive	No T.B.	No T.B.	45,013	Taken in shop from bottle.
E (T) 22	Dec. 20th	Dorking	Dorking ..	17,733	Negative	No T.B.	No T.B.	45,343	Taken in shop from hand-can.
E (T) 23	Dec. 20th	Dorking	Betchworth ..	45,666	Negative	No T.B.	No T.B.	45,344	Taken in shop from churn.
E (T) 24	Dec. 20th	Dorking	Betchworth ..	48,333	Negative	No T.B.	No T.B.	45,345	Taken in shop from bottle.
E (T) 25	Dec. 20th	Buckland	Buckland ..	63,000	Negative	No T.B.	No T.B.	45,346	Taken in street from hand-can.
E (T) 26	Dec. 20th	Bletchingley ..	Bletchingley ..	86,000	Negative	No T.B.	No T.B.	45,347	Taken in street from hand-can.
E (T) 27	Dec. 20th	Bletchingley ..	Bletchingley ..	45,666	Negative	No T.B.	No T.B.	45,348	Taken in Dairy from pail.
E (T) 28	Dec. 20th	Godstone	Godstone ..	43,666	Negative	No T.B.	No T.B.	45,349	Taken in street from hand-can.
E (T) 29	Dec. 20th	Caterham	Blindley Heath..	38,333	Negative	No T.B.	No T.B.	45,350	Taken in shop from pail.
E (T) 30	Dec. 20th	Caterham Valley ..	Godstone.. ..	87,333	Negative	No T.B.	No T.B.	45,351	Taken in shop from churn.
E (T) 31	Dec. 31st	Raynes Park ..	Andover, Hants	17,666	Negative	No T.B.	No T.B.	46,436	Taken in shop from china pail.
E (T) 32	Dec. 31st	Raynes Park ..	Sherbourne, Dorset	28,666	Negative	No T.B.	No T.B.	46,437	Taken in shop from pan on counter.
E (T) 33	Dec. 31st	Raynes Park ..	Bulked milk ..	57,333	Positive	No T.B.	No T.B.	46,439	Taken in shop from pail.
E (T) 34	Dec. 31st	Merton	Dowston, Fording Bridge, E. Knoyle, Cranbourne (mixed)	73,000	Positive	No T.B.	No T.B.	46,439	Taken in shop from pail.
E (T) 35	Dec. 31st	Merton	Sturminster and Newton District, Dorset	35,666	Negative	No T.B.	No T.B.	46,440	Taken in shop from pan on counter.
E (T) 36	Dec. 31st	Wimbledon.. ..	Wimbledon ..	134,000	Positive	No T.B.	No T.B.	46,441	Taken in shop from pan on counter.

No. of Sample.	Date of Purchase.	Address of Seller.	Where Produced.	Result of Examination.				Certificate No.	Further Particulars.
				Bact. Count.	Bacillus Coli.	Microscopical.	Inoculation.		
	1929.								
E (T) 1 ..	Dec. 10th	Surbiton	Sherbourne ..	27,533	Negative	No T.B.	No T.B.	44,086	Sample taken in street from bottle.
E (T) 2 ..	Dec. 10th	Surbiton	Not known, milk bulked	26,000	Negative	No T.B.	No T.B.	44,087	Sample taken in street from bottle.
E (T) 3 ..	Dec. 10th	Surbiton	From own cows ..	143,000	Positive	No T.B.	No T.B.	44,088	Sample taken in shop (bottle).
E (T) 4 ..	Dec. 10th	Surbiton	Surbiton	146,333	Negative	No T.B.	No T.B.	44,089	Sample taken in shop (bottle).
E (T) 5 ..	Dec. 10th	Surbiton	Hook and Chessington (mixed together)	47,666	Negative	No T.B.	No T.B.	44,090	Sample taken in shop (bottle).
E (T) 6 ..	Dec. 13th	Richmond	Somerset	1,025,000	Positive	No T.B.	No T.B.	44,352	Sample taken in shop, pan on counter.
E (T) 7 ..	Dec. 13th	Richmond	Sturminster, Dorset	83,333	Positive	No T.B.	No T.B.	44,353	Sample taken in shop (bottle).
E (T) 8 ..	Dec. 13th	Richmond	Either from Wormwood Scrubs or Putney, milk bulked	26,333	Negative	No T.B.	No T.B.	44,354	Sample taken in shop (bottle).
E (T) 9 ..	Dec. 13th	Richmond	Finchley, milk bulked	34,666	Negative	No T.B.	No T.B.	44,355	Sample taken in shop (bottle).
E (T) 10	Dec. 13th	Richmond	Bulked milk, impossible to trace exact source. (10	263,333	Positive	T.B. suspected	No T.B.	44,356	Sample taken in shop from pan on counter.

TABLE XXIV.

Authority.	Date.	Place.	Purpose of Inquiry.	Amount of loan applied for.
Epsom Urban District Council	4/2/26	Epsom ..	Loan for the provision of public conveniences	£1,750
Leatherhead Urban District Council	20/4/26	Leatherhead	Loan for works of sewerage and sewage disposal	£18,000
Godalming Town Council	22/6/26	Godalming	Loan for works of water supply	£16,000
Epsom Rural District Council	22/6/26	Cobham	Loan for works of sewerage and sewage disposal for the parishes of Cobham and Stoke d'Abernon	£37,900
County Borough of Croydon	30/6/26	Croydon ..	Loan for erection of refuse disposal plant	£7,000
Sutton Urban District Council	13/7/26	Sutton ..	Loan for works of sewerage and sewage disposal	£23,076
East Grinstead Urban District Council (Sussex)	15/7/26	East Grinstead	Loan for works of sewerage and sewage disposal without the district and within the district of the Rural District Council of Godstone.	£14,500
Windlesham Urban District Council	10/8/26	Bagshot ..	Loan for works of sewerage and sewage disposal for Bagshot, Lightwater and Windlesham areas	A further sum of £16,000
Wandle Valley Joint Sewerage Board	24/8/26	Mitcham	Loan for works of sewage disposal	A further sum of £21,000
Chertsey Rural District Council	27/8/26	West Byfleet	Loan for works of sewerage in connection with St. George's Hill Estate, Byfleet	£7,657
Mitcham Urban District Council	7/9/26 and 8/9/26	Mitcham	Loan for burial purposes; reconstruction and enlargement of Vestry Hall; construction of new fire station	£43,500
County Borough of Croydon	9/9/26	Croydon ..	Town planning scheme for Croydon (East) and Addington	—
County Borough of Croydon	29/10/26	Croydon ..	Loan for Works of sewage disposal	£14,600
Reigate Borough and the Reigate Rural District Councils	12/11/26	Reigate ..	Formation of united hospital or hospitals for infectious disease	—
Godstone Rural District Council	7/12/26	Lingfield..	Loan for reconstruction of sewage disposal works for Lingfield	£11,500
Godstone Rural District Council	8/12/26	Oxted ..	Loan for works of sewerage for serving Red Lane housing site; reconstruction of sewage disposal works for Limpsfield and Oxted	£16,500
Mitcham Urban District Council	30/12/26	Mitcham	Mitcham town planning scheme	—

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Epsom Rural District Council	22/6/26	Cobham	Loan for works of sewerage and sewage disposal for the parishes of Cobham and Stoke d'Abernon	£37,900
County Borough of Croydon	20/6/26	Croydon	Loan for erection of refuse disposal plant	£7,000
Sutton Urban District Council	13/7/26	Sutton ..	Loan for works of sewerage and sewage disposal	£23,078
East Grinstead Urban District Council (Sussex)	15/7/26	East Grinstead	Loan for works of sewerage and sewage disposal within and outside the district and within the district of the Rural District	£14,500

Surrey Education Committee.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1926.

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PREFACE.

The following report deals briefly with the work of medical inspection, following-up and treatment of children attending the public elementary schools and the medical inspection of secondary school pupils carried out during the year 1926 under the general direction of the school medical officer.

During 1926, 19,479 children at elementary schools and 3,556 at secondary schools have been systematically medically examined.

The parents of 281 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 68 children withdrew their objection. In addition 27 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, 56·5 per cent. of the children needing treatment actually received it by the end of the year. Dental inspection of 28,295 elementary school children was made. The teeth in 72·0 per cent. were found to require attention, and dental treatment was provided for 52·7 per cent. of the children found to require it. Institutional treatment was provided for varying periods for 204 children who were blind, deaf, epileptic, physically or mentally defective.

Of the pupils examined in secondary schools, 14·0 per cent. were found to be suffering disease or defect other than dental caries sufficiently serious to require treatment. As a result of following-up it was found that 49·0 per cent. of the pupils needing treatment received it during the year. Dental inspection of 4,617 pupils was made. The teeth of 56·0 per cent. were found to require attention.

The estimated gross cost of all these medical services, including the maintenance of children in special schools, for the year ended 31st March, 1927, was £33,209.

This expenditure may be properly regarded as an investment of public money.

A residential institution in the county is urgently required for children mentally defective.

There is also the need of an open-air residential school in Surrey; further reference to this is made on page 106.

JOSEPH CATES.

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

28th February, 1927.

Staff.

The names and qualifications of the medical and dental staff of the public health department are given on page 7.

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 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 384 departments; 128 were provided schools and 148 non-provided. On the 31st March, 1926, there were 59,834 children on the registers, 21 being under 5 years of age. The average attendance for the school year was 53,390.

(*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 1926, 468 recommendations were made relating to 187 schools. The defects discovered were:—

Defects.	*No. of Recommendations.*
Desks unsuitable and bad type	28
Heating inadequate	39
Lighting, natural and artificial, insufficient	52
Closets and Urinals:—	
Insufficient number	14
Constructional defects	49
Faulty flushing apparatus	30
Playground surface in need of repair ...	59
Ventilation inadequate	20
Lavatory basins—insufficient	13
School buildings—structural defects ...	18
Re-decoration—internal 5, external 1 ...	6
Classrooms—uncleanliness	5
Polluted well water used for drinking ...	1
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(ii) *Drinking Vessels.*—During past years it has been reported that in almost every school in the county one or two drinking vessels—mostly enamelled iron mugs—are used in common by the children, and that this arrangement is insanitary. Drinking fountains of the type specially manufactured for use in schools should be installed, at all events in the larger elementary schools in the county, but it has been decided that the cost is prohibitive. There still remains, therefore, especially in times of epidemic, the probability that infectious disease will be spread by means of the common drinking mug. In the smaller schools in rural areas, where children stay at school during the mid-day interval, head teachers are encouraged to endeavour to arrange for each child to bring his own mug, but even where this suggestion is carried out, there is usually to be found the child who will use the mug which happens to be nearest at hand.

