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ANNUAL REPORTS

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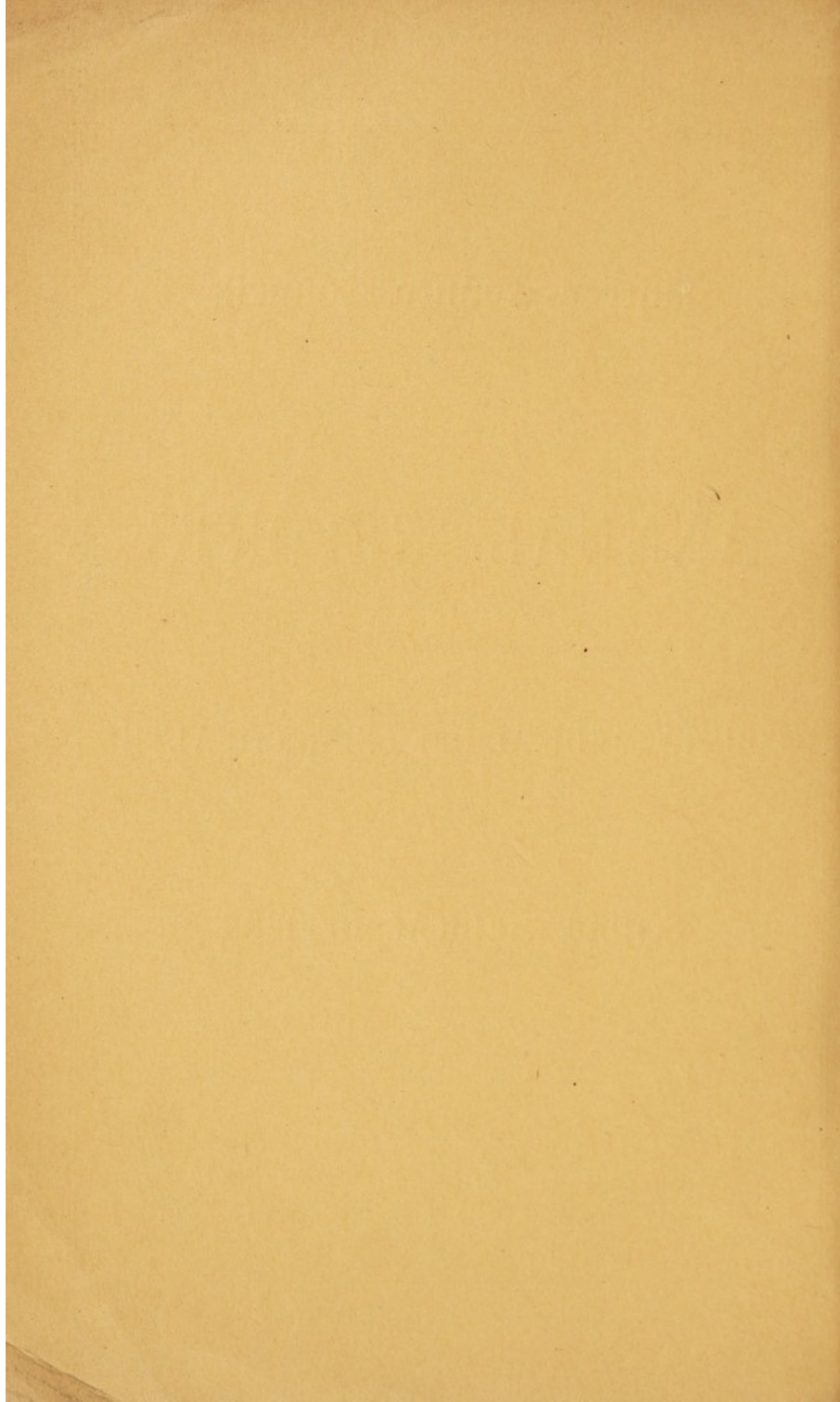
COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR

— 1927. —



Surrey County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER of HEALTH

For the Year 1927


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PREFACE.

This report contains the information required by Circular 834 issued by the Minister of Health.

The vital statistics of the county, speaking generally, are favourable, but Surrey continues to participate in the fall in the birth-rate for England and Wales. Reference to Table IV. shows that the excess of births over deaths is the lowest on record, being only 2,871 as compared with an approximate average of 4,700 for the years 1919-1926 (both inclusive).

Although small-pox continued to be prevalent in many parts of the country, only one case was imported into Surrey.

T. RUDDOCK WEST,

Deputy County Medical Officer.

June, 1928.

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.) ...	F. A. Belam, M.D., 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	N. H. Linzee, M.R.C.S., L.R.C.P.

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	F. A. Belam, M.D., 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 country during 1927 and of its urban and rural districts are compared with those of England and Wales:—

1927.	Urban Districts.	Rural Districts.	Administrative County.	†England and Wales.
Birth-rate	14·2	14·0	14·2	16·7
Death-rate	10·8	10·3	10·7	12·3
Zymotic death-rate	0·14	0·11	0·13	‡
*Infant mortality-rate.....	46·2	44·5	45·8	69·0
Smallpox death-rate	—	—	—	0·00
Enteric fever death-rate	0·01	0·02	0·01	0·01
Measles death-rate.....	—	0·005	0·001	0·09
Scarlet fever death-rate	0·01	—	0·01	0·01
Whooping cough death-rate	0·07	0·02	0·04	0·09
Diphtheria death-rate	0·07	0·02	0·04	0·07
Influenza death-rate	0·50	0·64	0·53	0·57
*Diarrhoea and enteritis (under 2 years) death-rate	3·1	2·00	2·03	7·7

* 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 £29,955.

The net expenditure on public health services for the year ended 31st March, 1928, was £40,170.

RIVERS.

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

River Wandle.

The attention given to the River Wandle referred to in the Report for 1926 has been continued during the year.

The report and recommendations in connection with the detailed survey of the first section of the river, *i.e.*, from Wandle Park, Croydon to London Road, Wallington, has received the careful consideration of the County Council.

The rapid development of the districts in the Wandle Valley, whereby agricultural land has been quickly transformed into populated built up areas, has caused the construction of considerable works of surface drainage with discharges into the river. It will, therefore, be appreciated that during storms the rainfall, which previously was deposited on agricultural

land and, after a considerable period, that portion not evaporated found its way by a process of natural drainage through the land into the river, is now received on an impermeable surface, and the full volume in a short space of time drained by the sewers referred to into the river. This causes a sudden and very large increase in the volume of the river, and is one of the chief causes of the engineering and legal problems which confront the County Council at the present time.

The surface water culverts are undoubtedly responsible for the discharge into the river of large quantities of detritus and oil from road washings. Immediately an obstruction—whether it be a mill dam, inadequate culvert, mud bank, trees, weeds, wood or other foreign article—is met with in the flow of the river, a deposit of the detritus in suspension takes place and, if not attended to, a formidable obstruction gradually forms. Again, as the swollen river gradually subsides after the storm, part of the oil floating on the surface is deposited on these obstructions and on the river banks, giving rise at times to an offensive smell and unsightly conditions.

Schemes for dealing with the recommendations contained in the report referred to have been evolved, and these together with plans, details and estimates have been submitted to the Wandle Advisory Committee for their consideration. The Committee have had several meetings and will submit their report to the County Council in due course.

Certain riparian owners downstream made complaints regarding the shortness of water in the forenoons owing, it was alleged, to upstream millers holding up the water to obtain working head, and asked if something could be done. Although it did not appear to be a duty of the County Council, an offer was made to draw up a programme which would specify the demands of the water users. One owner, however, objected to such a scheme and the matter was accordingly dropped.

Gross chemical pollution in the Carshalton district was the subject of considerable attention. The premises concerned changed hands during the year and the new owners carried out extensive works in connection with the river, including the following:—

- (1) The removal of waste turpentine liquor and the impregnated subsoil in a liquor pond.
- (2) The diversion of the course of a small tributary which was previously highly polluted by the drainage from ground contaminated by turpentine liquor.
- (3) The removal of large leaky chemical tanks.
- (4) The removal of obstructions.

The Carshalton section of the river is now free from pollution by trade waste waters and sewage.

The stretch of river from the Royal Female Orphanage to Beddington Park, which was formerly silted up in parts with detritus to a depth of three feet and overgrown with weeds, has been cleaned. The velocity of the stream has been very much improved and the banks stiffened.

The discharge of sewage from a storm overflow sewer is receiving attention.

A complaint regarding flooding from a tributary at Beddington Corner was investigated, and the matter is receiving the attention of the County Council.

A case of washing motor lorries in a ford at Beddington was found and the offenders were warned that a repetition of the offence would result in legal proceedings.

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 1927, for the purpose of calculating the birth rate, was 796,800.

The population on which the death-rates are based is 792,300.

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

BIRTHS.

The number of births registered in the administrative county during the year was 11,328. Of these, 512, or 4·5 per cent., were illegitimate, as compared with 4·3 in 1926. The net birth-rate was 14·2 per 1,000 of the population, a decrease of 0·5 as compared with the rate of the previous year. The birth-rate in England and Wales in 1927 was 16·7 per 1,000 population.

Table IV_A. 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 8,457. This gives a net death-rate of 10·7 per 1,000 of the civil population as compared with 10·0 in 1926. The death-rate in England and Wales in 1927 was 12·3.

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 8,457 deaths, tuberculosis (all forms) was given as the cause in 6·6 per cent., cancer in 13·6, cerebral hæmorrhage in 4·9, and heart disease in 15·2. In table V_A. 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 519. The net infant death-rate was 45·8 per 1,000 births as compared with 69 per 1,000 births in England and Wales. The infant death-rate for the county in 1926 was 50. The death-rate among the 512 illegitimate children born during 1927 was 117 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 VII_A.

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 diarrhoea (of children under two years) in 1927 was 109; and the death-rate was 0·13 per 1,000 civilians, a decrease of 0·14 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 1927 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 1927 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 reported in March last from the Municipal Borough of Wimbledon. The patient was a surgeon on the Rawal Pindi, which sailed from Bombay to England on February 28th.

A girl on board fell ill on March 3rd and developed small-pox four days later.

The Wimbledon patient landed in England on March 17th, and a few days later returned to his home at Wimbledon where, on the 30th of the month, he was diagnosed as suffering from small-pox. He was forthwith admitted to the Clandon Small-pox Hospital, where he made a good recovery. There was no spread of the disease.

The report for the year 1924 contained details of the available hospital accommodation.

TUBERCULOSIS.

Notifications.—During the year 711 notifications of pulmonary tuberculosis were received; the number of deaths from this disease in the same period being 468.

There were in the county 94 deaths from non-pulmonary tuberculosis, but only 181 notifications were made during the year.

Table XI. shows the number of notifications during 1927, and the case rate per thousand of the population; figures for preceding years are given in table XII.

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

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

Tables XIV.-XVIII. 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	0·003	0·01
Over 15 years	0·34	0·24

SURREY COUNTY SANATORIUM.

I am pleased to be able to report satisfactory progress with the erection of the County Sanatorium at Milford. The building is to be opened by the Minister of Health on the 20th July, 1928, and the sanatorium will be ready to admit patients towards the end of the year.

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 (Moor-
 field'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 XXI.

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 Barnes, Beddington and Wallington, Carshalton, Coulsdon and Purley, Merton and Morden, Mitcham and Sutton.

Population and number of Births.—During the past six 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
1927	457,070	5,423

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

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

Further investigations are made when medical help is sought by midwives for 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 six 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
1927	405	21	426	420	6

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 six 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
1927	1,722	1,839

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
1927	83	0.73

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

1922	...	...	...	...	35
1923	...	...	...	...	25
1924	...	...	...	...	43
1925	...	...	...	...	41
1926	...	...	...	...	48
1927	...	...	...	...	38

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

The arrangements set forth in the report for 1926 have worked satisfactorily and the facilities afforded have been thus utilised.

Year.	Cases admitted.
1923	1
1924	1
1925	2
1926	1
1927	3

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
1927	111	57	5.0

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 unim- paired.	Vision im- paired.	Total Blind- ness.	
			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
1927	57	34	25	9	31	2	—	1 died

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.

During the year 149 notifications of puerperal fever and puerperal pyrexia were received, six applications were made by medical practitioners for a second opinion, and eight 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
1927	78	25	2.2	17	68.0

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
1927	28	13	13	31

Training of Unmarried Mothers for Domestic Service.—

During the past six years the number of mothers admitted to Waltham House Hostel at the cost of the Council were:—

1922	...	...	...	...	9
1923	...	...	...	...	10
1924	...	...	...	...	9
1925	...	...	...	...	13
1926	...	...	...	...	7
1927	...	...	...	...	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
1924	96.0	} notified to county health department under the above order.
1925	...	...	96.8
1926	...	...	97.6
1927	...	...	99.7

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 five years are:—

1923	...	...	...	...	44
1924	...	...	...	...	54
1925	...	...	...	...	104
1926	...	...	...	...	160
1927	...	...	...	...	183

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 21 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 five homes was ordered, some of them subject to the execution of certain structural or other alterations, and in two cases registration was refused.

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 1927 the amount paid by the County Council was £1,080; of this sum £344 was afterwards recovered from the patients. The fees were paid in the first instance by the County Council in 907 of the 1,722 cases in which medical help was summoned. Of the 1,722 patients for whom medical aid was sought, 52 per cent. paid their accounts directly to the doctors, as compared with 56 per cent. in 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 six 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
1927	826	1,818	5,254	20,562	1,091	29,286

Treatment of Children under Five Years of Age.

It was hoped that this scheme would come into operation during the year under review, but owing to unforeseen difficulties the first treatment clinic was not held until January, 1928.

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.

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	1927
Croydon General Hospital	—	—	—	—	12
Guildford: Royal Surrey County Hospital	—	—	12	20	8
Kingston: Red Cross Curative Post, Victoria Cottage Hospital	9	1	28	125	82
Merton: Nelson Hospital	—	—	—	—	—
Purley: Red Cross Aid Post	—	—	—	1	—
Woking: Red Cross Curative Post, Victoria Cottage Hospital	59	70	101	150	79
Weybridge	1	3	12	4	11
Totals	69	74	153	300	192

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 63.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

REPORT FOR YEAR ENDED DECEMBER, 1927.

Article.	Number of samples examined for the presence of a preservative.	Number in which a preservative was reported to be present.
Milk	1509	2. 0·015% Boric Acid was found 0·02% " " " "
Cream	31	1. 0·16% Boric Acid was found
Preserved Cream	13	13

Cream sold as preserved cream.

(a) As to statements on labels—	
(1) Correct statements made	13
(2) Incorrect statement	—
(b) Determination of milk fat—	
(1) Above 35 per cent.	13
(2) Below 35 per cent.	—
(c) Instances in which requirements as to labelling were not observed	Nil.
<i>Thickening substances</i>	Nil.

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

MILK AND DAIRIES.

A résumé of the provisions of the Milk and Dairies (Consolidation) Act, 1915, and the Milk and Dairies Order, 1926, was given in the report for the year ended 31st December, 1926.

During the present year the Council appointed a whole-time Chief Veterinary Officer who took up his duties on the 21st July, 1927.

Pending the setting-up of the necessary machinery to enable the periodical inspection of all dairy herds in the County to be carried out, the Chief Veterinary Officer investigated all notifications of milk having been found to contain either—

- (a) Tubercle bacilli;
- (b) Streptococci of the Bovine Mastitis type (non-tubercular).

As regards these notifications it has been found that, although the notification received may refer to only one farm, it frequently happens that, on investigation, the farmer has sent milk to the seller from premises other than his own, and consequently it has been necessary to continue the investigation until the source of all milk which formed part of that from which the sample was taken in the first instance has been tapped.

Eleven notifications were received of milk containing tubercle bacilli, and on investigation four animals were found suffering from tuberculosis in one of the forms specified in the Tuberculosis Order of 1925, and slaughtered according to such Order.

In addition, five animals were also found to be suffering from tuberculosis, and four of these were slaughtered by the owners and one died while the investigation was being carried out.

In seven cases, although the complaint received stated that the milk contained tubercle bacilli, no evidence of this organism could be detected on microscopical and biological tests of such milk carried out on behalf of the Council.

Four cases of milk containing streptococci were notified during the year in question, and examinations of the herds concerned revealed one animal in each case to be suffering from mastitis (non-tubercular). The attention of the owner of the animal in each case was drawn to the fact that it is an offence to sell milk from a cow suffering from this disease.

HOUSING.

Table XX. gives details of the houses erected and in course of erection during the year.

MINISTRY OF HEALTH INQUIRIES.

Ministry of Health Inquiries were held regarding applications for loans and authority in connection with matter 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 XXIII.

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 744 blind persons, classified as follows:—

Employed	...	...	...	...	195
Unemployable	...	...	...	...	278
Mental Institutions	...	...	...	...	128
Poor Law Institutions	...	...	...	...	38

Independent means	...	...	...	53
Trained but unemployed	...	...	...	1
Physically defective	...	...	...	12
Mentally defective	...	...	...	3
Awaiting training	...	...	...	33
In institutions (including schools)	...	...	...	33
				<hr/> 744

The numbers of blind persons on the register at the end of previous years were as follows:—523 (1924), 657 (1925), 649 (1926). 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 37 Surrey Blind persons included in this Scheme compared with 33 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 undertakes 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 1926 was renewed in 1927. The Library also undertakes 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 approximately 100.

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.

TABLE I.

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

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

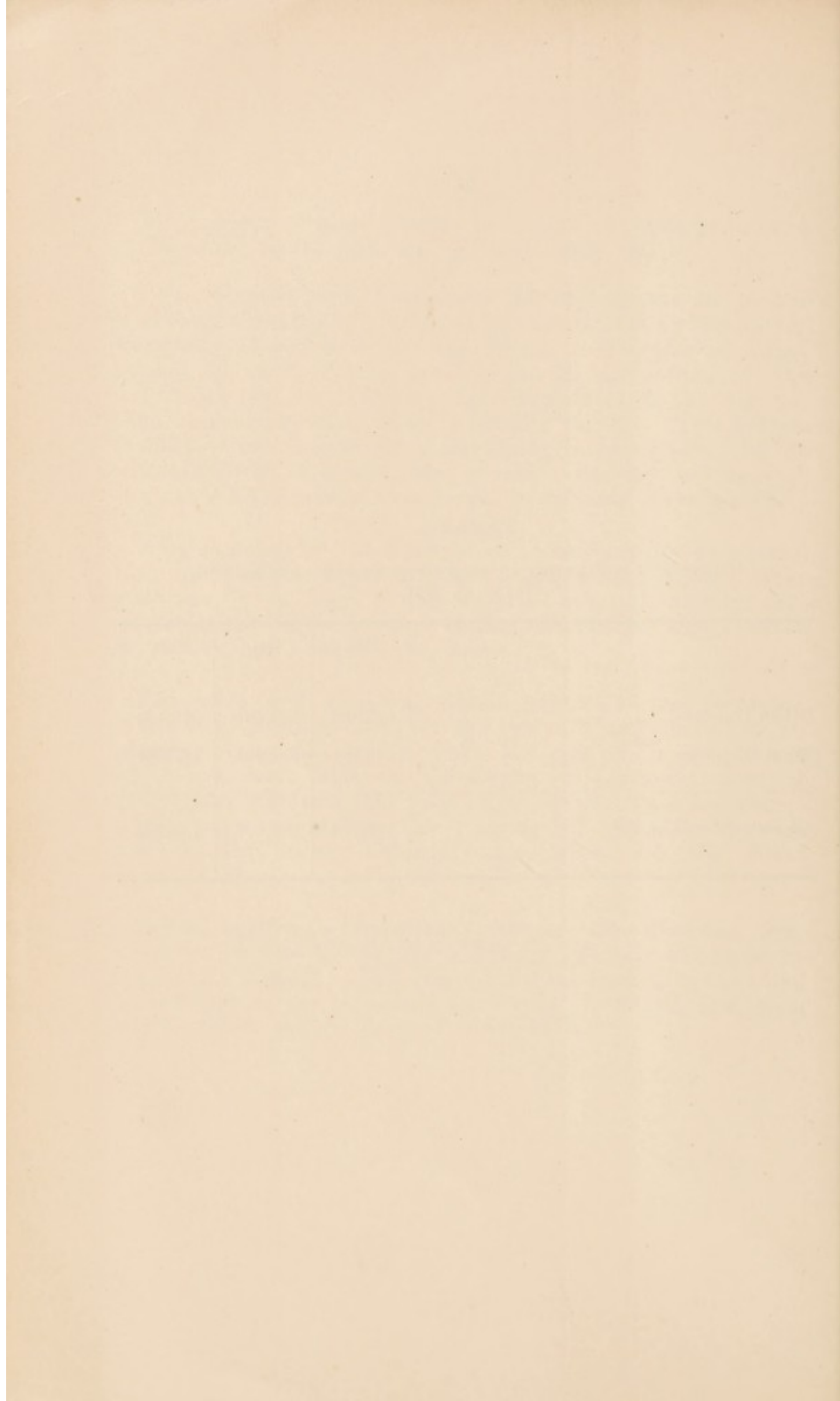


TABLE II.

POPULATION.

