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Surrey County Council.

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# ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER

**For the Year 1936**

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## PREFACE.

*To the Members of the Surrey County Council.*

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for the year 1936.

The Report has been prepared in accordance with Circular 1561 issued by the Ministry of Health. It includes the principal vital statistics of the County for 1936 and gives details of the work of the Public Health Department during the year.

The abnormal growth of the population of the Administrative County is again apparent in the Registrar-General's returns. The estimate of the population at mid-year 1936 was 1,127,061; this represents an increase of 38,661 (or 3.55 per cent.) over the estimated population at mid-year 1935. These figures compare with an increase of 40,650 (or 3.9 per cent.) for the year 1935 and 32,210 (or 3.17 per cent.) for the year 1934. About one-ninth of this increase is due to "natural increase" (i.e. the excess of births over deaths); the natural increase of the population in 1936 was 4,343 while the increase by immigration was 34,318. Analysis of the tables in the Report shows that the largest increases of population occurred in the districts of the Mid-Eastern Area. Constant revision and extension of the Public Health (and other) services of the County Council are required to provide for this continuing heavy influx.

The vital statistics for the year are of particular interest in two respects. Firstly, the birth rate, for the third year in succession, shows a definite increase, the rate being 13.91 per thousand of the population: this is the highest rate recorded since 1931 when it was 13.92 per thousand population: the lowest rate recorded was 12.76 in 1933. Secondly, the number of deaths and the death rate show increases from 10,149 and 9.32 per thousand population in 1935 to 11,334 and 10.06 per thousand population in 1936. The main cause of the increases is the increased mortality from heart disease, from 2,359 deaths and a rate of 2.17 per thousand population in 1935 to 2,830 deaths and a rate of 2.51 per thousand in 1936; but the other main causes of death—respiratory diseases (non-tuberculous), cancer and tuberculosis—all show increases, that from tuberculosis being from a rate of 0.53 per thousand in 1935 to 0.55 per thousand in 1936. The infant mortality rate also shows an increase from 40.39 per thousand births in 1935 to 41.78 in 1936.

During the year the County Council appropriated The Lodge, Effingham, and the Surrey County Hospitals at Redhill and Dorking to the Public Health Committee. The entire sites at the two latter became available for hospital purposes as a result of the transfer of "house" inmates to St. Anne's, Redhill.

The extension at the Surrey County Hospital, Redhill, became available during the year and in consequence the hospital block at the Blechingley Institution was evacuated and transferred to the Mental Hospitals Committee.

Despite the increased accommodation at the Surrey County Hospital, Redhill, the accommodation in hospitals administered by the County Council was insufficient to meet the demand, and the schemes for the provision of additional accommodation in existing hospitals and at St. Helier were proceeded with. In the meantime, the County Council is providing temporary accommodation at the Old Surbiton Hospital and in converted mansion houses at Ewell Park and at Shabden Park. The Old Surbiton Hospital was brought into use towards the end of the year.

The scheme for the voluntary medical examination of pre-school children at the ages of two, three and four years was started in the later months of the year. It is satisfactory to note that over 1,800 examinations were carried out.

The Midwives Act, 1936, places upon the County Council as the Local Supervising Authority the duty of providing a salaried service of whole-time midwives sufficient for the needs of the area. A scheme for giving effect to this duty was in course of preparation, in consultation with the nursing associations and other interested bodies, at the end of the year.

An important addition was made to the Anti-Tuberculosis Scheme during the year, when the County Council adopted a scheme for the boarding-out of child contacts from tuberculosis families where the home conditions are such as to render the children particularly liable to be infected or where the impossibility of making arrangements within the family for looking after the children prevents the infected member obtaining the necessary treatment.

Attention is drawn to the excellent work being done by the voluntary Tuberculosis Care Organisation in the County.

The report of the Medical Superintendent of the County Sanatorium, Milford, is included. Throughout the year the construction of a new block at the Sanatorium proceeded: this block includes an operating unit, an X-ray unit, lecture and demonstration rooms for the nurses, and eight bedrooms for nursing staff.

During the year, Dr. A. Davidson who had been Deputy County Medical Officer since 1928, was appointed to the post of County Medical Officer of the North Riding of Yorkshire. Dr. Davidson's personality, his energy and his talent for administration made him an outstanding influence in my Department for the past nine years, and it is with a full realisation of a very great loss that I refer to his resignation; Dr. Davidson served the Council with conspicuous ability and industry. He has been replaced by Dr. W. G. Patterson, formerly the Medical Officer of Health of Barnsley.

In conclusion, I wish to express my very great appreciation of the unfailing and loyal co-operation of all members of my staff in the Council's service.

I have the honour to be,

My Lord, Ladies and Gentlemen,

Your Obedient Servant,

J. FERGUSON,

*County Medical Officer.*



## STAFF OF COUNTY PUBLIC HEALTH DEPARTMENT.

## County Medical Officer of Health.

J. Ferguson, B.A., M.B., B.Ch., D.P.H.

## Deputy County Medical Officer of Health.

A. Davidson, M.D., Ch.B., D.P.H.

(resigned 31/8/36)

W. G. Patterson, M.D., Ch.B., M.R.C.P., D.P.H.

(appointed 1/3/37)

## Medical Officers on Special Duties.

Livingstone, D. M.	...	B.Sc., M.D., Ch.B., Central Office Administration.
Soutar, K. A.	...	B.Sc., M.B., B.S., M.R.C.P., D.P.H., Central Office Administration.
Steward, S. J., D.S.O.	...	M.D., B.Ch., D.P.H., Mental Services.
Renwick, A. C.	...	M.D., Ch.B., D.P.H., Tuberculosis.
Attlee, C. K.	...	M.R.C.S., L.R.C.P., Tuberculosis.
Campbell, A. H.	...	B.Sc., M.D., M.R.C.P.(Ed.), D.P.H., Tuberculosis.
Ahern, G. J.	...	M.R.C.S., L.R.C.P., D.O.M.S., Ophthalmic Surgeon.
	(appointed 1/9/36)	

## Assistant Medical Officers on General Duties.

Bennett, Helen G. M.	...	M.B., Ch.B., D.P.H.
Blackstock, E.	...	B.Sc., M.D., B.Ch., B.A.O., D.P.H.
	(resigned 22/2/36)	
Clark, Elizabeth F. M.	...	B.Sc., M.B., Ch.B., D.P.H.
Culley, A. R.	...	B.Sc., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
	(resigned 12/9/36)	
Dean, Hilda C.	...	M.B., B.S., D.P.H., M.R.C.S., L.R.C.P.
Dennison, F. R.	...	M.D., B.S., D.P.H.
	(appointed 14/9/36)	
Fanning, J.	...	M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Gibson, G. H.	...	M.B., Ch.B., D.P.H.
	(resigned 12/9/36)	
Hayes, A. H.	...	F.R.C.P., M.R.C.S., D.P.H.
Hooper, Phyllis N.	...	B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Ironside, A. E., M.C.	...	M.R.C.S., L.R.C.P., L.D.S., D.P.H.
Jamieson, J. M.	...	M.B., Ch.B., D.P.H.
	(appointed 6/7/36)	
Kettle, A. B.	...	M.D., B.S., M.R.C.S., M.R.C.P., D.P.H.
	(resigned 25/10/36)	
Lakin, C. L.	...	M.D., B.S., M.R.C.S., L.R.C.P.
Langford, Frank	...	F.R.C.S., L.R.C.P., D.P.H.
Lishman, F. J. G.	...	M.D., B.S., M.R.C.S., L.R.C.P., D.L.O., D.P.H.
	(resigned 30/5/36)	
Macmillan, Ada J.	...	M.D., Ch.B.
McNeish, W. J.	...	M.B., Ch.B., D.P.H.
	(appointed 14/12/36)	
Parikman, T. H.	...	M.B., B.S., D.P.H.
	(appointed 2/3/36)	
Pirrie, G. D.	...	M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
	(appointed 1/8/36)	
Rodgers, T. S.	...	M.D., M.R.C.S., M.R.C.P., D.P.H., D.C.H.
	(appointed 3/9/36)	
Secombe, S. T.	...	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
	(resigned 31/8/36)	
Standing, T.	...	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
	(appointed 14/9/36)	
Westwater, J. S.	...	M.D., Ch.B., D.P.H.
	(appointed 1/9/36)	
Wright, E. M.	...	B.M., B.Ch., D.P.H.

## Dental Surgeons.

Avent, J. G., M.C.	...	L.D.S.
Benfield, J. E.	...	L.D.S.
Bradley, Josephine A.	...	L.D.S.
	(appointed 14/7/36)	
Butt, E. S.	...	L.D.S.
Clark, Jean Graham	...	M.R.C.S., L.R.C.P., L.D.S.
Conder, Geoffrey M.	...	M.R.C.S., L.R.C.P., L.D.S.
Forrest, Jean R.	...	L.D.S.
Graham, G. E.	...	L.D.S.
Griffin, T. H.	...	L.D.S.
Hagen, F. J.	...	L.D.S.
House, D. R.	...	M.R.C.S., L.R.C.P., L.D.S.
Irvine, Elizabeth W. C.	...	B.D.S.
Lee, Austin	...	L.D.S.
McClelland, D. M.	...	L.D.S.
Peacock, B.	...	L.D.S.

**Dental Surgeon—Part Time.**

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

**Chief Clerk.**

Chalmers, T.

**Superintendent Health Visitor.**

Miss K. Dinsley, S.R.N., S.C.M.

**Health Visitors.**

There are 76 health visitors on the staff, 63 of whom are engaged on combined duties (viz. Education, Maternity and Child Welfare, Tuberculosis, and Mental Deficiency). The remaining 13 have similar duties, except that they do no maternity and child welfare work. Of these 4 are whole time tuberculosis nurses.

The following is a summary of the qualifications possessed by each health visitor:—

Supt.	Health Visitor possesses	qualifications number	1, 2, 3, 4, 5	
1	Health Visitor	..	1, 2, 3, 4	1. Fully trained nurse.
1	"	"	1, 2, 3, 5	2. Certificate of Central Midwives Board.
65	"	"	1, 2, 3	3. Certificate for Health Visitors (Royal Sanitary Institute).
3	"	"	1, 2	4. Certificate for Maternity and Child Welfare (Royal Sanitary Institute).
3	"	"	2, 3	5. Certificate for Sanitary Inspector (Royal Sanitary Institute).
1	"	"	2	6. Diploma of Nursing.
1	"	"	1, 2, 3, 6	London University.
76				

Dental Attendants ... 10

**Veterinary Officers.****Chief Veterinary Officer.**

Clark, E. ... M.R.C.V.S., D.V.S.M.

**Assistants.**

Griffiths, J. B. ... M.R.C.V.S.  
 Rhodes, W. ... B.Sc., M.R.C.V.S.  
 Mills, G. H. ... M.R.C.V.S., D.V.S.M.

**County Sanatorium.****Medical Superintendent.**

Allison, R. J. ... M.R.C.S., L.R.C.P.

**Assistants**

Partington, Haydon John M.B., Ch.B., M.R.C.S., L.R.C.P.  
 Murphy, Margaret M. ... M.B., B.Ch.  
 Purser, Honor. M. ... L.R.C.P., M.R.C.P.(Pt. I.) & S.I.(Dublin).

**Matron.**

Miss E. Hall.



## COUNTY HOSPITALS.

## MEDICAL STAFF.

Hospital.	Position.	Name.	Qualifications.
Blechingley ... (Hospital evacuated Jan. 1937)	Medical Officer (part-time) ...	Butcher, W. H. ...	M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
	Assistant Medical Officer (part-time) ...	Bent, P. C. V. ...	M.R.C.S., L.R.C.P.
Dorking ...	Medical Officer (part-time) ...	Fardon, A. H. ...	M.A., M.D., M.R.C.S., L.R.C.P., D.P.H.
Epsom... ..	Medical Officer (part-time) ...	Stones, G. F. ...	M.B., Ch.B., F.R.C.S. (E).
	Assistant Medical Officer (part-time) ...	Kendall, G. M. ...	M.B., M.R.C.P., M.R.C.S.
	Resident Assistant Medical Officer ...	Blair, B. ...	M.B., B.S., M.R.C.S., L.R.C.P.
	Visiting Tuberculosis Officer ...	Renwick, A. C. ...	M.D., Ch.B., D.P.H.
Farnham ...	Medical Officer (part-time) ...	Hobbs, F. B. ...	B.A., M.D., B.Ch., M.R.C.P., M.R.C.S., D.P.H.
	Assistant Medical Officer (part-time) ...	Hussey, J. ...	M.D., M.R.C.S., L.R.C.P.
	Assistant Medical Officer (part-time) ...	Roberts, G. H. ...	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
	Visiting Radiologist (part-time) ...	Imrie, D. ...	M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., R.F.P.S., D.M.R.E.
	Hon. Visiting Physician and Surgeon (part-time)	Tanner, C. E. ...	M.D., F.R.C.S.
	Visiting Tuberculosis Officer ...	Allison, R. J. ...	M.R.C.S., L.R.C.P.
Guildford ...	Medical Officer (Non-Resident) ...	Rees, J. O. M. ...	B.Sc., M.R.C.S., L.R.C.P.
	Assistant Medical Officer (Resident) ...	Page, M. G. ...	M.B., Ch.B.
	Visiting Radiologist (part-time) ...	Imrie, D. ...	M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., R.F.P.S., D.M.R.E.
	Visiting Surgeon (part-time) ...	Maitland, C. D. ...	M.B., B.S., F.R.C.S.
	Visiting Obstetrician (part-time) ...	Butler, H. B. ...	M.B.E., F.R.C.S., L.R.C.P.
Hambledon ...	Medical Officer (part-time) ...	Mills, W. T. ...	M.R.C.S., L.R.C.P.
Kingston ...	Medical Superintendent (Resident) ...	Kidd, H. A. ...	F.R.C.S., L.R.C.P., M.C.O.G.
	Surgeon (Resident) ...	Van Buuren, N. A. A. ...	B.A., M.B., B.S., F.R.C.S.(E), L.R.C.P.
	Obstetrician (Resident) ...	Parkes, K. ...	M.D., B.S., F.R.C.S., L.R.C.P.
	Assistant Medical Officer (Resident) ...	Naz, L. P. ...	M.R.C.S., L.R.C.P.
	Junior Medical Officer (Resident) ...	Jefferiss, F. J. G. ...	M.R.C.S., L.R.C.P.
	Junior Medical Officer (Resident) ...	Clapham, L. ...	M.R.C.S., L.R.C.P.
	Visiting Aural Surgeon (part-time) ...	Griffiths, J. I. ...	B.Sc., M.B., B.S., F.R.C.S., L.R.C.P.
	Visiting Obstetrician (part-time) ...	O'Sullivan, J. V. ...	M.D., B.Ch., F.R.C.S., M.R.C.P., M.A.O., M.C.O.G.
	Visiting Ophthalmic Surgeon (part-time) ...	Letchworth, T. W. ...	B.A., M.B., B.Ch., F.R.C.S., L.R.C.P.
	Visiting Orthopædic Surgeon (part-time) ...	Todd, A. H. ...	B.Sc., M.S., F.R.C.S., L.R.C.P.
	Visiting Physician (part-time) ...	Warner, E. C. ...	B.Sc., M.D., B.S., F.R.C.P., M.R.C.S.
	Visiting Physician (part-time) (Mental Treatment Clinic)	Webber, L. M. ...	M.R.C.S., L.R.C.P., D.P.M.
	Visiting Radiologist (part-time) ...	Burkitt, F. T. ...	M.A., M.D., B.Ch., D.M.R.E., M.R.C.S., L.R.C.P.
	Visiting Surgeon (part-time) ...	Marshall, C. J. ...	M.D., M.S., F.R.C.S.
	Visiting Tuberculosis Officer ...	Renwick, A. C. ...	M.D., Ch.B., D.P.H.
Reigate ...	Medical Superintendent (Resident) ...	Brooke, E. B. ...	M.A., B.Ch., M.R.C.S., M.R.C.P., D.P.H.
	Resident Assistant Medical Officer ...	Harvey, J. C. ...	B.Sc., M.B., B.S., L.M.S.S.A.
	Visiting Surgeon (part-time) ...	Crichton, C. S. ...	M.D., Ch.B.
	Visiting Obstetrician (part-time) ...	Beattie, W. J. H. M. ...	M.A., M.D., B.Ch., F.R.C.S., L.R.C.P., M.C.O.G.
	Visiting Tuberculosis Officer ...	Campbell, A. H. ...	B.Sc., M.D., M.R.C.P., D.P.H.
Richmond ...	Medical Officer (part-time) ...	Gordon, G. A. ...	M.D., Ch.B.
	Assistant Medical Officer (part-time) ...	Gordon, D. ...	M.B., Ch.B.
	Resident Assistant Medical Officer ...	Short, R. H. D. ...	M.R.C.S., L.R.C.P.
	Visiting Surgeon (part-time) ...	Heekes, J. W. ...	M.R.C.S., L.R.C.P.
	Visiting Tuberculosis Officer ...	Renwick, A. C. ...	M.D., Ch.B., D.P.H.



# DISTRICT MEDICAL OFFICERS OF HEALTH.

District	Medical Officer
<b>BOROUGHES.</b>	
1. Barnes ... ..	E. A. Freear Wilkes, Council Offices, 117, High Street, Mortlake.
2. Godalming ... ..	F. A. Belam, Municipal Offices, High Street, Guildford.
3. Guildford ... ..	F. A. Belam, Municipal Offices, High Street, Guildford.
4. Kingston ... ..	E. W. Matthews, Public Health Department, Guildhall, Kingston-upon-Thames.
5. Maldens & Coombe ... ..	J. Fanning, Council Offices, New Malden.
6. Mitcham ... ..	A. T. Till, The Vestry Hall, Mitcham.
7. Reigate ... ..	T. H. Bingham, Municipal Buildings, Reigate
8. Richmond ... ..	C. S. Brebner, Municipal Offices, Parkshot, Richmond.
9. Surbiton ... ..	N. H. Linzee, Council Offices, Ewell Road, Surbiton.
10. Sutton & Cheam ... ..	E. J. MacIntyre, Municipal Offices, Sutton.
11. Wimbledon ... ..	H. Ellis, Town Hall, Wimbledon, S.W.19.
<b>URBAN DISTRICTS.</b>	
12. Banstead ... ..	E. J. MacIntyre, Municipal Offices, Sutton.
13. Beddington & Wallington ... ..	P. J. O'Connell, Town Hall, Wallington.
14. Carshalton ... ..	F. L. Smith, The Grove, Carshalton.
15. Caterham & Warlingham ... ..	F. R. Carroll, The Corner, Caterham.
16. Chertsey ... ..	D. P. McIver, Council Offices, Weybridge.
17. Coulsdon & Purley ... ..	F. R. Edbrooke, Council Offices, Coulsdon.
18. Dorking ... ..	C. Ive, Council Offices, Town Hall, The Parade, Epsom.
19. Egham ... ..	A. Geden-Wilkinson, 156, High Street, Egham.
20. Epsom ... ..	C. Ive, Council Offices, Town Hall, The Parade, Epsom.
21. Esher ... ..	A. Senior, Council Offices, Portsmouth Road, Esher.
22. Farnham ... ..	F. Bedo Hobbs, 4, Downing Street, Farnham.
23. Frimley & Camberley ... ..	F. C. Davidson, Beverley, Camberley.
24. Haslemere ... ..	J. E. Haine, Millmead House, Guildford.
25. Leatherhead ... ..	C. Ive, Council Offices, Town Hall, The Parade, Epsom.
26. Merton & Morden ... ..	F. L. Smith, 126, Kingston Road, Merton, S.W.19.
27. Walton & Weybridge ... ..	D. P. McIver, Council Offices, Weybridge.
28. Woking ... ..	N. H. Linzee, Council Offices, Woking.
<b>RURAL DISTRICTS.</b>	
29. Bagshot ... ..	D. P. McIver, Council Offices, Weybridge.
30. Dorking & Horley ... ..	C. Ive, Town Hall, The Parade, Epsom.
31. Godstone ... ..	W. H. Butcher, 4, Station Road East, Oxted.
32. Guildford ... ..	J. E. Haine, Millmead House, Guildford.
33. Hambledon ... ..	J. E. Haine, Millmead House, Guildford.

## STATISTICS AND SOCIAL CONDITIONS.

### Area.

The area of the Administrative County on the 31st December, 1936, was 449,160 acres. The area of each sanitary district is shown in the table on page 8.

The Administrative County of Surrey, situated south-west of the Metropolitan area, is bounded on the north by the River Thames; on the east the boundary is formed by the Metropolitan area, the County Borough of Croydon, and the County of Kent; on the south it is bounded by the Counties of East and West Sussex; to the west lie the Counties of Hampshire and Berkshire. The northern boundary is approximately twenty, the southern thirty-six, and the east and western approximately twenty-four miles each. The County, which is roughly quadrilateral in shape, is divided transversely by a range of chalk hills stretching from Tatsfield in the east to Farnham in the west. This range is interrupted at two places—the River Mole courses through a small valley between Dorking and Leatherhead, and the River Wey flows through a belt of low land at Guildford. In the north-western portion of the County there are the Chobham Ridges, and in the south-west extremity are the Ridges of Hindhead.

There is only one County Borough situated in the County, viz., Croydon, and there are the eleven Municipal Boroughs of Barnes, Godalming, Guildford, Kingston-on-Thames, Malden and Coombe, Mitcham, Reigate, Richmond, Surbiton, Sutton and Cheam and Wimbledon.

### Population.

The population of the Administrative County at the 1931 Census was 947,770, and the Registrar-General's estimate of the population at mid-year 1936 was 1,127,061. The population in each of the Census years 1921 and 1931 for the aggregate of urban districts, for the aggregate of rural districts and for the whole of the Administrative County is shown in the following table:—

	1921.	1931.
Urban Districts...	639,618	835,859
Rural Districts ...	99,000	111,911
Administrative County	738,618	947,770

The Registrar-General's mid-year estimate of the population for these areas during each of the five years 1932-1936 is shown in the following table:—

	1932.	1933.	1934.	1935.	1936.
Urban Districts...	796,200	901,016	934,050	972,200	1,010,461
Rural Districts ...	187,900	114,524	113,700	116,200	116,600
Administrative County	984,100	1,015,540	1,047,750	1,088,400	1,127,061

\* In this year the Surrey Review Order became operative, and a re-distribution of the population between Urban and Rural Districts followed the operation of the Order.



The following table shows the population of each Sanitary district at the Censuses of 1921 and 1931, and according to the Registrar-General's estimates at Mid-Year 1935 and 1936 :—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1921.	1931.	1935.	1936.
Urban.					
1. Banstead ... ..	12,821	12,468	18,734	24,800	25,670
2. Barnes (M.B.) ... ..	2,519	34,299	42,440	42,030	41,560
3. Beddington and Wallington ... ..	3,045	16,451	26,328	29,090	29,890
4. Carshalton ... ..	3,346	13,873	28,586	51,000	57,000
5. Caterham and Warlingham ... ..	8,233	17,108	21,774	25,100	25,070
6. Chertsey ... ..	9,983	14,939	16,988	18,520	19,670
7. Coulsdon and Purley ... ..	11,142	23,115	39,795	48,570	51,460
8. Dorking ... ..	9,511	13,207	15,204	16,350	16,720
9. Egham ... ..	9,350	14,496	17,196	17,610	18,060
10. Epsom and Ewell ... ..	8,427	22,953	35,231	46,320	51,850
11. Esher ... ..	14,847	27,540	32,407	38,350	39,880
12. Farnham ... ..	9,039	17,360	19,005	19,950	20,350
13. Frimley and Camberley... ..	7,766	13,676	16,532	17,850	17,660
14. Godalming (M.B.) ... ..	2,393	10,856	10,940	12,710	12,890
15. Guildford (M.B.) ... ..	7,184	27,734	34,237	38,020	38,570
16. Haslemere ... ..	5,751	8,195	9,168	9,340	9,470
17. Kingston-on-Thames (M.B.) ... ..	1,408	39,514	39,825	39,030	39,880
18. Leatherhead ... ..	11,187	11,233	16,483	19,460	19,910
19. Malden and Coombe (M.B.) ... ..	3,164	14,495	23,350	32,280	34,480
20. Merton and Morden ... ..	3,237	17,532	41,227	57,440	61,000
21. Mitcham (M.B.) ... ..	2,932	35,122	56,872	62,070	64,401
22. Reigate (M.B.) ... ..	10,255	31,733	34,547	35,720	36,000
23. Richmond (M.B.)... ..	4,109	37,105	39,276	38,450	38,260
24. Surbiton (M.B.) ... ..	4,709	20,149	30,178	40,020	42,610
25. Sutton and Cheam (M.B.) ... ..	4,338	29,733	48,363	69,050	72,530
26. Walton and Weybridge ... ..	9,056	21,634	25,671	26,800	28,150
27. Wimbledon (M.B.) ... ..	3,212	61,405	59,515	58,270	58,390
28. Woking ... ..	15,704	31,693	35,987	38,000	39,080
Total ... ..	198,668	639,618	835,859	972,200	1,010,461
Rural.					
1. Bagshot ... ..	16,085	9,878	11,080	11,680	12,140
2. Dorking and Horley ... ..	53,943	16,042	18,485	19,900	20,140
3. Godstone ... ..	52,507	23,196	25,866	26,300	26,380
4. Guildford ... ..	59,782	27,574	31,554	32,900	32,350
5. Hambledon ... ..	68,175	22,310	24,926	25,420	25,590
Total ... ..	250,492	99,000	111,911	116,200	116,600
Administrative County ... ..	449,160	738,618	947,770	1,088,400	1,127,061

The figures given by the Registrar-General show the populations for the 1921 and 1931 Censuses as they would have been if the area boundaries at those dates had been the same as they are at present.

#### Number of Inhabited Houses and Number of Separate Families or Occupiers.

The numbers of private families and dwellings in the Administrative County, as constituted at the Census 1931, are given in the following table :—

District.	Area in Statute Acres (Land and Inland Water) (Census 1931).	Census 1921.  Persons.	PRIVATE FAMILIES AND DWELLINGS CENSUS 1931.					
			Persons per Acre.	Private Families.	Popula- tion in Private Families.	Structur- ally Separate Dwell- ings Occupied.	Rooms Occupied.	Persons per room.
Urban Districts	136,138	590,543	5.6	193,917	711,352	175,516	987,968	0.72
Rural Districts	313,078	148,168	0.58	44,463	166,564	43,072	244,752	0.68
Administrative County ...	449,216	738,711	2.1	238,380	877,916	218,588	1,232,720	0.71

### Density of Population in each of the Five Assessment Areas.

The estimated population and acreage of each of the five Assessment Areas at mid-year 1936 was as follows :—

Assessment Areas.				Estimated Population (Mid-Year 1936)	Acreage.	No. of Persons per Acre.
				<sup>0/0</sup>	<sup>0/0</sup>	
North-Western	...	...	...	134,760 (11.96)	67,944 (15.15)	1.98
South-Western	...	...	...	139,220 (12.35)	152,549 (33.96)	0.91
South-Eastern	...	...	...	124,310 (11.03)	134,224 (29.88)	0.93
North-Eastern	...	...	...	295,060 (26.18)	33,968 (7.55)	8.69
Mid-Eastern	...	...	...	433,711 (38.48)	60,515 (13.46)	7.17
Whole County	...	...	...	1,127,061 (100.00)	449,200 (100.00)	2.51

Increase in density of population in each Assessment Area since beginning of present century.

Assessment Areas.				Year.	Acreage.	Population.	% Increase in population 1936 over 1901	No. of Persons per Acre.	% Increase in density 1936 over 1901.
North-Western	...	...	...	1901	68,005	77,145	74.68	1.13	74.3
				1911	68,005	97,622		1.43	
				1921	67,944	106,316		1.56	
				1931	67,944	123,454		1.82	
				1936	67,944	134,760		1.98	
South-Western	...	...	...	1901	149,300	90,613	53.63	0.61	49.18
				1911	149,300	103,934		0.69	
				1921	152,549	114,029		0.75	
				1931	152,549	129,830		0.85	
				1936	152,549	139,220		0.91	
South-Eastern	...	...	...	1901	147,458	88,053	41.17	0.59	57.62
				1911	147,458	102,897		0.69	
				1921	134,224	101,286		0.74	
				1931	134,224	115,876		0.86	
				1936	134,224	124,310		0.93	
North-Eastern	...	...	...	1901	24,996	163,753	80.19	6.55	32.67
				1911	24,996	206,838		8.27	
				1921	33,968	234,507		6.90	
				1931	33,968	266,991		7.86	
				1936	33,968	295,060		8.69	
Mid-Eastern	...	...	...	1901	63,059	100,202	332.835	1.59	350.94
				1911	63,059	164,736		2.61	
				1921	60,515	182,480		3.02	
				1931	60,515	311,619		5.15	
				1936	60,515	433,711		7.17	
Whole County	...	...	...	1901	452,818	519,766	116.84	1.15	118.26
				1911	452,818	676,027		1.49	
				1921	449,200	738,618		1.64	
				1931	449,200	947,770		2.11	
				1936	449,200	1,127,061		2.51	

It should be borne in mind that, owing to the review of County Districts, the figures relating to the census years 1901 and 1911 are not strictly comparable with those relating to 1921, 1931 and 1936, which have been appropriately adjusted by the Registrar-General.



The following comparison with the position in 1921 is of interest :—

District.	1921.		1931.	
	Persons per Acre.	Persons per room.	Persons per Acre.	Persons per room.
Urban ... ..	4.5	1.28	5.6	0.72
Rural ... ..	0.5	1.36	0.58	0.68
Administrative County	1.6	1.30	2.1	0.71

These figures are not amended in accordance with the changes of boundaries since the Census.

#### Rateable Value and Estimated Produce of a Penny Rate.

The rateable value of the Administrative County on the 1st April, 1936, was £11,764,857, and the estimated produce of a 1d. rate for general County purposes for the year 1936-37 was £46,862.