(iii) *Drinking Water.*—In one of the council schools in the county, drinking water was obtained from a shallow well.

A sample was taken and subjected to bacteriological examination. The result showed that the water was totally unfit for drinking, and the head teacher was advised accordingly. The matter was considered by the Education Committee, and it was decided that as the nearest point of the main supply was some two or three miles distant, and there was no immediate prospect of it being carried to the village, filters should be installed as a temporary measure.

(iv) *Playgrounds.*—In many instances the playgrounds of the voluntary schools in the county are in a bad condition, and in several cases may be a source of danger to the children. The surfaces, of loose gravel and stones, are uneven, and become extremely muddy in wet weather. It happens that children attending these schools are obliged to walk through a pool of water accumulated after a shower of rain, in order to gain entrance to a classroom or the offices, and thus have to sit in school with wet feet for the remainder of the session.

In every instance where it has seemed advisable that the surface of a playground should be repaired and made impervious, a recommendation to that effect has been made, but the Education Committee are powerless to require the managers of a voluntary school to carry out the necessary improvements.

(v) At the end of June, 1926, it was reported that a temporary building used as a classroom in one of the council schools at Mitcham was infested with vermin. An examination of the premises was made, and on the 4th August, 1926, the building was fumigated by liquid hydrocyanic acid. There has been no recurrence of the trouble.

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 birthday occurred during the year.

(iii) The leavers:—

(*a*) Children whose twelfth birthday occurred during the year.

(*b*) Children due to leave school during the year and not inspected while twelve years of age.

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

The numbers of children examined in the various age groups are set out in table I. on page 122.

(*b*) The scope of the medical examination has been that outlined in the schedule of the Board, but the children are not weighed or measured.

(*c*) During 1926 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 123. Of the children systematically examined, 7·5 per cent. had defective vision or squint, 17·1 per cent. enlarged tonsils, adenoids or enlarged tonsils and adenoids, and 1·08 per cent. defective hearing.

Infectious Diseases.

In June, 1925, the Education Committee approved certain amendments in connection with the routine which had been in force for a number of years with regard to the exclusion from and re-admission into school of children in contact with cases of infectious disease. Generally speaking, these amendments provided that contacts with certain infectious diseases

should remain in attendance at school under the supervision of the health visitor, instead of being excluded. The success of this scheme is largely dependent upon head teachers promptly notifying to the county school medical officer the occurrence of any case or suspected case of infectious disease in children attending school. Arrangements can then be made for the assistant medical officer or health visitor to visit the school and to keep the children under regular supervision until such time as there is no further risk of the spread of infection.

Head teachers have been reminded on several occasions of the extreme importance attaching to the prompt completion and despatch of the forms of notification, and it is gratifying to be able to report that in the majority of instances head teachers now make prompt notification.

The revised procedure already referred to has now been in force for a period sufficient to show encouraging evidence of success. The health visitors have regularly visited schools and homes where instances of infectious disease have occurred. Whenever practicable, arrangements were made for a special health visitor to devote the whole of her time to a school for such a period as seemed to be necessary for a thorough investigation. By home visits and the daily supervision of the children in the school, a threatened epidemic of infectious illness has on several occasions been prevented.

During the year the health visitors paid 2,206 visits to schools and 15,321 visits to homes in connection with outbreaks of infectious disease.

Not only was it possible to check what in all probability would have been serious epidemics, but a considerable amount of loss of education on account of exclusion or closure of schools has been avoided. Four years ago elementary school children in Surrey were deprived, in the aggregate, of 1,943 school days owing to closure; in 1923, 1,681 school days were lost on the same account, but during 1926 the number of days

lost was 196. These figures indicate the loss of education previously occasioned by school closure. The number of days lost owing to the exclusion of contacts with cases of chickenpox, measles, German measles, and mumps was approximately as follows:—

Infectious Disease.	Approximate number of school days lost.				
	1922	1923	1924	1925	1926
Chickenpox	3,600	3,300	—	—	—
Measles	11,445	15,090	35,475	8,175	8,540
German Measles ...	420	444	—	—	—
Mumps...	8,192	4,097	19,380	32,020	—
Totals ...	23,657	22,931	54,855	40,195	8,540

The figures for 1922 and 1923 do not nearly represent the total exclusions, because there is evidence to show that notification at that time by head teachers was largely in abeyance, but there is a clear indication that a considerable amount of loss of education has been saved by the adoption of this new procedure. There is also ground for thinking that the health of the children has been more closely supervised, with satisfactory results.

Table VI. is a list of the schools closed in 1926, with the periods of closure.

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

Diphtheria.—During 1925 there were outbreaks of diphtheria among the children at four of the public elementary schools in the county, and, as explained in the last annual report, Schick testing and immunisation was begun. The work was continued during 1926. The following table shows

the total number of children who have been Schick tested and immunised during the year:—

School.	Number of Children.		
	Tested.	Susceptible to Diphtheria.	Immunised.
Godstone, Blindley Heath C. of E.	*118	*116	*69
Mitcham, Links and Fortescue Road C.	745	558	226
Pirbright, C. Infants	32	31	31
Woking, Monument Hill C.	152	139	64
	1,047	844	390

* In addition to the figures given here, 71 adults were tested, of whom 43 were found to be susceptible to diphtheria and 3 were immunised.

Testing and immunisation is being continued at these schools as entrants are admitted.

At the end of 1925, four cases of diphtheria occurred at the Woking, Mounment Hill Council School. A further case was reported on the 25th January, 1926, and by the 4th February, five children were suffering from the disease.

It seemed that a serious outbreak was beginning, and it was decided to Schick test and immunise the children in attendance at this school. A meeting of the parents was held in the school. Dr. Donaldson, one of the assistant medical officers, attended, and the procedure proposed to be adopted was explained to the parents. Consent to testing and immunisation was given in respect of 152 children out of 421 on the registers. Of these 152 children, 139 were found to be susceptible to diphtheria. The school was visited on many subsequent occasions, and by the end of November all the 139 children had been given injections of diphtheria prophylactic and 64 were proved to be immune by Schick tests. The remaining 75 will be re-tested during March or April, 1927. The children from the Southern Railway Orphanage (113 in

number), who had already been successfully immunised in 1925, are on the registers of this school.

The head teachers rendered valuable assistance in connection with the work, and their services added materially to the success of the scheme.

Following-up.

The systematic medical inspection of a child to detect any defect from which he may be suffering is of necessity the initial step in any scheme to secure a healthy school population, but the inspection alone is of little value unless there is also a system of careful and persistent following-up by a trained nurse to ensure that the ailing child receives adequate medical treatment.

In Surrey each health visitor attends the medical inspections carried out in her area. She assists the medical officer at the examinations, and is thus able to obtain an intimate knowledge of the defects discovered and of the advice given to parents. A record card is kept at the school relating to each child found defective, and the nurse visits and re-visits the homes and encourages the parents to seek adequate treatment. During the year health visitors paid 9,641 home visits in connection with defective children; in addition, health visitors made many visits to schools in connection with following-up and to the homes for other purposes. The health visitors also arrange for the attendance of children at school clinics, hospitals and other places of treatment.

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, in 1925 to 14,865, and in 1926 17,204 re-examinations were carried out.

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 mentally defective persons of all ages.

Table IV. (v) shows the work done by the school nurses under the cleansing scheme. The number of children found to be dirty or verminous is now considerably less than in former years; this improvement is due largely 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:—

	1921	1922	1923	1924	1925	1926
Number of visits to schools by nurses	6,853	6,974	7,221	7,858	9,274	11,993
Children with nits in the hair	73,193	50,107	44,419	29,059	27,845	21,924
Children with lice in hair	4,629	3,051	4,178	2,866	3,140	2,585
Children with verminous bodies	174	106	116	104	158	313
Exclusions—1st time ...	3,638	1,735	1,533	1,444	1,598	1,377
2nd time ...	1,245	563	392	409	419	369
3rd time ...	739	260	138	132	130	173

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 the assistant medical officer or by the school nurse working under his direction.

Towards the end of 1925 additional school clinics for the treatment of minor ailments were established, the clinics being held immediately prior to the commencement of the

maternity and child welfare centres in districts where school clinics were not already easily accessible. This arrangement has worked well, and advantage of the increased facilities available has been taken by the parents.

During the year under review the erection of new health centres at Chertsey, Malden and Mitcham was completed, and the buildings were opened for treatment. These centres in the more populous areas of the county have proved very convenient and economical in working, and provide adequate accommodation for school clinic, maternity and child welfare and tuberculosis dispensary purposes.

A list of all the clinics is given in table VII. In table IV. (i) is a return of the minor ailments treated. During the year there were 33,501 attendances of children at the various general medical clinics for the treatment of minor ailments.

(*a*) *Tonsils and Adenoids.* — The operative treatment of enlarged tonsils and adenoids is carried out at the general and cottage hospitals in the county. These institutions provide treatment for 28/6 a case; this charge includes the cost of one night in hospital; if further detention is considered advisable, a payment of 2/6 per night is made, subject to the sanction of the school medical officer having been previously obtained. 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 5,790 attendances at the eye clinics.

(*c*) *Dental Defects.*—In order to comply with the requirements of the Board of Education, the Education Committee framed in 1924 a scheme whereby an additional dental surgeon would be appointed each year to inspect and treat two additional age groups of children until every child in each school in the county would be inspected at least once a year.

During the year 1925, children aged 6, 7, 8, 12 and 13 were dentally inspected. According to the scheme above mentioned, another school dental surgeon and health visitor should have been appointed during the year 1926, so that the children aged 6, 7, 8, 9, 12, 13 and 14 could have been inspected. These age groups were, in fact, dealt with during the first three months of the year by a temporary dental surgeon, but the Education Committee decided that owing to the need for economy the employment of a seventh dental surgeon could not be continued after the 31st March, 1926. It was therefore necessary on the 1st April, 1926, to revert to the scheme in force in 1925, and during the remainder of the year only children aged 6, 7, 8, 12 and 13 were inspected and treated.