DISTRICTS.		Area in statute acres (land and inland water).	Population.						-Decrease.	Registrar-General's Estimate (Mid-Year). 1927.
			1911.			1921.				
			Persons.	Males.	Females.	Persons.	Males.	Females.		
URBAN.										
1.	Barnes	2,519	30,377	13,624	16,753	34,299	15,008	19,291	3,922	36,130
2.	Beddington and Wallington.....	3,040	14,322	6,199	8,123	16,308	7,129	9,179	1,986	17,930
3.	Carshalton	2,926	11,634	5,221	6,413	14,021	6,158	7,863	2,387	18,450
4.	Caterham	2,438	10,841	5,338	5,503	11,763	5,947	5,816	922	14,100
5.	Chertsey.....	10,776	13,816	6,696	7,120	15,127	7,161	7,966	1,311	15,520
6.	Coulsdon and Purley	8,572	18,872	8,020	10,852	21,491	8,916	12,575	2,619	29,370
7.	Dorking	1,338	7,848	3,544	4,304	8,057	3,545	4,512	209	8,301
8.	Egham	7,786	12,551	5,998	6,553	13,725	6,333	7,392	1,174	13,900
9.	Epsom	4,423	19,156	8,810	10,346	18,804	8,848	9,956	- 352	23,680
10.	Esher and The Dittons	5,979	12,518	5,561	6,957	14,309	6,335	7,974	1,791	15,020
+11.	Farnham	3,214	11,680	5,590	6,090	12,128	5,660	6,468	448	16,510
*12.	Frimley	7,674	13,673	7,320	6,353	13,676	6,807	6,869	3	14,160
13.	Godalming (M.B.)	813	8,846	4,305	4,541	9,197	4,426	4,771	351	9,241
14.	Guildford (M.B.)	2,592	23,820	11,227	12,593	24,926	11,696	13,230	1,106	27,340
15.	Ham	1,869	1,435	616	819	1,510	644	866	75	1,777
16.	Haslemere	2,263	3,520	1,537	1,983	3,865	1,506	2,359	345	4,081
*17.	Kingston-on-Thames (M.B.)	1,131	37,975	17,717	20,258	39,479	18,191	21,288	1,504	39,330
18.	Leatherhead	3,508	5,491	2,725	2,766	5,817	2,761	3,056	326	6,241
19.	Maldens and Coombe	3,221	12,137	5,786	6,351	14,495	6,577	7,918	2,358	17,450
20.	Merton and Morden	3,237	14,140	6,746	7,394	17,532	8,249	9,283	3,392	21,850
21.	Mitcham.....	2,935	29,606	14,758	14,848	35,119	16,910	18,209	5,513	40,550
22.	Molesey, East and West	1,517	6,492	2,981	3,511	7,280	3,280	4,000	788	7,121
23.	Reigate (M.B.).....	5,995	28,502	12,947	15,555	28,914	12,785	16,129	412	28,430
24.	Richmond (M.B.).....	2,491	33,221	14,054	19,167	35,639	15,265	20,374	2,418	35,270
25.	Surbiton	3,049	17,717	7,453	10,264	19,547	8,472	11,075	1,830	21,440
26.	Sutton.....	1,835	21,270	10,055	11,215	21,063	9,381	11,682	- 207	23,060
27.	Walton-on-Thames	6,860	12,856	5,679	7,177	14,644	6,334	8,310	1,788	15,250
28.	Weybridge.....	1,371	6,286	2,568	3,718	6,684	2,809	3,875	398	6,270
29.	Wimbledon (M.B.)	3,221	54,966	24,071	30,895	61,418	28,885	32,533	6,452	58,150
30.	Windlesham	5,691	4,249	2,079	2,170	4,878	2,215	2,663	629	4,912
*31.	Woking	11,826	24,808	11,996	12,812	26,423	12,070	14,353	1,615	28,360
Total.....		126,110	524,625	241,221	283,404	572,138	260,303	311,835	47,513	619,200
RURAL.										
1.	Chertsey	16,021	9,383	4,761	4,622	11,163	5,396	5,767	1,780	12,120
2.	Dorking	39,526	10,580	5,103	5,477	10,575	4,853	5,722	- 5	10,630
3.	Epsom.....	32,580	30,245	13,951	16,294	34,118	15,355	18,763	3,873	43,160
+4.	Farnham	26,149	15,945	7,447	8,498	18,332	8,334	9,998	2,387	15,060
5.	Godstone	53,512	23,931	11,210	12,721	25,387	11,468	13,919	1,456	26,840
*6.	Guildford	53,342	18,274	8,951	9,323	21,879	11,186	10,693	3,605	21,050
7.	Hambledon	60,932	21,849	10,670	11,179	23,090	11,096	11,994	1,241	23,550
8.	Reigate	44,649	21,195	10,022	11,173	22,720	10,442	12,278	1,525	25,190
Total.....		326,711	151,402	72,115	79,287	167,264	78,130	89,134	15,862	177,600
Administrative County		452,821	676,027	313,336	362,691	739,402	338,433	400,969	84,508	796,800

* 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 792,300.

+ 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 II

Continued

DISTRICTS	Area in statute acres (land and inland water)	Population	Registrar- General's Estimate (1911 Year) 1921
1. Barnes	2,519	30,377	36,130
2. Boddington and Wallington	3,040	14,323	17,930
3. Caversham	2,923	11,634	18,450
4. Caversham	2,438	10,841	14,100
5. Ghersey	10,776	13,816	15,520
6. Goudon and Forley	8,572	18,873	20,370
7. Dorking	1,333	7,848	8,301
8. Egham	7,786	12,554	13,600
9. Epsom	4,423	10,156	12,680
10. Esher and The Muttons	5,079	12,514	15,020
11. Farnham	3,214	11,880	16,510
12. Frimley	7,674	13,873	14,100
13. Godalming (M.B.)	813	8,840	9,341
14. Guildford (M.B.)	2,392	23,820	27,340
15. Ham	1,869	1,436	1,777
16. Haslemere	2,963	3,526	4,081
17. Kingston on Thames (M.B.)	1,131	37,974	39,330
18. Leathershead	3,508	3,498	3,541
19. Malden and Cooche	3,221	12,123	17,450
20. Merton and Morden	3,237	14,146	21,820
21. Mitcham	2,935	26,604	40,730
22. Molesey, East and West	1,517	6,493	7,121
23. Reigate (M.B.)	3,965	28,502	38,420
24. Richmond (M.B.)	2,491	33,228	36,270
25. Sanditon	3,049	17,719	21,440
26. Sutton	1,325	21,270	23,060
27. Walton-on-Thames	6,860	12,858	15,220
28. Westbridge	1,371	6,288	6,377
29. Wimbledon (M.B.)	3,221	64,862	68,426
30. Wintesham	2,691	4,240	4,912
31. Woking	1,926	24,806	28,380
Total	126,110	384,628	610,300
1. Chertsey	16,021	9,386	12,120
2. Dorking	30,250	10,586	10,820
3. Epsom	32,580	10,248	13,180
4. Farnham	26,149	15,947	17,060
5. Godstone	23,512	12,936	16,840
6. Guildford	23,342	18,276	21,050
7. Hambleton	1,600,327	21,841	23,520
8. Reigate	144,642	21,195	25,130
Total	326,711	151,402	177,600
Administrative County	452,821	676,028	787,900

* In these districts a deduction is made from the population consequent upon these districts having within their borders the county for purposes of death rates is estimated to be 702,300.

† In October, 1921, an acreage of 6,123 was transferred to the new district. The census figures remain unaltered.

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
1927	14·2	10·7	45·8

TABLE IV.
BIRTHS IN 1927.

DISTRICTS.	Number.	Net rate per 1,000 population.	Excess of births over deaths.
URBAN.			
1. Barnes	456	12·6	73
2. Beddington and Wallington.....	221	12·3	14
3. Carshalton	305	16·5	138
4. Caterham	176	12·5	86
5. Chertsey	223	14·4	47
6. Coulsdon and Purley	371	12·6	173
7. Dorking	122	14·7	8
8. Egham	190	13·7	20
9. Epsom	253	10·7	94
10. Esher and The Dittons	187	12·4	25
11. Farnham	279	16·9	59
12. Frimley	251	17·7	135
13. Godalming (M.B.)	115	12·4	4
14. Guildford (M.B.)	464	17·0	139
15. Ham	12	6·8	1
16. Haslemere	49	12·0	—5
17. Kingston-on-Thames (M.B.).....	517	13·1	31
18. Leatherhead	95	15·2	41
19. Maldens and Coombe	253	14·5	84
20. Merton and Morden	352	16·1	152
21. Mitcham.....	848	20·9	447
22. Molesey, East and West	113	15·8	15
23. Reigate (M.B.)	395	13·9	31
24. Richmond (M.B.).....	501	14·0	36
25. Surbiton	318	14·8	54
26. Sutton	302	13·0	50
27. Walton-on-Thames	204	13·3	30
28. Weybridge	87	13·9	4
29. Wimbledon (M.B.)	717	12·3	97
30. Windlesham	93	18·1	35
31. Woking	364	12·8	80
Total	8,833	14·2	2,198
RURAL.			
1. Chertsey.....	166	13·7	60
2. Dorking	157	14·7	28
3. Epsom.....	544	12·6	168
4. Farnham	252	16·7	92
5. Godstone	426	15·6	134
6. Guildford	279	13·2	17
7. Hambledon	305	12·9	46
8. Reigate	366	14·5	128
Total	2,495	14·0	673
Administrative County	11,328	14·2	2,871

TABLE IVa

Diagram showing the birth rate (per 1,000 population) in the Administrative County in each of the years 1889-1927.

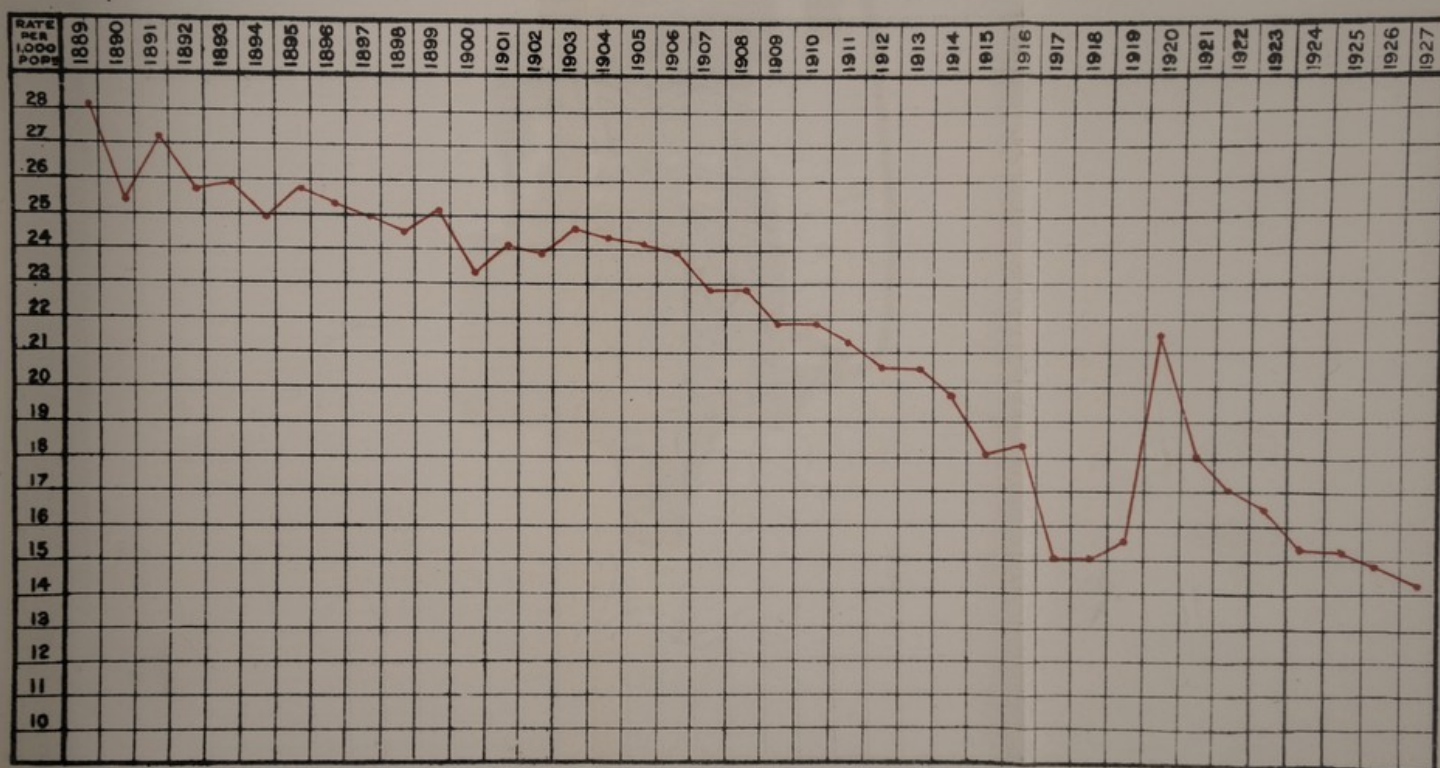


Diagram showing the birth rate per 1,000 people

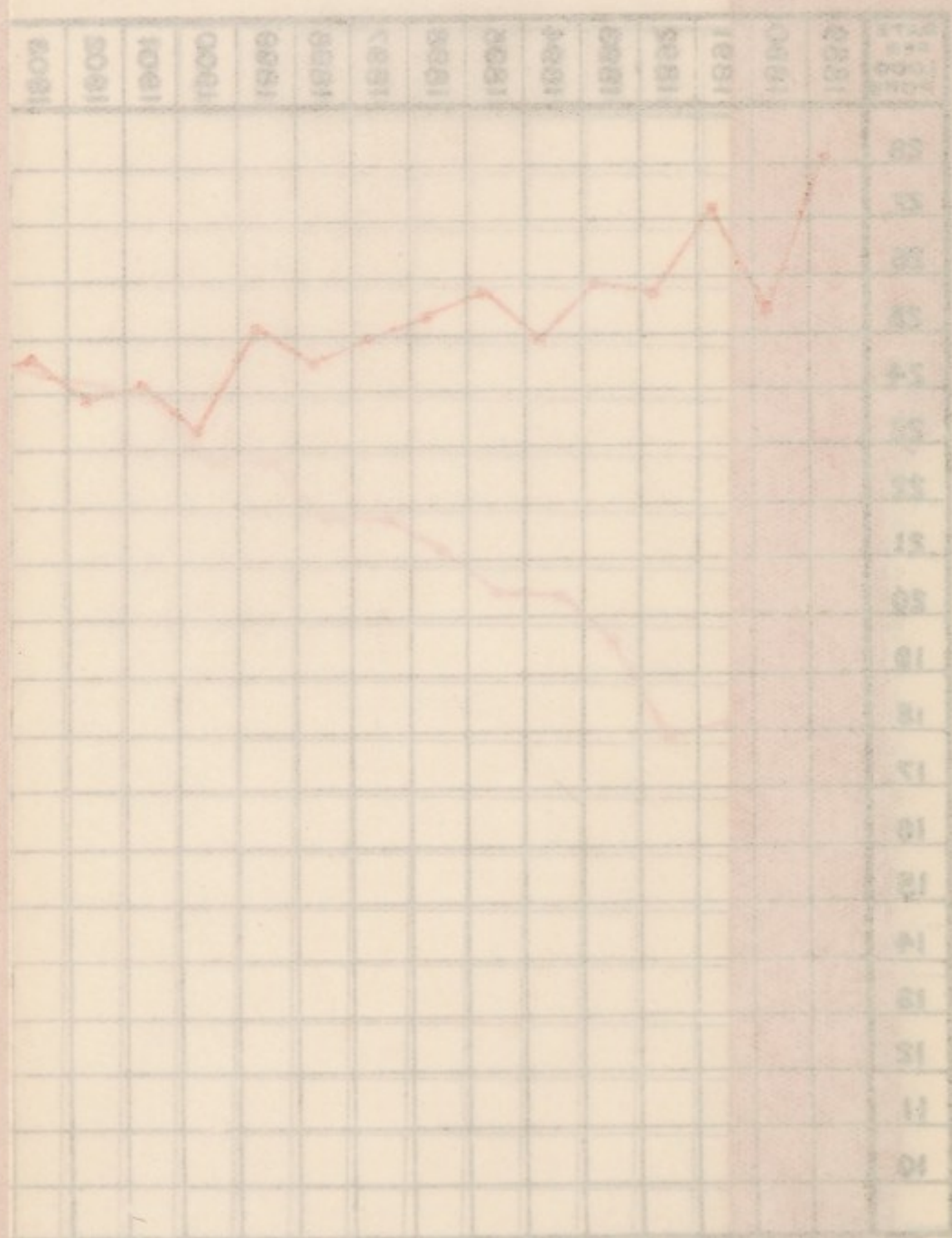


TABLE Va.

Diagram showing the death rate from all causes (per 1,000 population) in the Administrative County in each of the years 1889-1927.

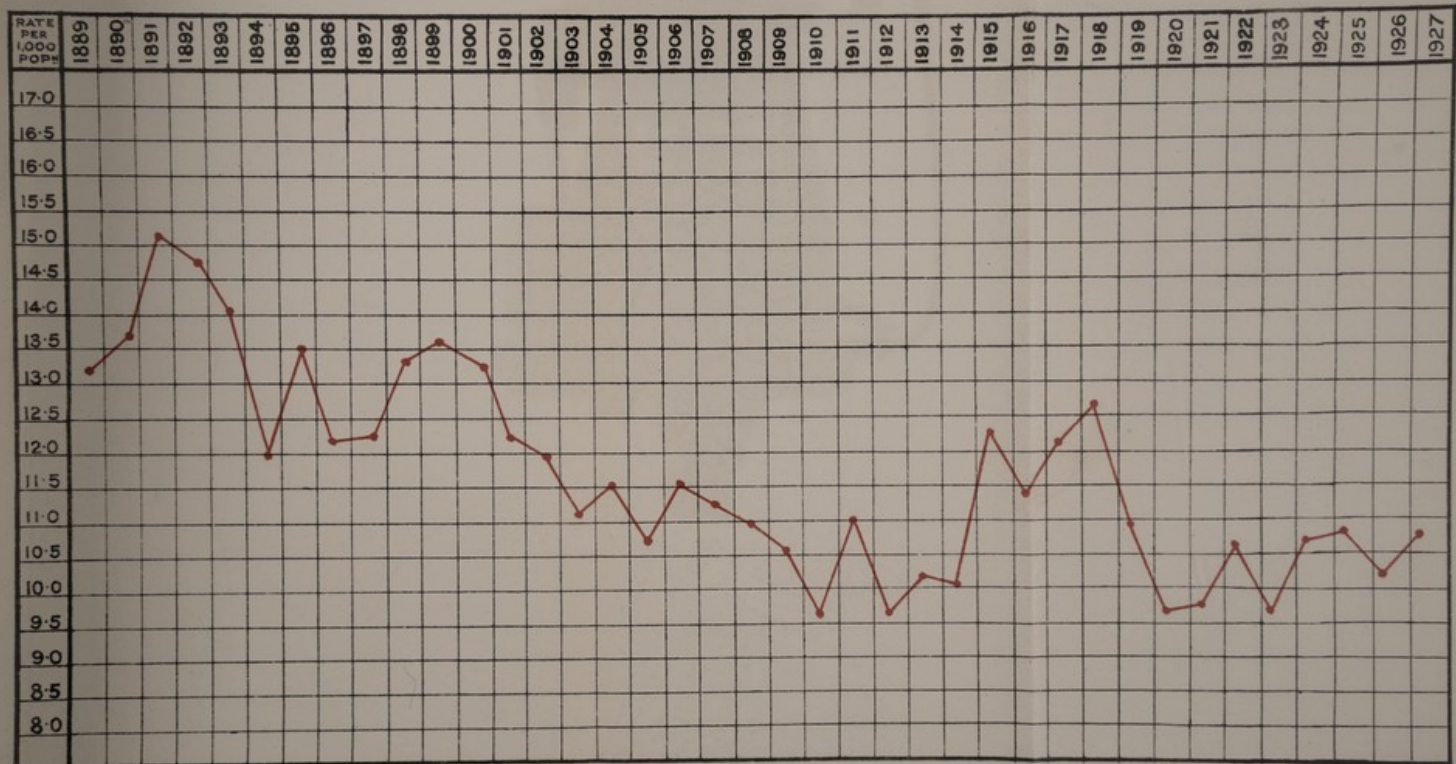


TABLE VI.

Diagram showing the death-rate from cholera
years 1889-1917.

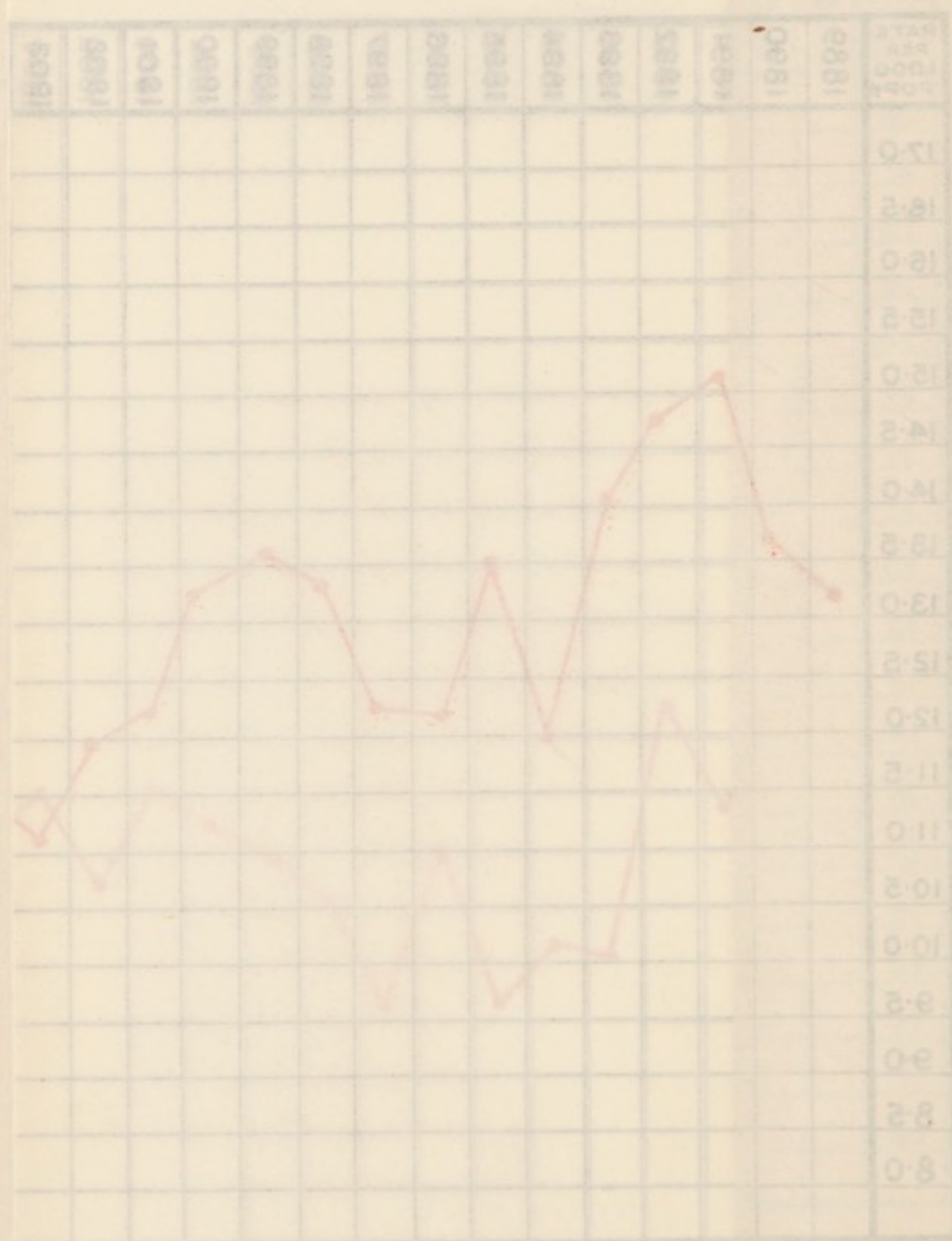


TABLE V.