### VITAL STATISTICS.

#### CHIEF VITAL STATISTICS.

In the following table the chief vital statistics of the Administrative County for 1935 and 1936 and those of the urban and rural districts of the County, are compared with those of England and Wales :—

	1935				1936			
	Urban Districts.	Rural Districts.	Administrative County.	†England and Wales.	Urban Districts.	Rural Districts.	Administrative County	†England and Wales.
	Net rate per 1,000 population (Mid-year 1935)				Net rate per 1,000 population (Mid-year 1936)			
Birth-rate ... ..	13.44	13.65	13.47	14.7	13.89	14.13	13.91	14.8
Death-rate ... ..	9.20	10.38	9.32	11.7	9.88	11.62	10.06	12.1
Zymotic death-rate ...	0.15	0.11	0.14	†	0.22	0.21	0.21	†
*Infant mortality-rate ...	40.70	37.83	40.39	57	40.91	49.15	41.78	59
Smallpox death-rate ...	—	—	—	—	—	—	—	—
Enteric fever death-rate ...	0.009	0.009	0.009	0.00	0.01	—	0.01	—
Measles death-rate ...	0.008	0.02	0.009	0.03	0.05	0.03	0.045	0.07
Scarlet fever death-rate ...	0.01	0.009	0.01	0.01	0.008	0.02	0.01	0.01
Whooping cough death-rate	0.01	—	0.01	0.04	0.02	0.03	0.02	0.05
Diphtheria death-rate ...	0.04	0.02	0.04	0.08	0.04	0.02	0.03	0.07
Influenza death-rate ...	0.15	0.17	0.15	0.18	0.18	0.29	0.19	0.14
*Diarrhoea and enteritis (under 2 years) death-rate	3.29	1.26	3.07	5.7	3.06	1.82	2.93	5.9

\* Rate per 1,000 births. † Provisional figures.  
† Not available.

The birth rate, death rate and infant mortality rate for the County for quinquennial periods and for the years 1935 and 1936 are as follows :—

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
1925-1929 ... ..	14.5	10.6	48.6
1930-1934 ... ..	13.6	9.95	43.40
1935 ... ..	13.47	9.32	40.39
1936 ... ..	13.91	10.06	41.78

The following statement compares the County birth and death rates for the year 1936 with the previous year and with the mean of the five years 1931-35:—

	PER 1,000 OF POPULATION.				PER 1,000 BIRTHS.	
	Birth-rate.	Death-rate.	Death-rate from Pulmonary Tuberculosis.	Death-rate from Cancer.	Maternal Mortality.	Deaths of Infants under 1 year.
<b>Administrative County.—</b>						
Population—Registrar-General's Estimate Mid-Year 1936: 1,127,061						
Mean of 5 years 1931-35 ...	13.39	9.91	0.51	1.44	3.83	43.17
Year 1935 ...	13.47	9.32	0.45	1.47	3.41	40.39
<b>Year 1936 ...</b>	<b>13.91</b>	<b>10.06</b>	<b>0.47</b>	<b>1.48</b>	<b>2.61</b>	<b>41.78</b>
Increase or decrease in 1936 on:—						
5 years' average, 1931-35 ...	+0.52	+0.15	—0.04	+0.04	—1.22	—1.39
Previous year ...	+0.44	+0.74	+0.02	+0.01	—0.80	+1.39

#### Live Births and Birth Rates.

The live births registered in or belonging to the Administrative County during the year ended 31st December, 1936, numbered 15,679, as compared with 14,657 in the previous year, showing an increase of 1022. Of this number 604, or 3.85 per cent., were illegitimate as compared with 601 or 4.1 per cent. in 1935. The birth rate for the year was 13.91 as compared with 13.47 for the previous year. The birth rate for England and Wales for 1936 was 14.8.

The number of live births (legitimate and illegitimate) and the number of still births for each sanitary district, for the aggregate of urban districts, for the aggregate of rural districts and for the Administrative County are shown by sex at the foot of the tables on pages 14b, 14c, 15.

The number of births, the birth rate and the excess of births over deaths in each of the sanitary districts and in the Administrative County during 1936 are shown in the following table:—

DISTRICTS.	1936.		
	Number.	Net rate per 1,000 population (Mid Year 1936).	Excess of births over deaths.
<b>Urban.</b>			
1. Banstead ...	373	14.53	179
2. Barnes (M.B.) ...	351	8.45	—137
3. Beddington and Wallington ...	404	13.52	108
4. Carshalton ...	899	15.77	489
5. Caterham and Warlingham ...	379	13.84	163
6. Chertsey ...	326	16.57	137
7. Coulsdon and Purley ...	641	12.46	202
8. Dorking ...	274	16.39	50
9. Egham ...	220	12.18	34
10. Epsom and Ewell ...	689	13.29	273
11. Esher ...	586	14.69	167
12. Farnham ...	298	14.64	66
13. Frimley and Camberley ...	255	14.44	81
14. Godalming (M.B.) ...	200	15.52	51
15. Guildford (M.B.) ...	519	13.46	136
16. Haslemere ...	106	11.19	—6
17. Kingston-on-Thames (M.B.) ...	573	14.37	71
18. Leatherhead ...	252	12.66	67
19. Maldens and Coombe (M.B.) ...	504	14.62	191
20. Merton and Morden ...	789	12.93	338
21. Mitcham (M.B.) ...	998	15.50	410
22. Reigate (M.B.) ...	477	13.25	52
23. Richmond (M.B.) ...	410	10.72	—105
24. Surbiton (M.B.) ...	727	17.06	340
25. Sutton and Cheam (M.B.) ...	1,177	16.23	471
26. Walton and Weybridge ...	440	15.63	120
27. Wimbledon (M.B.) ...	630	10.79	—39
28. Woking ...	534	13.66	141
<b>Total ...</b>	<b>14,031</b>	<b>13.89</b>	<b>4,050</b>
<b>Rural.</b>			
1. Bagshot ...	171	14.09	22
2. Dorking and Horley ...	285	14.15	32
3. Godstone ...	329	12.47	37
4. Guildford ...	562	17.37	187
5. Hambledon ...	301	11.76	15
<b>Total ...</b>	<b>1,648</b>	<b>14.13</b>	<b>293</b>
<b>Administrative County ...</b>	<b>15,679</b>	<b>13.91</b>	<b>4,343</b>

A graph showing the birth rate per thousand of population in the Administrative County in each of the years 1889 to 1936 is shown on page 12a.



## Deaths and Death Rates.

## (a) All Causes.

The total number of deaths registered in the Administrative County during 1936 was 11,334 as compared with 10,149 in the year 1935, an increase of 1,185. The crude death rate for 1936 was 10.06 as compared with 9.32 for 1935. The death rate for England and Wales during 1936 was 12.1.

The number of deaths and the crude net death rate in each of the sanitary districts and in the Administrative County during 1936, together with the standardized death rate\*, are shown in the following table:—

DISTRICTS.	1936.		
	Number.	Crude net rate per 1,000 population (Mid Year 1936).	Standardized death rate.
<b>Urban.</b>			
1. Banstead ... ..	194	7.56	7.33
2. Barnes (M.B.) ... ..	486	11.69	11.69
3. Beddington and Wallington ... ..	296	9.90	9.70
4. Carshalton ... ..	409	7.18	7.97
5. Caterham and Warlingham ... ..	216	8.62	9.05
6. Chertsey ... ..	189	9.61	8.94
7. Coulsdon and Purley ... ..	439	8.53	8.36
8. Dorking ... ..	224	13.40	11.26
9. Egham ... ..	186	10.30	9.37
10. Epsom and Ewell ... ..	416	8.02	6.90
11. Esher ... ..	419	10.51	10.19
12. Farnham ... ..	232	11.40	9.58
13. Frimley and Camberley ... ..	174	9.85	10.74
14. Godalming (M.B.) ... ..	148	11.48	10.10
15. Guildford (M.B.) ... ..	393	10.19	9.07
16. Haslemere ... ..	112	11.83	10.06
17. Kingston-on-Thames (M.B.) ... ..	502	12.59	11.08
18. Leatherhead ... ..	185	9.29	8.73
19. Malden and Coombe (M.B.) ... ..	313	9.08	9.62
20. Merton and Morden ... ..	443	7.26	8.78
21. Mitcham (M.B.) ... ..	588	9.13	11.14
22. Reigate (M.B.) ... ..	443	12.31	10.22
23. Richmond (M.B.) ... ..	515	13.46	11.58
24. Surbiton (M.B.) ... ..	387	9.08	8.90
25. Sutton and Cheam (M.B.) ... ..	688	9.49	9.96
26. Walton and Weybridge ... ..	320	11.37	10.35
27. Wimbledon (M.B.) ... ..	669	11.46	10.31
28. Woking ... ..	393	10.06	9.56
Total ... ..	9,979	9.88	9.58
<b>Rural.</b>			
1. Bagshot ... ..	149	12.27	11.29
2. Dorking and Horley ... ..	253	12.56	11.05
3. Godstone ... ..	292	11.07	9.63
4. Guildford ... ..	375	11.59	10.78
5. Hambledon ... ..	286	11.20	9.41
Total ... ..	1,355	11.62	10.34
Administrative County ... ..	11,334	10.06	9.66

\* The standardized death rate is based on information supplied by the Registrar-General, and the effect of standardizing the death rate is to adjust the population of a district in regard to sex and age distribution so as to make the death rate of that district truly comparable with those of other districts, and with the country as a whole.

There appears to be no simple explanation of the increase in the number of deaths for 1936. Nearly half the increase is due to deaths from heart disease—an increase of 462 deaths from this cause out of an increase from all causes of 1,185.

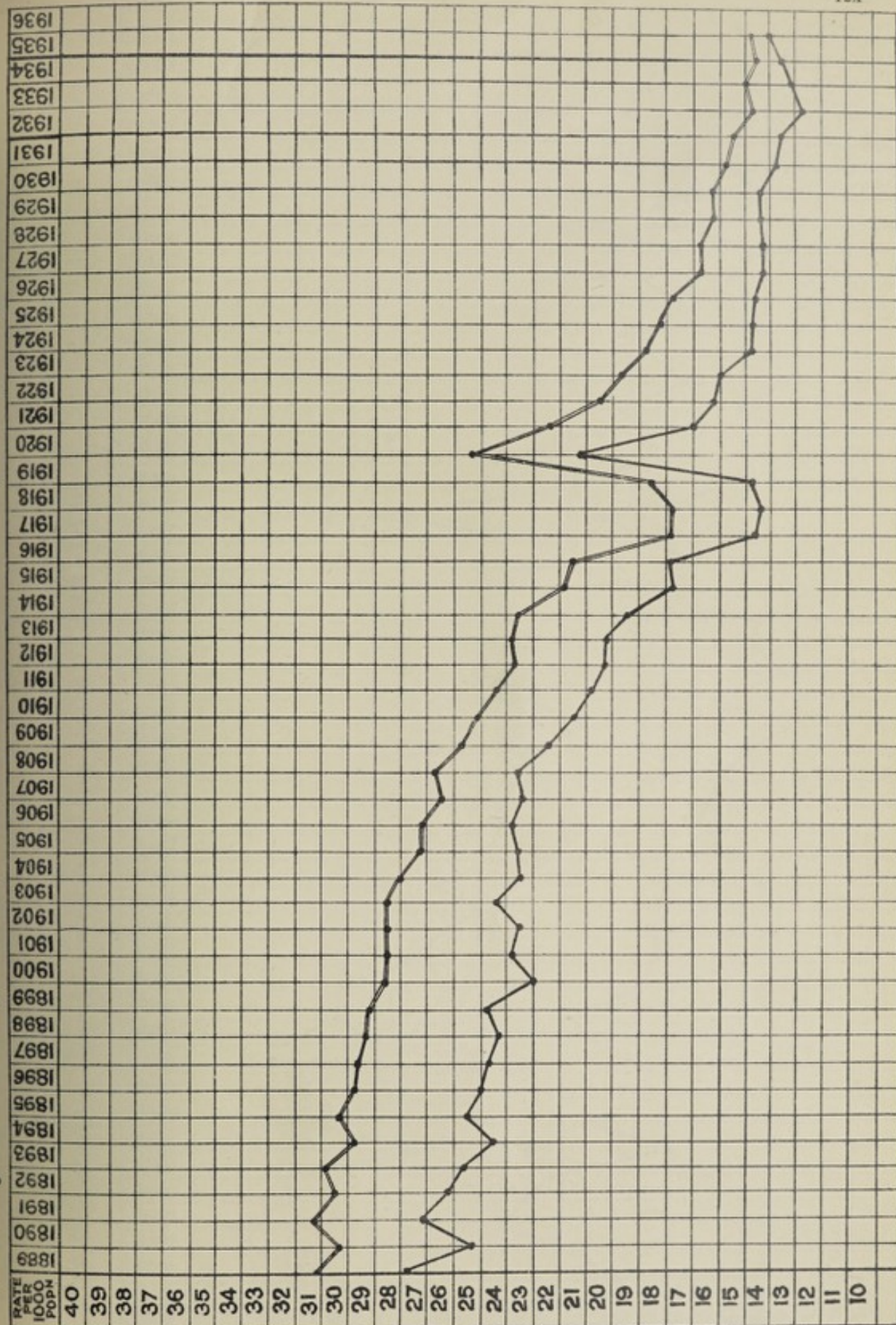
A graph showing the death rate per thousand of the population in the Administrative County in each of the years 1889 to 1936 is shown on page 12b.

The causes of all deaths during 1936 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts on page 14a.

The classification of all deaths according to sex in each of the sanitary districts is shown in the tables on pages 14b, 14c, 15.



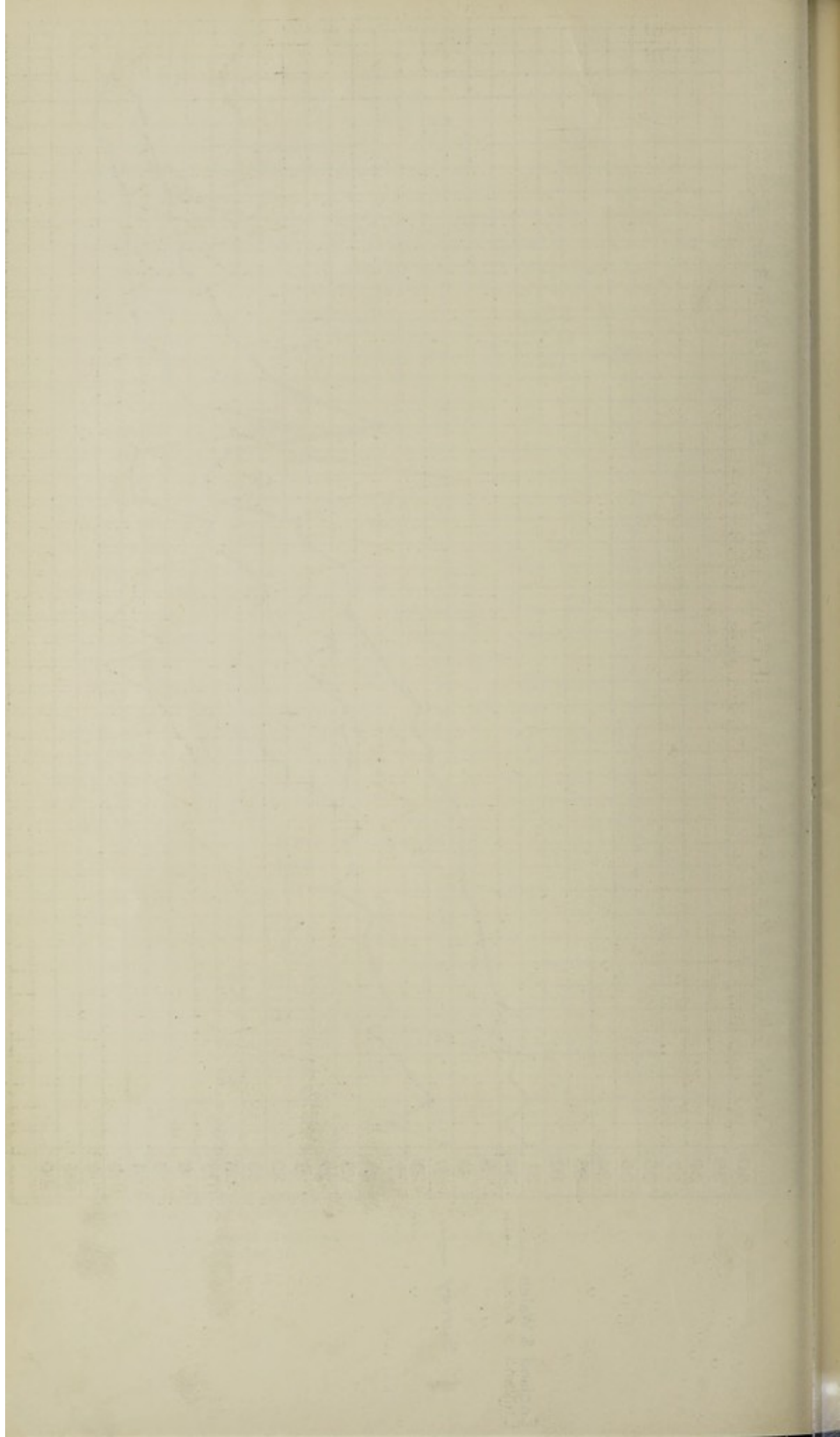
Graph showing the birth rate (per 1000 population) in the Administrative County in each of the years 1889-1936.



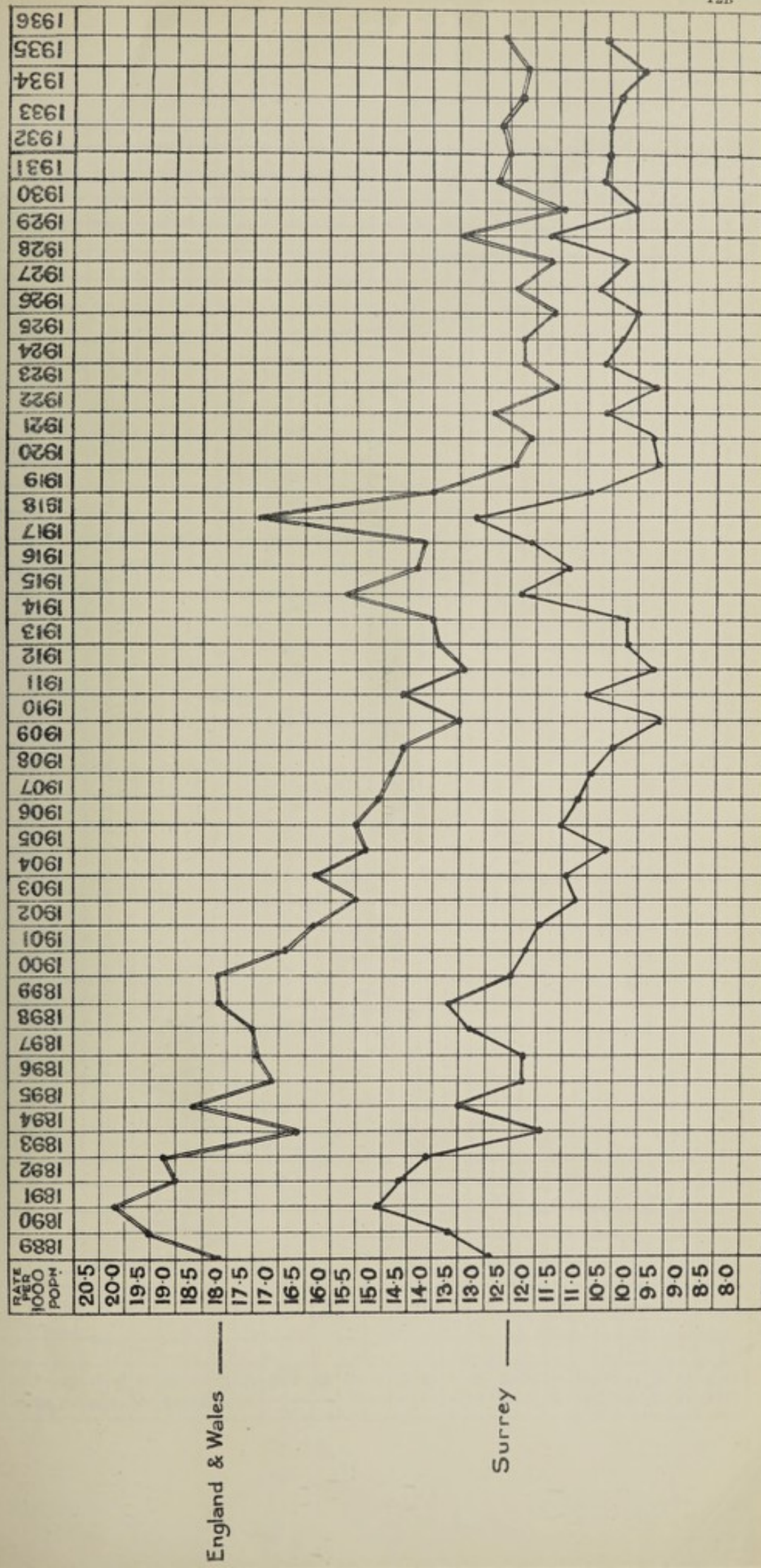
England & Wales —

Surrey —





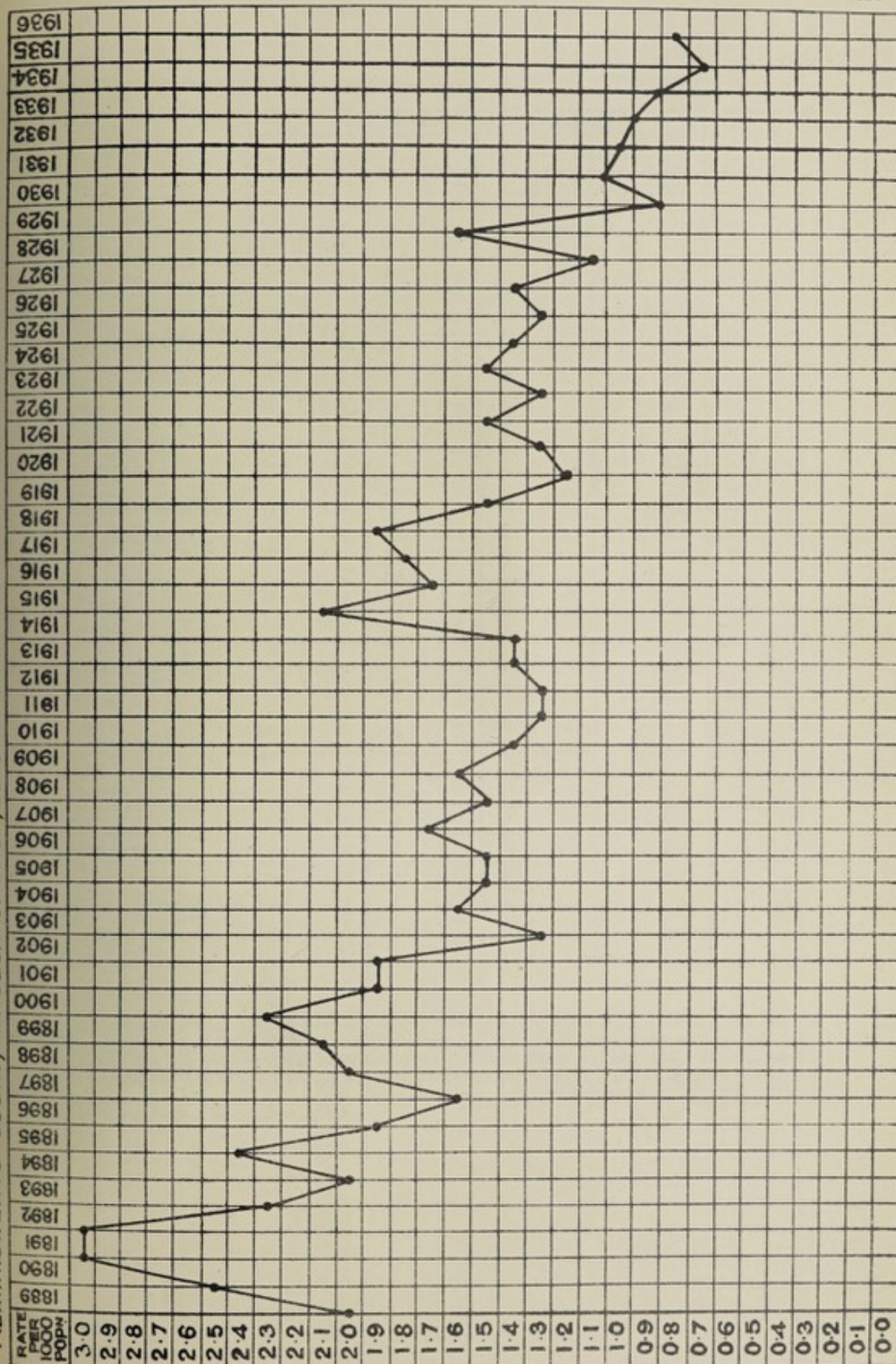
Graph showing the death rate from all causes (per 1000 population) in the Administrative County in each of the years 1889-1936



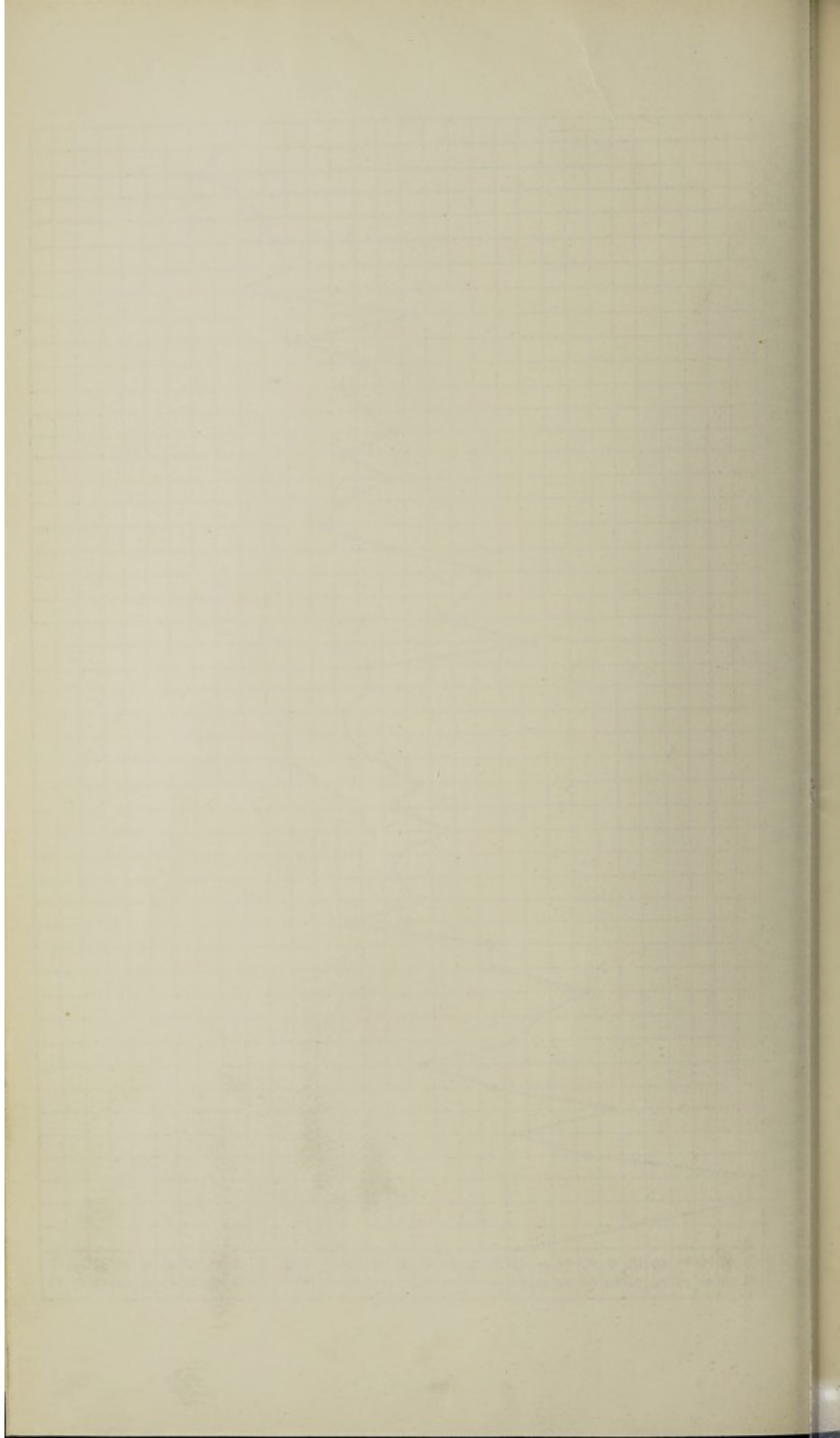
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Graph showing the death rate from Respiratory Diseases ( per 1000 population ) in the Administrative County in each of the years 1889 - 1936.