The inevitable result of the curtailment of this progressive scheme at the end of the first term of 1926 was to disorganise the arrangements for the remainder of the year. During the period January 1st to March 31st, seven school dental surgeons were employed and 9,314 children were inspected in the seven routine age groups to which reference has already been made. At the beginning of the second term, the staff of dental surgeons was reduced to six, and had to cope with the work revealed by the inspections carried out by the additional dentist. Included among these inspections were 1,898 children aged 12 who had not been seen since 1922. The extra work imposed upon the depleted staff resulted in each school dental surgeon falling into arrears with the work, and it was not found possible to visit fifty-eight schools in the county, where approximately 7,000 children were due for dental inspection.

If the scheme approved by the Education Committee and by the Board of Education in 1924 had been carried out without interruption, an additional dental surgeon and health visitor would have been appointed in 1926, and another dental surgeon and health visitor in 1927.

The appointment of two dental surgeons and two health visitors as from the 1st April, 1927, would enable the arrears

of work from last year to be met, and in addition the inspection and treatment of two more age groups of children.

On the other hand, the appointment of one dental surgeon and one health visitor would make it possible only to clear up the arrears from 1926. The extra age groups provided for in the scheme submitted to the Board of Education in 1924 would still remain untreated.

If no addition is made to the staff of dental surgeons, the work of dental inspection and treatment in the county will be very seriously in arrears by the end of 1927.

(*d*) *Tuberculosis.*—Children suffering or suspected to be suffering from tuberculosis are referred to the tuberculosis dispensaries. The number of children provided with treatment during 1926 is set out in table IX.

(*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.

Cases requiring treatment are referred to the school medical officer who makes arrangements for the attendance of the children at the nearest orthopædic centre. The orthopædic surgeon sends to the school medical officer a periodical report upon each child undergoing treatment. Copies of these reports are forwarded to the assistant medical officer and health visitor of the district in which the child resides in order that the necessary following-up can be carried out, and in the case of children suffering from flat feet or a minor degree of curvature of the spine, copies of the reports are also sent to the county organiser of physical training, who arranges for special attention to be paid to the physical training of the children in the school.

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 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. ...	52	428
Guildford, Royal Surrey County Hospital	Mr. Dudley Buxton, F.R.C.S.	44	172
Kingston, Red Cross Curative Post, Victoria Cottage Hospital	Mr. McCrae-Aitken, F.R.C.S.	265	7,550
Merton, The Nelson Hospital	Mr. C. Lambrinudi, F.R.C.S.	91	1,502
Woking, Red Cross Curative Post, Victoria Cottage Hospital.	Mr. Rowley Bristow, F.R.C.S.	163	808
	Totals ...	615	10,460

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:—

Further success has attended this enterprise during the season under review, which began on April 10th and ended on October 2nd, the earliest opening and latest closing dates yet recorded. The Camp was occupied during 24 weeks by 516 scholars (429 Boys and 87 Girls), with

27 Teachers, from 32 schools in all. The following table shows how these figures compare with those of the preceding seasons:—

Season.	Weeks of Occupation.	Boys.	Girls.	Total.	Teachers.	Parties.	Schools
1922 ...	20	435	130	565	29	15	11
1923 ...	12½	247	81	328	17	8	9
1924 ...	19	296	74	370	19	10	11
1925 ...	19	264	187	451	22	12	24
1926 ...	24	429	87	516	27	13	32

The considerable increase in the number of schools which participated in the use of the Camp this year was mainly the result of Sir Arthur R. Glyn, Bart., having again arranged for and assisted two parties of boys to spend a part of their Summer holidays at the Camp, each party being there for a fortnight. Thus, 97 boys who could not otherwise have done so visited the Camp, and the Management Committee desire to renew their grateful thanks, expressed in last year's report, to Sir Arthur Glyn for his continued practical interest in the boys and in the Camp, and, too, to those teachers (Mr. S. King, Mr. A. Ponsford, Mr. W. C. Johnson, Mr. S. R. Norton, Mr. S. Peake and Mr. H. Gane) who, by devoting part of their vacation to this object, helped to render it possible for these boys to enjoy a holiday at the Camp.

The period of occupation and the number of girl visitors would have been greater but that a party of from 40 to 50 girls from one school were prevented, at the last moment, from coming for one week in consequence of the General Strike, which resulted in the Camp being vacant from May 8th to 15th.

The disproportion between the number of applications for the reception of Boys and Girls was emphasised this year, and it is hoped that a greater number of the larger Girls' schools will avail themselves of the Camp in future years. At the same time, the aggregate demand for accommodation was considerably in excess of the available facilities (excepting in the case of those schools which applied for the periods after the Summer holidays), and many schools had to be denied accommodation, with much regret on both sides.

It is noteworthy that, excluding the Summer holiday parties organised by Sir Arthur Glyn, eight schools (6 Boys' and 2 Girls' parties) made use of the Camp during the season for the first time.

The average cost of the food for the scholars, teachers and caretakers worked out at 6/10¼ per head per week, as compared with 7/10, 6/11¾,

6/9½ and 7/3, respectively, for the previous seasons. This figure is a practical testimony to the care exercised by the caretakers (Mr. and Mrs. C. H. Moody) in this part of their work, for it is becoming usual for the teachers in charge of parties to entrust the catering arrangements to them. Children, parents and teachers have been unanimous in their praise of the excellence of the work, in all its varied phases, done by Mr. and Mrs. Moody throughout the season, and the Management Committee gladly testify that the service of the caretakers contributes greatly to the continued success of the Camp.

Consequent upon criticisms received from the Health Department of the Guildford Corporation, the Education Committee are being recommended to have the Camp drainage connected with the public sewer and to have the lighting and ventilation of the sanitary conveniences improved. The Committee are again being asked to complete the tar-paving of the Courtyard and to undertake certain other lesser structural improvements, all of which the experience of the teachers in charge of visiting parties and the caretakers have proved necessary. Some more new tents and other replacements of equipment will be imperative before the beginning of the next season.

The Management Committee have again to record their grateful thanks to the Camp's Hon. Medical Officer (Miss M. H. Archibald, M.A., M.D.) for her regular visitation of the Camp and her care of the children, and, too, to the County School Medical Officer for his arrangements for the medical examination of the scholars before their visits to the Camp.

Appreciation is again due and expressed of the efforts of the teachers who have accompanied the parties, both in their preparatory work and their untiring care of their charges.

Since the last report there has been one change in the personnel of the Management Committee, Mrs. A. M. Evans (the Head Mistress of the Wanborough Council School) having taken the place of Miss B. M. Rundle (the late Head Mistress of the Compton C. of E. School).

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. It also provides 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.

During the year much difficulty has been experienced in securing the admission into suitable institutions of children who are in need of special treatment for diseases of the heart. There are as yet very few residential special schools in the country where children with this physical disability are accepted. Vacancies were obtained for six children in the Edgar Lee Home, Willesden; the Kurandai Home, Hartfield, Sussex; and the Northcourt Hospital, Hampstead, but these institutions will only take children with rheumatic heart affections. For the cases of congenital heart disease, it has only been possible to secure vacancies in one residential special school, namely, the Children's Rest, Sefton Park, Liverpool. Although this is an excellent institution, it is seldom possible, on account of the distance from Surrey, to obtain the consent of parents to children being sent there.

Children suffering from chronic bronchitis, debility, and anæmia, and those recovering from serious illness or operation, are admitted to St. Catherine's Home, Ventnor. The journey from Surrey to this institution is difficult and costly, and parents are somewhat reluctant to their children being sent so far from home.

At the end of the year 56 children were being maintained by the Education Committee at Ventnor.

Experience has shown that in almost every case considerable benefit is derived by a few months' stay in a residential special school. Children with chronic bronchitis have been cured or greatly improved, those suffering from anæmia and debility have returned home fit for full school attendance. Other children who have passed through serious illnesses have recovered their health and vigour under open-air conditions.

The need for a residential open-air school in Surrey was first emphasised in the report of the school medical officer for the year 1910, and has since been referred to on several occasions. During the past sixteen years the need for this special provision within the county has not diminished; on the contrary it has become greater, and the early establishment by the Committee of an open-air residential institution in Surrey would meet an urgent need and be of great value to the ailing child.

Physical Training.

The organiser of physical training for the county reports that courses of physical training for upper and for infant school teachers, including the important branch of national folk dancing, have been held in various centres throughout the county. They have all been " mixed " classes, and a larger proportion of men teachers than is usual have attended. Swimming develops a little every year, and gradually it has been found more possible to convey children from the outlying schools to the urban swimming baths. The rural child, perhaps, benefits from these facilities more than any other.

Upper Schools Courses in physical training were held in Epsom, Walton-on-Thames, Oxted and Redhill, with attendances of 66, 45, 24 and 53 teachers respectively.

Infant School Courses were held in Wimbledon and Redhill with a roll of 43 and 55 teachers respectively.

Classes in National Folk Dances were held in Guildford, Farnham, Woking, Mitcham, Sutton and Haslemere, with very satisfactory attendances.

During the year arrangements have been made for children referred by the school medical officer as suffering from flat feet or round shoulders to receive in the schools a course of special exercises. Further reference to this work is made on page 102.

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 receive a printed notice prior to the date of routine medical and dental inspection and their attendance at the inspection is cordially invited. It is often of importance that a parent should attend the inspection; abnormal conditions can be brought to the notice of the parent by the assistant medical officer and the need for carrying out the advice given can be carefully explained and emphasised.

During the year 50·4 per cent. of parents attended the medical examinations as compared with 48·8 per cent. in 1925.

Co-operation of Teachers.

During the year teachers continued to perform valuable work in connection with medical and dental inspection and treatment. The issue of the notices of invitation to parents, the preparation of the routine inspection schedules, and the completion of various forms, adds considerably to the work of the teachers, but all these duties were readily carried out and assisted materially the work of the school medical service. Head teachers have in many instances persuaded apathetic parents to take an active interest in the physical welfare of their children; they have secured the attendance of parents at

inspections and have urged them to carry out the advice of the assistant medical officer or dental surgeon.

Where care committees are in existence, the head teacher is usually one of the most active members, and generally acts as the honorary secretary.

On page 11 reference is made to the extreme importance attaching to the prompt notification by head teachers of cases or suspected cases of infectious disease. This is perhaps one of the most important duties which a head teacher is called upon to perform in connection with the school medical service, because it is only upon prompt notification that steps can be taken to prevent the spread of infection.

Co-operation of School Attendance Officers.