DEATHS FROM ALL CAUSES IN 1927.

DISTRICTS.	Number.	Net rate per 1,000 population.
* URBAN.		
1. Barnes.....	383	10·6
2. Beddington and Wallington.....	207	11·5
3. Carshalton	167	9·0
4. Caterham.....	90	7·1
5. Chertsey	176	11·3
6. Coulsdon and Purley	198	6·7
7. Dorking	114	13·7
8. Egham.....	170	12·2
9. Epsom	159	6·7
10. Esher and The Dittons	162	10·8
11. Farnham	220	13·3
12. Frimley	116	9·4
13. Godalming (M.B.)	111	12·0
14. Guildford (M.B.)	325	11·9
15. Ham	11	6·2
16. Haslemere	54	13·2
17. Kingston-on-Thames (M.B.)	486	12·4
18. Leatherhead	54	8·6
19. Maldens and Coombe	169	9·7
20. Merton and Morden	200	9·2
21. Mitcham	401	9·9
22. Molesey, East and West	98	13·8
23. Reigate (M.B.)	364	12·8
24. Richmond (M.B.).....	465	13·2
25. Surbiton	264	12·3
26. Sutton	252	10·9
27. Walton-on-Thames	174	11·4
28. Weybridge	83	13·2
29. Wimbledon (M.B.)	620	10·7
30. Windlesham	58	11·8
31. Woking	284	10·3
Total.....	6,635	10·8
RURAL.		
1. Chertsey	106	8·7
2. Dorking	129	12·1
3. Epsom	376	8·7
4. Farnham	160	10·9
5. Godstone	292	10·7
6. Guildford.....	262	12·4
7. Hambledon	259	10·9
8. Reigate	238	9·4
Total..	1,822	10·3
Administrative County.....	8,457	10·7

TABLE VI.

ADMINISTRATIVE COUNTY OF SURREY.—CAUSES OF AND AGES AT DEATH IN 1927.

Causes.	Under 1 year.	1 & under 2 years.	2 & under 5 years.	5 & under 15 years.	15 & under 25 years.	25 & under 45 years.	45 & under 65 years.	65 & under 75 years.	75 years & upwards.	All Ages.
Enteric fever ...	—	—	—	1	1	2	6	1	—	11
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	1	—	—	—	—	—	—	—	—	1
Scarlet fever ...	—	3	2	4	—	—	—	—	—	9
Whooping cough ...	11	7	8	—	—	—	1	1	—	28
Diphtheria ...	—	1	7	19	—	1	—	—	—	28
Influenza ...	12	6	13	8	16	65	91	91	118	420
Encephalitis lethargica ...	—	1	1	—	3	6	13	1	—	25
Meningococcal meningitis ...	3	3	1	—	1	—	—	—	—	8
Tuberculosis of the respiratory system	1	1	1	11	89	197	129	31	8	468
Other tuberculous diseases ...	6	15	10	18	14	17	10	3	1	94
Cancer, malignant disease	—	1	—	4	11	75	465	367	225	1,148
Rheumatic fever ...	—	—	—	3	3	3	2	1	—	12
Diabetes ...	—	—	1	—	3	5	31	30	12	82
Cerebral hæmorrhage, &c.	—	—	—	—	—	12	95	131	176	414
Heart disease ...	—	—	1	6	16	74	361	386	443	1,287
Arterio-sclerosis ...	—	—	1	—	—	3	90	169	319	581
Bronchitis ...	26	8	1	—	1	6	53	109	276	480
Pneumonia (all forms) ...	79	36	28	17	17	67	118	94	88	544
Other respiratory diseases	1	1	1	3	6	14	20	23	40	109
Ulcer of stomach or duodenum	—	—	—	1	1	19	42	9	8	80
Diarrhea and enteritis ...	29	4	3	1	2	2	4	9	4	58
Appendicitis and typhilitis	—	—	4	6	8	9	25	8	8	68
Cirrhosis of liver ...	—	—	—	—	—	1	27	9	6	43
Acute and chronic nephritis	1	—	1	7	3	19	101	57	55	244
Puerperal sepsis ...	—	—	—	—	4	13	—	—	—	17
Other accidents and diseases of pregnancy and parturition ...	—	—	—	—	—	17	—	—	—	17
Congenital debility and malformation (including premature birth) ...	253	—	3	1	—	2	—	—	—	259
Suicides ...	—	—	—	—	4	22	53	7	—	86
Other deaths from violence	16	6	10	36	34	43	60	38	59	302
Other defined diseases ...	80	10	14	46	35	121	356	274	595	1,531
Causes ill-defined or unknown	—	—	—	—	—	—	2	1	—	3

TABLE VIIa.

Diagram showing the infant mortality rate (per 1,000 registered births) in the Administrative County in each of the years 1889-1927.

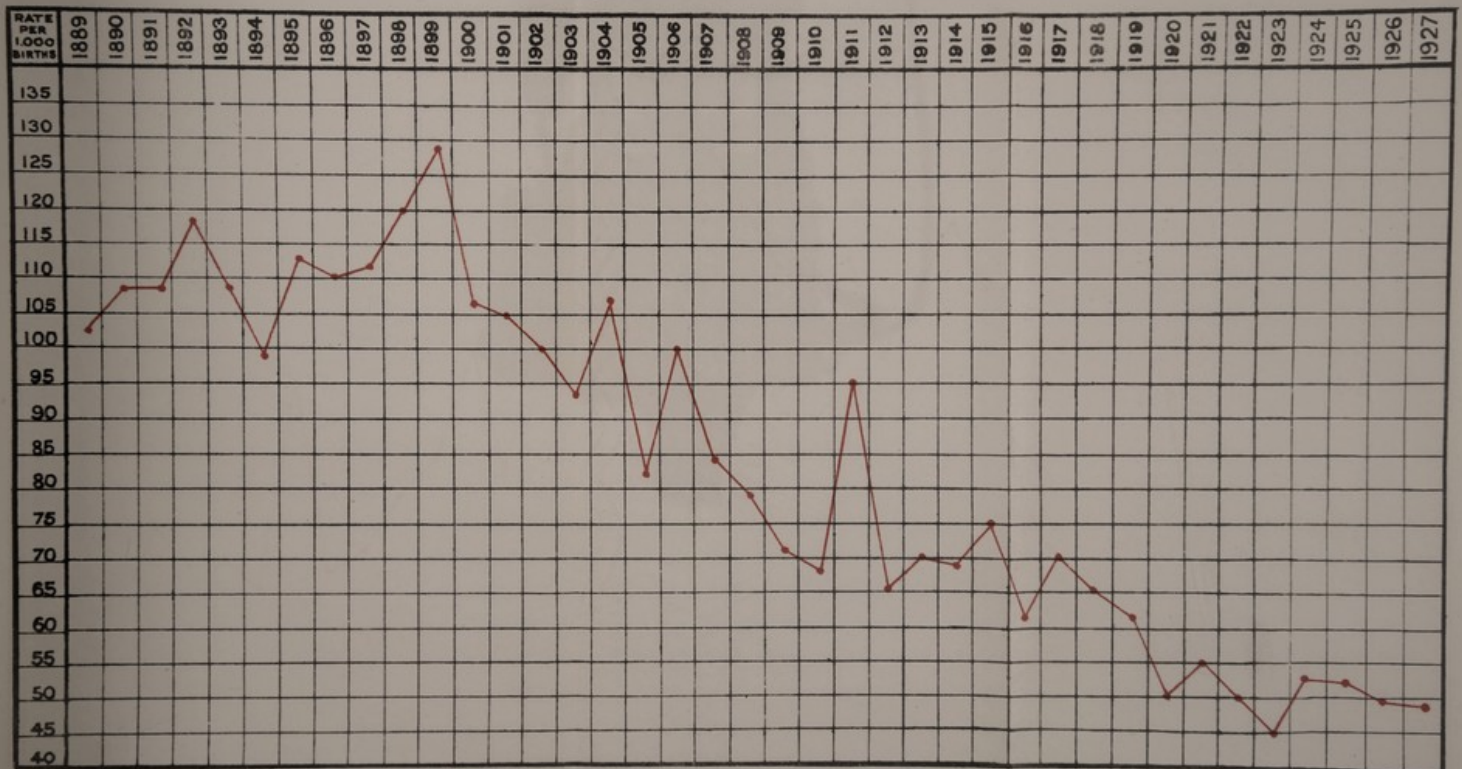


TABLE VII.
Diagram showing the infant mortality rate per
1,000 live births, 1927-1937.

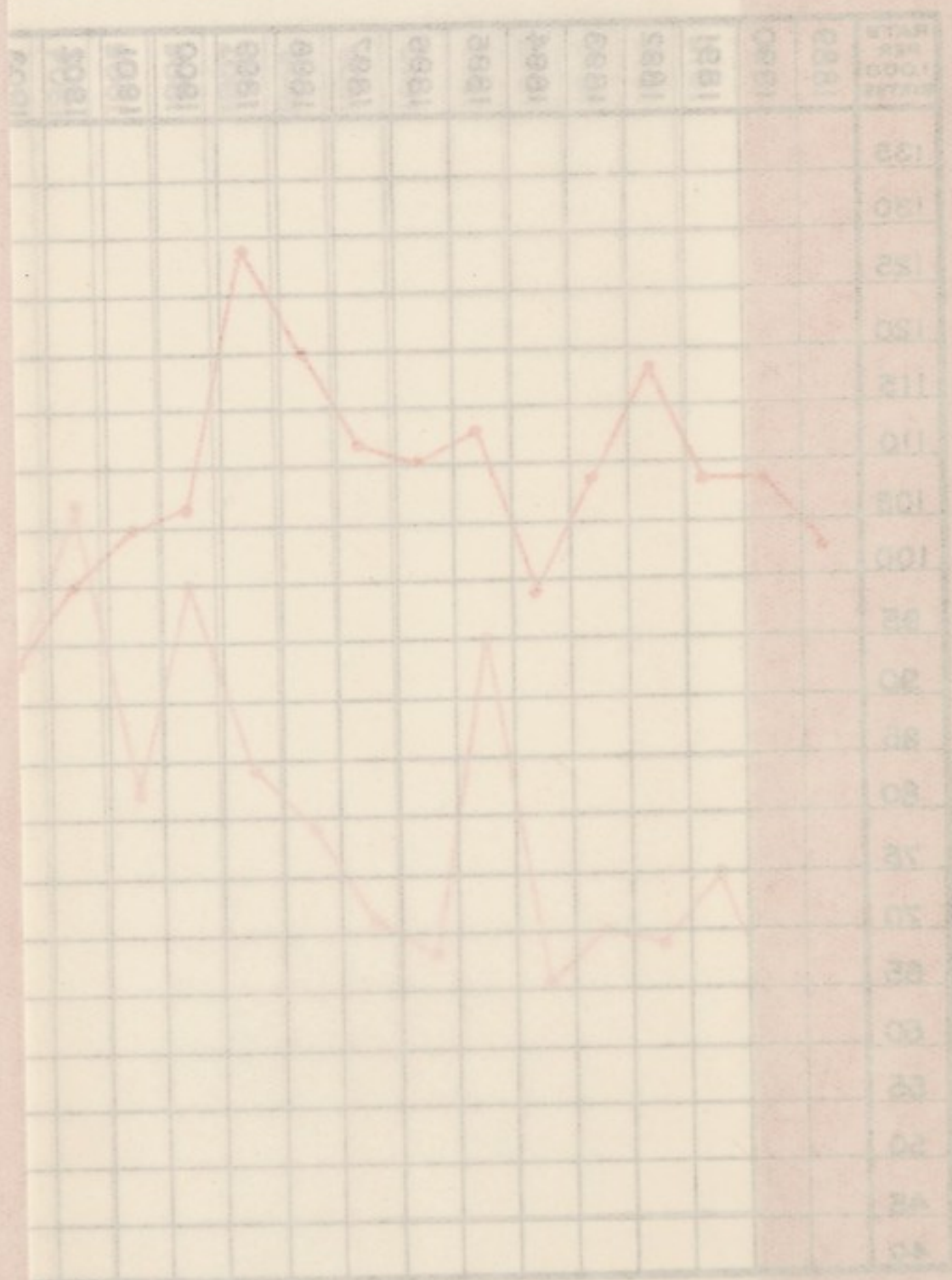


TABLE VII.

DEATHS UNDER ONE YEAR IN 1927.

DISTRICTS.	Number.	Net rate per 1,000 births.
URBAN.		
1. Barnes	23	50·43
2. Beddington and Wallington	7	36·67
3. Carshalton.....	22	72·13
4. Caterham	4	22·72
5. Chertsey	7	31·39
6. Coulsdon and Purley	10	26·95
7. Dorking	9	73·77
8. Egham	4	21·05
9. Epsom	10	39·52
10. Esher and The Dittons	8	42·78
11. Farnham	21	75·26
12. Frimley.....	10	39·84
13. Godalming (M.B.)	4	34·78
14. Guildford (M.B.).....	19	40·96
15. Ham	—	—
16. Haslemere	2	40·81
17. Kingston-on-Thames (M.B.)	19	36·75
18. Leatherhead	2	21·05
19. Maldens and Coombe	10	39·52
20. Merton and Morden	12	34·09
21. Mitcham	39	45·99
22. Molesey, East and West	7	53·09
23. Reigate (M.B.).....	16	40·50
24. Richmond (M.B.)	23	45·90
25. Surbiton	16	50·31
26. Sutton	17	83·61
27. Walton-on-Thames	20	98·00
28. Weybridge	3	34·48
29. Wimbledon (M.B.)	36	50·20
30. Windlesham.....	7	75·26
31. Woking.....	21	57·69
Total.....	408	46·2
RURAL.		
1. Chertsey	6	36·14
2. Dorking	15	95·54
3. Epsom	18	33·08
4. Farnham	9	35·71
5. Godstone	18	42·25
6. Guildford	19	68·10
7. Hambledon	8	26·22
8. Reigate	18	49·18
Total.....	111	44·5
Administrative County.....	519	45·8

TABLE VIII.

DEATHS FROM THE SEVEN PRINCIPAL EPIDEMIC DISEASES, 1927.

DISTRICTS.	Number.	Net rate per 1,000 population.
URBAN.		
1. Barnes	6	0·17
2. Beddington and Wallington	4	0·22
3. Carshalton.....	4	0·22
4. Caterham	2	0·16
5. Chertsey	2	0·13
6. Coulsdon and Purley... ..	2	0·06
7. Dorking.	—	—
8. Egham	2	0·14
9. Epsom	3	0·13
10. Esher and The Dittons	4	0·27
11. Farnham	4	0·24
12. Frimley	3	0·24
13. Godalming (M.B.)	—	—
14. Guildford (M.B.).....	3	0·11
15. Ham	—	—
16. Haslemere.....	—	—
17. Kingston-on-Thames (M.B.)	4	0·10
18. Leatherhead	2	0·32
19. Maldens and Coombe.....	2	0·11
20. Merton and Morden	4	0·18
21. Mitcham	13	0·32
22. Molesey, East and West	1	0·14
23. Reigate (M.B.).....	3	0·11
24. Richmond (M.B.)	—	—
25. Surbiton	—	—
26. Sutton	6	0·26
27. Walton-on-Thames.....	5	0·33
28. Weybridge	1	0·16
29. Wimbledon (M.B.)	8	0·14
30. Windlesham	—	—
31. Woking	2	0·07
Total	90	0·14
RURAL.		
1. Chertsey	—	—
2. Dorking.....	—	—
3. Epsom	2	0·05
4. Farnham	4	0·27
5. Godstone	5	0·19
6. Guildford	2	0·09
7. Hambledon	2	0·08
8. Reigate	4	0·15
Total	19	0·11
Administrative County.....	109	0·13

TABLE VIII.
 Diagram showing the death rates (per 1,000 population) from Diphtheria,
 Scarlet Fever, Enteric Fever, Measles and Whooping Cough, in the
 Administrative County in each of the years 1889-1927.

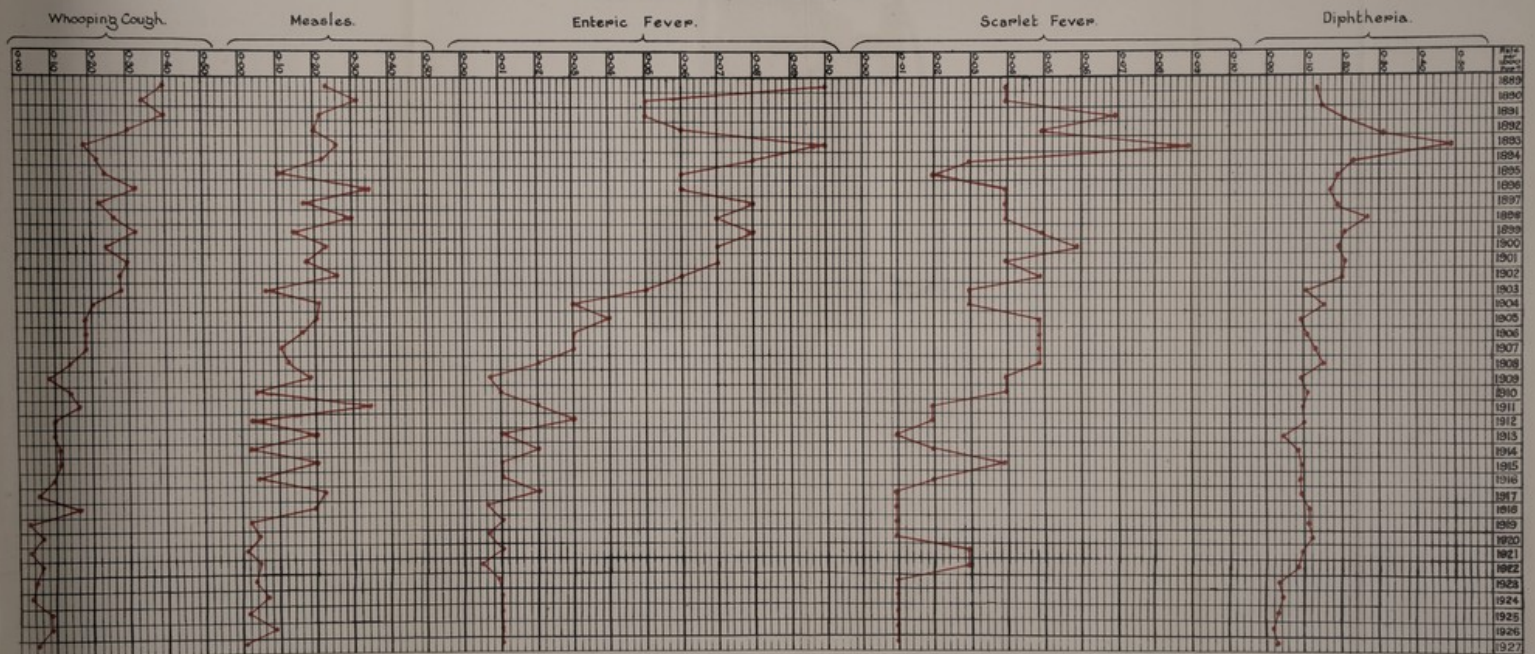


Diagram showing the death rates (per 1,000)
Scarlet Fever, Enteric Fever, Measles and
Administrative County in each of

Measles Enteric Fever Whooping Cough

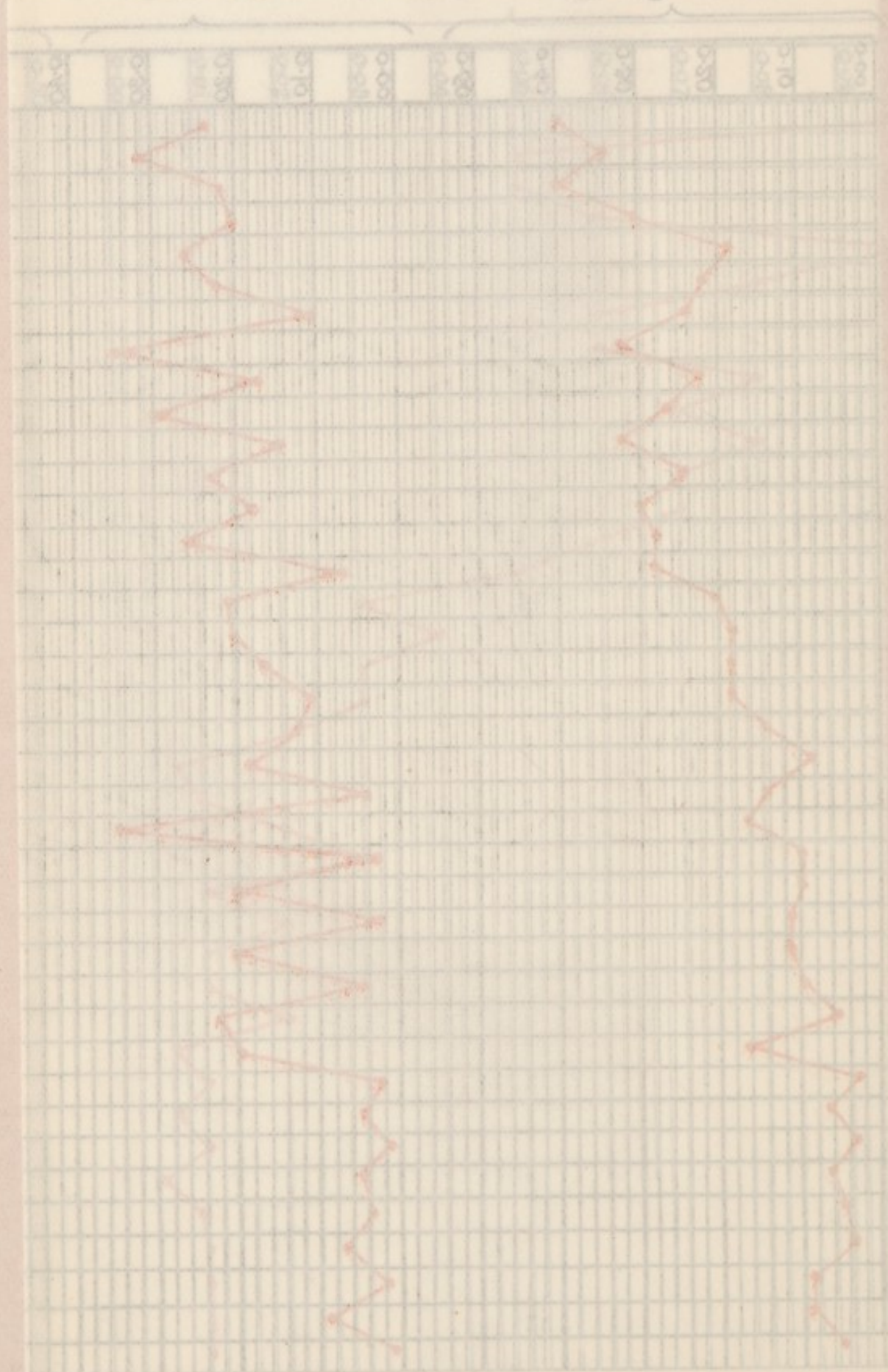


TABLE IX.