The number of deaths and the death rates from each of the four main causes of death in each of the sanitary districts and in the Administrative County are shown in the following table :—

DISTRICTS.	Heart disease.		Respiratory diseases. (non-tuberculous)		Tuberculosis.				Cancer.	
					Pulmonary.		Non-Pulmonary.			
	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
<b>URBAN</b>										
1 Banstead ... ..	57	2.22	13	0.51	7	0.27	—	—	35	1.36
2 Barnes (M.B.) ... ..	100	2.41	36	0.87	21	0.51	6	0.14	90	2.17
3 Beddington and Wallington	80	2.68	19	0.64	24	0.80	3	0.10	49	1.64
4 Carshalton ... ..	82	1.44	38	0.67	30	0.53	7	0.12	55	0.96
5 Caterham and Warlingham	55	2.19	17	0.68	10	0.40	3	0.12	34	1.36
6 Chertsey ... ..	48	2.44	19	0.97	6	0.31	1	0.05	25	1.27
7 Coulsdon and Purley ... ..	111	2.16	33	0.64	23	0.45	1	0.02	70	1.36
8 Dorking ... ..	38	2.27	27	1.61	7	0.42	2	0.12	29	1.73
9 Egham ... ..	57	3.16	19	1.05	11	0.61	2	0.11	25	1.38
10 Epsom and Ewell ... ..	111	2.14	41	0.79	14	0.27	3	0.06	57	1.10
11 Esher ... ..	126	3.16	29	0.73	13	0.33	4	0.10	71	1.78
12 Farnham ... ..	52	2.56	29	1.43	9	0.44	4	0.20	36	1.77
13 Frimley and Camberley ... ..	42	2.38	10	0.57	7	0.40	1	0.06	27	1.53
14 Godalming (M.B.) ... ..	45	3.49	14	1.09	2	0.16	2	0.16	23	1.78
15 Guildford (M.B.) ... ..	106	2.75	27	0.70	21	0.54	3	0.08	51	1.32
16 Haslemere ... ..	23	2.43	10	1.06	7	0.74	—	—	12	1.27
17 Kingston-on-Thames (M.B.)	141	3.54	44	1.10	22	0.55	4	0.10	63	1.58
18 Leatherhead ... ..	45	2.26	19	0.95	8	0.40	2	0.10	25	1.26
19 Malden and Coombe (M.B.)	70	2.03	25	0.73	18	0.52	2	0.06	47	1.36
20 Merton and Morden ... ..	92	1.51	39	0.64	35	0.57	3	0.05	74	1.21
21 Mitcham (M.B.) ... ..	126	1.96	59	0.92	38	0.59	6	0.93	80	1.24
22 Reigate (M.B.) ... ..	106	2.94	27	0.75	17	0.47	1	0.03	61	1.69
23 Richmond (M.B.) ... ..	138	3.61	41	1.07	20	0.52	5	0.13	81	2.12
24 Surbiton (M.B.) ... ..	86	2.02	39	0.92	12	0.28	6	0.14	56	1.31
25 Sutton and Cheam (M.B.)	167	2.30	47	0.65	39	0.54	6	0.08	101	1.39
26 Walton and Weybridge ... ..	77	2.74	24	0.85	20	0.71	1	0.04	64	2.27
27 Wimbledon (M.B.) ... ..	183	3.13	63	1.08	28	0.48	4	0.07	84	1.44
28 Woking ... ..	121	3.10	28	0.72	9	0.23	3	0.08	53	1.36
<b>Total ... ..</b>	<b>2,485</b>	<b>2.46</b>	<b>836</b>	<b>0.83</b>	<b>478</b>	<b>0.47</b>	<b>85</b>	<b>0.08</b>	<b>1,478</b>	<b>1.46</b>
<b>RURAL</b>										
1 Bagshot ... ..	36	2.97	8	0.66	5	0.41	—	—	24	1.98
2 Dorking and Horley ... ..	58	2.88	16	0.79	11	0.55	1	0.05	34	1.69
3 Godstone ... ..	78	2.96	16	0.61	12	0.45	2	0.08	43	1.63
4 Guildford ... ..	95	2.94	37	1.14	13	0.40	—	—	56	1.73
5 Hambledon ... ..	78	3.05	32	1.25	11	0.43	—	—	38	1.49
<b>Total ... ..</b>	<b>345</b>	<b>2.96</b>	<b>109</b>	<b>0.93</b>	<b>52</b>	<b>0.45</b>	<b>3</b>	<b>0.03</b>	<b>195</b>	<b>1.67</b>
<b>Administrative County 1936</b>	<b>2,830</b>	<b>2.51</b>	<b>945</b>	<b>0.84</b>	<b>536</b>	<b>0.47</b>	<b>88</b>	<b>0.08</b>	<b>1,673</b>	<b>1.48</b>
<b>1935</b>	<b>2,359</b>	<b>2.17</b>	<b>831</b>	<b>0.76</b>	<b>488</b>	<b>0.45</b>	<b>84</b>	<b>0.08</b>	<b>1,602</b>	<b>1.47</b>

#### (b) Infant Mortality.

The number of deaths under one year during 1936 was 655, which is an increase of 63 over the previous year. An analysis of the causes of these deaths is included in the table on page 16b. The infant mortality rate for Surrey was 41.78 as compared with 40.39 for the year 1935. The comparable figure for England and Wales for 1936 was 59 as compared with 57 for 1935. The number of deaths under twelve months and the infant mortality rate for each sanitary district and for the Administrative County are shown in the following table :—



DISTRICTS.	1936.		
	Number of deaths.	Net rate per 1,000 births.	Number of births.
<b>Urban.</b>			
1. Banstead ... ..	16	42.90	373
2. Barnes (M.B.) ... ..	19	54.13	351
3. Beddington and Wallington ... ..	16	39.60	404
4. Carshalton ... ..	42	46.72	899
5. Caterham and Warlingham ... ..	14	36.94	347
6. Chertsey ... ..	24	73.62	326
7. Coulsdon and Purley ... ..	21	32.76	641
8. Dorking ... ..	13	47.45	274
9. Egham ... ..	9	40.91	220
10. Epsom and Ewell ... ..	27	39.19	689
11. Esher ... ..	22	37.54	586
12. Farnham ... ..	7	23.49	298
13. Frimley and Camberley ... ..	9	35.30	255
14. Godalming (M.B.) ... ..	12	60.00	200
15. Guildford (M.B.) ... ..	12	23.12	519
16. Haslemere ... ..	6	56.60	106
17. Kingston-on-Thames (M.B.) ... ..	30	52.36	573
18. Leatherhead ... ..	9	35.71	252
19. Maldens and Coombe (M.B.) ... ..	22	43.65	504
20. Merton and Morden ... ..	28	35.49	789
21. Mitcham (M.B.) ... ..	48	48.10	998
22. Reigate (M.B.) ... ..	17	35.64	477
23. Richmond (M.B.) ... ..	23	56.10	410
24. Surbiton (M.B.) ... ..	28	38.51	727
25. Sutton and Cheam (M.B.) ... ..	41	34.83	1,177
26. Walton and Weybridge ... ..	12	27.27	440
27. Wimbledon (M.B.) ... ..	32	50.79	630
28. Woking ... ..	15	28.09	534
Total ... ..	574	40.91	14,031
<b>Rural.</b>			
1. Bagshot ... ..	13	76.02	171
2. Dorking and Horley ... ..	15	52.63	285
3. Godstone ... ..	13	39.51	329
4. Guildford ... ..	26	46.26	562
5. Hambledon ... ..	14	46.51	301
Total ... ..	81	49.15	1,648
Administrative County ... ..	655	41.78	15,679

The infant mortality rate for the County for each of the years 1889 to 1936 is shown in the form of a graph on page 15b.

CAUSES OF DEATH.		AGGREGATES OF URBAN DISTRICTS.										AGGREGATES OF RURAL DISTRICTS.																	
	Sex.	All Ages.	0—	1—	2—	3—	4—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages.	0—	1—	2—	3—	4—	5—	15—	25—	35—	45—	55—	65—	75—
1.	ALL CAUSES ...	M	4913	319	52	87	104	165	189	282	458	865	1242	1780	208	709	52	4	10	20	39	32	55	113	181	208	35	181	208
		F	5666	255	38	47	83	138	181	278	440	669	1165	1766	258	646	29	8	4	6	13	21	54	61	85	147	258	258	258
2.	Typhoid and paratyphoid fevers ...	M	4	—	—	1	2	2	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	Malaria ...	M	23	6	7	6	3	1	—	1	1	—	—	—	—	3	1	1	—	2	—	—	—	—	—	—	—	—	—
		F	24	5	3	7	6	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4.	Scarlet fever ...	M	5	—	—	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5.	Whooping cough ...	M	12	6	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	10	6	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6.	Diphtheria ...	M	18	2	4	5	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	18	2	4	5	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7.	Infantia ...	M	97	4	2	4	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	91	4	2	4	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8.	Encephalitis ...	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9.	Cerebro-spinal fever ...	M	6	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	6	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10.	Tuberculosis of respiratory system ...	M	268	2	—	1	3	39	70	48	50	41	17	1	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	210	2	—	1	3	33	68	62	20	14	5	2	—	22	—	—	—	—	—	—	—	—	—	—	—	—	—
11.	Other tuberculous diseases ...	M	47	5	3	6	9	6	4	3	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	38	2	3	6	9	6	3	7	5	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12.	Syphilis ...	M	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	6	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13.	General paralysis of the insane, tabes dorsalis ...	M	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14.	Cancer, malignant ...	M	875	1	2	—	—	5	8	20	91	160	236	136	163	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	603	1	2	—	—	2	16	48	135	175	253	192	92	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15.	Diphtheria ...	M	59	—	—	—	—	2	1	5	13	25	11	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	86	—	—	—	—	2	1	5	16	31	54	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16.	Cerebral hemorrhage, etc.	M	186	—	—	—	—	2	6	10	22	83	63	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	290	—	—	—	—	2	3	20	54	84	127	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17.	Heart disease ...	M	1208	—	—	—	—	1	4	6	13	23	91	240	399	421	183	—	—	—	—	—	—	—	—	—	—	—	—
		F	1279	—	—	—	—	5	11	13	20	75	147	359	639	162	—	—	—	—	—	—	—	—	—	—	—	—	—
18.	Asphyxia ...	M	20	—	—	—	—	2	1	—	2	4	5	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	19	—	—	—	—	2	1	—	2	4	5	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19.	Other circulatory diseases ...	M	279	—	—	—	—	1	1	7	9	36	93	132	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	228	—	—	—	—	1	1	7	9	37	91	166	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20.	Bronchitis ...	M	127	7	1	—	—	—	—	4	10	25	62	68	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	95	3	1	—	—	—	—	4	10	25	62	68	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21.	Pneumonia (all forms) ...	M	241	28	16	7	6	7	12	22	52	68	46	34	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	289	30	9	8	6	3	9	16	32	54	43	75	38	4	—	—	—	—	—	—	—	—	—	—	—	—	—
22.	Other respiratory diseases ...	M	40	2	—	—	—	1	2	6	3	9	15	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	43	2	—	—	—	1	2	6	3	9	15	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23.	Septic ulcer ...	M	74	—	—	—	—	1	4	8	16	31	9	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	19	—	—	—	—	1	4	8	16	31	9	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24.	Dysentery, etc.	M	51	26	4	2	—	2	4	2	3	1	1	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	41	21	1	2	1	2	1	3	4	3	2	8	4	10	1	—	—	—	—	—	—	—	—	—	—	—	—
25.	Apoplexitis ...	M	60	—	—	—	—	3	6	5	6	8	5	15	11	3	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	44	—	—	—	—	3	6	5	6	8	5	15	11	3	—	—	—	—	—	—	—	—	—	—	—	—	—
26.	Cirrhosis of liver ...	M	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27.	Other diseases of liver, etc.	M	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28.	Other digestive diseases ...	M	101	8	1	9	4	5	6	4	5	6	13	20	19	16	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	89	2	1	9	4	5	6	4	5	6	13	20	19	16	—	—	—	—	—	—	—	—	—	—	—	—	—
29.	Acute and chronic nephritis ...	M	141	—	—	—	—	1	1	5	6	12	16	28	47	28	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	162	—	—	—	—	1	1	5	6	12	16	28	47	28	—	—	—	—	—	—	—	—	—	—	—	—	—
30.	Porto-pulmonary ...	M	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31.	Other purulent causes ...	M	105	191	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	109	104	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
32.	Senility ...	M	118	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	227	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
33.	Stroke ...	M	65	—	—	—	—	—																					









TABLE SHOWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS

[illegible]

## ADMINISTRATIVE COUNTY OF SURREY.

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILLBIRTHS, AND DEATHS OF INFANTS UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR 1936.

UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR 1906																												
		Kingston-on-Thames M.B.		Leatherhead U.D.		The Mole and Coombe M.B.		Merton and Morden U.D.		Mitcham U.D.		Reigate M.B.		Richmond M.B.		Surrey M.B.		Sutton and Cheam M.B.		Walton and Weybridge U.D.		Wimbledon M.B.		Woking U.D.		Aggregate of U.D.'s		
Causes of Death.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
ALL CAUSES		238	264	93	92	153	160	225	218	307	281	207	236	233	282	191	196	346	342	157	163	334	335	204	189	4913	5066	
1. Typhoid and paratyphoid fevers		—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	2	1	—	—	—	—	—	—	—	9	
2. Measles		1	—	—	1	—	—	3	1	2	3	—	—	—	—	3	3	1	2	—	—	1	3	—	2	23	24	
3. Scarlet fever		—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	
4. Whooping cough		—	—	—	1	—	—	—	—	1	2	1	1	—	—	1	—	1	1	—	—	—	—	—	1	12	10	
5. Diphtheria		—	3	1	1	1	—	—	—	2	2	—	—	—	—	1	—	2	3	—	—	1	1	—	—	18	18	
6. Influenza		4	5	—	2	5	2	3	7	4	4	3	6	3	6	3	3	4	3	3	3	6	4	6	6	87	91	
7. Encephalitis lethargica		—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	3	3	
8. Cerebro-spinal fever		—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	6	4	
9. Tuberculosis of respiratory system		12	10	6	2	13	5	15	20	20	18	13	4	8	12	4	8	22	17	14	6	13	15	6	3	268	210	
10. Other tuberculous diseases		2	2	—	2	1	1	1	2	4	2	—	1	4	1	2	4	2	4	1	—	4	—	—	3	47	38	
11. Syphilis		—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	2	—	—	—	11	6	
12. General paralysis of the insane, tabes dorsalis		—	—	1	—	2	—	3	1	1	—	1	—	2	—	1	—	2	—	—	1	2	—	2	—	31	4	
13. Cancer, malignant disease		27	36	14	11	27	20	41	33	38	42	25	36	40	41	30	26	47	54	25	39	34	50	20	33	675	803	
14. Diabetes		2	4	2	2	3	4	2	4	6	4	2	5	5	10	4	4	5	9	2	1	—	3	2	1	59	86	
15. Cerebral hemorrhage, etc.		12	24	2	6	4	10	8	11	13	16	12	19	10	9	5	11	18	14	6	8	16	22	5	7	186	290	
16. Heart disease		62	79	28	17	22	48	40	52	57	69	56	50	60	78	41	45	82	85	40	37	94	89	64	57	1207	1279	
17. Aneurysm		1	—	—	—	—	—	1	2	1	1	1	—	2	2	1	1	1	1	1	1	1	—	1	—	20	19	
18. Other circulatory diseases		15	14	5	11	8	7	12	8	12	12	22	15	18	7	10	21	19	14	11	15	21	16	13	279	328		
19. Bronchitis		7	3	1	1	4	1	—	2	10	11	2	5	4	1	5	1	8	5	6	2	10	9	3	1	127	95	
20. Pneumonia (all forms)		17	16	6	7	5	9	22	13	27	10	10	9	18	12	11	17	18	8	7	6	21	16	13	10	281	250	
21. Other respiratory diseases		—	1	2	2	3	3	—	2	1	—	—	2	1	5	—	5	4	3	1	2	3	4	1	—	40	43	
22. Peptic ulcer		3	—	1	—	4	2	8	2	5	1	2	1	2	3	5	—	4	3	3	1	3	2	6	—	74	19	
23. Diarrhoea, etc. (under 2 years)		—	—	—	—	1	1	—	1	1	1	1	1	1	1	1	4	—	—	—	8	—	1	—	—	30	13	
24. Appendicitis		2	1	1	2	4	1	3	2	5	4	1	—	2	5	5	—	6	6	3	2	5	2	3	1	60	44	
25. Cirrhosis of liver		2	1	1	—	—	1	1	1	—	1	—	—	—	—	1	1	1	1	2	—	1	1	—	—	19	10	
26. Other diseases of liver, etc.		1	—	1	2	—	4	1	2	—	—	1	1	1	3	—	2	1	5	—	—	—	5	3	3	20	32	
27. Other digestive diseases		9	3	1	3	6	4	10	1	11	10	4	3	5	7	3	7	7	10	3	3	11	6	3	5	122	117	
28. Acute and chronic nephritis		10	8	2	4	2	3	7	4	6	3	9	11	8	9	11	6	8	11	3	5	9	15	8	4	141	162	
29. Puerperal sepsis		—	1	—	—	—	—	—	2	—	1	—	1	—	—	—	1	—	1	—	1	—	—	—	1	—	17	
30. Other puerperal causes		—	—	—	1	—	—	—	—	3	—	—	—	—	—	—	1	—	2	—	—	—	—	—	1	—	21	
31. Congenital debility, premature birth, malformations, etc.		8	10	2	2	8	4	14	8	12	11	8	1	7	6	9	7	14	13	2	4	12	8	2	9	193	159	
32. Senility		9	21	2	2	3	4	3	7	12	18	13	30	7	19	5	6	9	15	3	10	6	14	4	3	118	227	
33. Suicide		2	—	2	—	2	2	6	2	3	1	2	2	2	3	2	2	8	3	—	1	4	2	5	1	65	39	
34. Other violence		11	9	6	—	8	8	7	9	17	7	11	6	7	6	16	10	20	14	11	7	20	13	10	4	258	156	
35. Other defined diseases		19	12	6	10	16	16	15	18	35	22	16	19	18	25	13	9	27	28	7	12	32	29	21	19	418	420	
36. Causes ill-defined or unknown		—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	1	
Special Causes (included in No. 35 above)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Small-pox		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Poliomyelitis		—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Polioencephalitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Deaths of Infants under 1 year		14	16	4	5	13	9	16	12	31	17	12	5	11	12	12	16	21	20	6	6	23	9	4	11	319	255	
Legitimate		12	13	4	4	13	9	16	11	31	17	12	5	5	8	11	13	21	20	6	6	21	9	3	10	295	233	
Illegitimate		2	3	—	1	—	—	—	—	—	—	—	—	6	4	1	3	—	—	—	—	2	—	—	1	1	25	23
LIVE BIRTHS		286	287	133	119	265	239	410	379	540	458	249	228	193	217	384	343	604	573	236	204	312	318	258	276	7297	6734	
Legitimate		266	262	129	113	263	232	401	370	528	448	237	219	175	198	368	332	587	556	227	197	297	297	247	272	7032	6473	
Illegitimate		20	25	4	6	2	7	9	9	12	10	12	9	18	19	16	11	17	17	9	7	15	21	11	4	265	261	
STILLBIRTHS		6	9	8	5	6	11	18	15	20	15	6	7	8	7	11	11	22	11	10	9	14	12	5	6	248	216	
Legitimate		6	8	7	5	6	11	17	12	20	15	6	7	7	6	11	11	19	11	10	8	13	11	5	6	238	204	
Illegitimate		—	1	1	—	—	—	1	3	—	—	—	—	1	1	—	—	3	—	—	1	1	1	—	—	10	12	



TABLE NO. 1. SHOWING THE CAUSES OF DEATH, THE SEX, RACE, AND GRADE OF DEATH, FOR THE YEAR 1910.

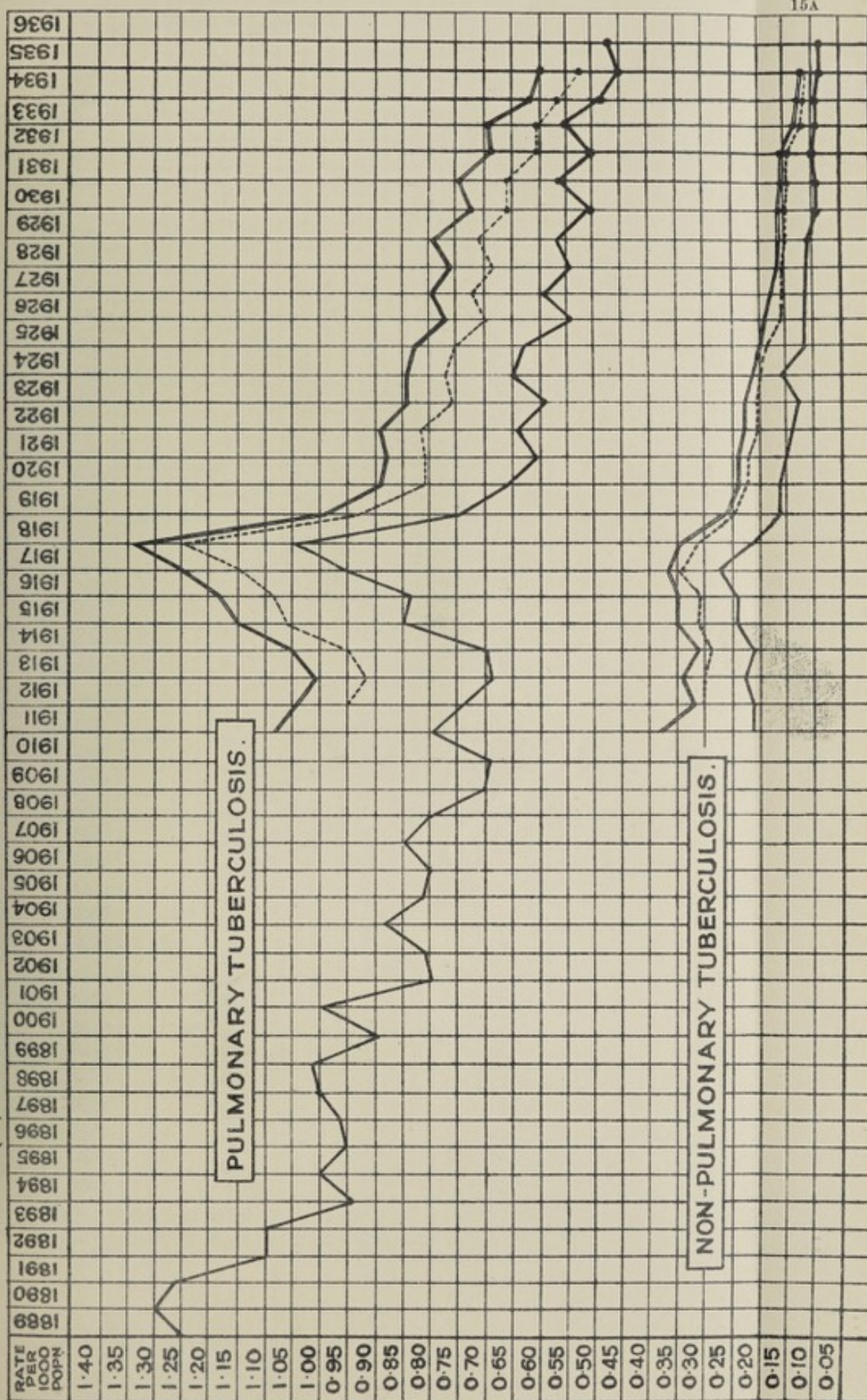
Causes of Death	White	Colored	Chinese	Japanese	Other	Total
1. Typhoid and paratyphoid fevers	1	1	1	1	1	5
2. Measles	1	1	1	1	1	5
3. Scarlet fever	1	1	1	1	1	5
4. Whooping cough	1	1	1	1	1	5
5. Diphtheria	1	1	1	1	1	5
6. Influenza	1	1	1	1	1	5
7. Infectious jaundice	1	1	1	1	1	5
8. Gastro-intestinal fever	1	1	1	1	1	5
9. Tuberculosis of respiratory system	1	1	1	1	1	5
10. Other tuberculous diseases	1	1	1	1	1	5
11. Syphilis	1	1	1	1	1	5
12. General paralysis of the insane, tabes dorsalis, etc.	1	1	1	1	1	5
13. Cancer, malignant diseases	1	1	1	1	1	5
14. Diabetes	1	1	1	1	1	5
15. Cerebral hemorrhage, etc.	1	1	1	1	1	5
16. Heart disease	1	1	1	1	1	5
17. Aneurysm	1	1	1	1	1	5
18. Other circulatory diseases	1	1	1	1	1	5
19. Bronchitis	1	1	1	1	1	5
20. Pneumonia (all forms)	1	1	1	1	1	5
21. Other respiratory diseases	1	1	1	1	1	5
22. Pleurisy	1	1	1	1	1	5
23. Diarrhea, etc. (under 2 years)	1	1	1	1	1	5
24. Appendicitis	1	1	1	1	1	5
25. Cholecystitis	1	1	1	1	1	5
26. Other diseases of liver, etc.	1	1	1	1	1	5
27. Other digestive diseases	1	1	1	1	1	5
28. Acute and chronic nephritis	1	1	1	1	1	5
29. Urinary sepsis	1	1	1	1	1	5
30. Other genitourinary diseases	1	1	1	1	1	5
31. Congenital debility, prematurity, birth malformations, etc.	1	1	1	1	1	5
32. Scalds	1	1	1	1	1	5
33. Burns	1	1	1	1	1	5
34. Other violence	1	1	1	1	1	5
35. Other defined diseases	1	1	1	1	1	5
36. Causes ill-defined or unknown	1	1	1	1	1	5
Special Causes (included in No. 36 above)	1	1	1	1	1	5
Small-pox	1	1	1	1	1	5
Polioencephalitis	1	1	1	1	1	5
Total	1	1	1	1	1	5
Deaths of Infants	1	1	1	1	1	5
Under 1 year	1	1	1	1	1	5
Total	1	1	1	1	1	5
Legitimate	1	1	1	1	1	5
Illegitimate	1	1	1	1	1	5
Total	1	1	1	1	1	5
Legitimate	1	1	1	1	1	5
Illegitimate	1	1	1	1	1	5
Total	1	1	1	1	1	5
Legitimate	1	1	1	1	1	5
Illegitimate	1	1	1	1	1	5
Total	1	1	1	1	1	5



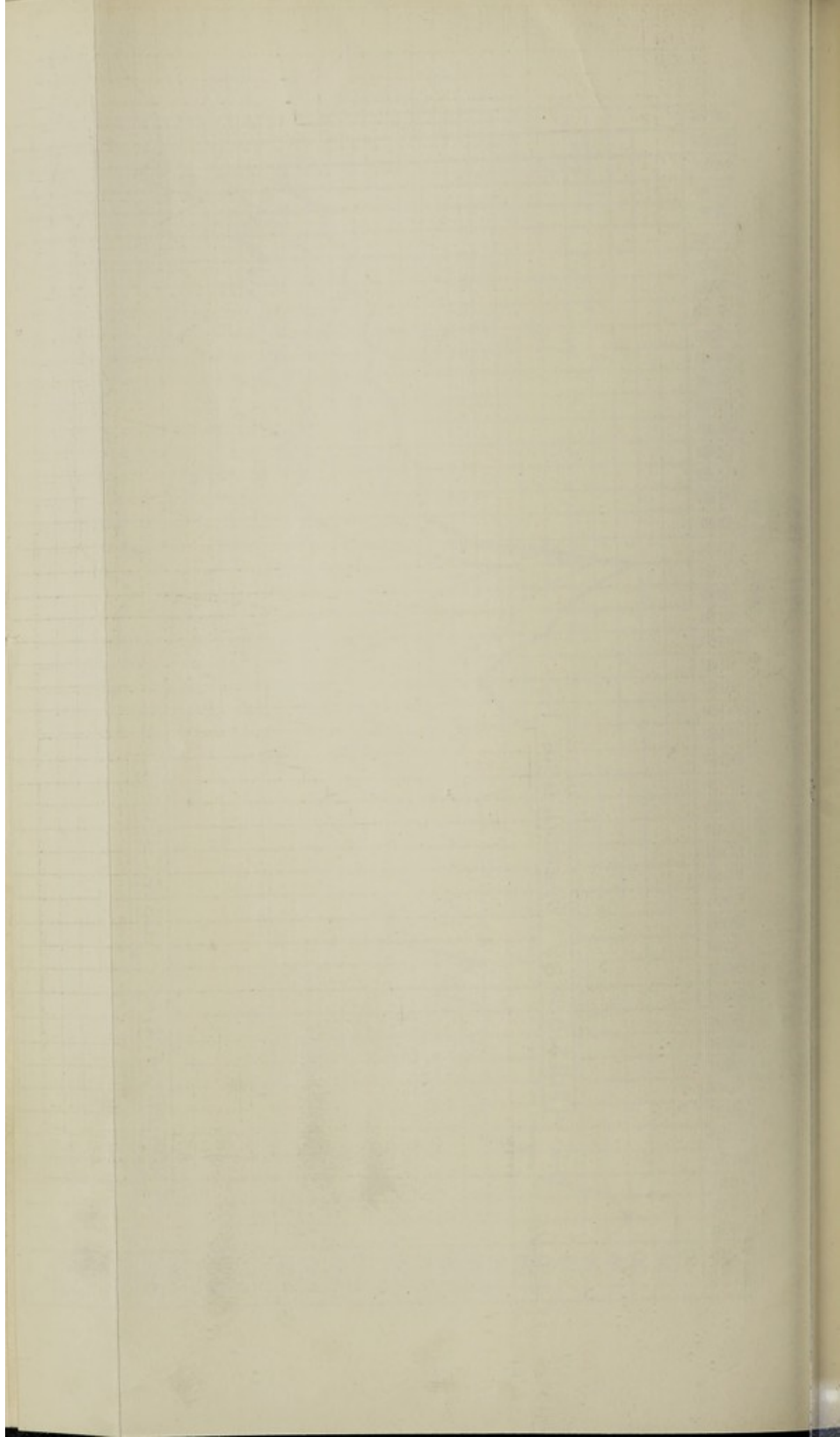
# TUBERCULOSIS

Graph shewing death rates from Pulmonary and Non-Pulmonary Tuberculosis (per 1000 of population) in :-

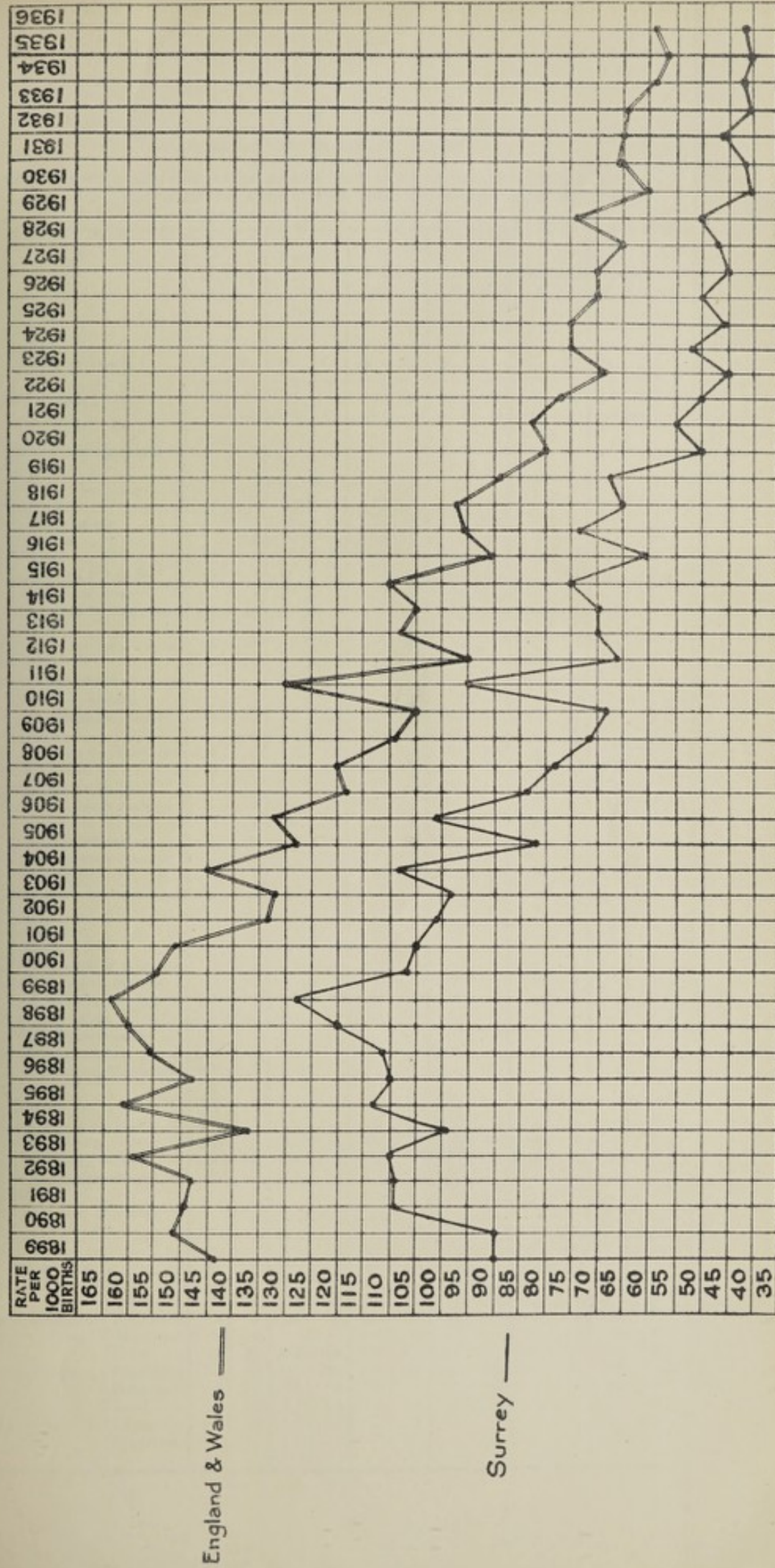
- (a) England and Wales ..... 1911 - 1935
- (b) All Counties ..... 1911 - 1935
- (c) COUNTY OF SURREY ..... 1899 - 1936







Graph showing the infant mortality rate (per 1000 registered births) in the Administrative County in each of the years 1889-1936





1000

## ADMINISTRATIVE COUNTY OF SURREY.

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILL BIRTHS, AND DEATHS OF INFANTS UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR 1936.