The school attendance officers undertake the following duties, and generally render valuable help:—

(*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 to care committees it is set out that—

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(*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 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 are referred to the National Society for the Prevention of Cruelty to Children. During 1926, 62 cases of neglect were reported to the Society, and in 45 cases the activities of the Society were successful. Details of these cases are given in table X.

Blind, Deaf, Defective and Epileptic Children.

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

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

(*a*) By the assistant medical officer at the routine visits to the schools.

(*b*) By the school nurse at the general survey during each term.

(*c*) By the teacher.

(*d*) By the school attendance officer.

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

(*e*) The school nurse during her visits to the homes.

(*f*) The school attendance officer.

(*g*) Relieving officers, district nurses and other persons.

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

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

All mentally defective children of school age are now supervised in school and at home by the school nurses, who report periodically on their general condition and home surroundings. During the year the health visitors paid 1,499 home visits to mentally abnormal children.

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.

Up to the present time, the only provision the Committee has made within the county for the education of mentally defective children is the establishment of observation classes in the following nineteen public elementary schools:—

Beddington, Bandon Hill Mixed Council.
Barnes Central Girls Council.
Barnes, Mortlake C. of E.

Barnes, Mortlake Central Boys Council.
Barnes, Mortlake Central Girls Council.
Bisley Boys.
Dorking, Powell Corderoy.
Farnham, West Street Council.
Leatherhead Central Council.
Mitcham, Gorringe Park Boys and Girls Council.
Mitcham, Lower Mitcham Boys and Girls Council.
Mitcham, Singlegate Boys and Girls Council.
Merton, Raynes Park Girls Council.
New Malden West Mixed Council.
Surbiton, Tolworth Boys Council.
Surbiton, Tolworth St. Matthew's Girls C. of E.
Sutton, Crown Road Boys Council.
Sutton, New Town Boys Council.
Walton-on-Thames Central Council.

Into these classes are admitted children who are high grade defectives and children who are merely dull and backward. Although children of various ages attend the class, they receive more individual attention than would be possible in the ordinary class. It is hoped that after a period of this special instruction some of the dull and backward children will be able to pass on to the classes in the school.

In a certain number of cases, owing to unsatisfactory home conditions or for some other reason, admission into a residential special school for mentally defective children is particularly desirable. It is now, however, almost impossible to secure a vacancy in such an institution, even for a high grade defective. There are few residential special schools in the country, and the demand for vacancies is considerably in excess of the supply. During the year 1926, vacancies occurred for nine Surrey children, some of whom had been waiting over a year for admission; the average period which elapsed between the dates of recommendation and admission was ten months.

In the majority of instances, owing to no accommodation being available in existing residential institutions, children

are allowed to remain in attendance at the public elementary schools, where they are a hindrance to the teachers and to a certain extent a bad influence on the other children in the class. The most undesirable are excluded. Exclusion, which is only adopted when a child is intolerable in school, has the effect of depriving the child of the discipline which he particularly needs, and of any form of occupation: he roams the streets, becomes a nuisance to the public or a source of danger to himself and to others, and sometimes falls into the hands of the police.

In Surrey during 1926 twenty-one children had been recommended as urgent cases for admission into special schools, but no accommodation had been found for them by the end of the year.

It should, perhaps, be pointed out that every child who is certified to be feeble-minded under the Education Act, 1921, is capable of being taught in a special school or class; ineducable cases are referred to the Mental Deficiency Committee; the Education Committee is not concerned with these cases. At the end of the year 1926, the total number of children in the county who had been ascertained to be educable mental defectives—*i.e.*, feeble-minded—was 259. Of these 41, or 15·8 per cent., were in residential special schools, and 25, or 9·7 per cent. were attending the special observation classes to which reference has already been made. In the remaining 193 cases (74·5 per cent.) no provision had been made for the special education which these children require, and 82 of them were excluded from attendance at public elementary schools.

The question of establishing within the county a residential special school for feeble-minded children has been considered by the Medical Service Committee on many occasions during the past few years. During that time, the position has become steadily worse. The number of vacancies allotted to Surrey children in the only available institutions in Lancashire, Worcestershire, Cambridgeshire, Essex and Middlesex, has

rapidly decreased and practically nothing can be done for the feeble-minded child, except for one who happens to reside in one or other of the districts served by the schools at which special classes have been established, moreover, attendance at these classes rarely constitutes adequate provision.

Section 56 of the Education Act, 1921, imposes a definite obligation on the Education Committee to make provision for the education of feeble-minded children, and it would appear that the time has now arrived when the establishment of a residential special school in Surrey must be again considered.

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 the exception of the Guildford Grammar School, was brought into operation in July, 1924.

The children examined were:—

(i) Entrants, pupils entering school for the first time.

(ii) Intermediates, pupils whose twelfth birthday occurred during the year.

(iii) Leavers, pupils whose fifteenth birthday 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 XI. on page 134.

The defects found are recorded in table XII. on page 135. It will be seen that the percentage of pupils found to require

treatment is 14·0 as compared with 18·7 in the case of children attending public elementary schools. Of the 3,556 pupils who were examined at routine inspection, 353, or 9·9 per cent. suffered from some degree of defective vision or squint, as compared with 7·5 of children at public elementary schools. This higher percentage of defective vision or squint among secondary school pupils is probably more apparent than real. The figure for elementary school children includes the entrants age group, but the eyesight of children in this age group is not examined by test type. Only the obvious defects are noted. Again, a certain number of visual defects, for example, simple hypermetropia and the smaller amounts of astigmatism, do not show a lowered acuity of vision or other symptoms, unless the eyes are used for close work to a considerable extent. Such defects are likely, therefore, to become more manifest among pupils attending secondary schools, where there is usually an increased demand on the eyesight, than among children in elementary schools.

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

Special Enquiries.

(*a*) *Outbreak of Jaundice.*—The following interesting report upon an outbreak of jaundice has been contributed by Dr. Booth:—

Jaundice is the term applied to the yellow pigmentation of the skin and other tissues due to non-elimination of the bile. Recently attention has been drawn to a form of infectious jaundice which occurred in the trenches during the war, in which there was a mortality of from 4 to 10 per cent. This was found to be Weils disease, and the causal organism (*Leptospira Icterohæmorrhagica*) was discovered by Inada and his fellow workers in 1916. This disease does not seem to be present among the civil population to any degree, although on three occasions since 1922 it has been reported.

There seems, however, to be some evidence to suggest that many mild cases of Weils disease are diagnosed as influenza followed by jaundice (Hindle and Brown, *Lancet*, 1925). The difficulty of making

a certain diagnosis is due to the fact that the Leptospira is a most difficult organism to recover. Sir Alexander Houston's report on the London water supply for 1925 gives an account of the discovery of Leptospira in London water supply, and in one case the organism was found to be capable of producing disease. Dr. Okell, of the Wellcome Institute, carried out the investigation and found that the easiest way to inoculate the organisms was through the skin. By the kindness of Sir Alexander Houston I was able to discuss the following outbreak with Dr. Okell, who thought there was strong possibility of it being due to Leptospira infection, and he is at present investigating the specimens and samples.

In recent years many outbreaks of jaundice in schools have occurred, and no satisfactory explanation has been advanced to account for them, although the Leptospira is becoming more suspect as evidence accumulates. The type of jaundice in these school outbreaks appears mild, but the bad attack of the only adult affected in the following outbreak would suggest the possibility that the disease may become more virulent. That 16 children out of a school of 49 were affected points to the need for full investigation, and the taking of precautionary measures in all outbreaks of jaundice.

As a result of Dr. Okell's work, I feel that water-borne infection cannot be definitely excluded, since most of the children wash in the school water even though they do not drink it. It is possible that the school was entered by rats, who might conceivably have infected the floors or desks by excreta. Jaundice in dogs (the yellows) has been found to be due to the same organism, and this form of original infection must not be forgotten.

The original cause of the outbreak here reported has not been ascertained, but investigations are still being made.

Outbreak of Jaundice at Long Cross.

Long Cross is situated about 3 miles from Chertsey, and is a purely rural area, the neighbourhood being mainly composed of estates attached to large houses. The houses are scattered, and the majority of the children attending the school are the children of chauffeurs, gardeners and other workers attached to the estates. They are, therefore, in the main well cared for and well clothed. The school is completely isolated from any other buildings; it is a well built, brick school consisting of two rooms, adequately lighted and ventilated. The number of children attending the school is 49.

As no notification of the outbreak occurred until December, 1926, it was with some difficulty that the origin was found. A girl living at Stone Hill, about a mile from the school, was attacked during the summer holidays, about the 18th of August. She complained of abdominal pain, headache and sickness; a few days later jaundice developed. This soon passed off, and no doctor was called to attend her. She returned to school on the re-opening for the Winter term on the 30th of August. Exhaustive enquiries failed to reveal any contact with a case of jaundice at any time. In the garden of this house there is a mission, which the girl attends. To this mission come a few children and adults from the surrounding neighbourhood, including Addlestone. During the Spring term a number of cases of jaundice occurred in Addlestone, and although no history could be obtained of any of the people who visited the mission having had jaundice, there is the possibility of a slight case having infected the girl at Stone Hill. No other explanation can be advanced.

Up to the end of 1926 the total number of cases infected was 16. The outbreak commenced in September, 1926, and seemed to be at its height in November; it will probably continue into 1927, as two cases occurred in the last week of 1926. The outbreak has no relation to the home conditions or sex of those affected, and no parents are reported as having been attacked. Less than a mile away from Long Cross school is another school, Botleys and Lyne C. of E., where almost identical conditions prevail. The children attending Lyne school come from a different direction from those attending Long Cross, and not a single case of jaundice has occurred in this school to date.

The symptoms, on the whole, have been fairly mild, with two exceptions. One child had some delirium, and the teacher affected was jaundiced for over a fortnight. Otherwise in almost every case there has been abdominal pain, sickness, and occasionally headache, followed in a few days by jaundice, which usually lasted a few days. Recovery then appeared complete. No albuminuria was found, but as most of the cases were completely well when first seen, no importance can be attached to this. On enquiry from local practitioners, it appears that those cases who called in a doctor do not seem to have had enlarged liver or spleen.