DEATHS FROM HEART DISEASE, RESPIRATORY DISEASES, TUBERCULOUS
DISEASES AND CANCER, 1927.

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	52	1.44	55	1.52	18	0.50	3	0.08	53	1.47
2 Beddington & Wallington..	35	1.95	23	1.28	11	0.61	3	0.17	41	2.29
3 Carshalton ...	22	1.19	31	1.68	9	0.49	3	0.16	25	1.36
4 Caterham	11	0.87	8	0.63	6	0.47	2	0.16	14	1.10
5 Chertsey	27	1.74	25	1.61	6	0.39	1	0.06	28	1.80
6 Coulsdon and Purley	23	0.78	25	0.85	11	0.37	1	0.03	35	1.19
7 Dorking	17	2.05	15	1.81	4	0.48	1	0.12	15	1.81
8 Egham	23	1.65	27	1.94	10	0.72	2	0.14	19	1.37
9 Epsom	22	0.93	16	0.68	5	0.21	9	0.38	20	0.84
10 Esher and The Dittons	24	1.60	22	1.46	2	0.13	2	0.13	24	1.60
11 Farnham	46	2.79	30	1.82	12	0.73	3	0.18	25	1.51
12 Frimley	24	1.94	13	1.05	5	0.40	3	0.24	9	0.73
13 Godalming (M.B.)	17	1.84	7	0.76	3	0.32	1	0.11	18	1.95
14 Guildford (M.B.)	44	1.61	62	2.27	17	0.62	3	0.11	30	1.10
15 Ham	2	1.13	3	1.69	—	—	—	—	2	1.13
16 Haslemere ...	8	1.96	13	3.19	3	0.74	1	0.25	4	0.98
17 Kingston-on-Thames (M.B.)	73	1.87	81	2.07	37	0.95	6	0.15	68	1.74
18 Leatherhead..	10	1.60	9	1.44	2	0.32	—	—	5	0.80
19 Maldens and Coombe	28	1.60	26	1.49	9	0.52	1	0.06	23	1.32
20 Merton and Morden	26	1.19	26	1.19	22	1.01	3	0.14	31	1.42
21 Mitcham	55	1.36	55	1.36	33	0.81	7	0.17	46	1.13
22 Molesey E & W	19	2.67	16	2.25	4	0.56	—	—	16	2.25
23 Reigate (M.B.)	59	2.08	37	1.30	18	0.63	1	0.04	49	1.72
24 Richmond (M.B.)	83	2.35	67	1.90	25	0.71	7	0.20	63	1.79
25 Surbiton	37	1.72	29	1.35	15	0.70	1	0.05	32	1.49
26 Sutton	28	1.21	30	1.30	12	0.52	2	0.09	25	1.08
27 Walton-on-Thames	23	1.51	20	1.31	8	0.52	—	—	26	1.70
28 Weybridge ...	10	1.59	9	1.43	3	0.48	1	0.16	10	1.59
29 Wimbledon (M.B.)	101	1.74	89	1.53	40	0.69	7	0.12	75	1.29
30 Windlesham	10	2.04	5	1.02	3	0.61	2	0.41	8	1.63
31 Woking	52	1.88	35	1.26	16	0.58	5	0.18	39	1.41
Total	1011	1.64	909	1.48	369	0.60	81	0.13	878	1.43

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	17	1.40	20	1.65	6	0.50	3	0.25	16	1.32
2 Dorking	16	1.51	11	1.03	11	1.03	—	—	12	1.13
3 Epsom	54	1.25	46	1.07	25	0.58	6	0.14	60	1.39
4 Farnham	30	2.05	17	1.16	4	0.27	2	0.14	19	1.30
5 Godstone	54	2.01	36	1.34	18	0.67	—	—	45	1.71
6 Guildford.....	31	1.47	34	1.61	14	0.67	2	0.09	38	1.33
7 Hambledon ...	41	1.74	35	1.49	11	0.46	—	—	40	1.70
8 Reigate	33	1.31	25	0.99	10	0.40	—	—	40	1.59
Total... ..	276	1.55	224	1.26	99	0.55	13	0.07	270	1.52
Administrative County	1287	1.62	1133	1.43	468	0.59	94	0.12	1148	1.81

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 ...	1,287	1.62	1.36
Respiratory Diseases, all forms (excluding pulmonary tuberculosis) ...	1,133	1.43	1.45
Tuberculosis, Pulmonary ...	468	0.59	0.69
„ All other forms	94	0.12	0.15
Cancer, Malignant Disease	1,148	1.81	1.37

TABLE IXa.

Diagram showing the death rate from Respiratory Diseases (per 1,000 population) in the Administrative County in each of the years 1889-1927.

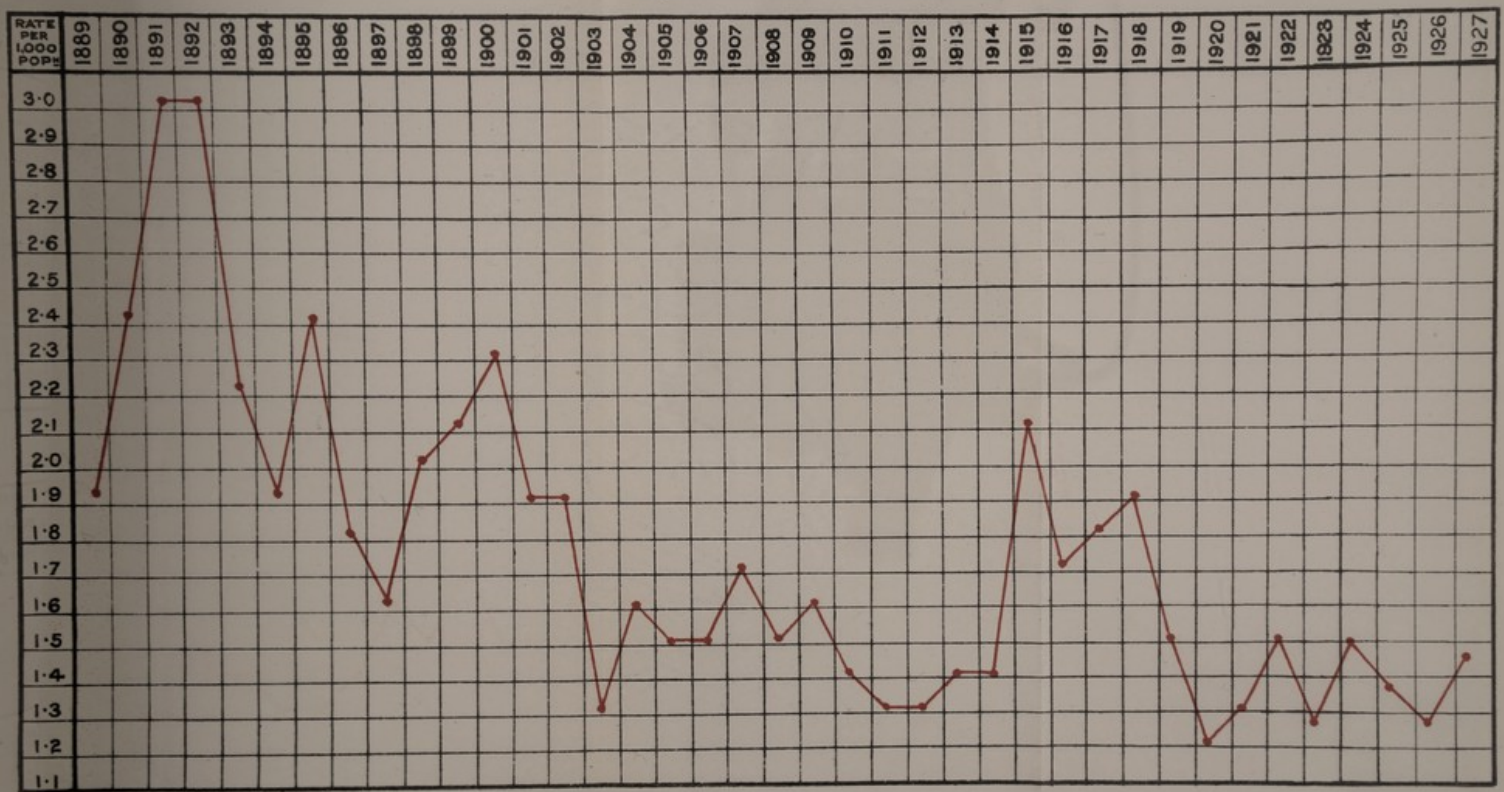


TABLE III.

Diagram showing the distribution of the 1927-28 crop of wheat in the 1927-28 season.

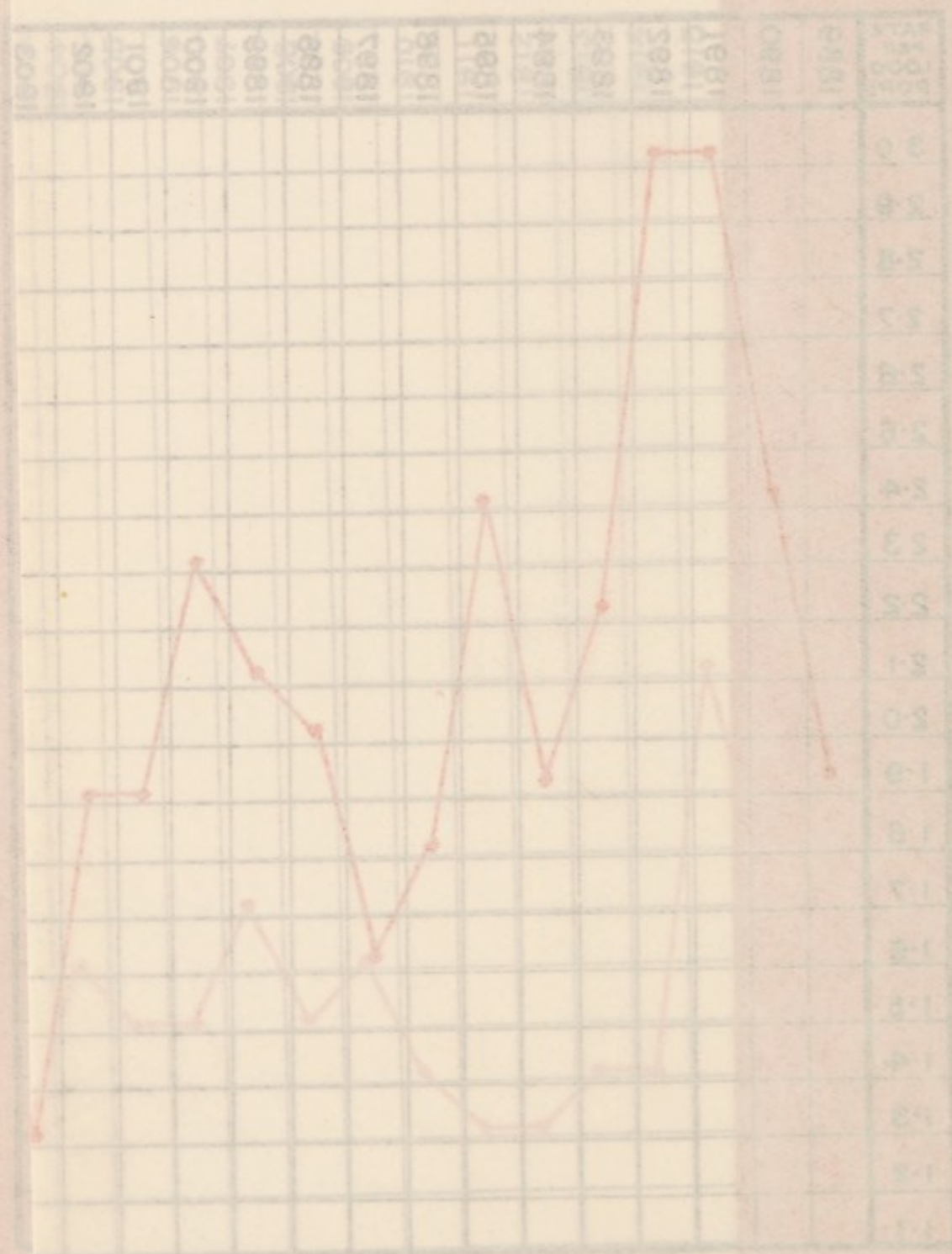


TABLE IXb.

Diagram showing the death rate from Pulmonary Tuberculosis (per 1,000 population) in the Administrative County in each of the years 1889-1927.

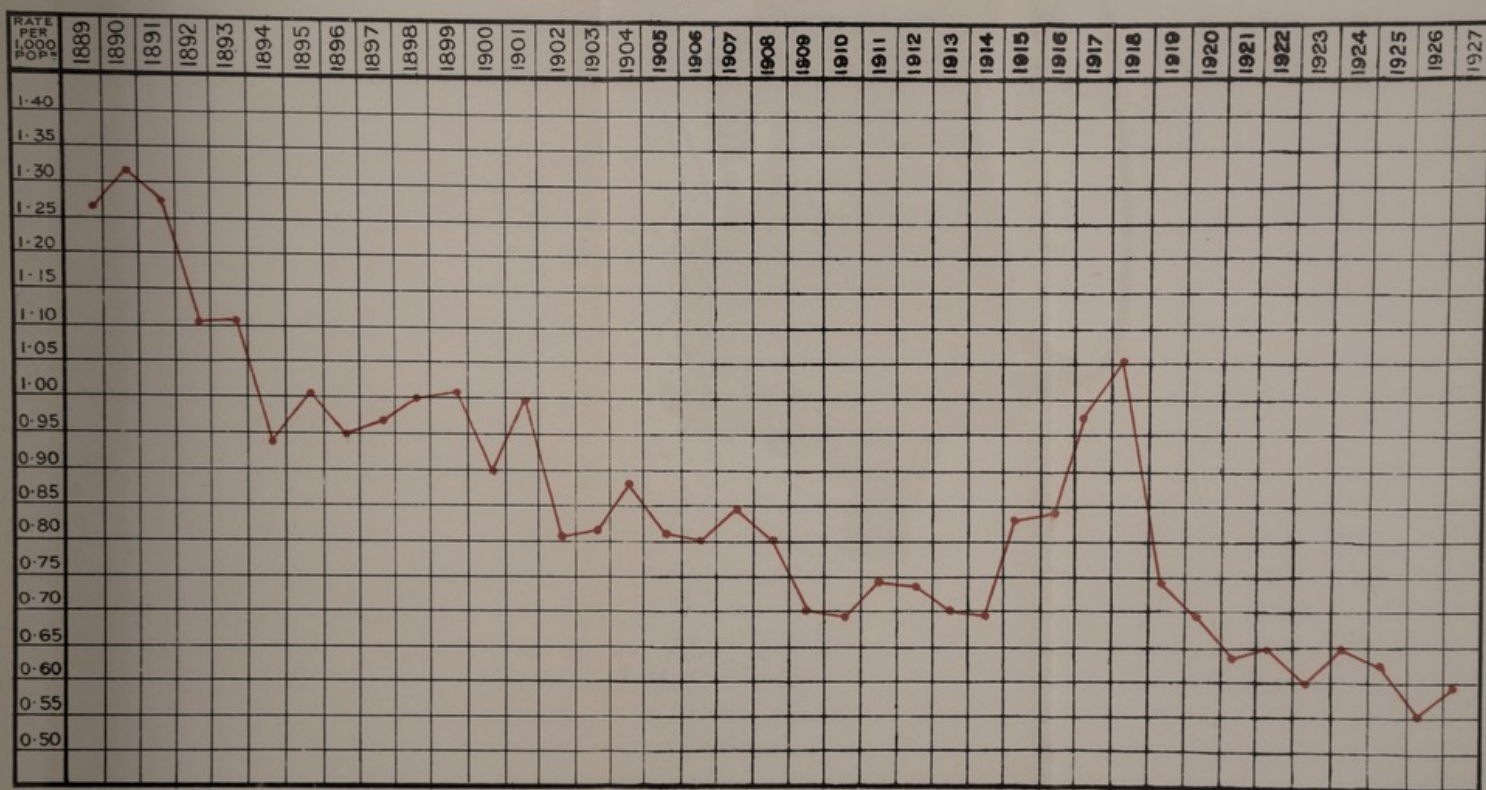


TABLE XIII.

CASES NOTIFIED DURING 1927 UNDER THE PUBLIC HEALTH
(TUBERCULOSIS) REGULATIONS, 1921.

Age period.	Pulmonary.		Non-pulmonary.	
	Male.	Female.	Male.	Female.
Under 1 year	—	1	2	2
One and under 5 years	1	3	17	13
5 „ „ 10 „	9	8	24	21
10 „ „ 15 „	12	18	8	8
15 „ „ 20 „	42	30	7	14
20 „ „ 25 „	46	56	7	11
25 „ „ 35 „	102	102	8	14
35 „ „ 45 „	67	50	10	4
45 „ „ 55 „	62	31	2	4
55 „ „ 65 „	31	12	1	3
65 and upwards	18	10	—	1
Totals	390	321	86	95
	711		181	

TABLE XIV.
LIST OF DISPENSARIES.