Causes of Death.	Bagshot R.D.		Dorking and Horley R.D.		Godstone R.D.		Guildford R.D.		Hambledon R.D.		Aggregate of R.D.'s	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES ...	70	79	128	125	156	136	207	168	148	138	709	646
1. Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles ...	1	—	—	—	—	1	2	—	—	—	3	1
3. Scarlet fever ...	—	—	—	—	1	—	—	—	1	—	2	—
4. Whooping cough ...	—	—	—	—	1	—	1	1	—	—	2	1
5. Diphtheria ...	—	1	1	—	—	—	—	—	—	—	1	1
6. Influenza ...	—	1	4	8	1	6	1	6	4	3	10	24
7. Encephalitis lethargica ...	—	—	—	—	—	—	—	1	—	—	—	1
8. Cerebro-spinal fever ...	—	—	—	—	—	—	1	—	1	—	2	—
9. Tuberculosis of respiratory system	5	—	7	4	5	7	5	8	8	3	30	22
10. Other tuberculous diseases	—	—	—	1	2	—	—	—	—	—	2	1
11. Syphilis ...	—	—	—	—	2	—	1	1	—	—	3	1
12. General paralysis of the in- sane, tabes dorsalis	—	—	—	—	—	—	—	1	—	—	—	1
13. Cancer, malignant disease...	14	10	12	22	22	21	33	23	22	16	103	92
14. Diabetes ...	1	1	—	4	1	2	4	3	2	2	8	12
15. Cerebral hæmorrhage, etc.	3	6	2	7	11	9	5	14	4	8	25	44
16. Heart disease ...	16	20	28	30	41	37	57	38	41	37	183	162
17. Aneurysm ...	1	—	—	—	2	—	1	—	—	—	4	—
18. Other circulatory diseases...	1	4	18	16	11	8	10	7	9	11	49	46
19. Bronchitis ...	2	2	6	2	2	—	5	4	4	3	19	11
20. Pneumonia (all forms) ...	1	3	5	2	5	7	13	11	10	15	34	38
21. Other respiratory diseases...	—	—	—	1	1	1	3	1	—	—	4	3
22. Peptic ulcer ...	—	1	3	—	1	1	—	1	1	1	5	4
23. Diarrhoea, etc. (under 2 years)	—	—	—	1	—	—	1	—	1	—	2	1
24. Appendicitis ...	—	—	1	—	2	1	—	1	—	2	3	4
25. Cirrhosis of liver ...	—	—	—	—	—	—	—	—	1	—	1	—
26. Other diseases of liver, etc.	1	2	—	1	—	1	—	1	—	1	1	6
27. Other digestive diseases ...	5	2	—	3	5	8	5	3	2	3	17	19
28. Acute and chronic nephritis	1	8	7	2	5	2	4	6	7	3	24	21
29. Puerperal sepsis ...	—	—	—	—	—	—	—	—	—	—	—	—
30. Other puerperal causes ...	—	1	—	—	—	—	—	1	—	1	—	3
31. Congenital debility, prema- ture birth, malformations, etc.	7	4	5	4	8	—	13	7	6	4	39	19
32. Senility ...	3	3	3	4	2	4	3	4	3	3	14	18
33. Suicide ...	—	2	3	—	3	3	1	1	2	1	9	7
34. Other violence ...	7	3	11	5	10	6	15	11	9	4	52	29
35. Other defined diseases ...	1	5	9	8	12	10	23	13	10	17	55	53
36. Causes ill-defined or un- known	—	—	3	—	—	1	—	—	—	—	3	1
Special Causes (included in No. 35 above)												
Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	7	6	9	6	11	2	16	10	9	5	52	29
Deaths of Infants { Legitimate	5	4	9	6	10	2	15	9	9	4	48	25
under 1 year { Illegitimate	2	2	—	—	1	—	1	1	—	1	4	4
Total ...	92	79	155	130	165	164	283	279	154	147	849	799
LIVE BIRTHS { Legitimate	88	76	147	125	157	161	263	264	151	138	806	764
{ Illegitimate	4	3	8	5	8	3	20	15	3	9	43	35
Total ...	1	4	7	4	4	4	11	5	5	7	28	24
STILLBIRTHS { Legitimate	1	4	6	4	4	4	10	5	5	5	26	22
{ Illegitimate	—	—	1	—	—	—	1	—	—	2	2	2



## MATERNITY AND CHILD WELFARE.

## (1) AREA.

The County Council is the authority responsible for Maternity and Child Welfare in the whole of the administrative County except in the Municipal Boroughs of Barnes, Guildford, Kingston, Mitcham, Reigate, Richmond and Wimbledon, and the Urban Districts of Beddington and Wallington, Carshalton, Coulsdon and Purley, and Merton and Morden.

## (2) STATISTICS.

The following is a summary of certain statistics relating to the whole of the administrative County and to the area for which the County is the Maternity and Child Welfare authority :—

	Whole of administrative County.	County Council's Maternity and Child Welfare Area.
Acreage ... ..	449,160	386,771
Population (1931 Census) ... ..	947,770	505,122
Registrar General's estimated population mid-year 1936 ... ..	1,127,061	610,650
Number of live births (registered) ... ..	15,679	8,988
Number of illegitimate births ... ..	604	341
Number of still-births ... ..	516	291
Birth rate ... ..	13.91	14.72
Deaths under one year ... ..	655	367
Infant mortality rate ... ..	41.78	40.83
Notified cases of ophthalmia neonatorum ... ..	35	9
Notified cases of puerperal fever ... ..	34	17
Notified cases of puerperal pyrexia ... ..	137	62
Maternal deaths from sepsis ... ..	17	7
Maternal deaths from other causes ... ..	24	14
Maternal mortality rate (per 1,000 live and still-births) ... ..	2.53	2.26
Maternal mortality rate (per 1,000 live births) ... ..	2.61	2.34

## (3) POPULATION AND NUMBER OF BIRTHS.

The population and number of births registered in the County Council's Maternity and Child Welfare area during the past five years are shown in the following table :—

Year.	Population.	Number of registered live births.
1932	537,410	7,525
1933	545,604	7,266
1934	569,000	7,782
1935	588,710	8,368
1936	610,650	8,988

## (4) NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915, COUNTY OF SURREY (NOTIFICATION OF BIRTHS) ORDER, 1922.

The above-mentioned Order made the County Council the authority responsible for the administration of the Notification of Births Acts in the Maternity and Child Welfare area of the County Council. Under these Acts the obligation to notify a birth is placed upon :—

- (i) the father of the child if he is actually residing in the house when the birth occurs, and
- (ii) upon any person in attendance on the mother up to six hours after the birth.

During the year 8,988 live births (8,647 or 96.2 per cent. legitimate, 341 or 3.8 per cent. illegitimate) and 291 still-births (278 or 95.5 per cent. legitimate, 13 or 4.5 per cent. illegitimate) were registered in the Maternity and Child Welfare area and notifications were received in respect of 7,458 of these (7,274 live births and 184 still-births). Of the 7,274 live births, 4,821 were notified by midwives and 2,637 by doctors and parents. Of the 184 still-births, 106 were notified by midwives and 78 by doctors and parents.

At the end of each week a list of births notified in his district is sent to the registrar so that he may compare this list with the births registered by him during the same period. The Registrar informs the County Medical Officer of any birth which has been registered but not notified.

In cases where notification has been omitted a letter is sent to those under obligation to notify the birth, drawing attention to the requirements of the Notification of Births Acts.

Failure to notify is chiefly due to ignorance of the law or to the belief that the birth had been or would be notified by some other person.

Of the total registered births, 1,821 were not notified under the regulations. Particulars respecting 420 of these were received from the registrars of births. The remainder (1,401) represents approximately the number occurring outside the Maternity and Child Welfare part of the County, but properly belonging thereto, and subsequently transferred by the Registrar General to the County Council's area. Notification of these births would be made to the Medical Officer of Health of the district in which the children were born.



The births registered during 1935 in the whole County excepting the Boroughs of Guildford and Wimbledon, were classified according to the place at which the birth occurred and it was found that of the total 13,493 births, 7,934 took place at home, 4,041 in hospitals, voluntary maternity homes and nursing homes, and 1,518 out of the County area. Thus 58.8 per cent. were born at home, 30.2 per cent. in hospitals, voluntary maternity homes and nursing homes, and 11 per cent. outside the County.

The following table gives particulars regarding these births for each sanitary district:—

CLASSIFICATION OF BIRTHS REGISTERED DURING 1935.

No.	Sanitary District.	Born in the District.				Born out of the District.						Total registered Births.				
		At Home.	%	At Nursing Homes.	%	At Hospitals.	%	At Home.	%	At Nursing Homes.	%		At Hospitals.	%	Born out of the County.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Banstead U.D.	200	60.6	8	2.4	—	—	5	1.5	47	14.3	31	9.4	39	11.8	330
2	Barnes M.B.	179	45.5	57	14.6	—	—	—	—	12	3.0	32	8.1	113	28.8	393
3	Beddington & Wallington U.D.	222	62.7	12	3.5	—	—	1	0.2	29	8.2	45	12.7	45	12.7	354
4	Carshalton U.D.	549	68.4	21	2.6	36	4.5	6	0.7	68	8.5	46	5.7	77	9.6	803
5	Caterham & Warlingham U.D.	269	66.6	42	10.4	—	—	1	0.2	7	1.7	42	10.4	43	10.7	404
6	Chertsey U.D.	188	66.4	21	7.4	—	—	2	0.7	56	19.8	5	1.8	11	3.9	283
7	Coulsdon & Purley U.D.	269	45.3	30	5.1	1	0.2	—	—	12	2.0	23	3.9	258	43.5	593
8	Dorking U.D.	185	70.0	43	16.3	11	4.2	1	0.4	2	0.7	16	6.1	6	2.3	264
9	Egham U.D.	205	72.4	—	—	—	—	—	—	11	3.9	3	1.1	64	22.6	283
10	Epsom & Ewell U.D.	296	51.4	51	8.8	102	17.7	1	0.2	43	7.5	12	2.1	71	12.3	576
11	Esler U.D.	309	59.4	40	7.7	—	—	2	0.4	62	11.9	76	14.6	31	6.0	520
12	Farnham U.D.	161	58.3	41	14.8	42	15.2	—	—	1	0.4	1	0.4	30	10.9	276
13	Frimley & Camberley U.D.	114	44.4	—	—	15	5.8	—	—	35	13.6	8	3.1	85	33.1	257
14	Godalming M.B.	124	76.0	2	1.2	—	—	6	3.7	18	11.1	12	7.4	1	0.6	163
15	Haslemere U.D.	46	52.9	6	7.0	25	28.7	1	1.1	2	2.3	5	5.7	2	2.3	87
16	Kingston-on-Thames M.B.	284	55.7	33	6.5	168	32.9	3	0.6	17	3.3	1	0.2	4	0.8	510
17	Leatherhead U.D.	186	70.2	—	—	2	0.8	2	0.8	25	9.4	34	12.8	16	6.0	265
18	Malden & Coombe M.B.	260	57.0	36	7.9	—	—	—	—	44	9.7	109	23.9	5	1.1	456
19	Merton & Morden U.D.	387	53.7	22	3.1	155	21.5	6	0.8	53	7.3	50	6.9	48	6.7	721
20	Mitcham M.B.	478	49.3	274	28.3	—	—	2	0.2	4	0.4	62	6.4	149	15.4	969
21	Reigate M.B.	295	69.9	50	11.8	53	12.6	2	0.5	2	0.5	—	—	20	4.7	422
22	Richmond M.B.	186	51.7	54	15.0	48	13.3	—	—	8	2.2	5	1.4	59	16.4	360
23	Surrey M.B.	375	53.7	94	13.4	—	—	5	0.7	47	6.7	123	17.6	55	7.9	699
24	Sutton & Cheam M.B.	595	57.7	178	17.2	3	0.3	7	0.7	25	2.4	166	16.1	58	5.6	1,032
25	Walton & Weybridge U.D.	208	53.7	140	36.2	—	—	1	0.3	12	3.1	18	4.6	8	2.1	387
26	Woking U.D.	267	53.4	195	39.0	—	—	2	0.4	5	1.0	4	0.8	27	5.4	500
	Total	6,837	57.4	1,450	12.2	661	5.6	58	0.5	647	5.4	929	7.8	1,325	11.1	11,907
1	Bagshot R.D.	113	60.4	28	15.0	15	8.0	3	1.6	15	8.0	—	—	13	7.0	187
2	Dorking & Horley R.D.	158	56.0	12	4.3	29	10.3	6	2.1	13	4.6	30	10.6	34	12.1	282
3	Godstone R.D.	217	74.6	—	—	13	4.5	2	0.7	14	4.8	13	4.5	32	10.9	291
4	Guildford R.D.	320	61.1	—	—	—	—	4	0.8	56	10.7	49	9.3	95	18.1	524
5	Hambleton R.D.	216	71.5	1	0.3	17	5.6	—	—	18	6.0	31	10.3	19	6.3	302
	Total	1,024	64.6	41	2.6	74	4.7	15	0.9	116	7.3	123	7.7	193	12.2	1,586
	GRAND TOTAL	7,861	58.3	1,491	11.1	735	5.4	73	0.5	763	5.7	1,052	8.0	1,518	11.0	13,493



## (5) CENTRES.

The County Council has established seventy-three infant welfare centres at which weekly or fortnightly sessions are held. In some of the more populous districts sessions are held twice weekly. Ante-natal clinics are held at twenty-five different centres throughout the County and in other districts ante-natal consultations take place before the ordinary infant welfare sessions.

There are seventeen dental clinics at which dental treatment is available for expectant and nursing mothers. Details of this treatment are given on page 25. The total attendances at the Maternity and Child Welfare Centres and Ante-natal clinics have again increased considerably as is shown in the following table:—

Year.	Total attendances.			Inclusive Total.
	Ante-Natal.	Infants under one year.	Children 1—5 years.	
1932	6,886	47,981	69,247	124,114
1933	6,227	54,715	68,327	129,269
1934	6,817	57,312	69,751	133,880
1935	7,298	63,550	74,815	145,663
1936	9,239	69,218	82,104	160,561

## (6) ANTE-NATAL SERVICE.

The Ante-Natal scheme provides for the following services:—

- (a) routine Clinics conducted by part-time practitioners experienced in midwifery and ante-natal supervision;
- (b) consulting Clinics staffed by obstetricians of experience and of recognised consultant rank;
- (c) association of the Consulting Obstetricians with the work in their areas under the Puerperal Fever and Complicated Labour schemes of the County Council, and in certain districts with the Maternity Hospitals to which patients are admitted for confinement.

During 1936 2,486 ante-natal and 377 post-natal cases attended the ante-natal clinics for advice. The total attendances were 9,239.

The following table shows the number of mothers who attended the clinics during the year and the total attendances:—

Clinic.	Ante-Natal Cases.		Post-Natal Cases.	
	Total number of expectant mothers who attended at the Clinics during the year.	Total number of attendances by expectant mothers at all clinics during the year.	Total number of mothers who attended at the Clinics during the year.	Total number of attendances of mothers at the Clinics during the year.
Addlestone	46	142	6	6
Ash	50	175	6	6
Bagshot	34	147	—	—
Camberley	77	228	21	24
Caterham Hill	160	552	47	56
Cheam	287	1,211	71	130
Chertsey	69	217	8	9
Cobham	7	43	—	—
Cranleigh	10	20	—	—
Dorking	88	251	23	24
Dunsfold	1	1	—	—
Egham	45	129	2	2
Effingham	6	14	—	—
Epsom	296	1,413	9	9
Farnham	118	374	5	11
Godalming	90	260	12	12
Godstone	13	29	—	—
Haslemere	9	16	2	2
Horley	46	152	17	17
Horsley	7	7	—	—
Lingfield	17	54	—	—
Long Ditton	33	68	—	—
Malden	82	220	24	32
Molesey	34	91	—	—
Peaslake	2	4	—	—
Puttenham	2	2	—	—
Ripley	4	8	—	—
Shalford	7	30	—	—
Surbiton	194	713	39	51
Sutton	307	891	16	46
Tatsfield	1	5	—	—
Walton	116	471	42	48
Weybridge	41	155	1	1
Woking	187	617	26	43
	2,486	8,710	377	529

## (7) MATERNAL MORTALITY.

The following table gives the maternal mortality rates for the County and for England and Wales respectively for the past five years:—

Year.	Surrey.	England and Wales.
1932	3.65	4.24
1933	3.62	4.42
1934	4.06	4.60
1935	3.41	4.10
1936	2.61	3.81

The deaths in the Administrative County in 1936 assigned to puerperal sepsis were 17 in number and to other accidents and diseases of pregnancy 24, making a total of 41. In 1935 the comparable figures were 17 and 33 respectively or 50 in all.

Maternal deaths occurring in the Maternity and Child Welfare area of the County Council are investigated and a confidential report on each case is sent to the Ministry of Health.

A table showing the maternal mortality rate for Surrey for the years 1911 to 1936, classified under the headings of puerperal sepsis and other causes, is given below, and for the purposes of comparison the figures are also included for England and Wales, and for all counties as a whole.

Year.	England and Wales.			All Counties.			Surrey.		
	P.S.	O.	T.	P.S.	O.	T.	P.S.	O.	T.
1911	1.43	2.44	3.87	figures not obtainable			1.08	2.09	3.17
1912	1.39	2.59	3.98	"	"	"	1.75	1.97	3.72
1913	1.26	2.70	3.96	"	"	"	1.16	1.67	2.83
1914	1.55	2.62	4.17	1.51	2.60	4.11	2.18	2.11	4.29
1915	1.47	2.71	4.18	1.36	2.74	4.10	1.42	1.58	3.00
1916	1.38	2.74	4.12	1.33	2.87	4.20	0.95	1.82	2.77
1917	1.31	2.58	3.89	1.32	2.77	4.09	1.66	2.34	4.00
1918	1.28	2.51	3.79	1.20	2.53	3.73	1.53	1.63	3.16
1919	1.67	2.70	4.37	1.60	2.69	4.29	2.05	1.77	3.82
1920	1.81	2.52	4.33	1.74	2.54	4.28	1.76	1.83	3.59
1921	1.38	2.53	3.91	1.29	2.61	3.90	1.71	2.57	4.28
1922	1.38	2.43	3.81	1.25	2.51	3.76	0.83	2.32	3.15
1923	1.30	2.52	3.82	1.24	2.47	3.71	0.84	1.85	2.69
1924	1.39	2.51	3.90	1.31	2.51	3.82	1.43	2.14	3.57
1925	1.56	2.52	4.08	1.36	2.62	3.98	0.71	2.13	2.84
1926	1.60	2.52	4.12	1.48	2.52	4.00	0.70	2.35	3.05
1927	1.57	2.54	4.11	1.49	2.47	3.96	1.50	1.50	3.00
1928	1.79	2.63	4.42	1.70	2.71	4.41	2.01	2.94	4.95
1929	1.80	2.53	4.33	1.77	2.51	4.28	1.69	1.45	3.14
1930	1.92	2.48	4.40	1.87	2.54	4.41	1.22	2.14	3.36
1931	1.66	2.45	4.11	1.59	2.45	4.04	1.37	3.05	4.42
1932	1.61	2.63	4.24	1.53	2.55	4.08	1.71	1.94	3.65
1933	1.79	2.63	4.42	1.73	2.66	4.39	1.23	2.39	3.62
1934	2.03	2.57	4.60	1.96	2.51	4.47	1.59	2.47	4.06
1935	1.68	2.42	4.10	1.60	2.36	3.96	1.16	2.25	3.41
1936	1.40	2.41	3.81	figures not obtainable			1.08	1.53	2.61

P.S.—Puerperal Sepsis.

O.—Other causes.

T.—Total.

## (8) INFANT MORTALITY.

The number of deaths under one year registered in the Administrative County of Surrey during the year 1936 was 655 or 5.76 per cent. of the total deaths of all ages.

The infant mortality rate was 41.78 per 1,000 registered births; for England and Wales it was 59.

An analysis of the causes of infant deaths in each of the past five years is given in the following table:—

Causes of death.	Number of deaths of infants under one year.				
	1932	1933	1934	1935	1936
Total—all causes	630	547	596	592	655
Rate per thousand live births...	46.90	42.20	43.24	40.39	41.78
Measles	5	3	5	—	12
Whooping Cough	12	16	13	8	13
Diphtheria	1	4	2	1	2
Influenza	7	6	—	3	9
Tuberculosis of the respiratory system	2	—	1	3	2
Other tuberculous diseases	11	9	5	11	7
Bronchitis	25	11	13	9	10
Pneumonia (all forms)	77	55	71	68	67
Other respiratory diseases	2	4	2	—	2
Diarrhoea and enteritis	53	35	41	39	39
Acute and chronic nephritis	1	—	1	—	—
Congenital debility and malformation (including premature birth)	338	319	342	354	400
Other causes	96	85	100	96	92



## (9) MIDWIVES ACTS, 1902-1936.

The County Council is the "Local Supervising Authority" for the administration of the Midwives Acts in the Administrative County except in the Municipal Boroughs of Guildford and Wimbledon.

The number of state certified midwives who notified their intention to practice during 1936 was 438, as compared with 388 during 1935. Of these midwives only one of the old "bona fide" class now remains in practice.

The County Council does not itself provide either whole time or part time midwives, but District Nursing Associations are assisted by initial grants where a new nurse is employed for midwifery and maternity nursing, and payments are also made to each District Nursing Association providing midwifery and maternity nursing for each case attended by their midwives.

Most of the District Nursing Associations are affiliated to the Surrey County Nursing Association and grants are made to this Association for each new midwife added to the establishment and for a part of the approved administrative charges.

The Superintendent Health Visitor, together with her deputy and assistant superintendents, and the Superintendent of the Surrey County Nursing Association, act as inspectors of midwives under the immediate supervision of Dr. Livingstone, one of the Senior Administrative Medical Officers. It is the practice to make at least three routine inspections each year of all midwives, and special visits are made for the investigation of cases of rise of temperature, ophthalmia neonatorum, and on any other occasion when it may be considered necessary.

The Rules of the Central Midwives Board, regulating the conduct and practice of midwives, require the midwife to call in medical assistance in any illness or abnormal condition of the mother or baby, and to send a copy of the form to the Local Supervising Authority. The midwife must also notify certain other events in her practice. The following table gives a summary of the notifications received during the year, together with those of the past four years:—

	1932	1933	1934	1935	1936
Notification of sending for medical aid ...	1,793	1,890	2,029	2,265	2,427
Still-births and abortions ...	82	72	75	96	97
Laying out dead body ...	123	138	103	66	95
Artificial feeding ...	60	69	94	94	99
Liability to be a source of infection ...	89	114	132	106	166
Notification of death ...	62	56	58	60	56
Miscarriages ...	50	47	51	25	18
Totals ...	2,259	2,386	2,542	2,712	2,958

The special investigations undertaken in the five years 1932-1936 are summarised in the following table:—

	1932	1933	1934	1935	1936
Notice of sending for medical assistance	197	170	211	230	192
Still-births, abortions and miscarriages ...	99	91	119	117	114
Liability to be a source of infection ...	53	71	105	92	152
Death of mother or baby ...	59	50	44	60	56
Totals ...	408	382	479	499	514

The branches of the Midwives Institute have held regular meetings at several centres in the County and lectures have been given on subjects of special interest to midwives. A new branch was formed in the Kingston district towards the end of the year.

*Payment of Fees to Medical Practitioners.*

The Midwives Act of 1918 makes the Local Supervising Authority responsible for the payment of fees to medical practitioners summoned by midwives in all cases of illness or abnormality. The scale of fees is laid down by the Ministry of Health, and the Local Supervising Authority has power to recover from the patient, or her husband, the whole amount or such proportion of it as the financial circumstances of the case justify.

In the case of inflammation or discharge from the eyes of infants, the County Council, in accordance with the suggestion of the Ministry of Health, does not take action to recover fees, in order that midwives may not be deterred from calling in a doctor at the onset of apparently trivial affections of the eyes.

*Number of Births Attended by Midwives.*

At the end of each year a midwife must send in a return of her work to the Local Supervising Authority and the returns received from 424 midwives who had actually practised in the area during 1936 are set out in the following table:—



## BIRTHS ATTENDED BY MIDWIVES RESIDING IN EACH SANITARY DISTRICT.

Sanitary District.	Births attended by Midwives residing in the district.	Births at which Midwives acted as nurses.
Banstead U.D. ... ..	72	93
Barnes M.B. ... ..	137	74
Beddington and Wallington U.D. ...	104	125
Carshalton U.D. ... ..	435	117
Caterham and Warlingham U.D. ...	196	51
Chertsey U.D. ... ..	102	124
Coulsdon and Purley U.D. ... ..	83	101
Dorking U.D. ... ..	107	34
Egham U.D. ... ..	35	66
Epsom and Ewell U.D. ... ..	280	151
Esher U.D. ... ..	201	159
Farnham U.D. ... ..	376	256
Frimley and Camberley U.D. ... ..	106	58
Godalming M.B. ... ..	93	37
Haslemere U.D. ... ..	69	159
Kingston-on-Thames M.B. ... ..	596	171
Leatherhead U.D. ... ..	59	89
Maldens and Coombe M.B. ... ..	127	179
Merton and Morden U.D. ... ..	519	295
Mitcham M.B. ... ..	483	124
Reigate M.B. ... ..	108	180
Richmond M.B. ... ..	135	45
Surbiton M.B. ... ..	396	163
Sutton and Cheam M.B. ... ..	333	637
Walton and Weybridge U.D. ... ..	260	222
Woking U.D. ... ..	404	143
Bagshot R.D. ... ..	108	70
Dorking and Horley R.D. ... ..	41	67
Godstone R.D. ... ..	126	118
Guildford R.D. ... ..	207	77
Hambledon R.D. ... ..	117	111
Total ... ..	6,415	4,296

*Post Certificate Instruction of Midwives.*

The fifth Post Certificate Course for Midwives arranged by the County Council was held during the week beginning the 5th October, 1936.

The Course comprised a series of lectures, ante-natal demonstrations and films illustrating methods of midwifery practice in different clinics. The following is a summary of the attendances at the Course, together with comparative figures for the five preceding Courses :—

	1931	1932	1933	1934	1935	1936
Number of Nurses attending	203	254	374	392	384	549
Total attendance ...	872	1,104	1,297	1,540	1,461	1,829

*Compensation to Midwives for Loss of Cases Sent to a Maternity Hospital.*

Compensation is paid to midwives practising independently in respect of patients who have booked with them and who are recommended subsequently for admission to a Maternity Home or Hospital by the Medical Officers of the Ante-Natal Clinics.