A list of cases in their order of occurrence follows:—

Case No.	Date of illness.	Age.	Address.
1	18th August—30th August	13	Stone Hill
2	27th September—11th October	5	Stone Hill
3	20th October—30th November	7	Long Cross
4	28th October—6th December	11	Virginia Water
5	1st November—20th December	7	Long Cross
6	5th November—29th November	11	Long Cross
7	12th November—29th November	9	Long Cross
8	15th November—14th December	7	Long Cross
9	17th November—8th December	7	Stone Hill
10	18th November—22nd November	5	Long Cross
11	23rd November—1st December	8	Stone Hill
12	28th November—Christmas vacation ...	13	Long Cross
13	2nd December—Christmas vacation ...	6	Long Cross
14	5th December—Christmas vacation ...	13	Long Cross
15	20th December—Christmas vacation ...	7	Chobham
16	20th December—Christmas vacation ...	24	Chertsey

Eight of the above 16 cases were members of three separate families.

Assuming that infection is by contact from case to case, one presumes that case No. 2 was infected by No. 1, and that No. 3 was infected by No. 2. This would give a possible incubation period in the first case of about 5 weeks, and in the second case of about 3 weeks. Now Nos. 3 and 7 sleep together; this would also give an incubation period of about 3 weeks. Nos. 5 and 14 also sleep together, and as 14 had been away from school for over 5 weeks with ear disease, one might justifiably infer that he had been infected by No. 5—this would give an incubation period of 35 days.

On enquiry from case 16, a teacher of the infants' class, as to how she became affected, she felt sure it was from case 10, whom, she said, was attending school while jaundiced. This would give an incubation period of 32 days.

As to the method of spread, one cannot exclude water, although a number of the cases never drink the school water; there has been no common food, and the scattered nature of the homes excludes any geographical consideration. Case to case spread of the illness fits in so well with the facts that one is forced to accept that as a mode of spread in this outbreak.

A temporary measure of excluding all jaundice cases from school for one month, and all family contacts for three weeks, has been adopted; a notice has been sent to all parents, warning them of the premonitory symptoms, the necessity of obtaining medical advice for the illness, and its infectious nature. Meanwhile, specimens of urine and fæces from new cases are being obtained and examined for a causitive organism, so far without success.

One fresh case of jaundice occurred at Long Cross in January, 1927, this being a child of 4 years of age, the younger sister of No. 9. She does not attend school, which is about a mile away. The symptoms were mild and similar to the other cases. No albuminuria or enlargement of liver or spleen was detected. This case bears out the case to case theory, though whether the infection was transmitted transcutaneously, by food or water, or was air-borne, it is impossible to say.

Specimens of fæces and urine from every case were examined by the Lister Institute for a causitive organism, particularly paratyphoid, but with completely negative results.

Whether the measures adopted have been successful, or whether the outbreak has run its course, it is impossible to say, but no more cases have occurred at Long Cross school since December, 1926.

An interesting case of jaundice occurred in January, 1927, at Pyrford, in a boy. The symptoms were exactly similar to those of the Long Cross cases. On investigation it was found that the family drink the canal water. Specimens and samples of canal water were taken for further investigation. The results generally do not support the theory of a water-borne infection.

(*b*) The importance of the investigations now being carried out into outbreaks of infectious diseases in the county, is well shown by the following report by Dr. Donaldson on an outbreak of an infectious disease characterised by rash, at Alfold.

In pursuance of instructions received on December 7th, 1926, I proceeded to Alfold School on December 8th and made enquiries as to the outbreak of this disease.

It appears that, soon after the commencement of the Michaelmas Term, in September, a number of children developed a rash which was described as "like nettlerash" but not very red. In some cases the onset was accompanied by vomiting. Apart from the rash and a feeling of *malaise*, nothing else abnormal was noticed.

In many cases several members of a family were attacked.

The incubation period was found, on inquiry, to be about three weeks.

A number of the adults suffered with the complaint.

The number of children on the books of the school was 110. Forty-eight were attacked by the disease during the autumn. Of these, 15 had had measles previously. It is certain, therefore, that the disease was not measles.

I examined 33 of the children and found that 14 of them had a general glandular enlargement, especially occipital and cervical glands, such as one finds after German measles. There was no other cause for the adenitis.

A boy in the village was in bed with a rash still out, said to be exactly like all the others.

It was typical, in every way, of German measles.

I had no doubt that this outbreak was actually one of German measles, and immediately I communicated the result of my investigation by telephone to the central office.

The value of prompt investigation by a member of the public health staff is considerable.

Without such investigations schools might be uselessly closed on account of outbreaks of disease.

Continuation Schools.

There are no continuation schools provided by the Education Authority.

Employment of Children.

The school medical service has practically no 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 fifteen children were examined, and in each case the prescribed certificate was granted.

Miscellaneous.

(*a*) *Examination of county scholarship candidates.*—During the year 405 candidates for county scholarships (237 boys and 168 girls) were examined medically. Of these 349 (198 boys and 151 girls) were found to be physically fit to hold scholarships, and the remaining 56 (39 boys and 17 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 15 teachers were examined by the school medical officer or a medical member of his staff; in 12 instances it was considered that the teacher was fit for work in school and in the remaining three cases the teacher was found to be physically unable to continue duty.

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	3,606	3,452	7,058
Intermediates	2,415	2,458	4,873
Leavers	3,852	3,696	7,548
Totals	9,873	9,606	19,479

B.—Other inspections.

	Number of special inspections.	Number of re-examinations.
Boys	3,808	8,789
Girls	3,591	8,415
Totals	7,399	17,204

TABLE II.

A.—Return of defects found in the course of medical inspection in 1926.

	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	125	254	48	27
Skin—				
Ringworm, Head	3	—	61	1
,, Body	6	—	79	—
Scabies	12	1	35	—
Impetigo	69	2	971	1
Other diseases (non-tubercular)	102	55	477	35
Eye—				
Blepharitis	90	23	160	5
Conjunctivitis	31	4	112	1
Keratitis	1	—	4	1
Corneal opacities	1	13	1	1
Defective vision (excluding squint)...	780	419	836	77
Squint	139	122	68	7
Other conditions	19	19	82	8
Ear—				
Defective hearing	67	143	39	46
Otitis media	102	36	175	12
Other ear disease	97	10	92	17
Nose and Throat—				
Enlarged tonsils	654	1,301	298	141
Adenoids	94	195	128	57
Enlarged tonsils and adenoids	625	468	531	63
Other conditions	79	72	235	52
Enlarged cervical glands (non-tubercular)	48	662	126	182
Defective speech	1	59	—	30
Heart and Circulation—				
Heart disease, Organic ...	12	145	13	33
,, ,, Functional ...	6	215	9	52
Anæmia	140	63	94	20
Lungs—				
Bronchitis	100	266	79	51
Other non-tubercular diseases	17	60	34	32

TABLE II.—*Contd.*

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Tuberculosis—				
Pulmonary definite	—	2	1	—
,, suspected	9	54	18	55
Non-Pulmonary—				
Glands	15	23	10	8
Spine	—	3	3	1
Hip	—	—	—	2
Other bones and joints ...	—	4	—	2
Skin	1	1	1	1
Other forms	2	3	2	4
Nervous system—				
Epilepsy	1	25	6	15
Chorea	5	10	12	19
Other conditions	20	40	23	39
Deformities—				
Rickets	8	50	1	3
Spinal curvature	121	142	22	12
Other forms	329	462	77	40
Other diseases and defects ...	254	374	1,343	366
Totals	4,185	5,800	6,306	1,519

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	7,058	1,251	17·7
Intermediates	4,873	928	19·0
Leavers	7,548	1,460	19·3
Totals	19,479	3,639	18·7

TABLE III.

TURN OF ALL EXCEPTIONAL CHILDREN IN THE COUNTY ON THE 31ST DECEMBER, 1926.

—	—	Boys.	Girls.	Total.
(i.) Suitable for training in a school or class for the totally blind	Attending certified schools or classes for the blind	2	1	3
	Attending public elementary schools	—	—	—
	At other institutions	—	—	—
	At no school or institution	—	1	1
(ii.) Suitable for training in a school or class for the partially blind	Attending certified schools or classes for the blind	2	7	9
	Attending public elementary schools	—	3	3
	At other institutions	—	—	—
	At no school or institution	2	1	3
(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	18	9	27
	Attending public elementary schools	—	—	—
	At other institutions	—	—	—
	At no school or institution	4	1	5
(ii.) Suitable for training in a school or class for the partially deaf	Attending certified schools or classes for the deaf	6	5	11
	Attending public elementary schools	6	6	12
	At other institutions	—	—	—
	At no school or institution	1	2	3
(i.) Feeble minded (cases not notified to the Local Control Authority)	Attending certified schools for mentally defective children	24	17	41
	Attending public elementary schools	82	51	133
	At other institutions	—	3	3
	At no school or institution	36	46	82
(ii.) Notified to the Local Control Authority during the year	Feeble-minded	1	2	3
	Imbeciles	14	15	29
	Idiots	1	—	1
(i.) Suffering from severe epilepsy	Attending certified special schools for epileptics	7	5	12
	In institutions other than certified special schools	—	—	—
	Attending public elementary schools	—	3	3
	At no school or institution	4	2	6
(ii.) Suffering from epilepsy which is not severe	Attending public elementary schools	9	15	24
	At no school or institution	2	3	5

TABLE III—*Contd.*

—	—	—	Boys.	Girls.	Tota
Physically Defective	(i.) Infectious pulmonary and glandular tuberculosis	At approved sanatoria or sanatorium special schools	1	2	3
		At other institutions	—	—	—
		At no school or institution	2	—	2
	(ii.) Non-infectious but active pulmonary and glandular tuberculosis.	At approved sanatoria or sanatorium special schools	8	11	19
		At certified residential open-air schools	—	—	—
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	20	7	27
		At other institutions	—	2	2
		At no school or institution	1	5	6
	(iii.) Delicate children (*e.g.* pre or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At certified residential open-air schools	27	23	50
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	90	109	199
		At other institutions	—	1	1
		At no school or institution	15	8	23
	(iv.) Active non-pulmonary tuberculosis	At approved sanatoria or hospital schools	23	11	34
		At public elementary schools ...	23	9	32
		At other institutions	—	—	—
		At no school or institution	3	7	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 ...	13	9	22
		At certified residential cripple schools	9	—	9
		At certified day cripple schools ...	2	2	4
		At public elementary schools ...	123	143	266
		At other institutions	4	6	10
		At no school or institution	24	36	60
		Totals	609	589	1198

TABLE IV.

Group 1.—Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during 1926.