Dispensary.	Address.	Sessions.	Medical Officer.
1. Barnes	The Hospital, South Worple Way, Mortlake	Tues. 5-6.30 p.m.	Dr. A. C. Renwick
2. Cobham ...	Village Hall	Wed., 10 a.m. (2nd)	Dr. C. K. Attlee
3. Cranleigh ...	"Tring"	Tues., 10 a.m. (3rd)	Dr. A. McFarlane
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. J. L. Dunlop
7. Godstone ...	The Hut, South Godstone	Wed., 10 a.m. (1st and 3rd)	Dr. J. A. Scott
8. Guildford ..	49, Farnham Road	Wed., 10 a.m. ... Fri., 10 a.m. ...	Dr. A. McFarlane
9. Horley	Technical Insti- tute	Wed., 10 a.m. (2nd and 4th)	Dr. J. A. Fraser
10. Surbiton ...	South Place, Surbiton Hill	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	Locke-King Clinic, Devonshire Rd.	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.	Dr. C. K. Attlee
16. Woking	Clarence Avenue	Fri., 9.30 a.m. Mon., 9.30 a.m. ...	Dr. A. C. Renwick



TABLE XI

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

DISTRICTS.	SMALLPOX.		DIPHTHERIA.		ERYSIPELAS.		SCARLET FEVER.		ENTERIC FEVER.		PUERPERAL FEVER.		TUBERCULOSIS.				PUERPERAL PYREXIA.	
	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Cases.	Rate per 1,000.	Pulmonary.		Non-Pulmonary.		Cases.	Rate per 1,000.
													Cases.	Rate per 1,000.	Cases.	Rate per 1,000.		
URBAN.																		
1 Barnes	—	—	10	0.28	12	0.33	129	3.57	3	0.08	3	0.08	41	1.13	8	0.22	4	0.11
2 Beddington and Wallington	—	—	61	3.40	3	0.17	36	2.08	6	0.33	—	—	20	1.12	8	0.45	1	0.06
3 Carshalton	—	—	108	5.85	4	0.22	54	2.93	2	0.11	1	0.05	15	0.81	4	0.22	4	0.22
4 Caterham	—	—	5	0.35	—	—	16	1.13	1	0.07	—	—	8	0.57	1	0.07	—	—
5 Chertsey	—	—	14	0.90	5	0.32	52	3.35	18	1.16	—	—	8	0.52	4	0.26	—	—
6 Coulsdon and Purley	—	—	11	0.37	11	0.37	73	2.49	9	0.31	—	—	25	0.85	9	0.31	1	0.03
7 Dorking	—	—	—	—	3	0.36	10	1.20	1	0.12	—	—	6	0.72	2	0.24	1	0.12
8 Egham	—	—	13	0.93	5	0.36	42	3.21	4	0.29	—	—	12	0.86	4	0.29	3	0.22
9 Epsom	—	—	4	0.17	14	0.59	25	1.06	7	0.29	1	0.04	9	0.38	5	0.21	3	0.13
10 Esher and The Dittons	—	—	6	0.40	3	0.20	18	1.20	—	—	—	—	8	0.53	1	0.07	2	0.13
11 Farnham	—	—	8	0.48	6	0.36	12	0.73	6	0.36	—	—	21	1.27	2	0.12	1	0.06
12 Frimley	—	—	6	0.42	3	0.21	7	0.49	—	—	—	—	13	0.92	—	—	3	0.21
13 Godalming (M.B.)	—	—	2	0.22	5	0.54	21	2.27	2	0.22	1	0.11	13	1.41	—	—	1	0.11
14 Guildford (M.B.)	—	—	23	0.84	7	0.26	22	0.80	8	0.29	1	0.04	31	1.13	7	0.26	5	0.18
15 Ham...	—	—	—	—	—	—	1	0.56	—	—	—	—	2	1.13	—	—	—	—
16 Haslemere	—	—	1	0.25	—	—	—	—	2	0.49	—	—	3	0.74	—	—	6	1.47
17 Kingston-upon-Thames (M.B.)	—	—	65	1.65	35	0.89	87	2.21	3	0.08	—	—	37	0.94	14	0.36	9	0.23
18 Leatherhead	—	—	11	1.76	2	0.32	5	0.80	—	—	—	—	3	0.48	—	—	—	—
19 Maldens and Coombe	—	—	8	0.46	5	0.29	36	2.06	—	—	1	0.06	22	1.26	5	0.28	—	—
20 Merton and Morden	—	—	29	1.33	16	0.73	94	4.30	—	—	—	—	31	1.41	7	0.32	2	0.09
21 Mitcham	—	—	74	1.82	14	0.35	144	3.60	6	0.15	9	0.22	56	1.38	14	0.35	15	0.37
22 Molesey, East and West	—	—	4	0.56	—	—	9	1.26	1	0.14	—	—	4	0.56	1	0.14	1	0.14
23 Reigate (M.B.)	—	—	68	2.39	5	0.18	33	1.16	3	0.11	1	0.03	25	0.88	9	0.32	4	0.14
24 Richmond (M.B.)...	—	—	11	0.31	16	0.45	40	1.13	3	0.09	4	0.11	36	1.02	11	0.31	3	0.09
25 Surbiton	—	—	27	1.26	5	0.23	35	1.63	—	—	—	—	18	0.84	9	0.42	2	0.09
26 Sutton	—	—	50	2.17	3	0.13	45	1.90	7	0.30	—	—	18	0.78	3	0.13	4	0.17
27 Walton-on-Thames	—	—	5	0.33	1	0.07	33	2.16	2	0.13	1	0.07	15	0.98	—	—	2	0.13
28 Weybridge	—	—	6	0.96	—	—	15	2.39	3	0.48	—	—	4	0.64	2	0.32	2	0.32
29 Wimbledon (M.B.)	1	0.01	51	0.88	24	0.41	169	2.90	11	0.19	1	0.02	54	0.93	10	0.17	7	0.12
30 Windlesham	—	—	—	—	—	—	2	0.41	3	0.61	—	—	2	0.41	3	0.61	2	0.41
31 Woking	—	—	9	0.32	3	0.11	44	1.55	4	0.14	2	0.07	19	0.67	3	0.11	10	0.35
Total	1	0.001	690	1.12	210	0.34	1,309	2.13	115	0.18	26	0.04	579	0.94	146	0.24	98	0.16
RURAL.																		
1 Chertsey	—	—	32	2.64	2	0.17	49	4.04	4	0.33	—	—	10	0.83	4	0.33	1	0.08
2 Dorking	—	—	—	—	4	0.38	21	1.98	—	—	—	—	10	0.94	2	0.19	6	0.56
3 Epsom	—	—	45	1.04	17	0.39	59	1.37	9	0.21	—	—	34	0.79	6	0.14	5	0.12
4 Farnham	—	—	5	0.33	3	0.19	21	1.39	—	—	—	—	8	0.53	5	0.33	4	0.27
5 Godstone	—	—	8	0.30	5	0.19	26	0.97	2	0.07	—	—	28	1.04	5	0.15	2	0.07
6 Guildford	—	—	8	0.38	2	0.09	19	0.90	3	0.14	—	—	13	0.62	5	0.24	2	0.09
7 Hambledon	—	—	4	0.17	4	0.17	15	0.64	4	0.17	—	—	11	0.47	2	0.08	—	—
8 Reigate	—	—	29	1.10	2	0.08	34	1.35	5	0.19	—	—	18	0.71	7	0.28	8	0.32
Total	—	—	131	0.73	39	0.22	244	1.37	27	0.15	—	—	132	0.74	35	0.19	28	0.16
Administrative county	1	0.001	821	1.04	249	0.31	1,553	1.96	142	0.18	26	0.03	711	0.89	181	0.23	126	0.16

TABLE XII.

STATEMENT GIVING THE CASES, AND CASE RATES, DEATHS, AND DEATH RATES IN EACH OF THE YEARS 1912-1927.

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
1927	711	0.89	468	0.59	181	0.23	94	0.12

TABLE XIII.

CASES NOTIFIED DURING 1927 UNDER THE PUBLIC HEALTH
(TUBERCULOSIS) REGULATIONS, 1921.

Age period.	Pulmonary.		Non-pulmonary.	
	Male.	Female.	Male.	Female.
Under 1 year	—	1	2	2
One and under 5 years	1	3	17	13
5 „ „ 10 „ „ „ „	9	8	24	21
10 „ „ 15 „ „ „ „	12	18	8	8
15 „ „ 20 „ „ „ „	42	30	7	14
20 „ „ 25 „ „ „ „	46	56	7	11
25 „ „ 35 „ „ „ „	102	102	8	14
35 „ „ 45 „ „ „ „	67	50	10	4
45 „ „ 55 „ „ „ „	62	31	2	4
55 „ „ 65 „ „ „ „	31	12	1	3
65 and upwards	18	10	—	1
Totals	390	321	86	95
	711		181	

TABLE XIV.
LIST OF DISPENSARIES.

Dispensary.	Address.	Sessions.	Medical Officer.
1. Barnes	The Hospital, South Worples Way, Mortlake	Tues. 5-6.30 p.m.	Dr. A. C. Renwick
2. Cobham ...	Village Hall	Wed., 10 a.m. (2nd)	Dr. C. K. Attlee
3. Cranleigh ...	"Tring"	Tues., 10 a.m. (3rd)	Dr. A. McFarlane
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. J. L. Dunlop
7. Godstone ...	The Hut, South Godstone	Wed., 10 a.m. (1st and 3rd)	Dr. J. A. Scott
8. Guildford ..	49, Farnham Road	Wed., 10 a.m. ... Fri., 10 a.m. ...	Dr. A. McFarlane
9. Horley	Technical Insti- tute	Wed., 10 a.m. (2nd and 4th)	Dr. J. A. Fraser
10. Surbiton ...	South Place, Surbiton Hill	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	Locke-King Clinic, Devonshire Rd.	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.	Dr. C. K. Attlee
16. Woking	Clarence Avenue	Fri., 9.30 a.m. Mon., 9.30 a.m. ...	Dr. A. C. Renwick

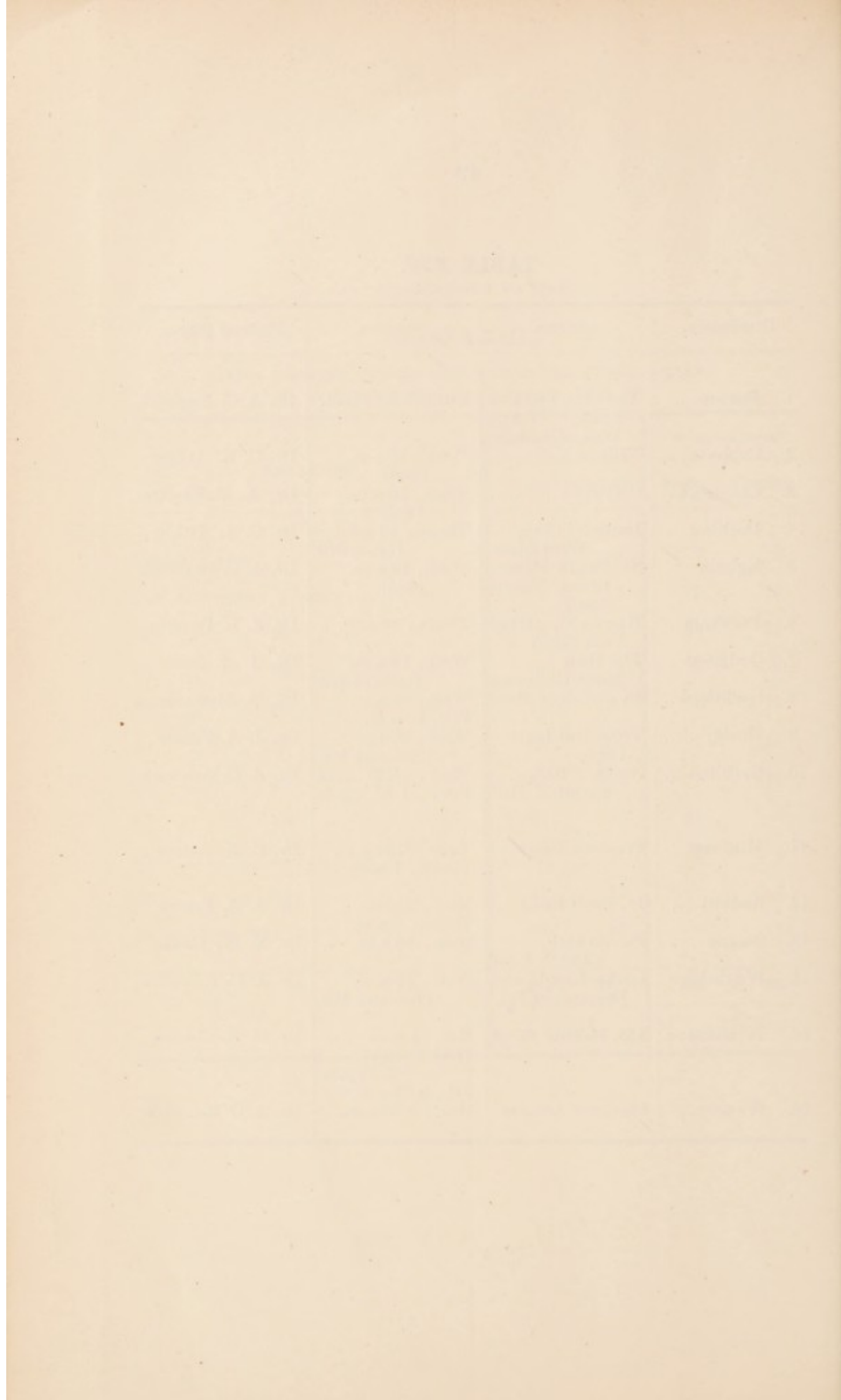


TABLE XV.
RETURN SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1927.

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 ..	290	219	13	16	21	38	39	40	311	257	52	56
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	45	61	45	38
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	181	212	222	182
B.—Contacts examined during the year :—												
(a) Definitely tuberculous ..	4	8	2	1	—	1	1	3	4	9	3	4
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	1	4	9	5
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	31	69	114	114
C.—Cases written off the Dispensary Register as												
(a) Cured ..	6	1	—	—	2	—	7	1	8	1	7	1
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	242	343	375	333
D.—Number of Persons on Dispensary Register on December 31st :—												
(a) Diagnosis completed ..	940	725	43	48	92	107	187	136	1032	832	210	184
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	7	12	13	10

1. Number of persons on Dispensary Register on January 1st ..	2,261	10. Number of consultations with medical practitioners :—	331
2. Number of patients transferred from other areas and of "lost sight of" cases returned ..	68	(a) At Homes of Applicants ..	891
3. Number of patients transferred to other areas and cases "lost sight of" ..	467	(b) Otherwise ..	..
4. Died during the year ..	281	11. Number of other visits by Tuberculosis Officers to Homes ..	478
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ..	11	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ..	6,631
6. Number of attendances at the Dispensary (including Contacts) ..	8,390	13. Number of	..
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ..	6	(a) Specimens of sputum, &c., examined	1,112
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	1049	(b) X-ray examinations made in connection with Dispensary work ..	88
(a) "Light" treatment ..	437	14. Number of Insured Persons on Dispensary Register on the 31st December	1,111
(b) Other special forms of treatment ..	..	15. Number of Insured Persons under Domiciliary Treatment on the 31st December ..	186
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ..	Nil	16. Number of reports received during the year in respect of Insured Persons :—	48
		(a) Form G.P. 17 ..	..
		(b) Form G.P. 36 ..	5

Diagnosis	Tuberculosis				Non-Tuberculosis				Total			
	Admitted		Discharged		Admitted		Discharged		Admitted		Discharged	
	M	F	M	F	M	F	M	F	M	F	M	F
(v) Diagnoses not completed	—	—	—	—	—	—	—	—	—	—	—	—
(a) Diagnoses completed	132	43	48	48	105	104	130	103	13	13	310	184
Referred on December 31st :—	2,26	—	—	—	—	—	—	—	—	—	—	—
D.—Number of Persons on Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
E.—Number of Persons transferred to other	—	—	—	—	—	—	—	—	—	—	—	—
F.—Number of Persons transferred to other	—	—	—	—	—	—	—	—	—	—	—	—
G.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
H.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
I.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
J.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
K.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
L.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
M.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
N.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
O.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
P.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
Q.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
R.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
S.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
T.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
U.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
V.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
W.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
X.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
Y.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—
Z.—Cases written off the Diagnosis	—	—	—	—	—	—	—	—	—	—	—	—

TABLE SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1931.

TABLE XV.

TABLE XVI.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1927.

	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. F.	339	281	51	170
		245	225	29	140
	Children .. { M. F.	31	34	3	39
		48	34	4	45
Number of Observation Cases	Adults .. { M. F.	34	32	—	4
		53	54	—	4
	Children .. { M. F.	27	24	—	4
		20	19	—	3
Total ..		797	703	87	409

TABLE XVII.

RESIDENTIAL INSTITUTIONS.

AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1927.

	Observa- tion.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sana- torium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males	4	117	39	20	5	185
Adult Females	5	99	39	11	8	162
Children under 15	6	16	2	37	18	79
TOTAL	15	232	80	68	31	426

TABLE XIX.

Sanitary district.	Name of centre.	Ante-Natal Sessions.	M. & C. W. Sessions (Afternoons).	Sessions held during the year.	New cases.			Totals.		
					Ante-natal consulta- tions.	Infants under 1 year.	Children 1-5.	Ante- natal consulta- tions.	Infants under 1 year.	Children 1-5.
URBAN.										
Caterham	Caterham Hill	Every Friday	Every Friday	50	8	79	37	26	819	837
	Caterham Valley	—	2nd & 4th Tuesdays	23	1	6	3	1	77	154
Chertsey	Addlestone	Mondays	Every Friday	90	5	37	30	28	681	1,194
	Chertsey	Every Monday	Every Monday	101	27	56	50	104	662	1,224
Dorking	Dorking	Every Tuesday	Every Tuesday	51	23	75	24	51	889	1,146
Egham	Egham	1st & 3rd Fridays	Every Friday	51	6	41	33	13	655	1,218
	Egham, Hythe	—	Every Tuesday	51	—	21	15	—	476	638
Epsom	Epsom	Every Wednesday	Every Wednesday	50	12	84	39	35	1,452	941
Esher and The Dittons	Long and Thames Ditton	1st Tuesday	Every Tuesday	51	20	35	22	26	661	933
Farnham	Badshot Lea	—	2nd & 4th Wednesdays	24	—	14	5	—	165	342
	Bourne	—	1st & 3rd Wednesdays	24	2	15	3	2	110	324
	Farnham	Every Friday	Every Tuesday & Thursday	172	50	65	15	152	950	1,669
	Hale	—	Every Friday	50	3	31	7	3	624	1,156
	Wrecclesham	—	2nd & 4th Mondays	22	4	11	10	4	152	312
Frimley	Camberley	1st & 3rd Thursdays	Every Thursday	52	36	68	41	125	1,036	1,425
	Frimley	—	2nd & 4th Wednesdays	24	5	30	12	21	268	542
Godalming M. B.	Godalming	Every Wednesday	1st & 3rd Wednesdays & Every Friday	75	18	80	30	135	819	1,785
	Ham	—	2nd & 4th Tuesdays	23	1	8	1	5	216	420
	Haslemere	—	Every Tuesday	51	5	36	25	13	413	700
Leatherhead	Leatherhead	—	1st & 3rd Fridays	23	4	38	20	10	306	372
Maldens and Coombe	Maldens and Coombe	2nd Fridays	Every Wednesday & Friday	102	35	123	61	38	2,006	2,948
Molesey, East and West	Molesey, East and West	Every Wednesday	Every Wednesday & Friday	88	29	51	20	65	842	1,506
Surbiton	Surbiton	Every Monday	Every Tuesday & Thursday	202	31	152	74	184	2,041	2,330
Walton-on-Thames	Hersham	Every Thursday	Every Thursday	52	5	26	11	35	459	943
	Walton-on-Thames	—	Every Friday	48	12	51	22	73	606	844
Weybridge	Weybridge	—	Every Tuesday & Thursday	99	18	48	40	58	775	1,242
Windslesham	Bagshot	1st & 3rd Mondays	Every Monday	48	25	45	6	51	705	848
	Windslesham	—	1st & 3rd Wednesdays	23	2	3	6	56	150	104
Woking	Woking Town	Every Friday	Every Monday & Wednesday	151	72	101	37	177	1,251	1,330
	Knap Hill	—	Every Friday	50	3	67	58	4	846	799
RURAL.										
Chertsey	Byfleet	—	Every Wednesday	51	24	37	15	73	488	1,172
	Chobham	—	2nd & 4th Tuesdays	23	1	16	11	1	136	388
Dorking	Effingham	—	2nd & 4th Wednesdays	24	3	5	1	18	68	195
	Capel	—	2nd & 4th Thursdays	14	4	37	28	8	113	50
Epsom	Banstead	—	1st & 3rd Fridays	24	1	23	13	7	237	221
	Bookham	—	1st & 3rd Wednesdays	23	3	16	11	10	144	294
	Cheam	—	1st & 3rd Wednesdays	24	—	18	10	—	169	275
	Cobham	—	Every Monday	52	3	22	9	6	312	392
	Tadworth	—	Every Monday	49	4	20	11	5	425	531
	Worcester Park	—	Every Thursday	47	—	24	20	—	293	425
Farnham	Ash	Every Thursday	Every Thursday	52	14	52	31	40	583	1,152
	Ash Wyke	—	1st & 3rd Mondays	22	3	18	9	13	129	312
	Hindhead	—	2nd & 4th Fridays	23	4	9	5	9	92	115
	Rowledge	—	1st & 3rd Mondays	23	1	20	11	2	130	493
	The Sands (Seale)	—	2nd & 4th Tuesdays	23	1	2	4	4	42	138
	Tilford	—	2nd & 4th Tuesdays	23	1	18	4	6	166	144
Godstone	Bletchingley	—	1st & 3rd Fridays	23	5	28	13	10	162	372
	Dormansland	—	2nd & 4th Mondays	23	1	6	2	1	49	146
	Godstone	—	2nd & 4th Fridays	23	—	11	6	—	67	100
	Hurst Green	—	1st & 3rd Mondays	21	7	6	6	23	55	391
	Limpfield	—	Every Thursday	51	5	20	5	40	434	893
	Lingfield	—	Every Tuesday	50	3	28	8	10	337	327
	Oxted	—	1st & 3rd Tuesdays	24	4	13	14	14	198	368
	Tatsfield	—	2nd & 4th Mondays	25	2	9	12	8	113	275
	Warlingham	—	Every Wednesday	52	5	32	22	28	448	844
	Whyteleafe	—	1st & 3rd Thursdays	24	11	41	24	40	406	592
Guildford	† Guildford	—	—	—	—	—	—	—	—	—
	Horsley, West	—	1st & 3rd Tuesdays	24	2	7	2	3	119	221
	Merrow	—	Every Thursday	51	2	19	4	6	373	458
	Peaslake	—	2nd & 4th Mondays	23	—	5	3	—	35	158
	Ripley	—	Every Tuesday	49	1	25	13	2	321	758
	Send	—	1st & 3rd Thursdays	21	1	17	4	2	179	272
Hambledon	Cranleigh	1st Tuesdays	1st & 3rd Tuesdays	24	2	10	7	11	100	270
	Dunsfold	—	1st & 3rd Thursdays	24	1	12	14	1	161	301
	Elstead	—	2nd & 4th Thursdays	24	1	20	4	2	229	365
	Ewhurst	—	2nd & 4th Fridays	23	3	10	5	14	72	218
	Shalford	—	Every Wednesday	52	8	24	10	56	382	592
Reigate	† Reigate	—	—	—	—	—	—	—	—	—
	Redhill (Ante-natal only)	—	When required	—	—	—	—	—	—	—
	Horley	—	Every Friday	41	33	35	24	10	424	465
	Horley, Salfords	—	1st & 3rd Wednesdays	23	21	15	7	41	182	423
	Walton-on-the-Hill	—	1st & 3rd Tuesdays	23	—	10	2	—	99	281
Totals				3,136	647	2,237	1,161	2,019	29,584	44,613

† Receive mothers and children from the county area.