The payment of compensation is subject to the following conditions :—

- In cases brought or sent by the midwife to an Ante-Natal Clinic the Medical Officer of the clinic must certify in each case that he or she advised the patient's confinement in a maternity home or hospital, and the patient must confirm that she had previously booked the midwife to attend the confinement ;
- in cases seen in the patient's home by a private medical practitioner who is called in to a patient by a midwife under the rules of the Central Midwives Board, and the patient is subsequently admitted to a maternity home or hospital for confinement, the medical practitioner must certify that removal to the hospital or maternity home for confinement was advised ;
- payment will not be made to a midwife when the patient herself requests admission to a hospital or maternity home, apart from a medical recommendation as above ;
- payment will be made only to midwives practising independently and not to those employed by district nursing associations.



*Payment of Midwife's Fee in Necessitous Cases.*

The County Council has approved a scheme which provides for the payment of the midwife's fee in approved necessitous cases living within the Council's Maternity and Child Welfare area. The midwife must ordinarily apply for the payment before the time when the confinement is due and the patient should be medically examined at the Ante-Natal Clinic. A report on the home conditions and financial circumstances of the patient is made by the Health Visitor.

If the confinement is likely to be a normal one and the home conditions are satisfactory, arrangements are made for the midwives' fee to be paid.

*Midwives Act, 1936.*

This Act, which came into force on the 31st July, has laid upon Local Supervising Authorities the duty of supplying or arranging for the supply of an adequate service of salaried midwives for the nursing of women in their homes. One of its objects is to ensure that every woman may be attended at her confinement by a qualified nurse. It is hoped that by providing better salaries and more secure prospects, the standard of domiciliary maternity nursing will be improved, and nurses with a fuller training attracted to the practice of midwifery.

The Act provides for the employment of midwives either by Local Supervising Authorities themselves, or by arrangement with Welfare Councils or voluntary Nursing Associations.

The midwives employed must be the whole-time servants of the employing body, though the Act does not require that the whole of their time need be devoted to midwifery and maternity nursing.

Provision is also made for the payment of pensions to midwives employed by Local Supervising Authorities.

Scales of fees must be fixed by authorities for the services of the midwives acting either as such or as maternity nurses, and the fees must be recovered either from the patient or the person legally liable to maintain her. The authority is empowered, however, to remit the charge in whole or in part, according to the financial circumstances of the patient.

Provision is made both for the compensation of those midwives who voluntarily surrender their certificates for cancellation, and of those who may be required by the Authority to surrender their certificates if by reason of age or infirmity, they are incapable of performing their duties efficiently.

The Minister of Health may by order prohibit unqualified persons from attending upon women at child birth for remuneration when he is satisfied that an adequate service of salaried midwives has been provided in the area. Exception is made with regard to persons under training to become doctors or midwives.

Authorities are also required to provide, or arrange for courses of post-certificate instruction of midwives at which midwives must attend periodically.

Towards the end of the year a Special Sub-Committee was appointed by the Public Health Committee to consult with the several Nursing Associations, Welfare Councils and other organisations, as required by the Act, and to consider and frame proposals for carrying out the duties of the Council under the Act.

(10) PUBLIC HEALTH (OPHTHALMIA NEONATORUM) REGULATIONS, 1926.

These regulations came into force on the 1st April, 1926, and the duty of notifying cases of ophthalmia neonatorum is placed upon the medical practitioner in attendance.

Ophthalmia neonatorum is defined as any purulent discharge from the eyes of an infant commencing within twenty-one days from the date of birth.

By arrangement with the London County Council infants suffering from this disease may be admitted to the St. Margaret's Hospital, Kentish Town and during the year three babies were sent there for treatment.

The following table gives the number of notifications of inflammation of the eyes received from midwives during the past five years and the number of cases of Ophthalmia Neonatorum notified under the Regulations by Medical Practitioners during that period.

Year.	Number of cases in which		Case Rate, i.e., number of notified cases per 1,000 births.
	Medical Aid sought for Inflammation of Eyes.	Cases of Ophthalmia Neonatorum notified.	
1932	119	46	3.4
1933	120	30	2.3
1934	100	38	2.7
1935	103	35	2.4
1936	94	35	2.2



The increasing ante-natal supervision of mothers, the routine measures taken for the care of the eyes at birth, and a fuller realisation of the need for prompt and efficient treatment have all contributed to the gradual fall in the number of cases of serious visual impairment caused by this disease. No case resulting in any marked visual defect is known to have occurred in the last few years.

The following table gives the results of treatment of the cases notified in the years from 1932-1936 :—

Year.	Cases.				Results in cases occurring in the practice of Midwives.			Left County
	Notified.	Occurring in the practice of Midwives	Treated		Vision unimpaired.	Vision im- paired.	Total Blind- ness.	
			At Home	In Hospital				
1932	46	17	16	1	17	—	—	—
1933	30	15	14	1	15	—	—	—
1934	38	22	20	2	22	—	—	—
1935	35	14	12	2	14	—	—	—
1936	35	10	8	2	10	—	—	—

(11) PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS, 1926.

Under these regulations which came into operation on the 1st October, 1926, the County Council makes provision for the special treatment of women residing within the Maternity and Child Welfare area of the County, who may be suffering from puerperal infection. The medical practitioner in attendance is required to notify to the District Medical Officer of Health any case of puerperal fever occurring in any patient upon whom he is in attendance. He is also required to notify the District Medical Officer of Health when he first becomes aware that any woman upon whom he is in attendance is suffering from puerperal pyrexia. The District Medical Officer of Health forwards a copy of all notifications of puerperal fever and puerperal pyrexia received by him, to the County Medical Officer within twenty-four hours. The midwife is obliged also to notify the Local Supervising Authority all cases in which a rise of temperature occurs as defined in the rules of the Central Midwives Board.

The scheme for the treatment of this disease permits the Medical Practitioner to obtain any or all of the following :—

- (1) the services of an obstetric consultant,
- (2) the bacteriological examination of the patient's discharges,
- (3) the treatment of patients in hospital,
- (4) home nursing in special cases.

Cases of puerperal pyrexia occurring in the South-Western area of the County are, at the request of the private medical attendant examined by the Obstetric Surgeon of the Warren Road Hospital. The Obstetric Surgeon of the Woking Maternity Home acts as obstetric consultant for the North Western area and the Obstetric Surgeon of the County Hospital, Reigate, acts as obstetric consultant in the South-Eastern area. The Obstetric Surgeons on the staff of the Queen Charlotte's Hospital, London, are also available for consultation with private practitioners. In addition, there is an arrangement with the London County Council whereby patients can be admitted to the North-Western Hospital and the Obstetric Specialist of the London County Council is also available for consultation with private practitioners. Patients recommended for hospital treatment are generally admitted to the Annexe of the Queen Charlotte's Hospital, London, or to the Warren Road Hospital, Guildford.

The bacteriologist of the Royal Surrey County Hospital, Guildford, carries out all the bacteriological work required throughout the County under this scheme.

During the year 171 notifications of puerperal fever and puerperal pyrexia were received and of this number 11 patients were removed to hospital for treatment. In 1935, 161 cases were notified and 22 patients were removed to hospital for treatment. An analysis of the cases of rise of temperature and of puerperal fever notified during the past five years is given in the following table :—

Year.	Cases in which medical help was summoned by Midwives for rise of temperature.	Number of cases of puerperal fever notified by Medical Practitioners	Case rate of puerperal fever per 1,000 births.	Deaths from puerperal fever.	Case mortality per cent.
1932	82	41	3.05	23	56.1
1933	55	32	2.5	16	50.0
1934	103	39	2.8	22	56.4
1935	113	46	3.1	17	36.9
1936	85	34	2.2	17	50.0



## (12) MATERNITY HOMES.

The County Council reserves three beds in each of two Maternity Homes—the Woking and the Walton Maternity Homes. In both Homes additional beds are available and also in the Duchess of Connaught Memorial Home, Bagshot, and in the Frimley Hospital. Patients are also admitted to the County Hospital, Reigate and to the Maternity Wards of the Public Assistance Hospitals, by arrangement with the Public Assistance Committee. Patients are seen at the Ante-Natal Clinics or at the Maternity and Child Welfare Centres by the Medical Officers and recommended for admission either on account of some abnormal ante-natal condition, anticipated difficulty at confinement or unsatisfactory home conditions.

The number of women who have been admitted to these institutions under the Council's Maternity and Child Welfare Scheme has considerably increased during the past few years as is shown in the following table :—

Name of Home.	Number of patients admitted during				
	1932	1933	1934	1935	1936
Duchess of Connaught Memorial Nursing Home, Bagshot	51	65	60	56	68
Walton Maternity Home .. .. .	61	64	90	90	111
Woking Maternity Home .. .. .	163	156	189	192	227
County Hospitals .. .. .	156	204	202	285	538
Totals ..	431	489	541	623	944

The following table shows the number of patients admitted to institutions for confinements during the year and the district in which they reside :—

Patients Home Address Situated in Sanitary District.	Woking.	Walton.	Bagshot.	Epsom.	Farnham.	Guildford.	Kingston.	Redhill.	Godstone.	TOTAL.
Banstead U.D. ....	—	—	—	22	—	—	—	1	—	23
Caterham and Waringham U.D. ....	—	—	—	—	—	—	—	48	3	51
Chertsey U.D. ....	51	4	—	—	—	—	1	—	—	56
Dorking U.D. ....	1	—	—	—	—	—	—	19	—	20
Egham U.D. ....	—	—	8	—	—	1	—	—	—	9
Epsom and Ewell U.D. ....	—	—	—	91	—	—	3	—	—	94
Esher U.D. ....	1	22	—	—	—	—	7	—	—	30
Farnham U.D. ....	—	—	—	—	45	—	—	—	—	45
Frimley and Camberley U.D. ....	2	—	25	—	—	2	—	—	—	29
Godalming M.B. ....	4	—	—	—	—	18	—	—	—	22
Haslemere U.D. ....	—	—	—	—	—	—	—	—	—	—
Leatherhead U.D. ....	—	—	—	12	—	2	—	—	—	14
Maldens and Coombe M.B. ....	—	—	—	—	—	1	6	—	—	7
Sorbiton M.B. ....	—	20	—	19	—	—	36	—	—	75
Sutton and Cheam M.B. ....	—	—	—	76	—	—	34	—	—	110
Walton and Weybridge U.D. ....	12	65	—	—	—	—	—	—	—	77
Woking U.D. ....	128	—	1	—	—	1	6	—	—	136
Bagshot R.D. ....	12	—	33	—	—	—	—	—	—	45
Dorking and Horley R.D. ....	—	—	—	—	—	1	—	19	1	21
Godstone R.D. ....	—	—	—	—	—	—	—	19	5	24
Guildford R.D. ....	11	—	1	2	15	13	—	—	—	42
Hambledon R.D. ....	5	—	—	—	5	4	—	—	—	14
TOTALS ..	227	111	68	222	65	43	93	106	9	944

## (13) HOSPITAL SUPERVISION FOR COMPLICATED CASES.

In complicated or difficult cases of midwifery the medical attendant may call for the assistance of one of the Consulting Obstetricians. If institutional treatment is necessary, patients can be admitted to the Woking Maternity Home or to one of the Council's Hospitals.

During the year 1936, 27 cases of complicated labour were admitted to hospital, as compared with 34 cases in 1935.

## (14) HOME NURSING AND HOME VISITING.

The Health Visitors pay the home visits necessary under the various schemes of the County Council, including ante-natal and post-natal supervision.

There is close co-operation between the nurses employed by District Associations in midwifery and maternity nursing, the midwives practising independently and the Health Visitors.

Every encouragement is given to district nurses and midwives to bring or refer their patients to the Ante-Natal Clinics for medical examination. At many of the Infant Welfare Centres, the district nurses take an important part in the work and their association with the Council's Maternity and Child Welfare service must tend to promote a better understanding between those engaged in both services.

The number of visits made by Health Visitors to expectant mothers and to children under five years of age during 1936 and the preceding four years, is shown in the following table :—

Year.	Expectant mothers.		Infants under 1 year.		Children 1—5 years.		Visits to foster Children.
	Number of cases visited for first time during the year.	Total visits to all cases on register	Number of cases visited for first time during the year.	Total visits to all cases on register	Number of cases visited for first time during the year.	Total visits to all cases on register.	
1932	1,278	2,484	6,816	27,299	1,374	39,350	4,567
1933	1,442	2,689	6,379	25,428	1,199	37,606	5,309
1934	1,351	2,393	6,920	25,034	1,583	38,415	5,665
1935	1,384	2,558	7,462	28,544	1,276	41,959	6,644
1936	1,521	2,823	7,402	27,395	1,225	40,165	7,269

#### (15) DENTAL TREATMENT.

The Maternity and Child Welfare area is served by seventeen clinics for the dental treatment of expectant and nursing mothers and of children under five years of age. The dental surgeon is responsible for the dental treatment of school children in his area, as well as for the treatment of mothers and pre-school children.

The following table gives a record of the work undertaken during the year at each clinic :—

Clinic.	Attendances.		Extractions.		Fillings.		No. of Administrations of General Anaesthetics.		No. of other operations including supply of Artificial Teeth.
	Mothers.	Children.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.	Mothers.	Children.	
Chertsey ... ..	213	39	311	82	23	8	83	26	112
Cranleigh ... ..	25	24	62	23	—	9	7	6	17
Dorking ... ..	143	47	204	77	2	1	26	29	91
Egham ... ..	243	65	317	204	14	2	90	57	187
Epsom ... ..	253	143	325	222	12	23	80	86	117
Farnham ... ..	275	79	366	158	14	7	70	51	291
Godalming ... ..	134	49	249	49	4	11	54	21	51
Haslemere ... ..	28	22	21	25	—	—	5	11	20
Lingfield ... ..	81	25	216	34	1	10	41	16	58
Malden ... ..	219	88	215	49	43	20	54	21	70
Purley ... ..	156	30	219	69	25	6	49	20	179
Redhill ... ..	169	16	243	39	10	—	43	14	85
Surbiton ... ..	447	158	674	206	27	33	156	78	178
Sutton ... ..	313	112	450	131	17	16	131	56	79
Walton ... ..	194	35	320	57	16	4	65	10	91
Weybridge ... ..	134	37	159	62	4	5	56	23	75
Woking ... ..	530	103	721	130	20	8	268	59	248
TOTALS ... ..	3,557	1,073	5,072	1,617	232	163	1,278	584	1,949

#### (16) TRAINING OF UNMARRIED MOTHERS.

The arrangement with the Waltham House Hostel, Epsom, came to an end when the Home was closed on the 30th June. Arrangements were made for alternative accommodation as and when required, for the reception of such cases at the undermentioned Homes :—

- (1) The Home of the Good Shepherd, Haslemere.
- (2) St. Margaret's Home, Woking.
- (3) The Home for Friendless Girls, Richmond Park Road, Kingston-on-Thames.



## (17) PREVENTION AND TREATMENT OF CRIPPLING.

The County Council's Maternity and Child Welfare Scheme provides for the treatment of orthopaedic defects at eight Orthopaedic Clinics. Where institutional treatment is required the children are generally admitted to the St. Nicholas and St. Martin's Home at Pyrford. During the year 17 children were admitted for treatment as compared with 12 during 1935.

Details of the Orthopaedic Centres, the number of children under 5 years of age treated at each Centre during the past 5 years, are given in the following table :—

Centre.	1932.	1933.	1934.	1935.	1936.
Aldershot and Farnborough Curative Post ...	7	8	6	10	1
Croydon General Hospital ...	33	26	24	33	37
East Grinstead Curative Post ...	—	—	2	1	1
Farnham Curative Post ...	2	3	4	4	12
Royal Surrey County Hospital, Guildford ...	16	10	9	14	23
Kingston: Red Cross Curative Post ...	75	80	76	86	108
Weybridge: Locke-King Clinic...	27	28	36	52	60
Woking: Red Cross Curative Post	78	90	75	70	75
Totals ...	238	245	232	270	317

## (18) INFANT LIFE PROTECTION.

The powers and duties for the protection of infant life contained in Part I of the Children Act, 1908 (as amended by the Children and Young Persons Act, 1932) were transferred to Maternity and Child Welfare Authorities in 1929. All children under nine years of age maintained for reward, apart from their parents, or who have no parents, must be kept under supervision. Monthly visits of inspection are made by the Health Visitors, but more frequent visits are paid if it seems necessary.

At the end of the year there were 319 foster mothers in the Council's area maintaining a total of 475 nurse children. During the year 7,269 visits were paid by the Health Visitors.

Boarding schools at which children under nine years of age are kept come within the provisions of the 1932 Act. The majority of the schools in the County Maternity and Child Welfare area have been exempted from the provisions of the Act subject to the following conditions :—

- (a) that the County Medical Officer shall have the right to inspect such exempted schools at all reasonable times, and
- (b) that the exemption may be withdrawn at any time, if circumstances should arise which, in the opinion of the Council, would warrant such withdrawal.

## (19) SECTION 101, LOCAL GOVERNMENT ACT, 1929.

Under the above Section the County Council has made a scheme for the annual payment of contributions towards the expenses of Voluntary Associations providing maternity and child welfare services in, or for the benefit of the County.

The scheme made for the third grant period (1937-1942) provides for the payment of annual contributions to 14 associations, and has been approved by the Minister of Health.

The general principle of the scheme is that grants formerly paid by the Ministry of Health are continued by the County Council and in addition the County Council pays for any services rendered by the associations included in the scheme.

The Homes to which grants are made are inspected by a medical officer of the staff and by the Superintendent Health Visitor.

## (20) VOLUNTARY INSPECTION OF CHILDREN UNDER FIVE YEARS OF AGE.

A scheme for the voluntary inspection of pre-school children at the ages of 2, 3 and 4 years residing within the Maternity and Child Welfare area was started during the last quarter of the year.

Parents are given the opportunity of bringing their children to the clinics for a medical examination on the lines of the school medical inspection.

The following table gives the number of children who had been medically inspected by the end of the year :—

Age Groups.	Number of children inspected.		
	Boys.	Girls.	Total.
Age 2... ..	325	312	637
Age 3... ..	301	280	581
Age 4... ..	278	256	534
Other Ages ... ..	29	26	55
Totals ... ..	933	874	1,807

The following table gives the number of defects found in the course of medical inspection :—

	Routine Inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition...	—	—
Skin—		
Ringworm, Head	—	—
" Body	—	—
Scabies	—	—
Impetigo	6	—
Other diseases (non Tubercular)	19	12
Eye—		
Blepharitis	1	4
Conjunctivitis	—	3
Keratitis	—	—
Corneal opacities	—	—
Defective vision (excluding squint)	2	2
Squint	13	29
Other conditions	1	4
Ear—		
Defective hearing	—	1
Otitis media	3	5
Other ear disease	—	1
Nose and Throat—		
Chronic Tonsillitis only	14	167
Adenoids only	—	14
Chronic Tonsillitis and Adenoids	17	52
Other conditions	—	3
Enlarged cervical glands (non-tubercular)	—	40
Defective speech	1	13
Heart and Circulation—		
Heart disease, Organic	—	10
" " Functional	—	11
Anaemia	11	4
Lungs—		
Bronchitis	1	34
Other non-tubercular diseases	1	4
Tuberculosis—		
Pulmonary definite	—	—
" suspected	—	—
Non-Pulmonary—		
Glands	—	—
Spine	—	—
Hip	—	—
Other bones and joints	—	—
Skin	—	—
Other forms	—	1
Nervous system—		
Epilepsy	—	3
Chorea	—	—
Other conditions	3	10
Deformities—		
Rickets	6	27
Spinal curvature	—	1
Other forms	48	102
Rheumatism	—	1
Other diseases and defects...	25	59
TOTALS	172	617

The number of individual children found at medical inspection to require treatment, excluding cleanliness and dental disease was 172 out of 1,807 children inspected or 9.51 per cent. ; 20.34 per cent. of the children referred for treatment were treated during the year.



The following table gives a record of the treatment carried out during 1936.

TREATMENT CARRIED OUT DURING 1936.

	Treatment of defects found during 1936.			
	Routine Cases.			
	Referred for treatment.	Defects treated.		
		Under scheme of Local Authority.	Otherwise.	Total.
Malnutrition ... ..	—	—	—	—
Skin—				
Ringworm, Head ... ..	—	—	—	—
" Body ... ..	—	—	—	—
Scabies ... ..	—	—	—	—
Impetigo ... ..	6	3	—	3
Other Diseases (non-Tubercular) ... ..	19	1	—	1
Eye—				
Blepharitis ... ..	1	—	—	—
Conjunctivitis ... ..	—	—	—	—
Keratitis ... ..	—	—	—	—
Corneal Opacities ... ..	—	—	—	—
Defective Vision ... ..	2	—	—	—
Squint ... ..	13	3	—	3
Other Conditions ... ..	1	—	—	—
Ear—				
Defective hearing ... ..	—	—	—	—
Otitis Media ... ..	3	1	1	2
Other Ear Disease ... ..	—	—	—	—
Nose and Throat—				
Chronic Tonsillitis only ... ..	14	3	—	3
Adenoids only ... ..	—	—	—	—
Chronic Tonsillitis and Adenoids ... ..	17	2	2	4
Other Conditions ... ..	—	—	—	—
Enlarged Cervical Glands (non-Tubercular) ... ..	—	—	—	—
Defective Speech ... ..	1	—	—	—
Heart and Circulation—				
Heart Disease, Organic ... ..	—	—	—	—
" Functional ... ..	—	—	—	—
Anaemia ... ..	11	2	—	2
Lungs—				
Bronchitis ... ..	1	—	—	—
Other non-Tubercular Diseases ... ..	1	—	—	—
Tuberculosis—				
Pulmonary, Definite ... ..	—	—	—	—
" Suspected ... ..	—	—	—	—
Non-Pulmonary—				
Glands ... ..	—	—	—	—
Spine ... ..	—	—	—	—
Hip ... ..	—	—	—	—
Other Bones and Joints ... ..	—	—	—	—
Skin ... ..	—	—	—	—
Other Forms ... ..	—	—	—	—
Nervous System—				
Epilepsy ... ..	—	—	—	—
Chorea ... ..	—	—	—	—
Other Conditions ... ..	3	—	—	—
Deformities—				
Rickets ... ..	6	—	—	—
Spinal Curvature ... ..	—	—	—	—
Other Forms ... ..	48	13	—	13
Rheumatism ... ..	—	—	—	—
Other Diseases and Defects ... ..	25	3	1	4
TOTALS ... ..	172	31	4	35

(21) SUPPLY OF DRIED MILK TO EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

A scheme for the supply of dried milk has been in operation since 1924. The milk is issued to mothers and their infants at :—

- (1) Cost price.
- (2) At one half cost price.
- (3) Free of cost.

The issue is made on medical grounds to mothers and children in regular attendance at the ante-natal clinics or welfare centres and only on the recommendation of the Medical Officer in charge of the clinic or centre. The persons eligible to receive the benefits of the scheme are as follows :—

- (i) Expectant mothers (during the last three months of pregnancy).
- (ii) Nursing mothers (when actually suckling their infants).
- (iii) Children up to three years of age, and in exceptional cases children between three and five years of age.

The quantity of milk supplied free, or at half cost does not ordinarily exceed 1 lb. per week per person, but in the case of infants aged between three months and eighteen months, and then only exceptionally, up to 1½ lbs. of milk may be given.

The capacity to pay is determined by the Medical Officer in charge of the centre, according to an income scale approved by the Public Health Committee.

(22) MISCELLANEOUS.

Arrangements are in force at the majority of the Centres in the County for the provision of certain foods to mothers and children when recommended by Assistant Medical Officers. These foods are provided by the voluntary helpers of the centres.

Sterilised maternity outfits for confinements can be obtained at a low price through the Voluntary Committees at many of the welfare centres. Home helps are not generally available, but in some instances arrangements have been made through the local voluntary committees to provide home helps.

(24) NURSING HOMES REGISTRATION ACT, 1927.

Under the Nursing Homes Registration Act, 1927, all nursing homes must be registered by the Local Supervising Authority.

During the year 29 new applications for registration were received. Each application was approved, subject to compliance with certain requirements, and at the end of the year nine applicants had complied with the conditions specified and were granted certificates of registration. Ten certificates of registration were issued in respect of applications outstanding at the end of the previous year, making a total of nineteen certificates of registration issued during the year 1936.

On the 31st December, 1936, there were 120 registered and nine exempted nursing homes on the register. Frequent visits were made during the year to registered nursing homes.

During the year two prosecutions were taken against persons maintaining unregistered nursing homes, both of which were successful.

(25) VOLUNTARY WORKERS' ADVISORY COMMITTEE.

This Committee consists of representatives of voluntary workers from the centres in the Maternity and Child Welfare area administered by the County Council. There is one member to represent each Assistant Medical Officer's area, and a representative of the Public Health Committee. The Committee meets regularly at the Council's London Office and serves a most useful purpose in co-ordinating the voluntary and official work in connection with the various Public Health services of the County.

LIST OF MATERNITY AND CHILD WELFARE CENTRES IN THE COUNTY, SHOWING THE DAYS UPON WHICH EACH IS OPEN FOR TREATMENT TOGETHER WITH THE ATTENDANCES AND THE TOTAL NUMBER OF CHILDREN WHO WERE IN ATTENDANCE AT THE CENTRES AT THE END OF 1936.

Centre.	Address.	Days of Centre	Children under One Year		Children One—Five years.		Total number of children who were in attendance at the centre at the end of 1936.		
			New Cases.	Total Attendances	New Cases.	Total Attendances	Children under one year of age.	Children between the ages of one and five years.	Total.
Addlestone ...	S.C.C. Clinic, Princess Mary Village Homes, Addlestone	Every Friday.	72	1,287	16	2,859	50	222	272
Ash ...	St. Peter's Church Room (opposite Ash Church)	Every Thursday.	76	1,073	11	1,474	49	90	139
Ash Vale ...	Working Men's Club, Frimley Road, Ash Vale	2nd & 4th Mondays.	28	256	15	416	21	62	83
Ash Wyke ...	The Village Hall, Normandy...	1st & 3rd Mondays.	6	124	5	435	4	41	45
Badshot Lea ...	Scouts' Hall ...	2nd, 4th & 5th Wednesdays	24	328	6	645	14	67	81
Bagshot ...	St. Anne's Parish Hall ...	Every Monday.	35	660	8	954	30	103	133
Banstead ...	Church Institute, Banstead ...	1st & 3rd Thursdays.	88	868	36	783	70	158	228
Blindley Heath ...	Parish Hall, Blindley Heath ...	2nd & 4th Fridays.	20	163	4	133	15	28	43
Bookham ...	Barn Hall, Great Bookham ...	1st & 3rd Wednesdays	22	254	6	534	16	55	71
Bourne ...	Boys' Club, Gravel Hill, Lower Bourne	1st & 3rd Wednesdays	15	210	5	488	10	47	57
Byfleet ...	Village Hall, Byfleet ...	Every Wednesday.	54	1,120	30	1,571	42	139	181
Camberley ...	Central Hall, Camberley ...	Every Thursday.	76	1,528	32	3,185	53	185	238
Capel ...	Church Rooms, Capel ...	2nd & 4th Thursdays.	28	253	13	374	19	69	88
Caterham Hill ...	The Parish Hall, Chaldon Road, Caterham Hill	Every Friday.	121	1,774	46	2,029	97	246	343
Caterham Valley ...	Parish Hall, Caterham Valley	2nd & 4th Tuesdays.	30	322	26	456	21	91	112
Charlwood ...	Parish Hall, Charlwood ...	2nd & 4th Wednesdays.	12	132	4	333	11	31	42
Cheam ...	Parochial Room, Station Road, Cheam	Every Wednesday.	252	3,344	79	1,747	209	357	566
Chertsey ...	Adjoining Infants' Council School, Stepgates, Chertsey	Every Monday.	61	1,097	22	1,345	51	159	210
Chobham ...	Women's Institute Hut and Industry Cottage	2nd & 4th Tuesdays.	29	261	9	397	24	27	51