	Treatment of defects found prior to 1926.							Treatment of defects found during 1926.									Total defects treated during the year, whether found during 1926 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	19	7	26	2	1	3	29	125	52	16	68	48	33	3	36	104	108	27	133
Skin—																			
Ringworm, Head	—	—	—	3	1	4	4	3	2	—	2	61	53	3	56	58	58	4	62
" Body	—	1	1	1	—	1	2	6	6	—	6	79	67	8	75	81	74	9	83
Scabies	4	1	5	—	—	—	5	12	10	—	10	35	34	1	35	45	48	2	50
Impetigo	13	3	16	10	1	11	27	69	51	6	57	971	931	7	938	995	1,005	17	1,022
Other Diseases (non-Tubercular) ..	2	4	6	3	4	7	13	102	59	21	80	477	445	18	463	543	509	47	556
Eye—																			
Blepharitis	22	3	25	3	—	3	28	90	61	3	64	160	153	3	156	220	239	9	248
Conjunctivitis	6	3	9	1	1	2	11	31	21	3	24	112	99	8	107	131	127	15	142
Keratitis	—	—	—	—	—	—	—	1	—	—	—	4	2	2	4	4	2	2	4
Corneal Opacities	—	1	1	—	—	—	1	1	—	1	1	1	1	—	1	2	1	2	3
Defective Vision	See Table IV., Group II.											See Table IV., Group II.							
Squint																			
Other Conditions	3	—	3	—	1	1	4	19	12	1	13	82	71	5	76	89	86	7	93
Ear—																			
Defective Hearing	5	2	7	3	1	4	11	67	32	11	43	39	20	7	27	70	60	21	81
Otitis Media	8	7	15	7	6	13	28	102	39	21	60	175	143	10	153	213	197	44	241
Other Ear Disease	8	—	8	2	2	4	12	97	60	12	72	92	76	3	79	151	146	17	163
Nose and Throat—																			
Enlarged Tonsils	See Table IV. Group III.											See Table IV., Group III.							
Adenoids																			
Enlarged Tonsils and Adenoids ..																			
Other Conditions	12	5	17	4	2	6	23	79	36	9	45	235	185	27	212	257	237	43	280
Enlarged Cervical Glands (non-Tubercular)	12	9	21	6	5	11	32	48	13	8	21	126	93	12	105	126	124	34	158
Defective Speech	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1
Heart and Circulation—																			
Heart Disease, Organic	1	—	1	—	1	1	2	12	2	3	5	13	2	10	12	17	5	14	19
" " Functional	2	6	8	—	—	—	8	6	3	1	4	9	5	3	8	12	10	10	20
Anæmia	51	6	57	9	2	11	68	140	98	15	113	94	78	5	83	196	236	28	264
Lungs—																			
Bronchitis	24	14	38	4	2	6	44	100	34	25	59	79	63	8	71	130	125	49	174
Other non-Tubercular Diseases ..	1	1	2	1	2	3	5	17	4	2	6	34	24	10	34	40	30	15	45
Tuberculosis—																			
Pulmonary, Definite	—	1	1	—	—	—	1	—	—	—	—	1	—	1	1	1	—	2	2
" Suspected	—	—	—	—	2	2	2	9	1	6	7	18	4	8	12	19	5	16	21
Non-Pulmonary—																			
Glands	—	1	1	—	1	1	2	15	—	7	7	10	—	8	8	15	—	17	17
Spine	—	—	—	—	—	—	—	—	—	—	—	3	—	2	2	2	—	2	2
Hip	—	2	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	2
Other Bones and Joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin	—	—	—	—	—	—	—	1	—	—	—	1	—	1	1	1	—	1	1
Other Forms	—	—	—	—	—	—	—	2	—	2	2	2	—	2	2	4	—	4	4
Nervous System—																			
Epilepsy	—	1	1	—	—	—	1	1	—	—	—	6	—	2	2	2	—	3	3
Chorea	—	1	1	—	3	3	4	5	2	2	4	12	2	8	10	14	4	14	18
Other Conditions	6	1	7	2	2	4	11	20	6	5	11	23	10	6	16	27	24	14	38
Deformities—																			
Rickets	—	—	—	—	—	—	—	8	2	2	4	1	1	—	1	5	3	2	5
Spinal Curvature	12	2	14	2	—	2	16	121	57	6	63	22	11	1	12	75	82	9	91
Other Forms	82	12	94	12	3	15	109	329	173	11	184	77	52	5	57	241	319	31	350
Other Diseases and Defects	35	34	69	34	28	62	131	254	94	41	135	1,343	1,055	149	1,204	1,339	1,218	252	1,470
Totals	329	128	457	109	71	180	637	1,893	930	240	1,170	4,445	3,713	346	4,059	5,229	5,081	785	5,866

TABLE IV.

Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during

| | Treatment of defects found | | |

TABLE IV.—*Contd.*

Group II.—Treatment of visual defects during 1926.

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 1926	1,332	64	17	1,413	963	58	1,021	897	57	954	20	2	22	20	2	22	370
Defects found during previous years	256	22	6	284	214	27	241	225	26	251	2	—	2	2	—	2	41
Totals ...	1,588	86	23	1,697	1,177	85	1,262	1,122	83	1,205	22	2	24	22	2	24	411

Group III.—Treatment of defects of nose or throat during 1926.

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 1926	1,121	22	1,143	64	1,207
Defects found during previous years ...	767	14	781	117	898
Total defects treated during 1926	1,888	36	1,924	181	2,105

TABLE IV.—*Contd.*

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1926.

| Period. | Number of defects dealt with. | | |

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	*9	12	13	*14	Total.		
Inspected by Dentists ...	5,648	3,877	3,453	918	5,187	4,662	1,111	24,856	3,439	28,295
Referred for treatment	3,995	2,792	2,541	655	3,599	3,135	643	17,360	3,013	20,373
Actually treated ...	2,025	1,377	1,302	549	1,648	1,438	382	8,721	2,012	10,733
Retreated (result of periodical examination)	585									

* These age groups were inspected only during the first three months of the year.

(*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)
448	1,900	16,297	3,468	7,010	18,624	1,840	8,850	2,549	1,631	393

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 instances of uncleanliness.					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				
11,993	43·5	327,935	817	21,924	2,585	313	25,639	10,471	5,348	1,377	369	173	83	66	15	2

(*b*) Children cleansed at Barnes cleansing station.

Number of children cleansed.			Prosecutions.		
				Result:	
Verminous heads.	Verminous bodies.	Total.	Number.	Fines imposed.	Withdrawn on improvement.
3	7	10	—	—	—

TABLE V.

NOTIFICATIONS OF COMMUNICABLE DISEASES BY HEAD TEACHERS OF ELEMENTARY SCHOOLS DURING 1926.

(*a*) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Diphtheria	195	16	205	416
Scarlet fever	440	72	312	824
Enteric fever	1	1	—	2
Measles	6,811	520	854	8,185
Whooping cough	1,849	269	170	2,288
German measles	844	22	—	866
Chicken-pox	2,257	75	—	2,332
Mumps	2,430	101	—	2,531
Other	321	30	7	358
Totals	15,148	1,106	1,548	17,802

(*b*) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	133	1	134
Pediculosis	10	—	10
Scabies	43	1	44
Impetigo	267	5	272
Ophthalmia	3	—	3
Erysipelas	—	1	1
Other	26	1	27
Totals	482	9	491

TABLE VI.

School closure on account of infectious disease in 1926.

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Banstead C. Infants'	4th June	21st July	Measles
Beddington, Bandon Hill C. Infants'	22nd Feb.	8th Mar.	Measles
Beddington, Hackbridge C. Infants'	19th Mar	12th Apr.	Measles and Easte holidays
Buckland C. of E.	31st May	14th June	Measles
Caterham Valley C. Infants'	29th Mar.	26th Apr.	Measles
Chiddingfold C. of E. Infants' ...	17th May	31st May	Measles and Whitsu holidays
Chobham C. Infants'	27th Apr.	31st May	Measles and Whitsu holidays
Egham, Englefield Green C. of E. Infants'	8th Feb.	22nd Feb.	Measles
Epsom, Dorking Road C. Infants' ...	29th Jan.	15th Feb.	Measles
Esher, Long Ditton C. Infants' ...	15th Feb.	1st Mar.	Measles
Frensham, Hindhead C.	21st May	14th June	Measles
*Frimley C. Infants'	9th July	19th July	Scarlet Fever
Great Bookham, Ranmore St. Barnabas' C. of E.	15th Mar.	12th Apr.	Measles and Easter holidays
Haslemere C. of E.	11th Jan.	25th Jan.	Sore throats
Leigh C.	1st July	12th July	Scarlet Fever
Oxted, Merle Common C. ...	14th May	31st May	Measles and Whitsu holidays
Shottermill C. of E.	11th Jan.	25th Jan.	Sore throats
Surbiton St. Andrew's Road C. of E. Infants'	9th Mar.	22nd Mar.	Measles
Tatsfield C. of E.	22nd Feb.	8th Mar.	Measles
Woking, Westfield C. Infants' ...	11th May	31st May	Measles and Whitsu 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, 2.0–2.30	—	—
Ashtead	Council School	—	—	As required
Badshot Lea	Methodist Hall	2nd and 4th Wednesday afternoons, 1.30–2.30	—	—
Bagshot	Gen. Med.—St. Anne's Hall Eye and Dental—C. School	1st and 3rd Monday mornings, 9.30–10.30	As required	4th Monday morning, *if required*, 10.0–12.0
Banstead	Church Institute	1st and 3rd Friday afternoons, 1.30–2.30	—	—
Barnes..	Technical Institute, North Worple Way, Mortlake, S.W.	Every morning—Mondays and Wednesday, 10.0-12.0, Tuesdays, Thursdays and Fridays 9.30-10.30	1st and 3rd Monday afternoons 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, 2.0–2.30	—	—
Blindley Heath ..	Parish Hall	2nd and 4th Friday afternoons, 2.0-2.30	—	—
Bookham	Barn Hall, Great Bookham ..	1st and 3rd Wednesday afternoons, 2.0–2.30	—	—
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	—	3rd and 5th Wednesday mornings10.0–12.0
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 Tuesday and Friday mornings, 9.30–10.30	—	—
Caterham Valley ..	Parish Hall, Stafford Road ..	2nd and 4th Tuesday afternoons, 1.30–2.30	As required	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, 2.0–2.30	—	—
Chertsey	Adjoining C. School, Stepgates	Every Wednesday morning, 10.0–12.0	2nd Tuesday afternoon, 2.0–4.0	Every Tuesday morning, 10.0-12.0 and 1st, 2nd, 3rd and 5th Monday mornings,10.0-12.0
Chobham	General Medical — Women's Institute Hut and Industry Cottage Dental—C. Infants' School ..	2nd and 4th Tuesday afternoons, 1.30–2.30	—	2nd Friday afternoon, 2.0-4.0
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	As required	Every Wednesday morning, 10.0–12.0
Cranleigh	"Tring," Cranleigh	1st and 3rd Tuesday afternoons, 1.30—2.30	—	1st Friday morning and afternoon, 10.0–12.0 and 2.0–4.0 & *if required* 3rd Friday morning and afternoon 10.0-12.0 and 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	2nd and 4th Friday mornings and afternoons, 10.0, 12.0, 2.0–4.0 and *if required*, 1st and 3rdFridaymornings and afternoons, 10.0–12.0, 2.0–4.0
Dormansland ..	Baptist Chapel	2nd and 4th Monday afternoons, 2.0–2.30	—	—
Dunsfold	Winn Hall	1st and 3rd Thursday afternoons, 2.0–2.30	—	—
Effingham	Village Hall	2nd and 4th Wednesday afternoons, 2.0–2.30	—	—
Egham	Technical Institute, High Street	Every Friday morning, 10.0–12.0	5th Wednesday, *if required* 10.0–12.0 and 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	1st and 3rd Tuesday mornings, 10.0-12.0	—	—
Elstead	Village Hall [illegible] Road	[illegible] morning, 9.30–10.30 and every Friday morning, 10.0-12.0	[illegible] 12.0, and *if required*, 2.0–4.0	[illegible] day mornings and afternoons, 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	1st, 3rd and 4th Thursday mornings & afternoons, 10.0 12.0, 2.0–4.0
Hale	The Institute	1st and 3rd Tuesday mornings, 10.0-12.0	—	—
Ham	Trefoil House, Petersham ..	2nd and 4th Tuesday afternoons, 2.0–2.30	—	—