XIX BLAT

Sanitary district.	Ante-Natal	Name of centre.	Ante-Natal
URBAN.			
Caterham	..	Caterham Hill	Every Friday
Chertsey	..	Caterham Valley	Every Friday
Dorking	..	Addestone	Every Monday
Egham	..	Chertsey	Every Monday
Epsom	..	Dorking	Every Tuesday
Faber and The Dittons	..	Egham	Every Tuesday
Farnham	..	Egham, Hythe	1st & 3rd Friday
	..	Epsom	Every Wednesday
	..	Long and Thames Ditton	Every Wednesday
	..	Badshot Lea	Every Wednesday
	..	Bourne	Every Wednesday
	..	Farnham	Every Friday
	..	Hale	Every Friday
	..	Worcesterham	Every Friday
Frimley	..	Camberley	Every Friday
Godalming M. B.	..	Frimley	Every Friday
	..	Godalming	Every Wednesday
	..	Ham and Petersham	Every Wednesday
	..	Haslemere	Every Wednesday
	..	Leatherhead	Every Wednesday
	..	Malden and Coombe	Every Wednesday
	..	Molesey, East and West	Every Wednesday
	..	Sutton	Every Monday
	..	Watton-on-Thames	Every Thursday
Weybridge	..	Watton-on-Thames	Every Thursday
Windsor	..	Weybridge	Every Thursday
	..	Badshot	1st & 3rd Monday
	..	Windsor	1st & 3rd Monday
Woking	..	Woking Town	Every Friday
	..	Knaphill	Every Friday
RURAL.			
Chertsey	..	Byfleet	Every Friday
Dorking	..	Chobham	Every Friday
Epsom	..	Effingham	Every Friday
	..	Capel	Every Friday
	..	Banstead	Every Friday
	..	Bookham	Every Friday
	..	Cham	Every Friday
	..	Cobham	Every Friday
	..	Tadworth	Every Friday
	..	Worcester Park	Every Friday
Farnham	..	Ash	Every Thursday
	..	Ash Wye	Every Thursday
	..	Hindhead	Every Thursday
	..	Rowledge	Every Thursday
	..	The Sands (Seale)	Every Thursday
	..	Tilford	Every Thursday
Godstone	..	Bletchington	Every Thursday
	..	Dommonland	Every Thursday
	..	Godstone	Every Thursday
	..	Hurst Green	Every Thursday

TABLE XX.

Statement shewing the numbers of:—

(i) Houses erected in Surrey during the year 1927: and

(ii) Houses in course of erection at the end of 1927.

Sanitary district.	By Local Authority under assisted schemes.		By private persons.		By Public Utility Societies.		Total.	
	Houses erected during year 1927.	Houses in course of erection at end of 1927.	Houses erected during year 1927.	Houses in course of erection at end of 1927.	Houses erected during year 1927.	Houses in course of erection at end of 1927.	Houses erected during year 1927.	Houses in course of erection at end of 1927.
URBAN.								
Barnes	†101	†537	246	106	—	—	347	643
Beddington and Wallington	80	—	311	229	—	—	391	229
Carshalton	8	76	722	293	—	—	730	369
Caterham	—	—	148	26	—	—	148	26
Chertsey	78	10	59	18	23	—	160	28
Coulsdon and Purley	—	26	443	235	—	—	443	261
Dorking	40	40	54	25	—	—	94	65
Egham	100	—	192	25	—	—	292	25
Epsom	—	—	—	—	—	—	—	—
Esher and Dittons	114	—	57	43	—	—	171	43
Farnham	64	36	102	21	—	—	166	57
Frimley	87	56	55	23	—	—	142	84
Godalming (M.B.)	68	—	20	4	—	—	88	4
Guildford (M.B.)	198	32	112	53	120	—	430	85
Ham	10	—	11	22	—	—	21	22
Haslemere	24	—	†15	4	—	—	39	4
Kingston-on-Thames (M.B.)	108	—	84	27	—	—	192	27
Leatherhead	22	4	35	25	—	—	57	29
Maldens and Coombe	*76	—	145	76	—	—	221	76
Merton and Morden	100	—	847	294	—	—	947	294
Mitcham	134	—	1,062	172	—	—	1,196	172
Molesey, East and West	78	—	37	18	—	—	115	18
Reigate (M.B.)	46	58	77	32	—	—	123	90
Richmond (M.B.)	49	14	85	52	—	—	134	66
Surbiton	47	—	215	119	—	—	262	119
Sutton	74	—	193	104	—	—	267	104
Walton-on-Thames	100	—	99	36	32	—	231	36
Weybridge	100	—	34	14	—	—	134	14
Wimbledon (M.B.)	60	—	187	75	—	—	247	75
Windlesham	21	6	36	7	—	—	57	13
Woking	74	14	139	30	—	—	213	44
	2,061	909	5,822	2,213	175	—	8,058	3,122
RURAL.								
Chertsey	28	—	81	31	—	—	109	31
Dorking	—	—	67	25	—	—	67	25
Epsom	110	54	706	441	4	12	820	507
Farnham	16	—	139	31	—	—	155	31
Godstone	96	26	136	40	—	—	232	66
Guildford	45	24	161	42	—	—	206	64
Hambleton	—	—	149	68	—	—	149	68
Reigate	56	—	230	105	6	—	292	105
TOTALS	351	104	1,669	783	10	12	2,030	897

† Erected by London County Council. ‡ In addition 3 flats have been erected. * Flats.

Statement showing the numbers of

by (i) Houses erected

the 24th House in 1904

TABLE XXI.

VENEREAL DISEASES, 1927.

	London centres only.	Surrey centres.		
		Guildford.	Richmond.	Redhill.
Number of persons who, on the 1st January, 1927, were under treatment	*	135	94	
Number of persons dealt with during the year for the first time	792	170	39	
Number of persons who ceased to attend—				
(a) Before completing the first course of treatment	*	52	Nil	
(b) After one or more courses, but before completion of treatment ..	*	13	1	
(c) After completion of treatment but before final tests as to cure	*	22	8	
Number of persons discharged after completion of treatment and observation ..	*	14	6	
‡Number of persons who, on the 31st Dec., 1927, were under treatment or observation		149	71	
Out-patient attendances—				
(a) For individual attention by the Medical Officer	19,129	1,685	816	
(b) For intermediate treatment, <i>e.g.</i> , irrigation: dressings				
Number of doses of salvarsan substitutes given ..	1,679	821	151	
Specimens from persons attending sent to an approved laboratory—				
(a) Sporochaetes ..	8	3	2	
(b) Gonococci	977	215	64	
(c) Wasserman reaction ..	917	151	30	
(d) Others	903	Nil	Nil	
Number of in-patient days ..	2,487	Nil	Nil	

* Figures not obtainable.

‡ In the case of Richmond the Centre closed in April, 1927

TABLE XXII.

SALE OF FOOD AND DRUGS ACTS.

NUMBERS OF SAMPLES ANALYSED.

Articles.	Number of samples analysed.	Number genuine.	Number adul- terated.	Prosecu- tions.	Convic- tions.
Milk	1,503	1,384	119	51	24
Cream	29	28	1	—	—
Cream—preserved ...	2	2	—	—	—
Butter	65	64	1	—	—
Cheese	7	6	1	—	—
Margarine	40	40	—	—	—
Lard	2	2	—	—	—
Bread	—	—	—	—	—
Flour	2	2	—	—	—
Tea	1	1	—	—	—
Coffee	—	—	—	—	—
Cocoa	5	5	—	—	—
Sugar	1	1	—	—	—
Mustard... ..	—	—	—	—	—
Confectionery and Jam	10	10	—	—	—
Pepper	—	—	—	—	—
Wine	9	7	2	—	—
Beer	10	10	—	—	—
Spirits	24	23	1	—	—
Drugs	—	—	—	—	—
Other Articles	350	307	43	—	—
Totals	2,060	1,892	168	51	24

TABLE XXIII.

Authority.	Date.	Place.	Purpose of Inquiry.	Amount of loan applied for.
Wandle Valley Joint Sewerage Board	5/1/27	Mitcham	Adoption of bye-laws governing connections to sewers	—
Epsom Rural District Council	1/3/27	Walton-on-the-Hill	Loan in respect of works of sewerage	£17,500
Carshalton Urban District Council	3/3/27	Carshalton	Loan for purposes of sewage disposal	£4,850
Surbiton Urban District Council	8/3/27	Surbiton ..	Preliminary Statement of Town Planning Proposals	—
Merton and Morden Urban District Council	15/3/27	Merton ..	Loan for the construction of a new main low-level relief sewer and the construction of works in the Urban District of Mitcham	£111,500
Godstone Rural District Council	12/4/27	Addington	Loan for works of sewerage in the Parish of Addington	£10,350
East and West Molesey Urban District Council	26/7/27	E. Molesey	Loan for works of sewerage	£8,000
Epsom Urban District Council	27/7/27	Epsom ..	Loan for excess expenditure for purposes of water supply	£1,450
Reigate Town Council	4/8/27	Reigate ..	Loan for works of sewerage and sewage disposal	£1,675
East Grinstead Rural District Council	23/8/27	Crawley Down	Loan for works of sewerage including execution of works in the contributory place of Horne	£67,800
Sutton Urban District Council	4/10/27	Sutton ..	Modifications and variations of preliminary statement of Town Planning	—
Wimbledon Town Council	13/10/27	Wimbledon	Preliminary Statement of Town Planning Proposals	—
Woking Urban District Council	4/11/27	Woking ..	Loan for erection of Fire Station and works of sewerage	£7,665
Epsom Urban District Council	29/11/27	Epsom ..	Loan for the purpose of sewage disposal	£10,100
Farnham Urban District Council	30/11/27	Farnham ..	Loan for the purpose of sewage disposal	£2,400
Merton and Morden Urban District Council	29/12/27	Merton ..	Loan for the purpose of refuse disposal and General Depot purposes	£2,250

TABLE XXII.

Surrey Education Committee.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1927.

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PREFACE.

The following report deals briefly with the work of medical inspection and treatment of children attending the public elementary schools and the medical inspection and following-up of secondary school pupils carried out during the year 1927 under the general direction of the school medical officer.

During 1927, 19,887 children at elementary schools and 4,091 at secondary schools have been systematically medically examined.

The parents of 219 children objected to routine medical inspection. In each instance a letter was sent to the parent pointing out the advantages of medical examination, and as a result the parents of 40 children withdrew their objection. In addition 46 children were examined by a private medical practitioner who completed the inspection schedule.

These objections still continue to decrease, and of those objectors afterwards examined by private medical practitioners there was last year an increase of 63 per cent.

Of the elementary school children examined at routine inspection, 18.4 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, 56.4 per cent. of the children needing treatment actually received it by the end of the year. Dental inspection of 39,971 elementary school children was made. The teeth in 75.1 per cent. were found to require attention, and dental treatment was provided for 47.5 per cent. of the children found to require it. Institutional treatment was provided for varying periods in the year for 242 children who were blind, deaf, epileptic, physically or mentally defective.

Of the pupils examined in secondary schools, 13.9 per cent. were found to be suffering from disease or defect other than dental caries sufficiently serious to require treatment. As a

result of following-up it was found that 41·05 per cent. of the pupils needing treatment received it by December 31st. Dental inspection of 7,230 pupils was made. The teeth of 61·5 per cent. were found to require attention.

The estimated cost of all these medical services, including the maintenance of children in special schools, for the year ended 31st March, 1928, was £28,100.

There is a great need for an open-air residential school in Surrey; further reference to this is made on page 67.

T. RUDDOCK-WEST,
Deputy County Medical Officer and
School Medical Officer.

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

May, 1928.

CO-ORDINATION.

The school medical officer is county medical officer of health. The assistant medical officers undertake maternity and child welfare work, and also act as assistant tuberculosis officers. They act as 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 277 public elementary schools having 382 departments; 130 were provided schools and 147 non-provided. On the 31st March, 1927, there were 60,644 children on the registers, 24 being under 5 years of age. The average attendance for the school year was 54,148.

(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 1927, 29 recommendations were made relating to 21 schools. The defects discovered were:—

<i>Defects.</i>	<i>No. of Recommendations.</i>
Desks unsuitable and bad type	2
Heating inadequate	7
Closets and Urinals:—	
Insufficient number	1
Constructional defects	1
Faulty flushing apparatus	2
Playground surface in need of repair ...	1
Ventilation inadequate	2
Lavatory basins—in need of replacement or repair	2
School buildings—structural defects ...	1
Polluted well water used for drinking ...	1
Miscellaneous	9

(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 possibility that infectious disease will be spread by 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.*—The school referred to on page 8 of the Annual Report for last year has now been joined to the company's mains.

(iv) *Playgrounds.*—In many instances the playgrounds of the voluntary schools in the county are in a bad condition, and in several cases are to some extent a source of danger to

the children. The surfaces of these playgrounds are of loose gravel and stones, are uneven, and become extremely muddy in wet weather. It often 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 have to sit in school with wet feet for the remainder of the session.

MEDICAL INSPECTION.

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

- (i) The entrants, children entering school for the first time.
- (ii) The intermediates, children whose eighth birthdays occurred during the year.
- (iii) The leavers:—
 - (a) Children whose twelfth birthdays occurred during the year.
 - (b) Children due to leave school during the year and not inspected while twelve years of age.
- (iv) The specials, certain children of various ages, concerning whose condition teachers required advice.

The number of children examined in the various age groups are set out in table I.

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

(c) During 1927 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. Of the children systematically examined, 7.4 per cent. had defective vision or squint, 19.0 per cent. enlarged tonsils, adenoids or enlarged tonsils and adenoids, and 0.88 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, so that arrangements may 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 that it has worked extremely well. The health visitors have regularly visited schools and homes where instances of infectious disease have occurred. Whenever it was practicable, arrangements were made for a 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 it was possible to check what in all probability would have been serious epidemics, and a considerable loss of education on account of exclusion or closure of schools has been avoided. In connection with this work the health visitors paid 1,981 visits to schools and 9,341 visits to homes.

During the year there was a considerable decrease in the number of children absent from school suffering from measles—284 as compared with 6,811 in 1926. Never before has there been reported so few cases of the disease. The number of days lost owing to the exclusion of contacts with cases of measles was approximately as follows:—

Infectious Disease.	Approximate number of school days lost.					
	1922	1923	1924	1925	1926	1927
Chickenpox ...	3,600	3,300	—	—	—	—
Measles ...	11,445	15,090	35,475	8,175	8,540	640
German Measles...	420	444	—	—	—	—
Mumps ...	8,192	4,097	19,380	32,020	—	—
Totals ...	23,657	22,931	54,855	40,195	8,540	640

Owing to a widespread epidemic of influenza which swept over the County during January and February, the number of days during which schools were closed compares unfavourably with the previous year.

The other infectious diseases only necessitated the closure of two schools for a total period of twenty-seven days.

The figures for 1922 and 1923 do not nearly represent the total exclusions, because there is evidence to show that notification by head teachers was largely in abeyance, but they suffice to indicate 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.

Table VI. is a list of the schools closed in 1927, with the periods of closure.

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

Diphtheria.—During the year the Schick testing and immunisation of the entrants to the Mitcham Links and Fortescue Road Schools has been continued.

In 1927 cases of diphtheria were reported in the following schools:—

Beddington & Wallington, Bandon Hill.

Beddington & Wallington, Holy Trinity.

Carshalton, Stanley Road.

Cheam Common C. Infants.

and as it seemed that serious outbreaks were threatened, it was decided to Schick test and immunise the children in attendance at these schools. Meetings of the parents were held, and the procedure to be adopted was explained.

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

School.	Tested.	Susceptible to Diphtheria.	Immunised.
Beddington and Wallington, Bandon Hill	184	144	120
Beddington and Wallington, Holy Trinity	312	293	286
Carshalton, Stanley Road ...	200	182	181
Philanthropic Farm School, Redhill	108	53	49
Cheam Common C. Infants ...	129	111	107
Ministering Children's League Homes, Ottershaw	54	33	33
Mitcham, Fortescue Road C. ...	45	40	40
Mitcham, Links C.	76	69	69
Ballards School, Addington ...	17	16	16

In addition, children previously found to be susceptible and who had received the Diphtheria Toxin Anti-Toxin Mixture, were re-tested with the following results:—

School.	Re-tested.	Susceptible to Diphtheria.	Immunised.
Mitcham, Fortescue Road C. } and Mitcham, Links C. }	198	20	17

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

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

FOLLOWING-UP.

While 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, 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 for the conditions from which he is found to be suffering.

A review of the work of following-up reveals that of 38,429 defects found at routine and special examinations during the years 1922-1926 inclusive, 33,163, or 86·3 per cent., had received treatment up to the 31st December, 1927.

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 10,775 home visits in connection with defective children; in addition, health visitors paid many visits to schools in connection with following-up and to homes for other purposes. The health visitors also make arrangements 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 the figure was 14,865, in 1926 the figure was 17,204, and in 1927, 16,244 such 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 mental defective persons of all ages.

Table IV. 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 almost entirely to the systematic methods now adopted in dealing with children who attend school in an unclean condition and to the fact that the nurses are able to pay more frequent visits to the schools. The following comparative figures are of interest:—

	1921	1922	1923	1924	1925	1926	1927
Number of visits to schools by nurses	6,853	6,974	7,221	7,858	9,274	11,993	11,260
Children with nits in the hair	73,193	50,107	44,419	29,059	27,845	21,924	23,319
Children with lice in hair	4,629	3,051	4,178	2,866	3,140	2,585	2,324
Children with verminous bodies	174	106	116	104	158	313	217
Exclusions—1st time ...	3,638	1,735	1,533	1,444	1,598	1,377	1,195
2nd time ...	1,245	563	392	409	419	369	328
3rd time ...	739	260	138	132	130	173	88

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.

There are now 73 minor ailment clinics available within the County, 31 dental and 27 eye clinics.

Table IV. (i) is a return of the minor ailments treated. During the year there were 34,771 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 5,701 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.

In July the staff was increased by the appointment of two additional dental surgeons, and from April the original scheme of the Education Committee was put into operation. During the latter two terms all children of the ages of 6, 7, 8, 10, 11, 12 and 13 were dentally inspected. It is therefore necessary that the further additional dental surgeon should be appointed during 1928 in order that the children of the ages of five and nine may be inspected and treated.

Owing to the late decision of the Committee to appoint the additional staff, the work and treatment of the defects found at inspections got into arrear, and it was not possible to clear off arrears of treatment by the end of the year.

With a nearly full staff of dental surgeons and the inspection of each child during each year of its school life, it must be anticipated that the defects found will be easier of treatment, and not to necessitate the many hours per child that is in some cases now required.

By lectures given to the parents by dental surgeons at the time of inspection it is hoped that they will give their consent to immediate treatment of minor fillings rather than to wait until the child develops really bad teeth.

(d) *Tuberculosis*.—Children suffering or suspected to be suffering from tuberculosis are referred to the tuberculosis

officers. The number of children provided with treatment during 1927 is set out in table VIII.

(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 child 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. ...	62	362
Guildford, Royal Surrey County Hospital	Mr. Dudley Buxton, F.R.C.S. ...	56	139
Kingston, Red Cross Curative Post, Victoria Cottage Hospital	Mr. McCrae-Aitken, F.R.C.S. ...	315	8,082
Merton, The Nelson Hospital	Mr. C. Lambrinudi, F.R.C.S. ...	85	2,127
Woking, Red Cross Curative Post, Victoria Cottage Hospital.	Mr. Rowley Bristow, F.R.C.S. ..	157	725
Weybridge, Vigo House ...	Mr. E. P. Brockman, F.R.C.S.	52	740
Haslemere, Cottage Hospital...	... ..	2	47
Totals ...		729	12,222

OPEN-AIR EDUCATION.

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

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

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

The season began on April 23rd and continued until the 24th September, the Camp being continuously occupied between those dates for 22 weeks by 13 parties comprising a total of 564 children (450 Boys and 114 Girls). This was but one less than the highest number recorded hitherto, *i.e.*, in the first season. The scholars came from 43 schools altogether (including the 29 schools represented in Sir Arthur Glyn's Summer holiday parties) and were accompanied by 26 teachers 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
1927	22	450	114	564	26	13	43

Of the 14 schools in the 11 parties (excluding the two Summer holiday parties), six (4 Boys and 2 Girls) sent parties for the first time. The endeavour to extend the benefits of the Camp to schools from which children had not previously attended resulted in the exclusion of schools from which large parties had hitherto been provided; otherwise, the numbers would have created a record and the number of Girls would certainly have been greater. The aggregate demand was much in excess of the available accommodation, and disappointment to a number of schools and children was inevitable.

In spite of an exceptionally wet season, the records left by the teachers-in-charge demonstrate that the children enjoyed and benefited by their visits and, without exception, testimony is given to the excellence of the work of the Caretakers (Mr. and Mrs. C. H. Moody), which continues to contribute largely to the success of the Camp.

Thanks are again due and accorded to Sir Arthur Glyn for his arrangements and assistance in enabling 99 boys, who could not otherwise have done so, to visit the Camp. Two parties each spent a fortnight of the Summer holidays at the Camp, and the Committee are indebted to Mr. A. Ponsford and Mr. F. J. Rawson (of the Epsom Council School) for their action in devoting part of their vacation to the supervision of these parties: Mr. Ponsford was in charge of both parties and so spent the whole of his holiday in helping to make it possible for these boys to enjoy a holiday at the Camp. Mr. W. Worsfold (an employee of Sir Arthur Glyn) very kindly assisted with the first party, and he, too, has been thanked by the Committee for his help.

The average cost of the food for the scholars, teachers and caretakers was a little under 6s. 10½d. per head per week, as compared with 7s. 10d., 6s. 11¾d., 6s. 9½d., 7s. 3d. and 6s. 10¼d. respectively, for the previous seasons. This is again practical testimony to the careful work of the Caretakers in this part of their duties.

The Committee are very appreciative of the support given to the Camp by the Education Committee, and especially of the structural improvements (sanitation, tar-paving of the courtyard, etc.) which were carried out before the opening of this season and which have proved a great boon. They are hopeful that the very necessary improved housing accommodation for the caretakers will be provided before the beginning of next season.

The Committee have expressed to a number of firms and people in Guildford and district their sense of indebtedness for facilities afforded year after year for visits by parties of children to various places of interest.