Centre.	Address.	Days of Centre.	Children under One Year		Children One-Five Years		Total number of children who were in attendance at the centre at the end of 1936.		
			New Cases.	Total Attendances.	New Cases.	Total Attendances.	Children under one year of age.	Children between the ages of one and five years.	Total.
Claygate ...	Church Rooms, Claygate ...	2nd & 4th Mondays.	31	467	6	433	20	48	68
Cobham... ..	Boys' Club, Spencer Road, Cobham	1st, 3rd & 5th Mondays.	40	313	13	445	35	38	73
Cranleigh ...	Tring, Cranleigh ... ..	1st & 3rd Thursdays.	42	257	22	316	28	72	100
Long & Thames Ditton	Village Hall, Long Ditton ...	Every Tuesday.	68	1,061	26	1,208	56	124	180
Dorking ...	Dene Street, Dorking ...	Every Monday and Tuesday.	144	2,336	45	2,659	119	321	440
Dormansland ...	Baptist Chapel, Dormansland	2nd & 4th Mondays.	12	116	4	162	7	31	38
Dunsfold... ..	Winns Hall, Dunsfold ...	2nd & 4th Mondays.	9	72	1	111	8	16	24
Effingham ...	Women's Institute, Effingham	2nd & 4th Wednesdays	18	166	12	486	14	58	72
Egham ...	Drill Hall, Kings Road, Egham	Every Wednesday and Friday	115	2,732	25	4,329	94	290	384
Elstead ...	Village Hall, Elstead ...	1st & 3rd Tuesdays.	15	185	6	415	10	40	50
Epsom ...	S.C.C. Clinic, Waterloo Road, Epsom	Every Wednesday	160	2,456	76	2,349	145	393	538
Ewell ...	Mary Wallis Hall, Ewell ...	1st, 2nd, 3rd & 4th Mondays.	227	2,541	78	1,444	179	283	462
Ewhurst ...	Village Hall, Ewhurst ...	1st & 3rd Thursdays.	10	49	7	254	7	44	51
Farnham... ..	Brightwells, East Street, Farnham	Every Tuesday and Thursday.	101	1,820	15	2,552	51	163	214
Frimley ...	Village Hall, Frimley ...	2nd & 4th Wednesdays	47	474	16	674	36	101	137
Godalming ...	Church Room, Queen Street, Godalming	Every Friday.	120	1,692	45	2,570	91	229	320
Godstone ...	White Hart Barn, Godstone...	2nd & 4th Wednesdays.	25	205	15	463	23	76	99
Hale ...	Institute, Hale ... ..	Every Friday.	39	655	18	1,057	25	109	134
Haslemere ...	St. Christopher's Hall, Haslemere	Every Tuesday.	51	711	23	1,603	43	135	178
Hersham... ..	S.C.C. Clinic, Rodney Road, Walton	Every Thursday.	75	1,269	12	1,419	66	111	177
Hindhead ...	Congregational Chapel Rooms, Beacon Hill	Every Friday.	30	300	7	816	12	73	85
Hook ...	Parish Hall ... ..	Every Friday	106	1,646	100	1,338	98	195	293
Horley ...	Technical Institute, Horley ...	Every Friday.	78	979	38	1,331	63	163	226
Horley, Salfords	Parish Hall, Salfords ...	2nd & 4th Tuesdays.	16	156	4	342	17	32	49
Horsley, West	Village Hall, West Horsley ...	1st & 3rd Thursdays.	18	206	6	461	15	64	97
Hurst Green ...	St. Agatha's Mission Hall, Hurst Green	1st & 3rd Mondays.	12	116	4	377	9	44	53
Kingswood ...	Women's Institute ... ..	1st & 3rd Mondays	35	432	17	815	27	88	115
Knaphill... ..	Methodist Chapel, Knaphill ...	Every Friday.	88	1,190	27	2,889	60	222	282
Leatherhead ...	The Institute, Leatherhead ...	Every Friday.	110	2,088	43	1,827	79	227	306
Limpasfield ...	Church Room (opposite Church) Limpasfield	Every Thursday.	14	252	11	470	9	46	55
Lingfield... ..	Blenheim Road, Lingfield ...	Every Tuesday.	34	256	13	608	26	59	85
Malden ...	8, Westbury Road, New Malden	Every Wednesday and Friday.	242	3,503	113	4,126	185	480	665
Molesey ...	Old Council Offices, St. Mary's Road, East Molesey	Every Wednesday.	122	1,888	60	1,840	98	229	327
Oxted ...	Church Room, Oxted ...	1st & 3rd Tuesdays.	14	93	6	329	11	39	50
Peaslake ...	Old School Room, Peaslake ...	2nd & 4th Mondays.	18	216	9	356	14	50	64
Puttenham ...	Old School Hall, Puttenham ...	1st & 3rd Fridays.	15	196	8	222	12	33	45
Ripley ...	Rio Tea Rooms, Ripley ...	Every Tuesday.	20	295	8	691	17	49	66
Rowledge ...	Village Hall, Rowledge ...	1st & 3rd Mondays.	21	215	6	395	15	52	67
Send ...	Men's Institute, Send ...	1st & 3rd Thursdays.	7	70	5	116	3	22	25
Shalford ...	The Institute, off King's Road, Shalford	Every Wednesday.	52	733	10	956	43	72	115
Surbiton ...	South Place, Surbiton ...	Every Tuesday and Thursday.	301	5,248	78	3,027	226	449	675
Sutton ...	Public Hall, Sutton ...	Every Tuesday.	227	3,261	78	2,357	181	380	561
Tatsfield ...	Parish Hall, Tatsfield ...	2nd & 4th Mondays.	11	108	11	231	11	31	42
Tilford ...	The Institute, Tilford ...	2nd & 4th Tuesdays.	6	85	7	302	3	27	30
Walton-on-the-Hill	Congregational School Room, Walton-on-the-Hill	1st & 3rd Tuesdays.	26	372	1	347	24	36	60
Walton-on-Thames	S.C.C. Clinic, Rodney Road, Walton	Every Friday.	91	1,619	28	1,671	78	171	249
Warlingham ...	Church Hall, The Green, Warlingham	Every Wednesday.	68	1,522	17	1,522	52	122	174
Weybridge ...	Locke-King Clinic, Devonshire Road, Weybridge	Every Tuesday.	47	958	15	1,727	42	158	200
Whyteleafe ...	Parish Hall, Whyteleafe ...	Every Thursday.	51	1,191	23	1,139	42	128	170
Windlesham ...	Village Institute, Windlesham	1st & 3rd Tuesdays.	20	208	5	194	12	45	57
Witley ...	Village Institute, Witley ...	2nd & 4th Wednesdays.	30	192	11	283	24	57	81
Woking ...	Clarence Avenue, Woking ...	Every Monday and Wednesday	121	1,510	42	1,814	118	310	428
Worcester Park...	Malden & Cuddington Jubilee Institute on Malden Green	Every Thursday.	207	3,320	115	1,766	165	412	577
Wrocclesham ...	Parish Room, The Institute, Wrocclesham	2nd & 4th Mondays.	14	163	7	312	6	48	54

## TUBERCULOSIS.

## (1) NOTIFICATIONS.

The summary of returns for 1936 received from the district medical officers of health shows that 941 cases of tuberculosis were notified during the year, as compared with 905 for the previous year, *i.e.*, an increase of 36 cases. The number of notifications of non-pulmonary tuberculosis decreased from 186 in 1935 to 172 in 1936, a reduction of 14 cases, but the notifications of pulmonary tuberculosis increased from 719 to 769, *i.e.*, an increase of 50 cases.

The case rate of pulmonary tuberculosis per thousand of the population for the County of Surrey for the year 1936 was 0.68. This is a slight increase on the corresponding figure for 1935 which was 0.66, but is less than the figure for 1934 which was 0.72. In non-pulmonary tuberculosis the case rate for the County was 0.15; the figure for the previous year was 0.17.

The age and sex distributions of the new notifications received by the District Medical Officers of Health throughout the year are as follows:—

Age period.	Pulmonary.		Non-pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under 1 year ... ..	1	1	2	2	6
One and under 5 years ...	1	2	10	11	24
5 " " 10 " " ...	4	7	23	13	47
10 " " 15 " " ...	2	11	11	10	34
15 " " 20 " " ...	26	41	7	4	78
20 " " 25 " " ...	66	71	7	18	162
25 " " 35 " " ...	100	108	10	16	234
35 " " 45 " " ...	103	65	6	7	181
45 " " 55 " " ...	60	25	7	—	92
55 " " 65 " " ...	44	15	3	1	63
65 and upwards ... ..	7	9	1	3	20
<b>Totals ... 1936</b>	<b>414</b>	<b>355</b>	<b>87</b>	<b>85</b>	<b>941</b>
1935	378	341	84	102	905
1934	396	361	78	94	929
1933	412	370	102	108	992
1932	422	405	98	110	1035
1931	405	397	95	99	996
1930	385	320	99	85	889

Of the 941 notifications, 655 (or 69 per cent.) were of persons between the ages of fifteen and fortyfive; in other words, tuberculosis attacks most heavily persons in the part of adult life when their value to the community is greatest.

It is further interesting to observe that the incidence of pulmonary tuberculosis in females up to and including the age group 25-35 years is greater than that in males for the same age groups, but that the incidence in the later age groups is greater in males (with the minor exception of the group "65 and upwards").

Information regarding cases of tuberculosis in Surrey is also obtained from other sources, *e.g.*, transfers from other areas, death returns, posthumous notifications, etc. During the year 1936, there were 430 cases which became known by such means, as compared with 450 in 1935. The following table gives an analysis of these cases:—

Source.	Pulmonary.	Non-Pulmonary	Total.
1. Death Returns ... (a) From local registrars ...	43	10	53
(b) Transferable deaths ...	41	25	66
2. Posthumous notifications ... ..	11	5	16
3. Transfers from other areas ... ..	240	46	286
4. Other sources ... ..	9	—	9
<b>Totals ...</b>	<b>344</b>	<b>86</b>	<b>430</b>



The heading "Transfers from other areas" refers to tuberculous persons who have come to reside in Surrey during the year, and the 286 cases shown under this heading represent a decrease on the previous year of 23 cases. Of these inward transfers, 169 cases came from the County of London, 22 from Croydon, 17 from Middlesex, and 16 from Kent. No other single authority transferred a large number of cases to Surrey.

Each District Medical Officer keeps a register of the known cases of tuberculosis resident in his sanitary district, and the register is checked quarterly with the information available in the County Health Department. The numbers of cases on the district registers on the 31st December, 1936, were as follows:—

	Pulmonary.	Non-Pulmonary
Males ... ..	2,039	660
Females ... ..	2,035	702
Totals ...	4,074	1,362
Grand Total ...	5,436	

The total of 5,436 persons is a decrease of 11 compared with the total on the district registers at the end of 1935.

## (2) DEATHS.

The total number of deaths from pulmonary tuberculosis during 1936 was 530 as compared with 488 during the previous year; the death rate per thousand of the population was 0.47 which is a slight increase on the rate for the previous year (0.45). This latter figure, however, represented the lowest rate recorded in Surrey since 1889.

In non-pulmonary tuberculosis, the total number of deaths was 88 or 0.08 per thousand of the population. This latter figure is identical with that for 1935 which was the lowest recorded.

For purposes of comparison the distribution of all deaths from tuberculosis in the various sanitary districts and the respective death rates are shown on page 13.

The following table gives, for both types of tuberculosis, the statistics regarding primary notifications, case rates, total numbers of deaths and death rates for each year from 1912 to 1936 inclusive.

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	1,379	2.04	488	0.72	Not notifiable.		147	0.21
1913	1,187	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	162	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
1928	657	0.78	456	0.55	199	0.24	104	0.12
1929	709	0.82	487	0.57	178	0.21	101	0.12
1930	705	0.78	443	0.49	184	0.20	83	0.09
1931	802	0.85	524	0.56	194	0.21	81	0.09
1932	827	0.84	493	0.50	208	0.21	97	0.10
1933	782	0.77	560	0.55	210	0.21	86	0.09
1934	757	0.72	508	0.48	172	0.16	96	0.09
1935	719	0.66	488	0.45	186	0.17	84	0.08
1936	833	0.68	530	0.47	179	0.15	88	0.08

With reference to the foregoing table, it should be borne in mind that, owing to the enormous growth of population, the whole numbers are misleading, but the rates per thousand show the true position. Although the case rate and the death rate for pulmonary tuberculosis are slightly higher than in 1935 when a new low record was created for both these figures, comparison with the corresponding rates twenty-four years ago makes apparent the success with which the modern attack on tuberculosis is being made.

### (3) NEW NOTIFICATIONS AND DEATHS.

The new cases which are included in the first two tables of the section on tuberculosis number 1,371. The following table gives an analysis of these cases in terms of the type of disease, the sex and the age of the person: in addition, the table gives a similar analysis of the 618 tuberculous persons who died during the year.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under one year ..	1	2	4	3	—	2	5	2
One and under 5 years	4	3	19	17	2	2	10	7
5 .. .. 10 ..	4	7	32	18	—	3	9	9
10 .. .. 15 ..	3	13	22	16				
15 .. .. 20 ..	36	53	10	5				
20 .. .. 25 ..	86	106	10	23	43	55	7	5
25 .. .. 35 ..	159	168	15	21	76	62	6	7
35 .. .. 45 ..	137	98	9	10	55	59	4	5
45 .. .. 55 ..	85	38	13	2	59	26	4	3
55 .. .. 65 ..	63	19	3	2	43	16	3	1
65 and upwards ..	17	11	1	3	20	7	1	—
TOTALS ..	55	518	138	120	298	232	49	39

Of the 618 deaths which occurred during the year, 135 or 21.8 per cent. occurred in non-notified cases.

To maintain proper control of the disease, it is essential that the general practitioner should at once notify every case of which he becomes aware. The Public Health (Tuberculosis) Regulations, 1930, provide that every medical practitioner attending a person shall, within 48 hours after becoming aware that such a person is suffering from tuberculosis, notify the case to the Medical Officer of Health of the district in which the patient resides at the time: in the case of a patient in a hospital, the notification must be sent to the Medical Officer of Health of the district in which the usual place of residence of the patient is situated.

It is the duty of the District Medical Officer of Health to keep a register of notifications for his area and where there is *prima facie* evidence of neglect to notify, steps should be taken to obtain an explanation of this omission from the medical attendant. If the explanation is not satisfactory, the Local Authority has power to institute proceedings under Section 1 (3) of the Public Health Act, 1896.

In Surrey the following percentages of deaths from tuberculosis occurred in non-notified cases:—

1932 .. ..	19.1 per cent.
1933 .. ..	21.4 .. ..
1934 .. ..	19.9 .. ..
1935 .. ..	23.4 .. ..
1936 .. ..	21.8 .. ..

In the year under review, the District Medical Officers of Health were asked to forward to the County Medical Officer any available information regarding the reasons for non-notification. The result of their enquiries is summarised in the following table:—

1. Diagnosis not made till after death or just before death .. ..	50.6 per cent.
2. Occurred in hospital, could in most cases have been notified before death .. ..	21.4 .. ..
3. Thought to have been notified previously .. ..	21.4 .. ..
4. Forgotten or overlooked .. ..	5.0 .. ..
5. Reason not given .. ..	1.6 .. ..



An attempt has been made to improve the working of the system of notification by asking District Medical Officers of Health to enquire into every unnotified death occurring in their areas and to transmit the information so obtained to the County Medical Officer. They have also been asked to circularise all general practitioners and voluntary hospitals in their areas authorising the necessity for notifying all cases promptly, whether or not they have been notified elsewhere.

(4) ANTI-TUBERCULOSIS SCHEME.

(a) Dispensary Organisation.

There has again been a considerable increase in the volume of work done under the Anti-Tuberculosis Scheme and the most encouraging feature of the returns from the dispensaries (summarised in the table on page 36) is the evidence that these are being more and more recognised by general practitioners as diagnostic centres to which they can send all doubtful cases for full investigation with a view to establishing the diagnosis.

There are, at present, four full dispensary areas and a small dispensary area controlled from the County Sanatorium, Milford. The County Council in 1935 approved the principle that there should ultimately be five full dispensary areas, in addition to that around Milford, and it is evident that the time is not far distant when the County Council will have to consider giving effect to this principle.

(i) *Personnel*.—Each of the four full dispensary areas is in the charge of a full-time Tuberculosis Officer, while the area around the County Sanatorium is controlled by the Medical Superintendent of the Sanatorium.

There are four full-time Tuberculosis Health Visitors employed in the congested districts in the North-Eastern Area of the County while the tuberculosis visiting in other parts is done by health visitors who also undertake other duties in connection with the infant welfare scheme, the school medical service, and so on.

Two dispensary clerks are also employed to attend at the larger dispensaries and to undertake as far as possible the clerical work associated with these dispensaries. By so doing, they enable the Tuberculosis Officers and Health Visitors to devote their time more completely to the work for which they have been specially trained.

(ii) *Hospital Beds in Dispensary Areas*.—The Tuberculosis Officer is the visiting Medical Officer in charge of the tuberculosis beds in the Public Health or Public Assistance hospitals in his area. The Public Health hospitals provide, at present, 51 beds reserved for tuberculous cases and the Public Assistance hospitals similarly provide 38 beds.

During the course of the year, the newly built Tuberculosis Block of 51 beds at the Surrey County Hospital, Redhill, was brought into use. This is a separate block in the hospital grounds specially constructed on sanatorium lines for cases of pulmonary tuberculosis. The types of cases which it is intended to receive are (1) doubtful cases which it is necessary to retain under hospital observation to establish the diagnosis, (2) cases which are not suitable for or likely to benefit by sanatorium treatment but which need more attention than can be provided at their own homes, and (3) cases, which, although their prognosis is hopeless, require to be removed to hospital on account of bad home conditions and the likelihood of infecting other members of the family.

The block is a two-storied building, one storey being reserved for females (26 beds) and one for males (25 beds). The first floor (females) is divided into two seven-bedded wards, two four-bedded wards and four single-bedded wards, while the ground floor (males) is similarly divided but has only three single-bedded wards. Dayrooms and balconies, on to which the beds can be wheeled are also provided.

The opening of this block has enabled the huts for 20 tuberculous cases (12 males and 8 females) at Farnham Institution to be closed. These huts were out of date and the standard of accommodation provided by them was not satisfactory.

(iii) *X-ray Facilities and Other Special Methods*.—The great increase in the use made of these facilities in the year is in accordance with the trend of modern opinion which, in particular, regards radiological investigation as essential in the accurate early diagnosis of tuberculosis.

The existing arrangements for the X-raying of patients, on the recommendation of the Tuberculosis Officers at the Brompton Hospital, the Royal Surrey County Hospital, the County Sanatorium, Milford, and certain of the Public Health and Public Assistance Hospitals amongst others, have been continued. In addition, arrangements on similar terms have been made for the same service at the Sutton and Cheam District Hospital, the Wilson Hospital, Mitcham, and the King Edward VII Hospital, Windsor.

The bacteriological examination of sputum and other material is undertaken at the pathological laboratory at the Royal Surrey County Hospital, Guildford.

The number of cases attending at the out-patient clinic at the County Sanatorium for artificial pneumothorax treatment has again increased during the year. In addition, a number of Surrey residents attend at the out-patient clinics of certain of the London hospitals for this treatment.

The home nursing of tuberculous persons is carried out when necessary by the nurses of the District Nursing Associations, to which the County Council makes an agreed payment per visit.

In cases where the Tuberculosis Officer considers it desirable either for purposes of isolation or of treatment, the County Council arranges for the erection, on loan, of a shelter in the patient's



garden, if a suitable garden is available. These shelters are regularly inspected by health visitors or by a technical officer of the Public Health Department. On 31st December, 1936, there were 105 shelters in use.

(iv) *Dispensaries*.—Plans for the erection of a new dispensary at Barnes have been approved by the Minister of Health and it is hoped that building will be commenced during 1937. The dispensary will be a separate clinic used solely for that purpose in a building which will provide other services in addition, namely, ante-natal clinics, child welfare centres, school medical and dental clinics.

In addition, the Minister of Health has approved, as a temporary measure and subject to a few minor alterations, the County Council's proposal to rent the premises of the Municipal Institute, Rochester Road, Carshalton, from the Carshalton Urban District Council for use as a tuberculosis dispensary. The rooms used will be reserved solely for dispensary purposes. It is hoped to bring the premises into use during 1937. This dispensary will, it is hoped, relieve to a considerable extent the dispensary in the St. Helier estate which is now serving so large a population as to be unmanageable.

The following table shows the distribution of the dispensaries in the County:—

Dispensary and Tel. No.	Address.	Day and Time of Meeting.	Tuberculosis Officer in Charge.
1. COBHAM ... ..	The Village Hall, Cobham ...	1st Wednesday at 10 a.m. ...	Dr. Renwick.
2. DORKING ... .. (Dorking 2079)	Dene Street, Dorking ... ..	1st and 3rd Thursdays at 10 a.m.	Dr. Cooper.
3. EGHAM ... ..	The Drill Hall, King's Road, Egham	3rd Tuesday at 10 a.m. ... ..	Dr. Cooper.
4. EPSOM ... .. (Epsom 9920)	44, Waterloo Road, Epsom ...	1st, 2nd, 3rd and 5th Tuesdays at 2 p.m. 4th Tuesday at 5.30 p.m.	Dr. Renwick.
5. FARNHAM ... .. (Farnham 5834)	Brightweils, East Street, Farn- ham	1st, 3rd and 5th Fridays, 2 to 4 p.m. 2nd Friday at 5.30 p.m.	Dr. Cooper.
6. GODSTONE ... ..	The White Hart Barn, Godstone	1st Wednesday at 10 a.m. ...	Dr. Campbell.
7. GUILDFORD ... .. (Guildford 1297)	49, Farnham Road, Guildford...	1st, 3rd and 5th Wednesdays at 10 a.m. Fridays at 10 a.m. 2nd and 4th Wednesdays at 5.30 p.m.	Dr. Cooper.
8. HORLEY ... ..	Technical Institute, Horley ...	2nd Wednesday at 10 a.m. ...	Dr. Campbell.
9. MILFORD ... .. (Godalming 870)	Milford Sanatorium ... ..	2nd and 4th Fridays 2 to 4 p.m.	Dr. Allison.
10. MITCHAM ... .. (Mitcham 3905)	Western Road, Mitcham ...	1st, 3rd and 5th Tuesdays at 1.30 p.m. Thursdays at 1 p.m. 4th Thursday at 5.30 p.m.	Dr. Attlee.
11. PURLEY ... .. (Uplands 3549)	Whytecliffe Road, Purley ...	2nd, 3rd, 4th and 5th Mondays at 2 p.m. 1st Monday at 5.30 p.m. 2nd and 4th Tuesdays at 10 a.m.	Dr. Campbell.
12. REDHILL ... .. (Redhill 544)	1a, Cecil Road, Redhill ...	2nd, 3rd, 4th and 5th Thursdays at 2 p.m. 1st Thursday at 5.30 p.m.	Dr. Campbell.
13. RICHMOND ... .. (Richmond 0525)	38, Sheen Road, Richmond ...	1st, 3rd and 5th Thursdays at 1.30 p.m. 2nd and 4th Thursdays at 5.30 p.m.	Dr. Renwick.
14. ST. HELIER... .. (Mitcham 2358)	Middleton Road, St. Helier Estate, Morden	Mondays at 1.30 p.m. 2nd Monday at 5.30 p.m.	Dr. Attlee.
15. SURBITON ... .. (Elmbridge 4897)	South Place, Surbiton Hill ...	Wednesdays at 5.30 p.m. Fridays at 1.30 p.m.	Dr. Renwick.
16. SUTTON ... .. (Sutton 1136)	Public Hall, Church Road, Sutton	Wednesdays at 2 p.m. 3rd Wednesday at 5.30 p.m.	Dr. Campbell.
17. WEYBRIDGE ... .. (Weybridge 523)	Locke King Clinic, Devonshire Road, Weybridge	2nd Wednesday at 10 a.m. 4th Monday at 5.30 p.m.	Dr. Renwick.
18. WIMBLEDON ... .. (Wimbledon 4095)	30, Worple Road, Wimbledon ...	Wednesdays at 1.30 p.m. 1st Tuesday at 5.30 p.m. Fridays at 9.30 a.m.	Dr. Attlee.
19. WOKING ... .. (Woking 1203)	Clarence Avenue, Woking ...	1st, 3rd, 4th and 5th Mondays at 10.0 a.m. 2nd Monday at 5.30 p.m.	Dr. Cooper.



The following table shows the work of the dispensaries during 1936 :—

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand 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 ...	304	241	4	18	24	36	32	18	328	277	36	36	677	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	4	5	4	1	14	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	281	350	144	107	882	
B.—Contacts examined during the year :—														
(a) Definitely tuberculous ...	36	38	—	2	2	—	2	2	38	38	2	4	82	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	1	—	—	1	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	143	280	246	243	912	
C.—Cases written off the Dispensary Register as :—														
(a) Recovered ...	26	33	1	3	11	12	24	15	37	45	25	18	125	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	428	635	392	352	1807	
D.—Number of Cases on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	1230	1206	22	41	130	171	163	120	1360	1377	185	161	3083	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	4	6	4	1	15	

1. Number of cases on Dispensary Register on January 1st ...	2,942	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	858
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	320	9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	13,662
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	477	10. Number of :— (a) Specimens of sputum, etc., examined (b) X-ray examinations made ... in connexion with Dispensary work	1,265 1,098
4. Cases written off during the year as Dead (all causes) ...	323	11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	3
5. Number of attendances at the Dispensary (including Contacts) ...	10,250	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	1,625
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	187		
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other...	328 1,443		

This table is particularly interesting as showing the growth of the work done by the dispensaries and the increased use made by the general public of the facilities provided. Attention is particularly directed to the following :—

(a) The number of definite cases of tuberculosis on the dispensary registers at the end of the year was 3,083, an increase of 145. The number of persons on the registers of the district medical officers of health on the same date was 5,436. Thus 56.65 per cent. of the tuberculous population of Surrey are under the care of the Tuberculosis Officers. This is a slight improvement on the figure for the previous year when the proportion was 53.9 per cent.

(b) The number of contacts examined shows a most encouraging increase from 768 in 1935 to 995 in 1936. This is equivalent to 161.0 contacts examined per 100 deaths from tuberculosis, the figure for 1935 being 134.3. The figure for the country as a whole in 1935 (the latest figures available) was 158.5 contacts examined per 100 deaths from tuberculosis.

(c) The numbers of sputum examinations and of X-ray examinations have increased from 987 and 315 respectively in 1935 to 1,265 and 1,098 respectively in 1936.

(d) The number of non-tuberculous persons examined at the dispensaries has increased from 1,502 to 1,794.

The last three items indicate that the dispensaries are being increasingly used as diagnostic centres and that the general practitioners are more and more coming to realise the value of the dispensaries for the diagnosis of early cases.



(v) *Boarding Out of Child Contacts.*—During the year, the County Council approved a scheme for the boarding-out of child contacts. In addition to the known fact that the risk of developing tuberculosis is considerably greater in children in tuberculous households than it is in children in a healthy environment, in the past it has frequently been found difficult to persuade parents, suffering from tuberculosis, to agree to a course of institutional treatment unless satisfactory arrangements could be made for the care of the children. In these cases, the boarding-out of the children and consequently, their removal from risk of infection, would be highly advantageous and economical; and, moreover, would ensure that the infected member or members of the family would be relieved from anxiety and hence be better able to benefit from sanatorium treatment.

The Minister of Health has been requested to make Regulations under Section 130 of the Public Health Act, 1875, to empower the County Council to put this scheme into effect.

#### (b) Residential Treatment.

The County Sanatorium, Milford, provides accommodation for 300 adult pulmonary cases. Among other sanatoria to which the County Council sends adult pulmonary cases are the National Sanatorium, Benenden; King George's Sanatorium, Bramshott; the Holy Cross Sanatorium, Haslemere; the Royal National Sanatorium, Bournemouth, and the Grosvenor Sanatorium, Ashford. Children with pulmonary tuberculosis are sent to the Church Army Lads' Sanatorium, Heath End; the National Children's Homes, Harpenden; and the Holy Cross Sanatorium, Haslemere. Non-pulmonary cases are sent to St. Nicholas' Hospital, Pyrford; the Lord Mayor Treloar's Hospital, Alton; St. Anthony's Hospital, Cheam; the Royal Sea-Bathing Hospital, Margate, and others. Throughout the year, a daily average of approximately 125 beds in pulmonary sanatoria (other than Milford) and approximately 135 beds in non-pulmonary hospitals or sanatoria were occupied by Surrey cases.

In addition, 51 beds are provided for tuberculous cases in the Surrey County Hospital, Redhill, to which new accommodation reference has already been made, and similarly 38 beds are provided in the Public Assistance Hospitals at Epsom, Kingston and Richmond.

The Medical Superintendent's report on the work of the County Sanatorium is included later in this section, but reference should here be made to the decision of the County Council, mentioned briefly in the Report of 1935, to proceed with the building of a new block at the sanatorium. This block, the erection of which was practically completed during the year, consists of:—

(i) *An Operating Unit.*—During the past few years the treatment of pulmonary tuberculosis by surgical methods has developed considerably and the number of patients transferred from the County Sanatorium to London hospitals for surgical treatment, subsequently returning to the sanatorium, was considerable. The County Council considered it desirable that facilities for this work should be provided at the Sanatorium, in order to eliminate the harmful effects on the patients of the interruption of sanatorium routine by transfer to another institution of dissimilar character and, further, to ensure proper co-operation between the medical officers at the sanatorium and the surgeon who would be required to perform the operations.

With regard to this latter point, the County Council also decided to appoint a Consultant Surgeon to visit the sanatorium fortnightly and as required and to undertake the operative work.

In addition, the operating unit has been so arranged as to permit the artificial pneumothorax treatment to be carried out in it, as the rooms where this is at present done are too small in size to cope with the increased numbers of patients requiring this treatment.

(ii) *X-ray Department.*—Radiography is of the highest importance in the diagnosis and in the control of the treatment of tuberculosis and the use of the X-ray plant at the sanatorium has increased greatly since its installation. In consequence of this increase the present X-ray department has become inadequate in size and a department has been included in the new block.

Further, the existing X-ray plant at the sanatorium, although originally good, has, in view of recent developments in radiography, become out-of-date for thoracic work and is not capable of giving adequate service. The County Council has decided to install a modern condenser-discharge unit, while the present unit will ultimately be transferred to the Surrey County Hospital, Epsom, where, at present there is no X-ray apparatus capable of being used.

(iii) *Lecture and Demonstration Rooms.*—The General Nursing Council approved the Sanatorium as a preliminary training school for nurses on the condition that classrooms and tutorial staff would be provided. In view of the desirability of retaining this status, the County Council decided to incorporate rooms for this purpose in the new building.

(iv) *Nurses' Bedrooms.*—In view of the increased staff required, partly for the above services and partly on account of the continual increase in the volume and of the changed character of the work provision was made for eight bedrooms for nursing staff on the first floor of the block.

Work on the block has been proceeding rapidly during the year and it is hoped that it will be put into operation during 1937.

The scheme for providing training in various handicrafts to patients in the County Sanatorium has shown satisfactory progress throughout the year and forms an integral and important part of the treatment of the patients.



During the year, also, the County Council decided to install a cinematograph machine adapted for talking films at the Sanatorium, the existing machine, which could be used only for silent films, having become obsolete owing to the impossibility of obtaining such films.

During 1936, the number of cases recommended for institutional treatment was 968, as compared with 917 in the previous year. The following table gives a classification of these cases.

	Pulmonary.	Non-Pulmonary.
Males ... ..	428	34
Females ... ..	368	41
Children ... ..	27	70
Totals ... ..	823	145
	968	

Notice of the admission and discharge of all patients is sent to the district medical officers of health to enable them to take all necessary steps for the prevention of the spread of infection. Private medical practitioners receive a report on the clinical condition of their patients on discharge from the sanatorium.