TABLE VII.

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

Clinic.	Address.	Days and Times Open for General Medical Treatment.	Days and Times Open for Ye reduced Eye Treatment.	Dental Treatment.
Addlestone	Gen. Med.—Congregational Sunday School, Crouch Oak Lane	Every Friday afternoon, 1.30–2.30	4th Tuesday afternoon, 2.0–4.0, if required	—
Ash	Eye—C. of E. School Victoria Hall	1st and 3rd Monday mornings, 9.30–10.30	—	—
Ash, Wyke	The Village Hall, Normandy ..	1st and 3rd Monday afternoons, 2.0–2.30	—	—
Ashtead	Council School	—	—	As required
Badshot Lea	Methodist Hall	2nd and 4th Wednesday afternoons, 1.30–2.30	—	—
Bagshot	Gen. Med.—St. Anne's Hall Eye and Dental—C. School	1st and 3rd Monday mornings, 9.30–10.30	As required	4th Monday morning if required, 10.0–12.0
Banstead	Church Institute	1st and 3rd Friday afternoons, 1.30–2.30	—	—
Barnes	Technical Institute, North Worple Way, Mortlake, S.W.	Every morning—Mondays and Wednesday, 10.0–12.0, Tuesdays, Thursdays and Fridays 9.30–10.30	1st and 3rd Monday afternoons 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, 2.0–2.30	—	—
Blindley Heath ..	Parish Hall	2nd and 4th Friday afternoons, 2.0–2.30	—	—
Bookham	Barn Hall, Great Bookham ..	1st and 3rd Wednesday afternoons, 2.0–2.30	—	—
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	—	—

TABLE VII.—continued.

Clinic.	Address.	Days and Times open for		
		General Medical Treatment.	Eye Treatment.	Dental Treatment.
Haslemere	Gen. Med.—St. Christopher's Hall Eye and Dental—C. of E. School	Every Tuesday afternoon, 1.30–2.30	*If required*, 4th Thursday afternoon, 2.0–4.0	1st Wednesday morning and afternoon, 10.0–12.0, 2.0–4.0.
Hersham	Roundchapel School Rooms ..	2nd, 3rd, 4th and 5th Thursday afternoons, 1.30–2.30	2nd Monday morning, 10.0–12.0	2nd Monday afternoon, 2.0—4.0 and 4th Monday morning & afternoon, 10.0—12.0, 2.0—4.0
Hindhead	Gen. Med. — Congregational Chapel Rooms, Beacon Hill Dental—C. School	2nd and 4th Friday afternoons, 2.0—2.30	—	As occasion requires.
Horley	Technical Institute	Tuesday mornings, 9.30–10.30, & Friday mornings, 10.0–12.0	*If required*, 2nd Thursday morning and afternoon, 10.0–12.0, 2.0–4.0	1st & 3rd Tuesday mornings & afternoons, 10.0–12.0, 2.0–4.0
Horsley	Village Hall, W. Horsley ..	1st and 3rd Tuesday afternoons, 2.0–2.30	—	—
Hurst Green	St. Agatha's Mission Hall ..	1st and 3rd Monday afternoons, 2.0—2.30	—	—
Knaphill	Wesleyan Chapel..	Every Friday afternoon, 1.30–2.30	—	—
Leatherhead	The Institute, High Street ..	1st and 3rd Friday afternoons, 2.0–2.30	2nd Friday morning, 10.0–12.0	1st, 3rd and 5th Monday mornings & afternoons, 10.0–12.0, 2.0–4.0
Limpsfield	C. of E. School	2nd and 4th Thursday mornings, 10.0–12.0	—	—
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 and 3rd Monday mornings and afternoons, 10.0–12.0, 2.0–4.0
Long Ditton	Village Hall	2nd, 3rd, 4th and 5th Tuesday afternoons, 1.30–2.30	—	—
Malden	Westbury Road	Every Tuesday morning, 9.30–10.30, and every Thursday morning, 10.0–12.0	3rd Tuesday afternoon, 2.0–4.0	2nd Monday morning, 10.0–12.0, 1st & 3rd Monday afternoons, 2.0–4.0 & every Thursday afternoon, 2.0–4.0.
Merrow	Village Hall	Every Thursday afternoon, 2.0–2.30	—	—
Merton	Parish Rooms	Every Tuesday morning, 9.30–10.30; every Thursday morning, 10.0–12.0	1st Thursday afternoon, 2.0–4.0	Every Monday morning and afternoon, 10.0–12.0, 2.0–4.0
Mitcham	Western Road	Every morning—(Monday, 10.0–12.0; Tuesday, Wednesday, Thursday and Friday, 9.30–10.30)	2nd and 4th Wednesday mornings and afternoons, 10.0–12.0, 2.0–4.0	Every Tuesday, Thursday & Friday mornings, 10.0–12.0 and every Friday afternoon, 2.0–4.0
Molesey	Wesleyan Church Rooms, Manor Road	2nd, 3rd, 4th and 5th Monday afternoons, 1.30–2.30	—	Every Thursday morning, 10.0–12.0
Oxted	C. of E. School	1st and 3rd Monday mornings, 10.0–12.0	*If required*, 5th Monday morning and afternoon, 10.0–12.0 2.0–4.0	2nd and 4th Monday mornings, and, *if required*, afternoons 10.0–12.0, 2.0–4.0
Peaslake	Old School Room	2nd and 4th Monday afternoons, 2.0–2.30	—	—
Redhill	The Dispensary, 1a, Cecil Road	—	*If required*, 2nd Thursday morning, 10.0–12.0	1st and 3rd, and *if required*, 2nd and 4th Wednesday mornings and afternoons, 10.0–12.0 2.0–4.0.
Ripley..	Rio Tea Rooms	Every Tuesday afternoon, 1.30–2.30	—	—
Rowledge	Village Institute	1st and 3rd Monday afternoons, 1.30–2.30	—	—
Seale	The Sands Room..	2nd and 4th Tuesday afternoons, 2.0–2.30	—	—
Send	Men's Institute	1st and 3rd Thursday afternoons, 1.30–2.30	—	—
Shalford	The Institute, off King's Road..	Every Wednesday afternoon, 1.30–2.30	—	—
Surbiton	Adjoining Council Offices, Ewell Road	Every morning — (Monday, Tuesday, Wednesday and Friday, 9.30–10.30; Thursday, 10.0–12.0)	1st and 3rd Monday mornings, 10.0–12.0; 2nd and 4th Monday afternoons, 2.0–4.0	Every Wednesday morning and afternoon, 10.0–12.0, 2.0–4.0, and 2nd & 4th Friday mornings, 10.0–12.0.
Sutton	Public Hall, Church Road ..	Every Monday afternoon, 2.0–4.0, and every Tuesday, Wednesday, Thursday and Friday morning, 9.30–10.30	1st and 3rd Friday mornings and afternoons, 10.0–12.0, 2.0–4.0	Every Tuesday morning and afternoon, 10.0–12.0 & 2.0–4.0, 2nd & 4th Friday afternoons, 2.0–4.0
Tadworth	Village Hall	Every Monday afternoon, 2.0–2.30	—	—
Tatsfield	The Parish Hall..	2nd and 4th Monday afternoons, 2.0–2.30	—	—
Tilford	The Institute	2nd and 4th Tuesday afternoons, 2.0–2.30	—	—
Walton-on-Thames	The Women's Club, King's Road	1st, 3rd and 5th Friday afternoons, 1.30–2.30	—	—
Walton-on-the-Hill ..	Mission Hall, Dean's Lane ..	1st and 3rd Tuesday afternoons, 1.30–2.30	—	—
Warlingham	Council School	1st and 3rd Tuesday mornings, 10.0–12.0	—	2nd Tuesday morning and afternoon, 10.0–12.0, 2.0–4.0.
Weybridge	General Medical—Vigo House Eye and Dental — Technical Institute	Every Tuesday afternoon, 1.30–2.30	4th Monday morning, 10.0–12.0	1st, 3rd & 5th Monday mornings, 10.0–12.0
Whyteleafe	General Medical — Council School Dental—Parish Hall	2nd and 4th Friday mornings, 10.0–12.0	—	4th Tuesday morning and afternoon, 10.0–12.0 & 2.0–4.0
Windlesham	General Medical—Village Institute Dental—Council School	1st and 3rd Wednesday afternoons, 1.30–2.30	—	2nd and 4th Friday mornings, 10.0–12.0, *if required*
Woking	Clarence Avenue	Every morning—(Monday, Tuesday, Thursday and Friday, 9.30–10.30, Wednesday, 10.0–12.0)	Every Tuesday morning, 10.0–12.0	Every Tuesday afternoon, 2.0–4.0, and every Thursday morning and afternoon, 10.0–12.0, 2.0–4.0, and 2nd and 4th Friday mornings 10.0–12.0
Worcester Park ..	Malden and Cuddington Jubilee Institute on Malden Green	Every Thursday afternoon, 2.0–2.30	—	—
Wrecclesham	Parish Room, The Institute ..	2nd and 4th Monday afternoons, 1.30–2.30	—	—

TABLE VII.—continued.