The grateful thanks of the Committee are again accorded to the County School Medical Officer (Dr. J. Cates) for his arrangements for the medical examination of the scholars immediately prior to their departure for the Camp, and also to the Camp's Hon. Medical Officer (Miss M. H. Archibald, M.A., M.D.) for her care of the children whilst at the Camp. In this latter connection, the Committee have received with deep regret Dr. Archibald's resignation of her position, the more so as this has been occasioned by ill-health. They have placed on their records and have conveyed to Dr. Archibald an expression of this regret and of sincere appreciation of the keen interest taken in and time spent by her at the Camp in the fulfilment of her honorary duties, which have been so conscientiously performed.

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

The Committee desire once again to record appreciation of the work of Mr. R. B. Roberts (their Hon. Secretary) in the arrangement of all the details connected with the visits of the various parties for the season.

Since the last report, Sir Arthur R. Glyn, Bart., J.P., C.C., has, on the suggestion of this Committee, joined the Management Committee as an additional representative of the Education Committee.

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

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

(e) *Day open-air schools.*—None.

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

Long standing defects, such as quiescent heart disease, anæmia, bronchitis, intractable malnutrition, require many months of persistent treatment under open-air conditions if permanent improvement is to be effected.

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 eight children in the Edgar Lee Home, Willesden; the Clevedon Home, Broadstairs; the Northcourt Hospital, Hampstead; and the West Wickham Home, Kent, 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 under capable management, it is seldom possible, on account of the great 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 14 Surrey 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, and 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 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 debilitated child.

PHYSICAL TRAINING, 1927.

The organiser of physical training for the county reports that a similar procedure has been followed as in 1926. As many classes as it is possible for one person to organise and

supervise have taken place all over the county—physical training classes for upper and for infant teachers, in addition to country dance classes.

The first are refresher courses and intensive, held during the autumn term, and in this way only is it possible for elementary school teachers to keep up-to-date in a subject which has changed so vitally in the past few years. This is appreciated, and the attendance is a proof of it.

In connection with the autumn classes, criticism lessons are expected and given in the schools during the spring term, and it will be seen that in this way the value of the classes is two-fold.

The country dance classes usually continue until Easter, which enables the schools represented to have practice in the programme set for the annual festival held in March in Guildford.

Classes for Old Scholars.—These were started for the first time, as an experiment, in five centres. The main object was to try to continue unbroken the instruction given in the day schools, and it is thought that the scheme is a successful one. These classes also are to continue until Easter.

Swimming.—In spite of the worst season for bad weather on record, swimming has developed. There is an increase in the average attendance, and also in the number of children who have learnt to swim.

Centres where classes were held:—

For Upper School Teachers—Caterham Valley, Horley, Redhill, Sutton and Woking.

For Infant School Teachers—Sutton and Lingfield.

Country Dance Classes—Farnham, Walton, Surbiton, Woking, Epsom, Purley, Mitcham, Godalming, Chertsey, Lingfield and Horley.

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 63).

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 51·8 per cent. of parents attended the medical examinations as compared with 50·4 per cent. in 1926.

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 56 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:—

- (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—

- (a) The Care Committee should acquaint themselves with the nature of the probable future of the

children after leaving School, and the parents of the child should be invited to meet the Care Committee to discuss the nature of the employment the child should seek. In cases where this invitation is not accepted, or unsatisfactory arrangements appear to have been made, the parents should be visited.

- (b) The Care Committee should keep the children under a general supervision until they reach the age of seventeen. Should a child fall out of employment, he or she should be advised to register or re-register at the Juvenile Labour Exchange. Wherever possible, children should be advised to join some organisation for Boys and Girls, such as an old scholars' association, in order that they may keep in touch with the influence of the School and the Care Committee. This side of the work of the Care Committee is capable of very great development.

When parents persistently refuse to obtain medical assistance for the defects discovered in children attending the public elementary schools, these instances of neglect are referred to the National Society for the Prevention of Cruelty to Children. During 1927, 60 cases of neglect were reported to the Society, and in 51 cases the activities of the Society were successful. Details of these cases are given in table IX.

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 1,711 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 have made within the County for the education of mentally defective children is the establishment of observation classes in the following fifteen public elementary schools:—

Beddington, Bandon Hill Mixed Council.
Barnes Central Girls' Council.
Barnes Central Boys' Council.

Bisley Boys'.

Carshalton, Camden Road Boys' Council.

Coulsdon and Purley, Smitham Bottom Mixed Council.

Leatherhead Central Council.

Mitcham, Gorrington 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.

Sutton, Crown Road Boys' Council.

Sutton, New Town Boys' 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 otherwise possible. 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 ordinary 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 vacancies occurred for 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. This latter alternative, 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 others, and sometimes falls into the hands of the police.

In Surrey at the end of last year sixteen children had been recommended as urgent cases for admission into special schools, but no accommodation had been found for them.

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 County Mental Deficiency Committee; the Education Committee is not concerned with these cases. At the end of the year 1927, the total number of children in the county who had been ascertained to be educable mental defectives — *i.e.*, feeble-minded — was 263. Of these 44, or 16·7 per cent., were in residential special schools, and 22, or 8·3 per cent., were attending the special observation classes to which reference has already been made. In the remaining 197 cases (74·5 per cent.) no provision had been made for the special education which these children require, and 93 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 fifteen 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 birthdays occurred during the year.
- (iii) Leavers, pupils whose fifteenth birthdays occurred during the year.

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

The numbers inspected in each age group are shown in table X.

The defects found are recorded in table XI. It will be seen that the percentage of pupils found to require treatment is 13·9 as compared with 18·4 in the case of children attending public elementary schools. Of the 4,091 pupils who were examined at routine inspection, 464, or 11·1 per cent., suffered from some degree of defective vision or squint, as compared with 7·4 of children at public elementary schools.

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

CONTINUATION SCHOOLS.

There are no continuation schools provided by the Education Authority.

EMPLOYMENT OF CHILDREN.

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

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

MISCELLANEOUS.

(a) *Examination of county scholarship candidates.*—During the year 486 candidates for county scholarships (293 boys and 193 girls) were examined medically. Of these 425 (259 boys and 166 girls) were found to be physically fit to hold scholarships, and the remaining 61 (34 boys and 27 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 12 teachers were examined by the school medical officer or a medical member of his staff; in 11 instances it was considered that the teacher was fit for work in school and in the remaining case the teacher was found to be unfit and in need of a prolonged period of rest.

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	3,550	3,460	7,010
Intermediates	2,952	2,823	5,775
Leavers	3,600	3,502	7,102
Totals	10,102	9,785	19,887

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys	4,417	8,100
Girls	4,328	8,144
Totals	8,745	16,244

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION
IN 1927.

	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	66	175	27	21
Skin—				
Ringworm, Head	6	1	53	2
„ Body	5	—	90	1
Scabies	29	—	52	—
Impetigo	89	—	1,051	4
Other diseases (non-tubercular)	94	39	525	38
Eye—				
Blepharitis	97	22	176	6
Conjunctivitis	20	5	128	1
Keratitis	—	1	1	—
Corneal opacities	1	4	1	2
Defective vision (excluding squint)... ..	627	486	1,004	56
Squint	149	124	82	15
Other conditions	15	24	115	10
Ear—				
Defective hearing	68	109	44	43
Otitis media	76	40	178	17
Other ear disease	86	7	135	15
Nose and Throat—				
Enlarged tonsils	854	1,555	411	159
Adenoids	113	199	130	51
Enlarged tonsils and adenoids	652	490	788	73
Other conditions	64	96	300	87
Enlarged cervical glands (non-tubercular)	43	780	137	179
Defective speech	2	58	3	27
Heart and Circulation—				
Heart disease, Organic	8	112	8	27
„ „ Functional	10	221	6	39
Anæmia	140	54	135	30
Lungs—				
Bronchitis	64	257	118	56
Other non-tubercular diseases	13	46	16	23

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	3	—
" suspected ...	3	38	6	46
Non-Pulmonary—				
Glands ...	1	24	7	9
Spine ...	—	—	—	1
Hip ...	—	4	—	—
Other bones and joints ...	—	2	1	—
Skin ...	1	1	—	2
Other forms ...	—	3	—	5
Nervous system—				
Epilepsy ...	2	17	10	10
Chorea ...	3	17	28	16
Other conditions ...	10	41	30	42
Deformities—				
Rickets ...	12	26	1	1
Spinal curvature ...	142	224	50	19
Other forms ...	319	650	119	57
Other diseases and defects ...	286	345	1,726	463
Totals ...	4,170	6,299	7,695	1,653

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 ...	7,010	1,279	18.2
Intermediates ...	5,775	1,095	19.0
Leavers ...	7,102	1,288	18.1
Totals ...	19,887	3,662	18.4

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE COUNTY ON THE 31ST DECEMBER, 1927.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i.) Suitable for training in a school or class for the totally blind	Attending certified schools or classes for the blind	3	1	4
		Attending public elementary schools	—	—	—
		At other institutions	—	—	—
		At no school or institution	2	—	2
	(ii.) Suitable for training in a school or class for the partially blind	Attending certified schools or classes for the blind	2	3	5
		Attending public elementary schools	1	4	5
		At other institutions	—	1	1
		At no school or institution	2	1	3
Deaf (including deaf and dumb and partially deaf)	(i.) Suitable for training in a school or class for the totally deaf or deaf and dumb	Attending certified schools or classes for the deaf	19	11	30
		Attending public elementary schools	—	—	—
		At other institutions	1	—	1
		At no school or institution	2	—	2
	(ii.) Suitable for training in a school or class for the partially deaf	Attending certified schools or classes for the deaf	5	2	7
		Attending public elementary schools	5	2	7
		At other institutions	—	2	2
		At no school or institution	1	3	4
Mentally Defective	(i.) Feeble minded (cases not notified to the Local Control Authority)	Attending certified schools for mentally defective children	24	20	44
		Attending public elementary schools	68	52	120
		At other institutions	3	3	6
		At no school or institution	55	38	93
	(ii.) Notified to the Local Control Authority during the year	Feeble-minded	—	1	1
		Imbeciles	17	21	38
		Idiots	1	1	2
	Epileptic	(i.) Suffering from severe epilepsy	Attending certified special schools for epileptics	7	4	11
In institutions other than certified special schools			—	—	—
Attending public elementary schools			1	1	2
At no school or institution			2	2	4
(ii.) Suffering from epilepsy which is not severe		Attending public elementary schools	7	8	15
		At no school or institution	4	5	9

TABLE III--Contd.

—			Boys.	Girls.	Total.
Physically Defective	(i.) Infectious pulmonary and glandular tuberculosis	At approved sanatoria or sanatorium special schools	2	2	4
		At other institutions	—	—	—
		At no school or institution	2	3	5
	(ii.) Non-infectious but active pulmonary and glandular tuberculosis.	At approved sanatoria or sanatorium special schools	9	12	21
		At certified residential open-air schools	—	—	—
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	8	13	21
		At other institutions	—	—	—
		At no school or institution	5	3	8
	(iii.) Delicate children (e.g. pre or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At certified residential open-air schools	16	12	28
		At certified day open-air schools ...	—	—	—
		At public elementary schools ...	257	187	444
		At other institutions	5	3	8
		At no school or institution	45	41	86
	(iv.) Active non-pulmonary tuberculosis	At approved sanatoria or hospital schools	22	17	39
		At public elementary schools ...	8	9	17
		At other institutions	—	—	—
		At no school or institution	9	7	16
	(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 ...	7	5	12
		At certified residential cripple schools	12	2	14
		At certified day cripple schools ...	2	5	7
		At public elementary schools ...	165	138	303
		At other institutions	5	8	13
		At no school or institution	47	66	113
	Totals		858	719	1577

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VOLUME I

TABLE IV.
Group 1.—Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during 1927.

	Treatment of defects found prior to 1927.							Treatment of defects found during 1927.												Total defects treated during the year, whether found during 1927 or previously.		
	Routine cases.			Special cases.			Total defects treated—Routine and special.	Routine cases.				Special cases.				Total defects treated—Routine and special.						
	Defects treated.			Defects treated.				Defects treated.				Defects treated.										
	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.		Referred for treatment.	Under scheme of Local Education Authority.	Otherwise.	Total.	Referred for treatment.	Under scheme of Local Education Authority.	Otherwise.	Total.							
Malnutrition	22	15	37	7	1	8	45	66	32	11	43	27	17	1	18	61	78	28	106			
Skin—																						
Ringworm, Head .. .	—	1	1	3	—	3	4	6	3	3	6	33	41	3	44	50	47	7	54			
" Body .. .	—	—	—	2	—	2	2	5	4	1	5	90	88	—	88	93	94	1	95			
Scabies .. .	2	—	2	—	—	—	2	29	22	4	26	32	44	6	50	76	66	10	78			
Impetigo .. .	4	1	5	27	2	29	34	89	55	4	59	1,051	1,014	15	1,029	1,088	1,100	22	1,122			
Other Diseases (non-Tubercular) .. .	7	5	12	4	1	5	17	94	48	15	63	525	476	24	500	563	535	45	580			
Eye—																						
Blepharitis .. .	11	7	18	3	—	3	21	97	64	13	77	176	163	3	166	243	241	23	264			
Conjunctivitis .. .	2	—	2	2	1	3	5	20	11	2	13	128	113	8	121	134	128	11	139			
Keratitis .. .	—	1	1	—	—	—	1	—	—	—	—	1	—	1	1	1	—	2	2			
Corneal Opacities .. .	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	1	—	1	1			
Defective Vision .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Squint .. .	—	—	—	—	—	—	—	See Table IV., Group II.	—	—	—	See Table IV., Group II.	—	—	—	—	—	—	—			
Other Conditions .. .	2	—	2	1	2	3	5	15	10	2	12	115	100	5	105	117	113	9	122			
Ear—																						
Defective Hearing .. .	6	4	10	1	4	5	15	68	28	9	37	44	27	8	35	72	62	25	87			
Otitis Media .. .	17	5	22	5	6	11	33	76	31	17	48	178	143	20	163	211	196	48	244			
Other Ear Disease .. .	10	3	13	6	1	7	20	86	55	9	64	135	107	15	122	186	178	28	206			
Nose and Throat—																						
Enlarged Tonsils .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Adenoids .. .	—	—	—	—	—	—	—	See Table IV., Group III.	—	—	—	See Table IV., Group III.	—	—	—	—	—	—	—			
Enlarged Tonsils and Adenoids .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other Conditions .. .	11	5	16	5	5	10	26	64	30	15	45	300	230	40	270	315	276	65	341			
Enlarged Cervical Glands (non-Tubercular) .. .	7	4	11	9	4	13	24	43	15	11	26	137	101	19	120	146	132	38	170			
Defective Speech .. .	—	—	—	—	—	—	—	2	1	—	1	3	—	—	—	1	1	—	1			
Heart and Circulation—																						
Heart Disease, Organic .. .	2	4	6	—	—	—	6	8	2	2	4	8	1	3	4	8	5	9	14			
" Functional .. .	—	1	1	—	—	—	1	10	1	5	6	6	2	2	4	10	3	8	11			
Anemia .. .	19	9	28	8	—	8	36	140	87	13	100	135	110	7	117	217	224	29	253			
Lungs—																						
Bronchitis .. .	13	13	26	4	1	5	31	64	23	16	39	118	92	9	101	140	132	39	171			
Other non-Tubercular Diseases .. .	3	3	6	—	—	—	6	13	9	—	9	16	11	2	13	22	23	5	28			
Tuberculosis—																						
Pulmonary, Definite .. .	—	—	—	—	—	—	—	—	—	—	—	3	—	1	1	1	—	1	1			
" Suspected .. .	—	—	—	—	1	1	1	3	—	1	1	6	2	2	4	5	2	4	6			
Non-Pulmonary—																						
Glands .. .	—	4	4	—	1	1	5	1	—	—	—	7	2	3	5	5	2	8	10			
Spine .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Hip .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other Bones and Joints .. .	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	—	1			
Skin .. .	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1			
Other Forms .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Nervous System—																						
Epilepsy .. .	—	1	1	1	—	1	2	2	—	1	1	10	—	6	6	7	1	8	9			
Chorea .. .	—	—	—	2	2	2	2	3	—	2	2	28	11	10	21	23	11	14	25			
Other Conditions .. .	2	2	4	2	—	2	6	10	3	1	4	30	17	5	22	26	24	8	32			
Deformities—																						
Rickets .. .	2	2	4	—	—	—	4	12	3	2	5	1	1	—	1	6	6	4	10			
Spinal Curvature .. .	24	4	28	5	—	5	33	142	84	9	93	30	32	1	33	126	145	14	159			
Other Forms .. .	58	6	64	13	1	14	78	319	157	11	168	119	83	6	89	257	311	24	335			
Other Diseases and Defects .. .	25	26	51	39	25	64	115	286	115	41	156	1,726	1,408	160	1,568	1,724	1,587	252	1,839			
Totals .. .	250	126	376	147	58	205	581	1,775	893	221	1,114	5,280	4,437	385	4,822	5,936	5,727	790	6,517			

TABLE IV.—*Contd.*

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1927.

Defects referred for treatment.	Number of defects dealt with.				Number of children.												
	Under the authority's scheme.	By private practitioner or hospital.	Otherwise.	Total.	For whom spectacles were prescribed.			Who obtained spectacles.			Recommended for treatment other than by spectacles.			Received other forms of treatment.			For whom no treatment was considered necessary.
					Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	
During 1927 ... 1,862	1,380	62	7	1,449	940	59	999	872	57	929	30	2	32	30	2	32	418
Outstanding from previous years ... —	240	25	5	270	173	25	198	198	24	222	4	—	4	4	—	4	68
Total defects treated during 1927 ...	1,620	87	12	1,719	1,113	84	1,197	1,070	81	1,151	34	2	36	34	2	36	486

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1927.

Defects referred for treatment.	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.		
During 1927 ... 2,948	1,523	66	1,589	24	1,613
Outstanding from previous years ... —	781	92	873	9	882
Total defects treated during 1927 ...	2,304	158	2,462	33	2,495

TABLE IV—Contd.

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1927.

Number of cases	Number of defects dealt with				
	Under the authority's scheme	By private practitioner (hospital or otherwise)	Otherwise	Total	Number of defects dealt with
During 1927 ...	1,380	62	607	1,449	64
Outstanding from previous years ...	240	33	865	1,138	171
Total defects treated during 1927 ...	1,620	95	1,472	3,187	235

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1927.

Number of defects	Received operative treatment			Number of defects
	Under local authority's scheme	By private practitioner (hospital or otherwise)	Total	
During 1927 ...	24	66	90	235
Outstanding from previous years ...	9	90	99	171
Total defects treated during 1927	33	156	189	406

TABLE IV.—Contd.

GROUP IV.—TREATMENT OF DENTAL DEFECTS.

(a) NUMBER OF CHILDREN DEALT WITH.

	Routine age groups.										Total routines and specials.
	6	7	8	*9	10	11	12	13	*14	Total.	
Inspected by Dentists	5,304	7,511	5,164	135	3,901	4,371	5,909	6,081	40	38,416	1,555
Referred for treatment	4,449	5,501	3,878	87	2,888	3,304	4,390	4,249	33	28,779	1,273
Actually treated	2,257	2,282	1,676	63	977	1,208	1,934	1,790	50	12,237	2,061
Retreated (result of periodical examination)	555										14,298

* 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 inspec- tion. (1)	No. of half days devoted to treat- ment. (2)	Total No. of attend- ances made by the children at the clinics. (3)	No. of permanent teeth.		No. of temporary teeth.		Total No. of fillings. (8)	No. of administra- tions of general anesthetics included in (4) and (6). (9)	No. of other operations.	
			Ex- tracted. (4)	Filled. (5)	Ex- tracted. ()	Filled. (7)			Permanent teeth. (10)	Temporary teeth. (11)
614	2,217	19,494	4,556	9,145	25,329	1,769	10,914	4,283	1,599	566

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 uncleanness.					Action taken.								
			Clothing filthy.	Nits.	Lice.	Bodies verminous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecutions under Bye-laws.	Adjourned or withdrawn on improvement.	Discharg'd with a caution or dismissed.	
										1st time	2nd time	3rd time				
11,260	40.7	315,241	739	23,319	2,324	217	26,699	9,598	4,833	1,195	328	88	30	18	9	3

(b) CHILDREN CLEANSED AT BARNES CLEANSING STATION.

Number of children cleansed.			Prosecutions.		
Verminous heads.	Verminous bodies.	Total.	Number.	Result:	
				Fines imposed.	Withdrawn on improvement.
5	—	5	—	—	—

TABLE V.

NOTIFICATIONS OF COMMUNICABLE DISEASES BY HEAD TEACHERS OF ELEMENTARY SCHOOLS DURING 1927.

(a) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Diphtheria	224	27	446	697
Scarlet fever	473	101	557	1,131
Enteric fever	4	—	3	7
Measles	284	47	64	395
Whooping cough	1,135	228	98	1,461
German measles	289	9	—	298
Chicken-pox	2,148	63	—	2,211
Mumps	1,533	96	—	1,629
Other	4,449	22	25	4,496
Totals	10,539	593	1,193	12,325

(b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	112	15	127
Pediculosis	1	—	1
Scabies	28	4	32
Impetigo	309	8	317
Ophthalmia	—	—	—
Erysipelas	2	—	2
Other	58	4	62
Totals	510	31	541

TABLE VI.

SCHOOL CLOSURE ON ACCOUNT OF INFECTIOUS DISEASE IN 1927.