The following table shows the numbers and sex of all patients (excluding those in Public Health and Public Assistance Hospitals) who received institutional treatment during 1936 :—

		In Institutions on Jan. 1. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31. (5)
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	3	—	3	—	—
	Adult Females	2	7	8	—	1
	Children ...	4	5	8	—	1
	Total ... ..	9	12	19	—	2
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	179	343	243	57	222
	Adult Females	168	276	215	33	196
	Children ...	8	19	9	—	18
	Total ... ..	355	638	467	90	436
Number of patients suffering from non-pulmonary tuberculosis	Adult Males ...	24	39	31	2	30
	Adult Females	28	33	31	3	27
	Children ...	89	53	63	1	78
	Total ... ..	141	125	125	6	135
Grand Total ... ..		505	775	611	96	573

The immediate results of treatment of tuberculous patients discharged from sanatoria or hospitals during 1936 are recorded in the following table :—

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.																
		Under 3 months but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.			Grand Totals.	
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent .. ..	6	6	—	9	10	—	1	3	—	1	—	3	17	19	3	39
		Not quiescent ..	2	4	—	8	11	1	4	3	—	1	1	1	15	19	2	36
		Died in Institution ..	3	—	—	1	—	—	4	—	—	1	1	—	9	1	—	10
	Class T.B. plus.	Quiescent .. ..	—	1	—	3	3	—	2	5	—	2	2	1	7	11	1	19
		Not quiescent ..	4	5	1	8	9	—	15	11	—	4	6	1	31	31	2	64
		Died in Institution ..	1	1	—	—	—	—	1	1	—	3	2	—	5	4	—	9
	Class T.B. plus.	Quiescent .. ..	3	—	—	3	—	—	6	5	—	3	1	—	15	6	—	21
		Not quiescent ..	10	11	—	32	22	1	25	23	—	21	11	—	88	67	1	156
		Died in Institution ..	6	—	—	2	3	—	3	6	—	5	6	—	16	15	—	31
	Class T.B. plus.	Quiescent .. ..	1	—	—	—	1	—	—	1	—	—	1	—	1	3	—	4
		Not quiescent ..	10	8	—	17	12	—	14	13	—	10	11	—	51	44	—	95
		Died in Institution ..	3	2	—	7	5	—	7	2	—	2	1	—	19	10	—	29
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent .. ..	1	1	1	3	3	2	2	—	1	12	6	17	18	10	21	49
		Not quiescent ..	—	2	—	—	—	—	1	—	2	1	—	4	2	2	6	10
		Died in Institution ..	—	—	—	—	—	1	—	1	—	—	—	—	—	1	1	2
	Abdominal.	Quiescent .. ..	—	1	—	—	2	4	—	1	3	—	1	6	—	5	13	18
		Not quiescent ..	—	—	—	—	2	—	—	2	—	—	—	—	—	2	2	4
		Died in Institution ..	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	2
	Other Organs.	Quiescent .. ..	1	2	—	2	1	1	—	—	—	—	—	—	3	3	1	7
		Not quiescent ..	—	—	—	1	1	—	1	1	—	3	—	—	5	2	—	7
		Died in Institution ..	—	—	—	1	—	—	1	—	—	—	—	—	2	—	—	2
	Peripheral Glands.	Quiescent .. ..	—	1	—	—	2	6	—	—	3	—	—	1	—	3	10	13
		Not quiescent ..	—	—	1	—	—	1	1	—	—	—	1	1	—	3	4	4
		Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

The results of the observation of doubtful tuberculous cases resident in institutions during the year are as follows :—

Diagnosis on discharge from Observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						TOTALS		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous .. ..	—	1	—	—	1	—	—	1	1	—	1	1	—	4	2
Non-tuberculous .. ..	3	—	—	—	2	1	—	—	3	—	2	2	3	4	6
Doubtful .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS .. ..	3	1	—	—	3	1	—	1	4	—	3	3	3	8	8



At the end of 1936 there were 573 patients under treatment in residential institutions, and these patients were distributed as follows :—

			Pulmonary.	Non-Pulmonary.	Totals.
County Sanatorium	...	...	300	—	300
Other Institutions :					
(a) Hospital	...	...	27	133	160
(b) Sanatorium	...	...	108	2	110
(c) Convalescent	...	...	3	—	3
Totals	...	...	438	135	573

The above statistics refer only to cases coming within the scope of the Anti-Tuberculosis Scheme of the Public Health Committee and do not include patients in the hospitals which were appropriated to the Public Health Committee during the year or which are administered by the Public Assistance Committee. Reference to these appears on page 54.

### (c) Care Organisation.

The organisation for the care of tuberculous persons and their families which was set up in 1935 continues to play an important part in supplementing the official Anti-Tuberculosis Scheme.

The Scheme was fully described in the Annual Report of 1935, and no alteration of the main features has been made during the present year.

It is nevertheless desirable once again to note the excellent work being done by the local Care Committees.

During the year, the sum expended by the Care Committees in relief to tuberculous persons and their families exceeded £670. This, however, represents only one aspect of the work which the Care Committees undertake. Even more important are their activities in regard to the social welfare of the families with whom they deal, the giving of advice and assistance in adjusting their circumstances to the new conditions, in deriving the fullest possible benefit from the treatment provided, and in putting them in touch with the appropriate charitable or public organisation.

At the end of the year, there were 18 Care Committees in the County as compared with 17 in 1935. Each of these Care Committees works in close association with the dispensary in its area and the Tuberculosis Officer of that dispensary is a member of the Care Committee.

Although the organisation of the Care Committees is on a voluntary basis, a considerable measure of official recognition is given to them and liaison is maintained with the official Anti-Tuberculosis Scheme. With a view to improving and maintaining this co-ordination, the County Council, during the year, decided to appoint a Tuberculosis Care Officer on the staff of the County Medical Officer.

The Care Officer is generally responsible for Tuberculosis Care work in the County and acts as adviser both to the Care Committees and to the Standing Conference. She also acts as almoner to the patients at the County Sanatorium, Milford, and for Surrey patients who are sent to outside sanatoria.

The Standing Conference of Surrey Tuberculosis Care Committees, under the able Chairmanship of Lady Benn, met twice during the year. Each Care Committee sends two delegates to the Conference and by this means the work of the Care Committees is effectively co-ordinated and a uniform policy of tuberculosis care work throughout the County is assured. The Conference also deals with matters of general policy and acts as a liaison between the County Council, the District Councils and the local Care Committees.

The Conference itself has displayed a keen interest in the housing of tuberculous families, in the provision of training in handicrafts for suitable patients, and in the employment by Local Authorities of tuberculous persons.

As regards training in handicrafts, an experimental centre for this purpose with a trained instructress was established at Mitcham by the Standing Conference. This meets once a week and about 15 patients from Mitcham, St. Helier and the surrounding districts attend. The Conference provides the necessary tools and materials, and the profits from the sale of the articles made go to the patients.

The County Council makes financial grants for the establishment of new Care Committees and also annual grants for their maintenance.

### (5) PUBLIC HEALTH ACT, 1925, SECTION 62 (COMPULSORY REMOVAL OF TUBERCULOUS PATIENTS TO HOSPITAL).

No action was taken under this section during 1936.



## REPORT ON THE WORK OF THE COUNTY SANATORIUM, MILFORD, DURING THE YEAR 1936.

By Dr. R. J. ALLISON, Medical Superintendent.

1. The accommodation for patients has been in full use throughout the year and there has always been a waiting list which has varied between about 20 and 40.

2. The following table shows the movement of patients during the year :—

	In Sanatorium on Jan. 1st, 1936.		Admissions during the Year*		Discharges during the Year*		Deaths during the Year*		In Sanatorium on Dec. 31st, 1936.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
T.B. Negative ... ..	7	6	84	76	21	26	3	—	21	14
T.B. Positive—Early ... ..	2	5	—	1	3	20	—	—	6	4
Intermediate ... ..	69	70	73	70	101	72	—	—	65	64
Advanced ... ..	72	66	82	74	65	77	45	24	59	67
Totals ... ..	150	147	239	221	190	195	48	24	151	149
Grand Totals ... ..	297		460		385		72		300	

\* These figures include re-admissions, re-discharges and deaths of cases previously discharged from the sanatorium during the year.

3. The patients who have been discharged from, or died in, the Sanatorium since its opening followed these occupations before admission :—

	Male.	Female.		Male.	Female.
Housewife .. ..	—	695	Butcher .. ..	14	—
Clerical .. ..	249	147	Telephonist .. ..	7	10
Other Domestic Workers .. ..	4	284	Bus Conductor .. ..	15	—
Shop Assistant .. ..	96	84	Storeman .. ..	17	—
Labourer .. ..	125	—	Children's Nurse .. ..	—	11
Motor Driver .. ..	127	—	Shop Manager and Owner .. ..	15	—
Nurse .. ..	17	76	Police Constable .. ..	12	—
Fitter, etc. .. ..	93	—	Baker .. ..	10	—
Gardener .. ..	71	—	Milkman .. ..	10	—
Factory Worker .. ..	3	57	Plumber .. ..	9	—
Painter and Decorator .. ..	56	—	Postman .. ..	7	—
Carpenter .. ..	50	—	R.N. Stoker .. ..	7	—
Needleworker .. ..	—	49	Warehouseman .. ..	7	—
Printer .. ..	48	—	Wireless Dealer .. ..	6	—
Helping at Home .. ..	—	42	Leatherworker .. ..	6	—
Schoolchild .. ..	16	20	Fishmonger .. ..	5	—
Laundry .. ..	6	33	Shoemaker .. ..	5	—
Electrician .. ..	34	—	Builder's Labourer .. ..	4	—
Traveller .. ..	34	—	Groom .. ..	4	—
Waiter .. ..	8	21	Collector .. ..	4	—
Bricklayer .. ..	22	—	Draughtsman .. ..	4	—
Soldier .. ..	22	—	None .. ..	17	56
Teacher .. ..	2	18	Other .. ..	481	76
Porter .. ..	19	—			
R.N. Sailor .. ..	18	—		1,803	1,679
Civil Servant .. ..	17	—			

4. The patients who were discharged from or died in the Sanatorium during the year came from following districts :—

<i>Municipal Boroughs or Urban Districts.</i>			
Mitcham M.B. .. ..	50	Godalming M.B. .. ..	7
Sutton & Cheam M.B. .. ..	43	Farnham .. ..	7
Merton & Morden .. ..	27	Chertsey .. ..	7
Carshalton .. ..	24	Banstead .. ..	5
Guildford M.B. .. ..	24	Dorking .. ..	4
Kingston M.B. .. ..	19	Egham .. ..	4
Walton & Weybridge .. ..	19	Leatherhead .. ..	2
Maldens & Coombe M.B. .. ..	18	Haslemere .. ..	2
Richmond M.B. .. ..	18	Frimley & Camberley .. ..	1
Wimbledon M.B. .. ..	17		
Woking .. ..	15	<i>Rural Districts.</i>	
Caterham & Warlingham .. ..	15	Guildford .. ..	9
Surbiton M.B. .. ..	14	Dorking & Horley .. ..	8
Coulsdon & Purley .. ..	12	Hambleton .. ..	7
Epsom & Ewell .. ..	12	Bagshot .. ..	4
Beddington & Wallington .. ..	12	Godstone .. ..	3
Barnes M.B. .. ..	10		
Reigate M.B. .. ..	9	Total .. ..	437
Esher .. ..	9		

Patients who were in the Sanatorium more than once during the year are included in this table once only.



5. The age distribution of these patients was as follows :—

	0-19 years.	20-24 years.	25-29 years.	30-34 years.	35-39 years.	40-44 years.	45-49 years.	50-54 years.	55-59 years.	60 years.	Total.
Male ... ..	22	40	40	41	30	27	15	7	7	2	231
Female ... ..	29	49	36	39	34	14	3	2	—	—	206
Total ... ..	51	89	76	80	64	41	18	9	7	2	437

The average ages on admission were :—

Males .. .. .	32.77 years.
Females .. .. .	28.7 years.

6. The average lengths of stay of these patients were :—

Males .. .. .	230 days.
Females .. .. .	247 days.

7. The "Immediate Results" of treatment (i.e., the condition on discharge) were :—

	Male.	Female.	Total.
Non-Tuberculous .. .. .	3	1	4
Quiescent .. .. .	22	41	63
Improved .. .. .	112	77	189
No material improvement .. .. .	53	76	129
	<u>190</u>	<u>195</u>	<u>385</u>

8. These results together with the deaths during the year are classified further in the two following tables :—

#### MALE.

Condition on Admission.	No.	Non-T.B.	Classification on Discharge.			Died.
			Quiescent.	Improved.	No material improvement.	
Observation ... ..	7	3	1	—	1	2
T.B. Negative ... ..	54	—	13	22	9	10
T.B. Positive Group 1 ...	1	—	1	—	—	—
" " " 2 ...	48	—	6	36	6	—
" " " 3 ...	128	—	1	54	37	36
Total ... ..	238	3	22	112	53	48

#### FEMALE.

Condition on Admission.	No.	Non-T.B.	Classification on Discharge.			Died.
			Quiescent.	Improved.	No material improvement.	
Observation ... ..	5	1	3	1	—	—
T.B. Negative ... ..	65	—	23	16	25	1
T.B. Positive Group 1 ...	—	—	—	—	—	—
" " " 2 ...	47	—	12	28	6	1
" " " 3 ...	102	—	3	32	45	22
Total ... ..	219	1	41	77	76	24

## 9. Cases sent in for observation and diagnosis.

Males 7. In 5 of these no evidence of active Tuberculosis was found. Two of these five died—one of Bronchiectasis and one of Arteriosclerosis and Cardiac Degeneration.

The diagnoses in these 5 cases were :—

Bronchiectasis .. .. .	1
Arteriosclerosis .. .. .	1
Chronic Articular Rheumatism .. .. .	1
Malignant disease of lung .. .. .	1
No disease found .. .. .	1

Females 5. All were found to be suffering from Tuberculosis except one patient who stayed for 2 hours and in whom no diagnosis was made.

## 10. DEATHS.

Males, 48.

Tuberculosis was the cause of death in all except the two cases mentioned in the previous paragraph.

The most important complications were :—

Laryngitis .. .. .	9
Hæmoptysis .. .. .	3
Meningitis .. .. .	2
Empyema following Artificial Pneumothorax .. .. .	2
Bronchitis and Emphysema .. .. .	1
Enteritis .. .. .	1
Cerebral Abscess .. .. .	1
Nephritis .. .. .	1
Spontaneous Pneumothorax .. .. .	1
Generalised Tuberculous Abscesses .. .. .	1

One of the patients who died had an Artificial Pneumothorax and a Phrenic Crush.

The average age at death was 35 years.

The average stay was 211 days.

The numbers staying in the Sanatorium for various periods before death were :—

Less than 3 months .. .. .	19
3—6 months .. .. .	8
6—12 months .. .. .	14
More than a year .. .. .	7

Females 24.

Tuberculosis was the cause of death in all cases.

The most important complications in these cases were :—

Enteritis .. .. .	4
Laryngitis .. .. .	2
Hæmoptysis .. .. .	2
Bronchitis .. .. .	1
Peritonitis .. .. .	1

Four of the patients who died had an Artificial Pneumothorax and one a Phrenic Evulsion.

The average age at death was 30 years 3 months.

The average stay was 342 days.

The numbers staying in the Sanatorium for various periods were :—

Less than 3 months .. .. .	4
3—6 months .. .. .	5
6—12 months .. .. .	8
More than a year .. .. .	7

## 11. SPECIAL DEPARTMENTS.

*Laboratory.*—1,163 specimens of sputum were examined and of these 685 showed Tubercle Bacilli and 478 did not.

220 specimens of faeces were examined and of these 50 showed Tubercle Bacilli and 170 did not.

*X-Ray.*—Number of Radiographs taken, Chest .. .. . 1,977  
Other .. .. . 73  
Number of screen examinations .. .. . 5,280

*Dental.*—Much dental work was again found to be an indispensable part of the treatment of the patients. Particulars of this work are as follows :—

Consultations .. .. .	704	Dentures—Upper .. .. .	15
Extractions .. .. .	601	Lower .. .. .	8
Fillings .. .. .	68	Repairs and Additions .. .. .	10
Scalings .. .. .	26	Other procedures .. .. .	305

*Out-Patients.*—The numbers of out-patients attending for Artificial Pneumothorax refills and fluoroscopy were :—

	Male.	Female.
1/ 1/36 .. .. .	60	45
31/12/36 .. .. .	65	63



## 12. TREATMENT.

The principle of Sanatorium treatment by rest and subsidiary methods (e.g. diet) remains unchanged. The general rest practised by all patients was supplemented in an increasing number of cases by local rest of the diseased lung by surgical means including Artificial Pneumothorax.

Some figures relating to these surgical methods of treatment follow and during the year the amount of general bodily rest prescribed increased and this tendency seems likely to continue. It does not necessarily mean an increase in the period of treatment as the time in which a patient is on graduated exercise may in some cases be shortened.

## Treatment by Artificial Pneumothorax.

	Male.		Female.	
	In-patient.	Out-patient.	In-patient.	Out-patient.
Number 1/1/36 ... ..	27	60	35	45
Inductions in 1936 at Milford ... ..	14	—	30	—
Transferred from elsewhere ... ..	2	2	8	2
Transferred elsewhere ... ..	3	3	5	—
Died ... ..	4	1	3	—
Artificial Pneumothorax abandoned ... ..	9	5	8	—
Lost sight of ... ..	—	—	—	1
Number 31/12/36 ... ..	15	65	40	63

In nine patients an attempt to induce an Artificial Pneumothorax failed.

Twelve patients had the Phrenic Nerve operated on during the year.

Ten patients had Thoracoscopy for division of adhesions.

One patient had a basal extrapleural Pneumolysis.

Six patients had a Thoracoplastic operation during the year or were awaiting it at the end of the year.

All these patients for surgical treatment other than Artificial Pneumothorax were transferred to the London Chest Hospital for their operations.

At the end of the year the building of the new block containing among other rooms a surgical theatre was almost finished and therefore the number of such transfers to London should be less in the coming year. Towards the end of the year also a visiting Thoracic Surgeon was appointed.

## 13. AFTER HISTORIES.

Reports on the progress of patients after discharge continue to be received, and I wish to take this opportunity of thanking the other members of the County Tuberculosis Service for the care and trouble they take in collecting this important and interesting information.

The following tables show the condition of patients on various anniversaries of their discharge from Milford. They are classified according to the "Immediate Results of Treatment."

The tables aim at giving as accurate a picture as possible of the condition of patients at various intervals of time after their discharge from Milford.

The following classes of patients are excluded from the tables as it is thought that they might detract from the value of the figures:—

- (a) Patients staying at the Sanatorium for less than 50 days.
- (b) Patients found to be non-tuberculous.

Patients who are admitted more than once are included in the tables once only.

The column headed "Working" includes those patients known to be working and also a few of whom the Tuberculosis Officer has reported that they are fit for work but unemployed.

The column "Not Working" includes all other patients who are known to be alive. It includes a number of patients about whom no information as to their working capacity is available.













## 14. OCCUPATIONAL THERAPY.

Occupational therapy is carried out by work in the garden, carpenter's and engineer's shops and in the handicraft centre.

The number of patients receiving such instruction on 31st December, 1936, was:—

Men . . . . . 44      Women . . . . . 56

15. Religious services are held weekly by representatives of various denominations who work cordially together.

## HOSPITAL PROVISION IN THE COUNTY.

The numbers of hospital beds available in the County on the 31st December, 1936, and on the same date in the previous year are given below:—

Hospitals.	1935	1936
County Hospitals ... ..	2,209	2,298
Voluntary Hospitals ... ..	1,348	1,457
Isolation Hospitals ... ..	865*	887*
Mental Hospitals ... ..	3,086	3,086
Mental Deficiency Institutions—		
Public Assistance Committee ... ..	30	19
Mental Hospitals Committee ... ..	499	577
<b>TOTALS ... ..</b>	<b>8,037</b>	<b>8,324</b>

\* The available accommodation on the basis of 144 sq. ft. per bed is 713 and 735 beds respectively.

The population of the County continues to increase at a rate of nearly 40,000 per annum, and this continued rapid growth, together with the increasing public demand for hospital service has caused the extremely limited accommodation available in County hospitals to be taxed to the utmost.

The following table shows the increase in the number of beds in the various categories available in the past seven years (i.e., since the County Council took over the old Poor Law Institutions):—

Classification.	1930	1931	1932	1933	1934	1935	1936
Medical and Surgical ... ..	1,497	1,541	1,595	1,671	1,789	1,839	1,889
Children ... ..	187	170	160	152	132	129	154
Maternity ... ..	89	103	90	90	94	99	112
Tuberculosis ... ..	54	63	63	65	64	84	89
Isolation ... ..	42	56	56	29	33	26	18
Mental (Short stay) ... ..	36	37	34	36	26	26	30
Mental (Long stay) ... ..	8	7	7	9	9	6	6
<b>Totals ... ..</b>	<b>1,913</b>	<b>1,977</b>	<b>2,005</b>	<b>2,052</b>	<b>2,147</b>	<b>2,209</b>	<b>2,298</b>

During these years, also the hospital portions of the Chertsey and Blechingley Institutions (112 beds and 87 beds respectively) were lost for hospital purposes owing to the taking over of these institutions by the Mental Hospitals Committee. (The figures for 1936 still include 22 beds in Blechingley which had not been vacated by the end of the year.)

The only new construction which has been completed and brought into use during these seven years is that at the Surrey County Hospital, Redhill, where a new block of 126 beds for general use, a tuberculosis block of 51 beds and a mental observation block of 6 beds were put into use during 1936. All other increases of accommodation have been obtained by adapting portions of house accommodation for hospital purposes, by converting day rooms and other ancillary rooms, by putting into use old and out-of-date buildings, and by overcrowding existing hospital wards. In some of the wards of certain hospitals of the County, the floor space per patient is less than 70 square feet: moreover, converted portions of house accommodation, day rooms and so on, can only give inferior accommodation for hospital patients.

Particular reference is also made to the position as regards maternity beds in the County. The number of beds for this purpose was increased from 99 in 1935 to 112 in 1936, mainly due to the opening of the new maternity ward at the Surrey County Hospital, Redhill, late in the year. This increase, however, was insufficient to keep pace with the increasing demand for maternity beds. In particular, the accommodation in the hospitals at Kingston and Epsom was overtaxed almost continuously throughout the year, despite the fact that these hospitals were forced to adopt the policy of restricting admissions by taking in only emergency cases, cases likely to suffer obstetrical difficulty and cases where the home conditions are unsatisfactory. It is obvious that, should there be any further increase in the demand for maternity beds—as seems certain—the accommodation available in the County hospitals will be inadequate.

The growth of maternity work done in the County hospitals, and also through the Maternity and Child Welfare Scheme of the County Council, is shown in the following table:—



Year.	Population.	Births.	Birth Rate.	Admission to County Hospitals.	Increased Adm. over previous year.	Percentage of total births in County Hospitals.	Adm. to County Hospitals through Maternity and Child Welfare (excluded in Col. 5).	Adm. to Voluntary Maternity Hospitals through Maternity and Child Welfare Scheme.	Total Births for which Maternity beds were provided (sum of Cols. 8 and 9).	Percentage of Col. 10 to Total Births.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1931	947,695	13,125	13.92	959	—	7.31	59	251	1,210	9.22
1932	984,100	13,433	13.65	1,140	181	8.55	156	275	1,415	11.28
1933	1,015,540	12,961	12.76	1,268	128	9.58	204	285	1,553	11.99
1934	1,047,750	13,785	13.16	1,393	125	10.10	202	339	1,732	12.56
1935	1,088,400	14,657	13.47	1,596	203	10.89	285	338	1,934	13.19
1936	1,127,061	15,679	13.91	2,041	445	13.02	538	406	2,447	15.61





In both these categories, the patients, if possessing a settlement in Surrey, will be admitted as Public Health cases.

(c) Furthermore, there is the group of cases admitted by either of the above methods, but whose place of settlement is not in Surrey, and who are not irremovable from Surrey. This group includes accident or emergency cases whose fixed place of abode is not in Surrey. These will be admitted as Public Assistance cases, so that the County Council retains its right of recovery from other authorities legally liable to maintain them.

(d) Lastly, cases detained under the Lunacy Acts and unmarried pregnant women from Public Assistance Institutions will be admitted as Public Assistance cases, in order that the County Council may retain certain powers under the Poor Law for dealing with them.

(ii) *Assessment of Contributions.*

The system in which the Relieving Officer is responsible for the collecting of information on which the assessment of contributions is made by the Public Assistance Committee, is so intimately bound up with the Poor Law in the eyes of the public that the County Council decided that the collation of this information should in future be carried out by almoners, who would be on the staff of the Public Health Department. The almoners are required to work in close association with the Department of the Chief Financial Officer, but the actual assessments are made by the Public Health Committee.

(iii) *Committee Organisation.*

Sub-Committees of the Public Health Committee have been formed to deal with the administration of appropriated hospitals. These Sub-Committees report direct to the Public Health Committee. There are at present two such Sub-Committees—one dealing with The Lodge, Effingham, and the Clandon Smallpox Hospital, and the other with the County Hospitals at Reigate and Dorking. Local members with special experience have been co-opted to both Sub-Committees.

## I. Public Assistance and Public Health Hospitals.

(a) *ACCOMMODATION.*

The total number of beds available in the hospitals on the 31st December, 1936, was 2,298 as compared with 2,209 on the same date in the preceding year. The increase in beds is due mainly to the completion of the extension at the Redhill Hospital after allowance has been made for the loss of beds at Blechingley.

The accommodation in each hospital on the 31st December, 1936 is given below:—

Hospital.	Men.	Women.	Children.	Totals.
Blechingley ... ..	22	—	—	22
Dorking ... ..	86	75	2	163
Epsom ... ..	128	156	27	311
Farnham ... ..	118	109	18	245
Guildford ... ..	94	146	26	266
Hambledon ... ..	37	37	4	78
Kingston { Hospital ...	150	304	86	540
{ Institution ...	—	99	—	99
Reigate ... ..	96	172	24	292
Richmond ... ..	119	157	6	282
<b>TOTALS ... ..</b>	<b>850</b>	<b>1,255</b>	<b>193</b>	<b>2,298</b>

The distribution of these beds together with the extent of occupation on the 31st December is shown in the following table:—

Classification.	Men.		Women.		Children.		Totals.	
	A	O	A	O	A	O	A	O
i Medical and Surgical ...	789	709	1062	939	38	48	1889	1696
ii Children ... ..	—	—	—	—	154	110	154	110
iii Maternity ... ..	—	—	112	93	—	—	112	93
iv Tuberculosis ... ..	43	41	45	33	1	1	89	75
v Isolation ... ..	3	—	15	6	—	—	18	6
vi Mental (short stay) ...	15	5	15	6	—	—	30	11
vii Mental (long stay) ...	—	—	6	6	—	—	6	6
<b>TOTALS ... ..</b>	<b>850</b>	<b>755</b>	<b>1,255</b>	<b>1,083</b>	<b>193</b>	<b>159</b>	<b>2,298</b>	<b>2,045</b>

\* A = Available.

O = Occupied.

There were 138 more patients receiving treatment on the 31st December, 1936, than on the same date in 1935. The comparable figures are 1,907 in 1935 and 2,045 in 1936.

The following series of tables show in greater detail the distribution and occupation of the beds in each of the classes in the immediately preceding table :—

## i. MEDICAL AND SURGICAL.

Hospital.	*	Men.		Women.		Children.		Totals.	
		A	O	A	O	A	O	A	O
Blechingley ...	...	22	20	—	—	—	—	22	20
Dorking ...	...	86	71	72	64	—	—	158	135
Epsom ...	...	117	113	124	115	—	—	241	228
Farnham ...	...	118	90	99	74	—	—	217	164
Guildford ...	...	91	84	127	119	26	37	244	240
Hambleton ...	...	37	32	35	33	4	2	76	67
Kingston	Hospital ...	136	120	236	187	1	1	373	308
	Institution ...	—	—	99	94	—	—	99	94
Reigate ...	...	68	65	123	119	1	1	192	185
Richmond ...	...	114	114	147	134	6	7	267	255
TOTALS ...	...	789	709	1,062	939	38	48	1,889	1,696

\* A = Available.

O = Occupied.

## ii. CHILDREN.

Hospital.	Available.	Occupied.
Blechingley ...	—	—
Dorking ...	2	2
Epsom ...	27	25
Farnham ...	18	18
Guildford ...	—	—
Hambleton ...	—	—
Kingston ...	* 5	43
Reigate ...	22	22
Richmond ...	—	—
TOTALS ...	154	110

\* Includes accommodation for 25 "skin" cases 15 beds of which were occupied on 31st December.

## iii. MATERNITY.

Hospital.	Available.	Occupied.
Blechingley ...	—	—
Dorking ...	3	1
Epsom ...	22	20
Farnham ...	8	3
Guildford ...	8	8
Hambleton ...	2	2
Kingston ...	40	40
Reigate ...	21	17
Richmond ...	8	2
TOTALS ...	112	93



## iv. TUBERCULOSIS.

Hospital.	*	Men.		Women.		Children.		Totals.	
		A	O	A	O	A	O	A	O
Blechingley ...	...	—	—	—	—	—	—	—	—
Dorking ...	...	—	—	—	—	—	—	—	—
Epsom ...	...	7	6	6	7	—	—	13	13
Farnham ...	...	—	—	—	—	—	—	—	—
Guildford ...	...	—	—	—	—	—	—	—	—
Hambleton ...	...	—	—	—	—	—	—	—	—
Kingston ...	...	8	8	14	14	—	—	22	22
Reigate ...	...	25	24	2	12	1	1	51	37
Richmond ...	...	3	3	—	—	—	—	3	3
TOTALS ...	...	43	41	45	33	1	1	89	75

\* A = Available. O = Occupied.