Area.	Address.	Days and Times open for 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 and afternoon, 10.0–12.0, 2.0–4.0. 2nd Monday afternoon, 2.0—4.0 and 4th Monday morning & afternoon, 10.0—12.0, 2.0—4.0 As occasion requires.
Hersham	Eye and Dental—C. of E. School Roundabaper School Rooms ..	2nd, 3rd, 4th and 5th Thursday afternoons, 1.30–2.30	2nd Monday morning, 10.0–12.0	—
Hindhead	Gen. Med. — Congregational Chapel Rooms, Beacon Hill Dental—C. School	2nd and 4th Friday afternoons, 2.0—2.30	—	—
Horley	Technical Institute	Tuesday mornings, 9.30–10.30, & Friday mornings, 10.0–12.0	If required, 2nd Thursday morning and afternoon, 10.0–12.0, 2.0–4.0	1st and 3rd Tuesday morning & afternoons, 10.0–12.0, 2.0–4.0
Horsley	Village Hall, W. Horsley ..	1st and 3rd Tuesday afternoons, 2.0–2.30	—	—
Hurst Green	St. Agatha's Mission Hall ..	1st and 3rd Monday afternoons, 2.0—2.30	—	—
Knaphill	Wesleyan Chapel..	Every Friday afternoon, 1.30–2.30	—	—
Leatherhead	The Institute, High Street ..	1st and 3rd Friday afternoons, 2.0–2.30	2nd Friday morning, 10.0–12.0	1st, 3rd and 5th Monday mornings & afternoons, 10.0–12.0, 2.0–4.0
Limpsfield	C. of E. School	2nd and 4th Thursday mornings, 10.0–12.0	—	—
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 and 3rd Monday 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.		
*Claygate C. (Boys')	2	24	—	1	8/5
*Surbiton Hill, Christ Church Parochial (Boys')	2	47	—	2	6/2¼
Carshalton, Camden Road C. (Boys')	1	49	—	2	6/3¼
Sutton, Crown Road C. (Girls')	2	—	30	2	7/7¼
*Surbiton, Tolworth C. (Boys')	2	42	—	2	5/9
*Mitcham, London Road C. (Boys')	2	41	—	2	6/6½
*Sutton Crown Road C. (Boys')	2	44	—	2	6/7½
*Mitcham, Fortescue Road C. (Boys')	2	37	—	2	6/8½
Sir Arthur Glyn's parties— (1) Ewell C.E. (13), Ashtead C.E. (6), Carshalton, Stanley Road C. (5), Cheam C.E. (5), Leatherhead C. (4), Tadworth C. (4), Chessington C.E. (3), Hook St. Paul's C.E. (3), Kingswood C. (2), Tolworth C. (2).	2	47	—	3	6/7½
(2) New Malden C. (8), Beddington C.E. (7), Leatherhead C. (6), Raynes Park, Aston Road C. (6), Sutton, West Street C. (5), Worcester Park C. (5), Mickleham C.E. (4), Chipstead C. (3), Hackbridge C. (3), Morden C. (3).	2	50	—	3	6/3¾
Epsom C. (Boys')	2	48	—	2	6/0¼
*Woking, Monument Hill C. } *Woking, Goldsworth C.	1	—	28	2	7/10
Mitcham, Singlegate C. (Girls')	2	—	29	2	8/3
	24	429	87	27	6/10¼
		516			

*First visit.

TABLE IX.

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

Institution.	Male.	Female.
Alexandra Hospital for Children suffering from Hip Disease	7	4
Barnes Hospital	—	1
Brompton Hospital for Consumption	2	9
Brompton Hospital Sanatorium, Frimley	1	1
Burrow Hill Sanatorium, Frimley	1	—
Cranleigh Village Hospital	1	—
Croydon Borough Sanatorium, Cheam...	1	1
East Surrey Hospital, Redhill	1	1
Heatherwood—United Services Hospital	1	1
Holy Cross Sanatorium, Haslemere	—	5
Lord Mayor Treloar Cripples' Hospital, Alton	—	1
Northwood—Mount Vernon Hospital	8	13
Royal Chest Hospital, City Road, E.C. 1	5	6
Royal National Orthopaedic Hospital, W. 1	—	1
Royal Sea-Bathing Hospital, Margate	7	5
St. Anthony's Hospital, Cheam	10	9
St. Bartholomew's Hospital	3	2
St. Catherine's Home, Ventnor, Isle of Wight	1	1
St. Nicholas' Hospital, Pyrford	9	1
Victoria Invalid Children's Homes, Margate	2	6
Victoria Park—City of London Hospital for diseases of the Chest and Heart	6	4
TOTALS	66	72

TABLE X.

Cases referred to the N.S.P.C.C. during 1926.

Condition.	No. of cases.	Result.		Still under investigation.
		Treatment provided.	Condition improved.	
Defective vision	9	7	—	2
Dirty and neglected	28	—	19	9
Enlarged tonsils and adenoids	8	5	—	3
Crippled	4	4	—	—
Squint	4	3	—	1
Chronic skin disease	4	4	—	—
Extensive dental caries ...	2	2	—	—
Defective hearing	1	—	—	1
Miscellaneous	2	1	—	1
Totals	62	26	19	17

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY SCHOOLS.

TABLE XI.

A.—Routine inspections.

Code groups.	Number of pupils inspected.		
	Boys.	Girls.	Total.
Entrants	1,019	664	1,683
Intermediates	343	317	660
Leavers	668	545	1,213
Totals	2,030	1,526	3,556

B.—Other inspections.

	Number of special inspections.	Number of re-examinations.
Boys	147	597
Girls	159	569
Totals	306	1,166

TABLE XII.

A.—Return of defects found in the course of medical inspection in 1926.

	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	18	27	2	2
Skin—				
Ringworm	—	—	—	—
Impetigo	1	—	1	—
Scabies	—	—	—	—
Other diseases (non-tubercular)	17	19	6	5
Nose and Throat—				
Enlarged tonsils ..	45	137	2	5
Adenoids	7	13	1	1
Enlarged tonsils and adenoids	11	15	1	1
Other conditions ..	11	17	4	3
Enlarged glands	4	50	—	1
Eyes—				
Blepharitis	15	2	3	—
Conjunctivitis	10	2	1	—
Other external conditions	1	1	2	—
Defective vision ..	176	156	26	31
Squint	8	13	2	—
Colour sense	—	3	—	—
Ears—				
Otitis media	7	3	—	—
Defective hearing ..	17	17	4	1
Other diseases	1[illegible]	2	—	1
Defective speech	—	11	—	1
Thorax	11	12	—	2
Heart disease—				
Organic	5	29	—	2
Functional	—	39	—	10
Anæmia	10	9	2	2
Lungs—				
Tuberculosis—				
Pulmonary, definite ..	—	—	—	—
,, suspected ..	—	3	—	—
Not Tuberculosis—				
Bronchitis	10	17	1	1
Other non-tubercular diseases	4	13	1	3

TABLE XII.—*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	—	7	—	—
Overstrain	—	4	—	—
Hysteria	—	—	—	—
Other	3	5	—	2
Chorea—				
True	—	—	—	—
Chorieform movements..	—	1	—	—
Digestion	—	3	—	2
Constipation	3	7	—	—
Spinal curvature	21	130	5	15
Flat foot	84	287	4	23
Other deformity or defect ..	58	76	12	20
Catamenia—				
Amenorrhœa	—	—	—	—
Menorrhagia	1	1	1	—
Dysmenorrhœa	—	1	2	—
Totals ..	569	1132	83	134

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	1,683	263	15·6
Intermediates	660	69	10·5
Leavers	1,213	166	13·7
Totals	3,556	498	14·0

TABLE XIII.

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

	Defects treated.			
	At Hospital	By private practitioner.	Otherwise	Total.
Malnutrition	—	16	4	20
Skin—				
Ringworm	—	—	—	—
Impetigo	—	—	1	1
Other	2	14	1	17
Nose and Throat—				
Tonsils	13	11	1	25
Adenoids..	4	1	—	5
Enlarged tonsils and adenoids	1	4	—	5
Other	3	8	1	12
Enlarged glands	—	4	—	4
Eyes—				
Blepharitis	—	10	—	10
Conjunctivitis	2	2	3	7
Defective vision ..	54	51	86	191
Squint	5	—	1	6
Other external conditions	—	1	—	1
Ears—				
Otitis media	3	6	—	9
Other diseases	—	11	2	13
Defective hearing ..	4	14	1	19
Defective speech	—	—	—	—
Thorax	—	6	2	8
Heart—				
Organic	1	4	—	5
Functional	—	1	—	1
Anæmia	—	5	1	6
Lungs—				
Tuberculosis—				
Suspected	1	—	—	1
Not Tuberculosis—				
Bronchitis	—	6	2	8
Other	—	3	—	3
Nervous—				
Headaches	—	2	—	2
Other	—	1	—	1
Choreiform movements ..	—	—	—	—
Digestion	—	—	—	—
Constipation	1	4	1	6
Spinal curvature	6	11	—	17
Flat foot	13	60	11	84
Other deformity or defect ..	12	15	8	35
Catamenia—				
Amenorrhœa	—	—	—	—
Menorrhagia	—	2	—	2
Totals ..	125	273	126	524

TABLE XIII.—*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.
110	87	197	102	81	183	102	81	183

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.		
16	18	34	1	35

GROUP IV.—DENTAL INSPECTION.

	Routine age groups.										Total.	No. of sessions devoted to inspection.
	8 and under	9	10	11	12	13	14	15	16	17		
Inspected by dentist	65	73	214	405	678	727	891	803	498	263	4,617	54
Referred for treatment	35	39	117	215	353	403	518	489	282	133	2,584	

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