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Abinger Hammer C.	31/1/27	7/2/27	Influenza
Abinger, Oakwood District C.E. . .	28/1/27	7/2/27	Influenza
Artington C.	3/2/27	14/2/27	Influenza
Ash Common C.E.	11/2/27	21/2/27	Influenza
Banstead C. Infants'	28/1/27	7/2/27	Influenza
Banstead, Burgh Heath Wesleyan . .	25/1/27	1/2/27	Severe coughs and colds
Beddington, Bandon Hill C. Infants' . .	20/1/27	7/2/27	Whooping Cough
Beddington, Bandon Hill C. Mixed . .	21/1/27	7/2/27	Influenza and Whooping Cough
Beddington & Wallington, Holy Trinity C. of E. Infants'	28/1/27	7/2/27	Influenza
Bisley C. of E.	3/2/27	14/2/27	Influenza
Bletchingley C.	20/1/27	31/1/27	Influenza
Bramley C. of E.	2/2/27	10/2/27	Influenza
Burstow, Outwood C.	3/2/27	14/2/27	Influenza
Burstow, Smallfield C.	31/1/27	7/2/27	Influenza
Byfleet, West Byfleet C.	21/1/27	31/1/27	Influenza
Carshalton C. of E. Infants'	28/1/27	7/2/27	Influenza
Caterham Hill C. Infants'	25/1/27	1/2/27	Severe coughs and colds
Caterham Valley C. Infants'	21/1/27	31/1/27	Influenza
Caterham Valley C. Mixed	25/1/27	31/1/27	Influenza
Caterham Valley C. of E.	25/1/27	31/1/27	Influenza
Caterham R.C.	31/1/27	7/2/27	Influenza
Chertsey Council Infants'	26/1/27	2/2/27	Influenza
Chertsey, Long Cross C. of E.	24/1/27	31/1/27	Influenza
Chiddingfold C. of E. Infants'	10/2/27	21/2/27	Influenza
Chipstead C.	4/2/27	14/2/27	Influenza
Chobham C. Infants'	21/1/27	7/2/27	Influenza
Chobham, St. Lawrence's C. of E. . . .	27/1/27	7/2/27	Influenza
Cobham C. Infants'	27/1/27	3/2/27	Influenza
	7/2/27	14/2/27	
Cobham C. of E. Girls'	27/1/27	3/2/27	Influenza
Coulsdon, Smitham Bottom C. Infants' .	21/1/27	31/1/27	Influenza
Dorking, Pixham C. of E.	8/3/27	14/3/27	Influenza
Egham, Englefield Green C. of E. Infants'	21/1/27	31/1/27	Influenza
Egham, Hythe C. Infants'	27/1/27	7/2/27	Influenza
Egham, Station Road C. Infants' . . .	31/1/27	7/2/27	Influenza
Elstead C. of E.	18/2/27	28/2/27	Influenza
Esher and The Dittons, Esher C. of E. Infants'	27/1/27	3/2/27	Influenza
	17/1/27	31/1/27	Severe Colds and Whooping Cough
Esher and The Dittons, Claygate C. Infants'	2/2/27	14/2/27	Severe Colds and Whooping Cough
Ewell C. Infants'	27/1/27	7/2/27	Influenza
Ewhurst C. of E.	28/1/27	7/2/27	Influenza
Farnham C. of E. Infants'	2/2/27	14/2/27	Influenza
Farnham C. of E. Girls'	10/2/27	21/2/27	Influenza
Farnham, Hale C. Infants'	27/1/27	7/2/27	Influenza

TABLE VI. (contd.)

Name of school.	Date of closure.	Date of re-opening.	Reason for closure.
Fetcham C. of E.	7/2/27	14/2/27	Influenza
Frimley, Camberley C. Infants' ..	15/2/27	28/2/27	Influenza
Godalming C. Infants'	2/2/27	14/2/27	Influenza
Godalming C. of E. Infants' ..	7/2/27	14/2/27	Influenza
Godalming, Farncombe C. of E. Infants'	31/1/27	7/2/27	Influenza and Whooping Cough.
Godstone C. of E. Infants'	25/1/27	31/1/27	Influenza
Godstone, Blindley Heath C. of E. ..	17/2/27	28/2/27	Influenza
Haslemere C. of E. Infants' ..	10/2/27	21/2/27	Influenza
Horley, Albert Road C. Girls' and Infants'	20/1/27	31/1/27	Influenza
	2/2/27	14/2/27	Influenza.
Horley, Lumley Road C. Boys' ..	21/1/27	31/1/27	Influenza.
	2/2/27	14/2/27	Influenza.
Horley Salfords C.	31/1/27	7/2/27	Influenza
Leatherhead C. of E. Junr., M. and Infants'	28/1/27	7/2/27	Influenza
Leigh C.	28/1/27	7/2/27	Influenza
Lingfield C. Infants'	31/1/27	7/2/27	Influenza
Lingfield, Dormansland C.	17/2/27	28/2/27	Influenza
Merstham C.	25/1/27	7/2/27	Influenza
Newdigate Endowed C. of E. ..	27/1/27	7/2/27	Influenza
Nutfield C. of E.	25/1/27	31/1/27	Influenza
Oxted C. of E.	20/1/27	31/1/27	Influenza
Pyrford C.	27/1/27	3/2/27	Influenza
	4/2/27	14/2/27	Influenza
Shalford C. M. & I.	2/2/27	9/2/27	Influenza
Shere C. of E. M. & I.	7/2/27	14/2/27	Influenza
Shere, Peaslake C. of E.	31/1/27	14/2/27	Influenza, Whooping Cough and Chicken-pox.
Shottermill C. of E. Infants	14/2/27	21/2/27	Influenza
Surbiton, Tolworth C. Infants' ..	21/1/27	31/1/27	Influenza
Surbiton, St. Andrew's Road C. of E. Infants	24/1/27	7/2/27	Whooping Cough and Influenza
Tatsfield C. of E.	3/2/27	14/2/27	Influenza.
The Maldens and Coombe, Kingston Vale Robin Hood C. of E.	14/12/27	9/1/28	Scarlet Fever, Chicken-pox, Colds and Christmas holidays
The Maldens and Coombe, New Malden West C. Infants'	24/1/27	7/2/27	Whooping Cough and Influenza
Walton-on-the-Hill C. Infants' ..	23/11/27	9/1/28	Measles and Christmas holidays
Walton-on-Thames C. Mixed	31/1/27	7/2/27	Influenza
Walton-on-Thames C. Infants' ..	31/1/27	7/2/27	Influenza
Walton-on-Thames, Hersham C. Infants'	4/2/27	14/2/27	Influenza
West Horsley C. of E.	31/1/27	7/2/27	Influenza
Windlesham, Bagshot C.	27/1/27	7/2/27	Influenza
Worplesdon, Burpham C.	4/2/27	14/2/27	Influenza

TABLE VII.

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

School.	Period. weeks.	No. of scholars.		No. of teachers	Average cost per head per week for food.
		Boys.	Girls.		
Mitcham, Fortescue Road C. (Boys')	1	33	—	2	7/3
*Ashtead Council	1	16	—	2	7/3
Surbiton, Tolworth C. (Boys')		30			
Mortlake Central (Boys') ..	1	46	—	2	6/2½
*Barnes Central (Girls') ..	2	—	33	2	6/9½
Mortlake Central (Girls')	1	—	41	2	7/2¼
Mitcham, London Rd. C. (Boys')	2	50	—	2	7/2½
*Upper Mitcham C. (Girls') ..	2	—	40	2	6/8½
*Carshalton, Stanley Rd. C. . .	2	22	—	2	7/5
*Wallington, Hackbridge C. (Boys')		21			
Leatherhead Central ..	2	43	—	2	6/6¾
Sir Arthur Glyn's parties :—					6/3¼
(1) Malden Parochial (6), Surbiton, St. Andrews' Rd. C.E. (6), Sutton, West St. C. (6), Epsom C. (5), Beddington & Wallington C.E. (5), Epsom Downs C. (4), Kingswood C. (3), Sutton, Benhilton C.E. (3) Tadworth C. (3), Mitcham R.C. (2), Woodmansterne C.E. (2) Ashtead C. (1), Ashtead C.E. (1), Redhill Jun. Tech. (1),	2	48	—	2	6/10¼
(2) Surbiton, Christ Ch. (7), Ewell C.E. (6), Merton, Aston Rd. C. (5), Morden C. (5), New Malden C.E. (5), New Malden West (5), Beddington & Wallington C.E. (3),					

* First time.

TABLE VII.—*Contd.*

School.	Period weeks.	No. of scholars.		No. of teachers	Average cost per head per week for food.
		Boys.	Girls.		
Mitcham Gorringe Pk. C. (3), Banstead C. (2) Chessington C.E. (2), Epsom C. (2), Mickleham C.E. (2), Surbiton, Hook St. Paul's C.E. (2), Malden P. (1), Mitcham R.C. (1), Sutton, Crown Rd. C. (Boys')	2 2	51 46	— —	2 2	$6/10\frac{3}{4}$ $6/9\frac{1}{4}$
*Weybridge, St. James C.E. (Boys') Thames Ditton C. (Boys')	} 2 {	34 10 — 44	— —	2	$7/2$
	22	450	114	26	$6/10\frac{1}{2}$ (approx.)
		464			

*First time.

TABLE VIII.

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	4	2
Brompton Hospital for Consumption	5	4
Brompton Hospital Sanatorium, Frimley	1	2
Burrow Hill Sanatorium, Frimley	2	—
Croydon Borough Sanatorium, Cheam... ..	—	1
East Surrey Hospital, Redhill	5	—
Heatherwood—United Services Hospital	1	—
Holy Cross Sanatorium, Haslemere	—	5
Lord Mayor Treloar Cripples' Hospital, Alton	1	1
Northwood—Mount Vernon Hospital	14	16
Royal Chest Hospital, City Road, E.C. 1	11	4
Royal National Orthopædic Hospital, W. 1	—	1
Royal Sea-Bathing Hospital, Margate	5	4
St. Anthony's Hospital, Cheam	8	10
St. Bartholomew's Hospital	—	1
St. Catherine's Home, Ventnor, Isle of Wight	—	1
St. Nicholas' Hospital, Pyrford	14	10
Victoria Invalid Children's Homes, Margate	1	2
Victoria Park—City of London Hospital for diseases of the Chest and Heart	2	8
TOTALS	74	72

TABLE IX.

CASES REFERRED TO THE N.S.P.C.C. DURING 1927.

Condition.	No. of cases.	Result.		Still under investigation.
		Treatment provided.	Condition improved.	
Defective vision	7	5	1	1
Dirty and neglected	18	—	15	3
Enlarged tonsils and adenoids	12	11	—	1
Crippled	3	1	1	1
Squint	1	1	—	—
Chronic skin disease	3	—	2	1
Extensive dental caries ...	2	2	—	—
Miscellaneous	14	11	1	2
Totals	60	31	20	9

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY
SCHOOLS.

TABLE X.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of pupils inspected.		
	Boys.	Girls.	Total.
Entrants	1,259	790	2,049
Intermediates	333	287	620
Leavers	853	569	1,422
Totals	2,445	1,646	4,091

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys	180	397
Girls	163	301
Totals	343	698

TABLE XI.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION
IN 1927.

	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	7	25	2	1
Skin—				
Ringworm	1	—	—	—
Impetigo	2	—	2	—
Scabies	—	—	—	—
Other diseases (non-tubercular)	28	6	2	6
Nose and Throat—				
Enlarged tonsils	59	156	8	9
Adenoids	10	16	—	—
Enlarged tonsils and adenoids	16	21	2	1
Other conditions	3	17	3	3
Enlarged glands	9	54	—	3
Eyes—				
Blepharitis	16	4	2	3
Conjunctivitis	9	1	2	—
Other external conditions	—	1	1	1
Defective vision	226	218	42	38
Squint	10	10	1	—
Colour sense	—	6	—	—
Ears—				
Otitis media	10	3	—	—
Defective hearing	17	11	3	—
Other diseases	6	—	1	—
Defective speech	1	10	—	1
Thorax	2	7	—	3
Heart disease—				
Organic	2	32	1	3
Functional	1	35	—	3
Anæmia	21	22	7	4
Lungs—				
Tuberculosis—				
Pulmonary, definite	—	—	—	—
„ suspected	—	—	—	1
Not Tuberculosis—				
Bronchitis	5	24	—	2
Other non-tubercular diseases	2	7	—	3

TABLE XI.—*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	1	9	3	—
Overstrain	—	—	—	—
Hysteria	—	1	—	—
Other	1	10	—	7
Chorea—				
True	1	—	—	—
Chorieform movements..	—	—	—	—
Digestion	—	3	—	1
Constipation	2	1	1	1
Spinal curvature	37	205	3	19
Flat foot	85	343	5	18
Other deformity or defect ..	60	101	12	31
Catamenia—				
Amenorrhœa	—	—	—	—
Menorrhagia	1	—	1	—
Dysmenorrhœa	—	—	1	—
Totals ..	651	1359	105	162

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	...	...	...	...	2,049	307	14·9
Intermediates	...	...	...	...	620	75	12·1
Leavers	...	...	...	...	1,422	190	13·3
Totals	...	...	...	...	4,091	572	13·9

TABLE XII.

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

	Defects treated.			
	At Hospital	By private practitioner.	Otherwise	Total.
Malnutrition	—	6	—	6
Skin—				
Ringworm	—	1	—	1
Impetigo	—	3	—	3
Other	3	17	3	23
Nose and Throat—				
Tonsils	21	8	—	29
Adenoids	—	2	—	2
Enlarged tonsils and adenoids	4	1	—	5
Other	1	3	1	5
Enlarged glands	1	4	—	5
Eyes—				
Blepharitis	—	18	2	20
Conjunctivitis	4	6	—	10
Defective vision	51	58	50	159
Squint	1	2	—	3
Other external conditions	—	2	—	2
Ears—				
Otitis media	1	2	1	4
Other diseases	—	4	1	5
Defective hearing	1	8	2	11
Defective speech	—	—	—	—
Thorax	—	3	—	3
Heart—				
Organic	1	1	—	2
Functional	1	—	—	1
Angemia	—	9	2	11
Lungs—				
Tuberculosis—				
Suspected	—	—	—	—
Not Tuberculosis—				
Bronchitis	—	5	1	6
Other	—	1	—	1
Nervous—				
Headaches	—	—	—	—
Other	—	2	—	2
Chorea. True	—	1	—	1
Digestion	—	—	—	—
Constipation	—	1	—	1
Spinal curvature	8	11	3	22
Flat foot	9	49	3	61
Other deformity or defect ..	9	23	7	39
Catamenia—				
Amenorrhœa	—	—	—	—
Menorrhagia	—	2	—	2
Dysmenorrhœa	—	1	—	1
Totals ..	116	254	76	446

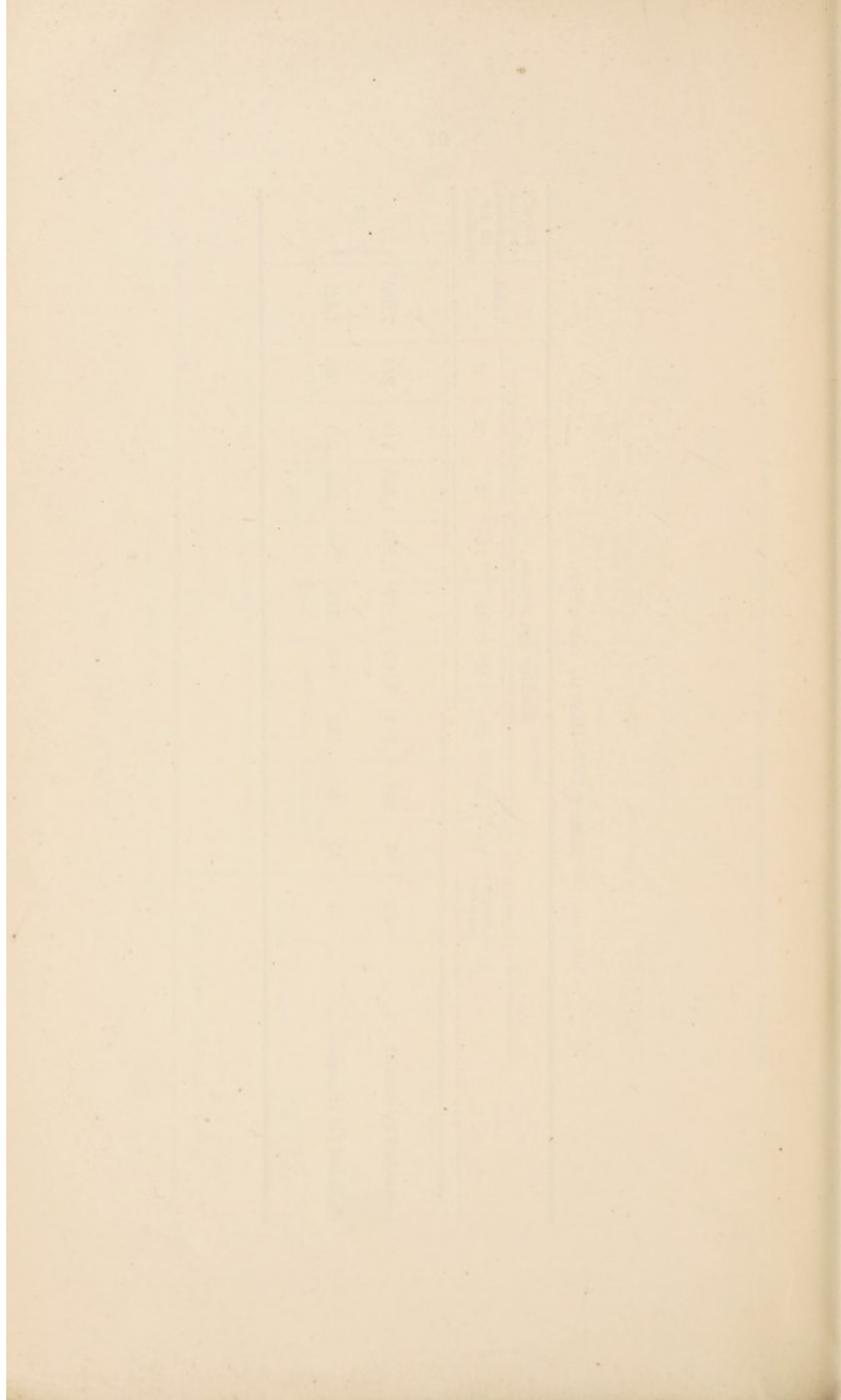
TABLE XII.—Contd.

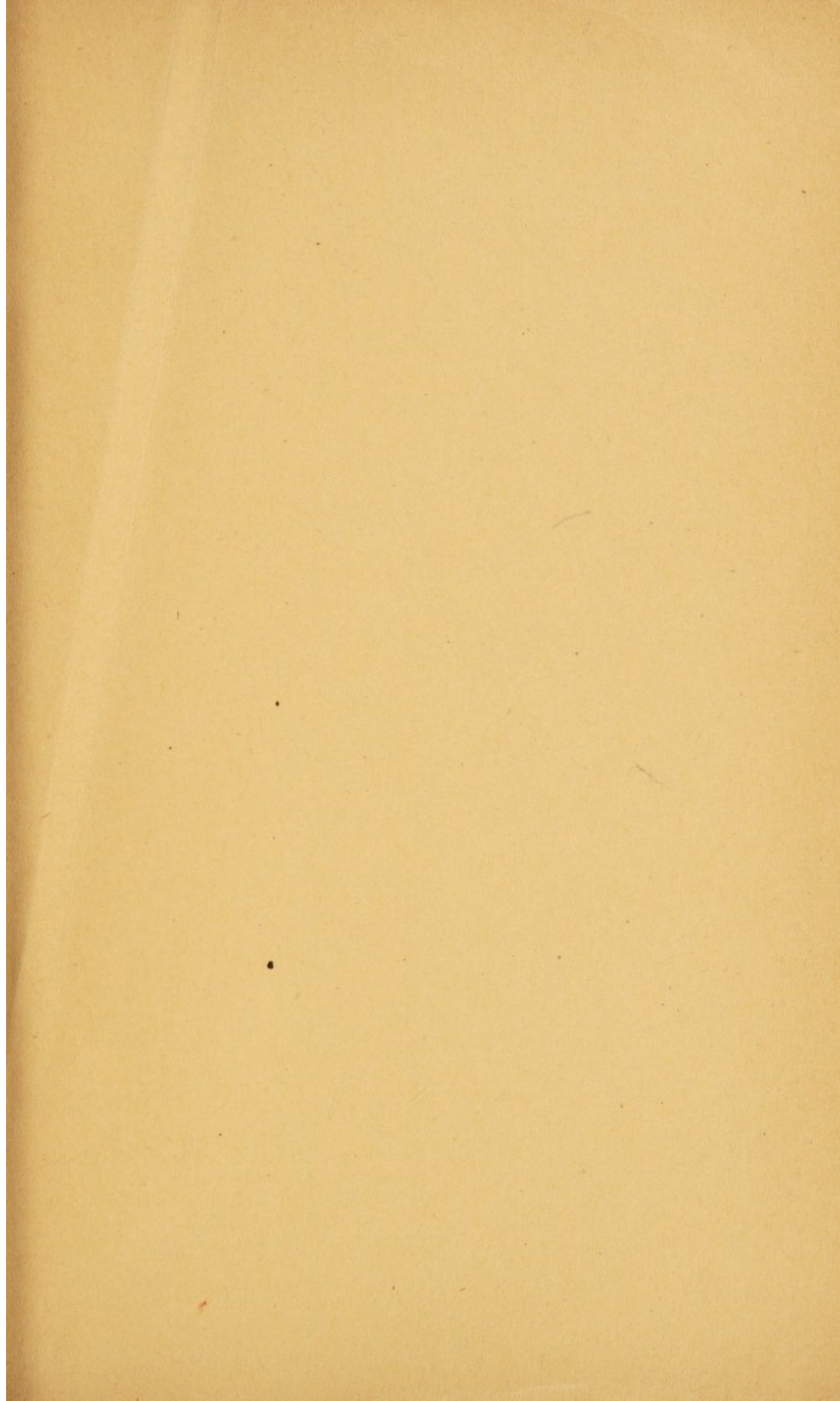
GROUP II.—TREATMENT OF VISUAL DEFECTS.

Number of defects dealt with.			Number of pupils.					
By private practitioner or hospital.	Otherwise.	Total.	For whom spectacles were prescribed.			Who obtained spectacles.		
			By private practitioner or hospital.	Otherwise.	Total.	From private practitioner or hospital.	Otherwise.	Total.
112	50	162	97	49	146	97	49	146

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.		
11	25	36	—	36





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