## v. ISOLATION.

Hospital.	*	Men.		Women.		Children.		Totals.	
		A	O	A	O	A	O	A	O
Blechingley ...	...	—	—	—	—	—	—	—	—
Dorking ...	...	—	—	—	—	—	—	—	—
Epsom ...	...	—	—	—	—	—	—	—	—
Farnham ...	...	—	—	2	—	—	—	2	—
Guildford ...	...	3	—	*11	4	—	—	14	4
Hambleton ...	...	—	—	—	—	—	—	—	—
Kingston ...	...	—	—	2	2	—	—	2	2
Reigate ...	...	—	—	—	—	—	—	—	—
Richmond ...	...	—	—	—	—	—	—	—	—
TOTALS ...	...	3	—	15	6	—	—	18	6

\* A = Available. O = Occupied.

\* Includes accommodation for 8 cases of puerperal sepsis 2 beds of which were occupied on 31st December.

## vi. MENTAL (SHORT STAY).

Hospital.	*	Men		Women		Children		Totals	
		A	O	A	O	A	O	A	O
Blechingley ...	...	—	—	—	—	—	—	—	—
Dorking ...	...	—	—	—	—	—	—	—	—
Epsom ...	...	4	1	4	1	—	—	8	2
Farnham ...	...	—	—	—	—	—	—	—	—
Guildford ...	...	—	—	—	—	—	—	—	—
Hambleton ...	...	—	—	—	—	—	—	—	—
Kingston ...	...	6	3	6	3	—	—	12	6
Reigate ...	...	3	1	3	—	—	—	6	1
Richmond ...	...	2	—	2	2	—	—	4	2
TOTALS ...	...	15	5	15	6	—	—	30	11

\* A = Available. O = Occupied.

## vii. MENTAL (LONG STAY).

Classification.	*	Men		Women		Children		Totals	
		A.	O.	A.	O.	A.	O.	A.	O.
Mental (Long Stay)— Kingston ...	...	—	—	6	6	—	—	6	6
TOTALS ...	...	—	—	6	6	—	—	6	6

\* A = Available.

O = Occupied.

In addition, 19 beds in St. Anne's, Redhill, are approved by the Board of Control for the reception of certified cases of mental deficiency.

Accommodation is also available for 50 sane female epileptics at The Lodge, Effingham.

At the end of 1936 there were 4 Surrey hospital cases in the Queen's Road Homes, Croydon. It will be remembered that the County Council has entered into an agreement with the Berkshire County Council for the reception of up to 80 hospital patients in the Windsor Institution and there were 59 Surrey patients there on the 31st December, 1936.

(b) WORK DONE IN PUBLIC ASSISTANCE AND PUBLIC HEALTH HOSPITALS.

*General.*

The statistics for 1936 show the continued large increase in the work done in these Hospitals.

The total number of admissions increased by 1,846, *i.e.*, from 12,484 in 1935 to 14,330 in 1936.

The average number of beds occupied throughout the year was 2,016, an increase of 113.

The amount of major surgical work done in the hospitals is indicated by the fact that 2,409 surgical operations, including 661 abdominal sections, were performed in 1936, as compared with 1,817 operations, including 565 abdominal sections, during the previous year.



Detailed figures of the work done are given in the following table :—

	Blechingley	Dorking	Epsom	Farnham	Guildford	Hambleton	Kingston		Reigate	Richmond	Totals
							Hospital	Institution			
1. Total No. of admissions ...	102	397	2,753	1,125	1,509	193	5,447	170	1,555	1,079	14,330
2. Total No. of discharges ...	114	296	2,366	937	1,232	171	4,773	100	1,198	791	11,978
3. Total No. of deaths ...	31	110	382	204	259	33	710	46	212	268	2,255
4. Average duration of stay of patients included in 2 and 3 above—											
(a) Under four weeks ...	19	244	1,839	788	977	123	4,400	56	988	706	10,140
(b) Four weeks and under thirteen weeks	18	72	698	268	303	61	750	54	299	214	2,737
(c) Thirteen weeks or more ...	108	90	211	85	211	20	333	36	123	139	1,356
5. No. of beds occupied—											
(a) Average during the year ...	58	144	200	202	234	73	496	89	184	246	2,016
(b) Highest and date ...	68	166	315	226	257	79	549	99	277	266	—
(c) Lowest and date ...	25-1-36	21-2-36	5-4-36	29-7-36	18-3-36	19-3-36	18-3-36	23-10-36	29-12-36	26-12-36	—
6. No. of surgical operations under general anæsthetic (excluding dental operations)	20	120	268	169	205	64	424	61	130	230	—
7. No. of abdominal sections ...	18-31-12-36	17-12-36	2-11-36	25-12-36	24-8-36	5-12-36	25-12-36	30-1-36	1-1-36	10-10-36	—
	2	—	318	107	167	—	1,526	—	234	55	2,409
	—	—	87	37	51	—	403	—	76	7	661

While the percentage of patients who left the hospitals under 4 weeks from the date of their admission remained the same as the previous year, viz. 71.2 per cent., the percentage of patients who stayed for 13 weeks or more increased from 8.7 per cent. to 9.4 per cent.

*Maternity.*

The amount of maternity work undertaken at the various hospitals increased considerably. There was an increase of 445 maternity cases admitted as compared with the previous year, *i.e.*, from 1,596 to 2,041—an increase of nearly 28 per cent.

Details of the work done are given below:—

	Blechingley	Dorking	Epsom	Farnham	Guildford	Hambleton	Kingston	Reigate	Richmond	Totals
1. No. of Maternity Beds ...	* 4	3	22	8	8	2	40	21	8	116
2. No. of Maternity cases admitted ...	21	10	494	153	176	16	825	242	104	2,041
3. Average duration of stay (days) ...	14	14	14	13	14	16	14	20	14	133
4. No. of live births ...	18	10	482	146	168	15	790	297	101	1,937
5. No. of cases delivered by—										
(A) Midwives ...	17	—	451	143	107	12	798	185	99	1,812
(B) Doctors ...	4	10	38	10	69	4	24	30	5	194
6. Number of cases in which medical assistance was sought by a Midwife in emergency	—	—	105	35	91	—	241	10	5	487
7. No. of cases notified as—										
(A) Puerperal fever ...	—	1	—	—	—	—	—	1	—	2
(B) Puerperal pyrexia ...	—	—	5	2	4	1	10	2	4	28
8. Number of cases of pemphigus neonatorum	—	1	—	—	—	—	—	—	—	1
9. No. of cases of ophthalmia neonatorum	—	—	—	1	—	—	—	—	—	1
10. No. of infants not entirely breast-fed while in the hospital	—	—	43	14	31	—	102	10	2	202
11. No. of Maternal deaths ...	—	—	—	—	—	—	8	—	—	8
12. No. of foetal deaths—										
(A) Stillborn ...	3	—	18	7	13	1	32	15	3	92
(B) Within 10 days of birth ...	—	2	19	7	6	2	19	8	—	63
13. No. of deaths among the newly born (Under four weeks)	—	2	19	7	7	2	7	8	—	52

\* Not available on 31st December, 1936.

*Tuberculosis.*

There were 439 admissions during the year as compared with 313 in 1935, and the number of patients remaining in hospitals on the 31st December, 1936, was 84 as compared with 75. The patients are as far as possible sent to those hospitals where accommodation is set aside for this particular purpose and where they are under the supervision of the tuberculosis officers of the Council.



Although the recently erected tuberculosis block of 51 beds at the Surrey County Hospital, Redhill, is now fully in use still the total accommodation for tuberculosis patients is not sufficient to meet the demand and it is necessary at times to admit such cases to chronic medical wards.

Complete co-operation exists between the Public Assistance Committee and the Public Health Committee in relation to the provision and utilisation of accommodation for persons suffering from tuberculosis.

Particulars of the cases dealt with in County Hospitals during the year are given below :—

Classification.		In Hospitals on Jan. 1st.	Admitted during the year	Discharged during the year.	Died in the Hospitals.	In Hospitals on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males ...	39	220	142	74	43
	Adult Females	27	172	110	55	34
	Children ...	3	8	7	1	3
	TOTALS ...	69	400	259	130	80
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment	Adult Males ...	2	7	4	4	1
	Adult Females	3	12	11	2	2
	Children ...	1	20	6	14	1
	TOTALS ...	6	39	21	20	4
GRAND TOTALS ...		75	439	280	150	84

#### *Cancer.*

422 cases of cancer were admitted to the Council's hospitals during 1936 ; 70 having had previous advice or treatment at another hospital.

Six of the Council's hospitals provide operative treatment for cancer patients and three provide, in addition, radiation treatment.

No specific arrangements have been made for the treatment at other hospitals of cancer patients for whom adequate treatment facilities are not available in the Council's hospitals ; such cases are, however, transferred to a recognised cancer hospital—according to the site of the disease—for radium and other treatment.

The following table gives information concerning the cases dealt with at County hospitals during the year.

SITES.	I. Patients admitted after previous advice or treatment at another hospital providing radiation as well as operative treatment.		II. Patients admitted after previous advice or treatment at another hospital providing operative but not radiation treatment.				III. Patients admitted without previous advice or treatment at another hospital.		
	(a) Nos. treated at that hospital.		(a) Nos. referred for advice and/or treatment to a hospital providing radiation treat- ment.		(a) Nos. retained in Council's hospital.		(a) Nos. retained in Council's hospital.		(b) Numbers referred for advice and/or treatment to
Uterus ... ..	8	—	—	—	—	—	25	1	—
Tongue and Mouth ... ..	9	—	—	—	—	—	14	—	—
Breast ... ..	3	—	—	—	—	—	37	—	1
Lip ... ..	3	—	—	—	—	—	2	—	—
Skin ... ..	1	—	—	—	—	—	5	—	1
Larynx ... ..	1	—	—	—	—	—	4	—	—
Bladder ... ..	1	—	—	—	—	—	17	—	—
Rectum ... ..	5	—	—	—	—	—	30	—	2
Other Sites ... ..	25	1	—	—	1	—	207	5	1
TOTAL ... ..	56	1	—	—	1	—	341	6	5
GRAND TOTALS ... ..	57		13				352		



*Out-Patient Treatment.*

The only organised out-patient department attached to a Public Assistance Hospital is at the Kingston and District Hospital, where the following facilities are available :—

1. emergency treatment—sudden illness or accident ;
2. continuation treatment—dressings, massage, electrical treatment, etc. ;
3. mental treatment clinic—established under the Mental Treatment Act, 1930 ;
4. ante-natal clinic ;
5. ophthalmic clinic.

The work undertaken in this out-patient department has developed considerably. The number of patients seen increased by 568 and the attendances made from 17,083 to 19,567.

The work of the ante-natal clinic continues to increase at a very rapid rate. The number of women seen rose from 854 in 1935 to 943 and the number of attendances made from 4,623 to 5,420, or an increase of nearly 17 per cent.

A summary of the work done in the Kingston Hospital Out-Patient Department during the year as compared with 1935 is given below :—

	1935.	1936.
Number of persons seen .. .. .	3,707	4,275
Number subsequently admitted as in-patients .. ..	360	226
Number who had received in-patient treatment .. ..	372	356
Total number of attendances .. .. .	17,083	19,567
Ante-natal clinic :—		
Number of women seen .. .. .	854	943
Total number of attendances .. .. .	4,623	5,420

*Diseases of In-Patients who Died or who were Discharged.*

Tables giving the classification of the diseases of patients who died or were discharged from County Hospitals during the year appear on pages 64A and 64B.

## PUBLIC ASSISTANCE AND PUBLIC HEALTH HOSPITALS.

## DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1936.

DISEASE GROUP.		BLECHINGLEY.				DORKING.				EPSOM.				FARNHAM.				GUILDFORD.				Disease Group.
		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		
		Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	
A	Acute infectious disease	—	—	—	1	1	—	—	—	32	3	28	6	19	1	3	—	47	2	13	2	A
B	Influenza	—	—	—	1	—	—	2	—	—	—	32	—	—	—	14	4	—	—	15	—	B
C	Tuberculosis :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(i.) Pulmonary	—	—	3	1	—	—	5	4	2	—	43	28	—	—	39	10	—	—	14	13	C (i.)
	(ii.) Non-Pulmonary	—	—	—	—	—	—	—	—	2	5	6	1	—	1	1	—	—	—	1	1	C (ii.)
D	Malignant disease	—	—	2	5	—	—	12	11	—	—	12	57	—	—	4	31	—	—	35	33	D
E	Rheumatism :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(i.) Acute rheumatism (rheumatic fever, together with sub-acute rheumatism and chorea	—	—	1	—	—	—	3	—	4	—	6	—	2	—	14	—	6	—	6	—	E (i.)
	(ii.) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	2	—	—	—	7	1	—	—	40	—	—	—	2	—	—	—	9	—	E (ii.)
	(iii.) Chronic arthritis	—	—	1	—	—	—	1	—	—	—	16	2	—	—	4	—	—	—	12	—	E (iii.)
F	Veneral disease	—	—	—	—	—	—	—	—	2	—	6	—	1	—	2	—	—	—	2	—	F
G	Puerperal pyrexia	—	—	—	—	—	—	—	—	—	—	6	—	—	—	2	—	—	—	12	—	G
H	Puerperal fever :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(i.) Women confined in the hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	H (i.)
	(ii.) Admitted from outside	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	7	1	H (ii.)
I	Other diseases and accidents connected with pregnancy and child-birth	—	—	—	—	—	—	13	—	—	16	87	2	—	—	37	—	—	—	47	—	I
J	Mental diseases :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(i.) Senile dementia	—	—	4	—	—	—	2	2	—	—	52	32	—	—	2	—	—	—	10	8	J (i.)
	(ii.) Other	—	—	2	—	—	—	18	2	—	—	167	2	—	—	14	—	—	—	15	—	J (ii.)
K	Senile decay	—	—	27	14	—	—	29	43	—	—	20	1	—	—	14	6	—	—	22	76	K
L	Accidental injury and violence	1	—	1	—	—	—	12	—	27	3	59	6	15	1	64	10	—	—	54	12	L
In respect of cases not included above.																						
M	Diseases of the nervous system and sense organs	—	—	11	—	—	—	28	4	8	1	82	3	7	2	42	48	—	—	79	36	M
N	" " respiratory system	—	—	4	1	9	—	41	13	78	6	138	43	26	4	56	19	15	4	104	33	N
O	" " circulatory system	—	—	8	8	—	—	10	8	—	4	66	106	1	—	30	40	—	—	77	13	O
P	" " digestive system	1	—	3	—	1	5	10	—	32	5	69	26	8	—	76	13	3	—	95	3	P
Q	" " genito-urinary system	—	—	1	—	—	—	10	3	14	—	47	20	1	—	20	8	12	—	74	14	Q
R	" " skin	2	—	1	—	4	1	33	2	54	—	71	2	36	—	36	—	20	—	14	—	R
S	Other diseases	—	—	—	—	11	1	15	10	13	—	40	2	3	5	15	—	68	8	—	—	S
T	Mothers and infants discharged from maternity wards and not included in above figures :—	—	—	21	—	—	—	9	—	—	—	528	—	—	—	153	—	—	—	176	—	T (i.)
	(i.) Mothers	18	—	—	—	9	—	—	—	477	—	—	—	143	—	—	—	168	—	—	—	T (ii.)
	(ii.) Infants	—	—	—	—	—	—	—	—	—	—	—	—	30	—	—	—	—	—	—	—	U
U	Any persons not falling under any of the above headings	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS		22	—	92	31	35	7	261	103	745	43	1621	339	292	14	645	190	339	14	893	245	





## PUBLIC ASSISTANCE AND PUBLIC HEALTH HOSPITALS.

## DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1936.

DISEASE GROUP.	HAMBLEDON.				KINGSTON HOSPITAL.				KINGSTON INSTITUTION		REIGATE.				RICHMOND.				TOTALS.				Disease Group.
	CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		
	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	Dis- charged.	Died.	
A Acute infectious disease ... ..	9	—	3	—	35	2	11	3	—	—	36	5	25	2	8	—	6	5	187	13	89	19	A
B Influenza ... ..	—	—	3	—	—	—	8	—	—	—	—	—	1	3	—	—	7	—	—	—	82	8	B
C Tuberculosis:—																							
(i.) Pulmonary ... ..	—	—	6	—	2	1	71	37	—	—	3	—	64	34	—	—	7	2	7	1	252	129	C (i.)
(ii.) Non-Pulmonary ... ..	—	—	—	—	4	4	4	4	—	—	—	3	2	—	—	1	1	—	6	14	15	6	C (ii.)
D Malignant disease ... ..	—	—	6	—	—	—	50	94	—	2	—	—	16	27	—	—	4	41	—	—	135	307	D
E Rheumatism:—																							
(i.) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea ... ..	—	—	3	—	8	—	29	—	—	—	3	—	8	—	4	—	3	1	27	—	64	1	E (i.)
(ii.) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica) ... ..	—	—	1	—	2	—	24	1	2	—	—	—	—	—	—	—	6	—	2	—	93	2	E (ii.)
(iii.) Chronic arthritis ... ..	—	—	4	1	—	1	34	3	—	—	—	—	—	—	—	—	19	2	—	1	91	8	E (iii.)
F Venereal disease ... ..	—	—	—	—	—	—	3	—	—	—	—	—	3	—	—	—	—	—	3	—	16	—	F
G Puerperal pyrexia ... ..	—	—	—	—	—	—	19	—	—	—	—	—	1	1	—	—	4	—	—	—	35	1	G
H Puerperal fever:—																							
(i.) Women confined in the hospital ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	H (i.)
(ii.) Admitted from outside ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	2	H (ii.)
I Other diseases and accidents connected with pregnancy and child-birth ... ..	—	1	1	—	14	34	443	8	1	—	14	7	76	—	—	—	46	—	28	58	751	10	I
J Mental diseases:—																							
(i.) Senile dementia ... ..	—	—	2	—	—	—	107	7	5	—	—	—	15	6	—	—	18	9	—	—	215	66	J (i.)
(ii.) Other ... ..	—	—	13	—	—	—	243	2	2	—	—	—	59	2	1	—	65	—	11	—	298	8	J (ii.)
K Senile decay ... ..	—	—	9	6	—	—	46	39	44	14	—	—	28	26	—	—	21	54	—	—	250	279	K
L Accidental injury and violence ... ..	—	—	7	—	78	5	381	65	8	—	6	—	43	3	7	—	41	16	134	9	670	112	L
<i>In respect of cases not included above.</i>																							
M Disease of the nervous system and sense organs ... ..	1	—	2	—	86	10	72	18	6	2	8	—	39	14	9	—	65	41	119	13	426	166	M
N " " respiratory system ... ..	1	—	6	3	58	10	201	87	10	13	8	1	36	6	13	—	40	15	208	25	636	233	N
O " " circulatory system ... ..	—	—	18	6	10	3	203	160	14	15	2	—	39	42	—	—	47	55	13	7	503	453	O
P " " digestive system ... ..	1	1	3	—	123	9	381	49	1	—	29	—	66	6	6	1	30	2	204	21	744	99	P
Q " " genito-urinary system ... ..	—	—	2	1	45	1	244	43	—	—	2	—	20	14	1	—	28	12	75	1	446	115	Q
R " " skin ... ..	5	—	10	—	75	3	74	4	4	—	15	—	21	—	7	—	24	1	218	4	288	9	R
S Other diseases ... ..	6	2	23	4	54	—	65	3	3	—	54	—	97	10	20	2	31	7	229	18	289	36	S
T Mothers and infants discharged from maternity wards and not included in above figures:—																							
(i.) Mothers ... ..	—	—	14	—	—	—	726	—	—	—	—	—	164	—	—	—	92	—	—	—	1883	—	T (i.)
(ii.) Infants ... ..	13	—	—	—	748	—	—	—	—	—	180	—	—	—	101	—	—	—	1857	—	—	—	T (ii.)
U Any persons not falling under any of the above headings	7	—	—	—	—	—	—	—	—	—	8	—	15	—	7	—	2	1	82	—	17	1	U
TOTALS ... ..	43	4	128	29	1352	83	3421	627	100	46	368	16	830	196	184	4	607	264	3380	185	8598	2070	





## (c) MEDICAL AND NURSING STAFFS OF PUBLIC ASSISTANCE AND PUBLIC HEALTH HOSPITALS.

The numbers and designations of the medical and nursing staffs at the end of 1936 were as follows :—

Designation.	Dorking	Effingham Lodge	Epsom.	Farnham.	Guildford.	Hambleton.	Kingston Inst.	Kingston & D.H.	Redhill.	Richmond.
Medical Superintendent ... ..	—	—	—	—	—	—	—	1	1	—
Medical Officer (Non-Resident) ... ..	—	—	—	—	1	—	—	—	—	—
Medical Officer (part-time) ... ..	1	—	1	1	—	1	—	—	1	1
Surgeon (Resident) ... ..	—	—	—	—	—	—	—	1	—	—
Obstetrician (Resident) ... ..	—	—	—	—	—	—	—	1	—	—
Assistant Medical Officer (part-time) ... ..	—	—	1	2	—	—	—	—	—	1
Assistant Medical Officer (Resident) ... ..	1	—	1	—	1	—	—	3	1	1
Visiting Aural Surgeon ... ..	—	—	—	—	—	—	—	1	—	—
Visiting Obstetrician ... ..	—	—	—	—	1	—	—	1	1	—
Visiting Ophthalmic Surgeon ... ..	—	—	—	—	—	—	—	1	—	—
Visiting Orthopaedic Surgeon ... ..	—	—	—	—	—	—	—	1	—	—
Visiting Physician ... ..	—	—	—	—	—	—	—	1	—	—
Visiting Physician at Mental Treatment Clinic (part-time) ... ..	—	—	—	—	—	—	—	1	—	—
Visiting Radiologist ... ..	—	—	—	1	1	—	—	1	—	—
Visiting Surgeon ... ..	—	—	—	1	1	—	—	1	1	1
				(Hon.)						
Visiting Tuberculosis Officer ... ..	—	—	1	1	—	—	—	1	1	1
Matron ... ..	1	1	1	1	1	1	—	1	1	—
Assistant Matron ... ..	1	1	1	—	1	—	—	2	1	—
Superintendent Nurse ... ..	—	—	—	—	—	—	—	—	—	1
Assistant Superintendent Nurse ... ..	—	—	—	1	—	—	—	—	—	—
Head Nurse or Sister-in-Charge ... ..	2	—	—	—	—	1	1	—	—	—
Sister Tutor ... ..	—	—	1	—	1	—	—	1	—	—
Home Sister ... ..	—	—	1	—	—	—	—	1	1	—
Sister Housekeeper ... ..	—	—	—	—	—	—	—	1	—	—
Night Superintendent ... ..	—	—	—	—	—	—	—	1	—	—
Night Sister ... ..	1	—	2	1	1	—	1	2	1	1
Departmental Sister ... ..	—	—	1	—	1	—	—	4	1	—
Ward Sister ... ..	3	—	7	5	5	5	1	11	9	5
Staff Nurse (General) ... ..	8	—	14	3	6	—	—	24	13	1
Do. (Maternity) ... ..	2	—	2	2	3	—	—	6	2	2
Do. (Mental) ... ..	—	—	3	—	—	—	—	6	—	—
Senior Assistant Nurse ... ..	1	—	—	—	—	—	4	—	6	—
Assistant Nurse ... ..	18	7	5	7	8	9	13	—	28	26
Assistant Nurse (Mental) ... ..	—	—	—	—	—	—	—	7	1	—
Pupil Midwife ... ..	—	—	—	—	—	—	—	17	—	—
Housekeeping Pupil ... ..	—	—	—	—	—	—	—	2	—	—
Probationer ... ..	—	—	38	19	36	—	—	75	—	—
Male Nurse (Uncertificated) ... ..	5	—	—	—	—	—	—	—	6	6
Do. (Mental) ... ..	—	—	1	—	—	—	—	4	1	—
Male Attendant ... ..	4	—	—	—	3	—	—	—	—	6
Female Attendant ... ..	5	—	—	—	—	—	—	—	—	1
Masseuse (part-time) ... ..	—	—	—	1	—	—	—	2	—	1
Radiographer (part-time) ... ..	—	—	—	—	—	—	—	2	1	—
Dispenser ... ..	—	—	1	—	1	—	—	2	1	—

## (d) ADAPTATIONS, ETC.

The following works were either completed, in process of being carried out or still under consideration at the end of the year.

*Dorking.*

Preparation of schemes for the utilisation of the whole of the buildings for hospital purposes, erection of new mortuary and new nurses home.

Installation of additional kitchen equipment.

Completion of scheme for the centralisation of the heating and hot water services.

*Epsom.*

Completion of new central store.

Preparation of plans for new nurses' homes.

Preparation of layout plan for the future development of the hospital.

Installation of ward refrigerators.

Preparation of scheme for fire protection.

Purchase of Ewell Park as annexe of 66 beds.

*Effingham.*

Installation of new refrigerator.

*Farnham.*

Erection of new porter's lodge.

Modernisation and extension of mortuary.



*Guildford.*

- Completion of extension to the nurses' home.
- Erection of isolation and mental observation blocks.
- Preparation of scheme for centralisation of engineering services.
- Preparation of scheme to provide better accommodation for operating and X-ray departments.

*Hambledon.*

- Adaptation of "house" accommodation for hospital purposes (29 beds).
- Preparation of scheme for new nurses' home and isolation accommodation.
- Preparation of scheme for extension of sewage disposal system.

*Kingston.*

- Preparation of scheme for the improvement, alteration and extension of the hospital (details given in last report).
- Completion of electrical rewiring in the main hospital blocks.
- Installation of two additional electric lifts.
- Purchase of No. 20, Wolverton Avenue for accommodating nursing staff.
- Acquisition on lease of old Surbiton Hospital as annexe to the hospital.
- Provision of better accommodation for ante-natal clinic.
- Improvement of water main supply.
- Installation of ward refrigerators.

*Redhill.*

- Completion of scheme for the alteration and extension of the hospital.
- Approval of supplementary works as follows :—
  - (a) erection of Medical Superintendent's house.
  - (b) erection of Steward's house.
  - (c) extension of administration block.
  - (d) alterations to porter's lodge, etc.
  - (e) enclosing portion of covered way.
  - (f) adaptation of "old infirm block."
  - (g) erection of new mortuary.

*Richmond.*

- Adaptation of further accommodation for 20 hospital patients.
- Provision of accommodation for resident assistant medical officer.
- Improvement of engineering service.

*(e) HOME NURSING.*

A scheme for the Home Nursing of Public Assistance Cases was formulated during 1933 and came into operation on 1st November of that year. Briefly the scheme applies to the following classes of patients :—

1. destitute cases recommended for home nursing by the District Medical Officer ;
2. patients recommended for hospital treatment (by the District Medical Officer or private practitioner) who are, in the opinion of the doctor in attendance, suitable for treatment at home if the home conditions are satisfactory and adequate medicine, treatment and supervision, together with skilled nursing, are made available in the home ;
3. patients in Public Assistance Hospitals who are, in the opinion of the Medical Officer, suitable for treatment at home if the home conditions are satisfactory, and adequate medicine, treatment and supervision, together with skilled nursing, are made available in the home.

During 1936 the scheme included 105 nursing associations affiliated to the Surrey County Nursing Association and 16 non-affiliated Associations. Grants were made to the Associations on the basis of one shilling for each approved visit under the scheme with a minimum payment of one guinea for each nurse employed by the Association.

Under the scheme 12,466 visits were made during the year ended 31st December, 1936, by the 121 associations, as compared with 11,904 visits during the previous year.

**II. Voluntary Hospitals.**

There was an increase during the year of 109 beds in the voluntary hospital accommodation ; the total accommodation at the end of 1936 being 1,457 as compared with 1,348 at the end of the previous year. New hospitals were opened at Surbiton and Molesey to accommodate respectively 62 and 29 patients and extensions at the Royal Surrey County Hospital, Guildford (32 beds) and at Haslemere Hospital (12 beds) were ready for occupation during the year.

The Surrey Voluntary Hospitals Consultative Committee met to consider the increases in maternity accommodation at the County Hospitals at Redhill and Kingston, the acquisition of the

Old Surbiton Hospital to provide accommodation for chronic sick male patients and the appropriation to the Public Health Committee of The Lodge, Effingham, and the County Hospitals at Dorking and Redhill.

### III. Infectious Diseases Hospitals.

Reference to the accommodation available in Infectious Diseases Hospitals in the County is made in the section on infectious diseases on page 65.

### IV. Mental Hospitals and Mental Deficiency Institutions.

There was no extension of the accommodation in the Council's Mental Hospitals during 1936. The distribution of beds is as follows :—

Hospital	No. of Beds.		
	Male.	Female.	Totals.
Brookwood ... ..	663	943	1,606
Netherne ... ..	590	890	1,480
TOTALS ... ..	1,253	1,833	3,086

The accommodation for certified cases of mental deficiency increased by 78 beds, the additional accommodation being provided mainly at Clerk's Croft. The accommodation available at the end of the year is given below :—

Hospital.	No. of Beds.		
	Males.	Females and Children.	Totals.
Clerk's Croft, Blechingley ... ..	168	—	168
Botleys Park, Chertsey ... ..	109	300	409
TOTALS ... ..	277	300	577

Work on the new Colony at Botleys Park began towards the end of 1935 and is progressing steadily. The Colony will ultimately house 1,500 inmates; of these 1,200 will be accommodated in the first section of the Colony which is now in course of erection. It is hoped that the first section of 1,200 beds will be available for occupation by the end of 1937.



## AMBULANCE SERVICES.

Particulars are given below of the ambulance services operating in the County at the end of the year.

(i) Ambulances provided by Local Sanitary Authorities available for Accident Cases and Cases of a Non-Infectious Character.

Name of Authority.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Barnes M.B. ... ..	1	Barnes Borough Council Depot, High Street, Mortlake	Prospect 2201.
Beddington & Wallington U.D. ... ..	2	The Grove, Carshalton ... ..	Wallington 1620.
Carshalton U.D. ... ..		Fire Station, Purley ... ..	Purley 2222.
Coulsdon & Purley U.D. ... ..	1	The Green Service Station, The Causeway, Egham	Staines 303.
Egham U.D. ... ..	2	Fire Station, Church Street, Epsom ... ..	Epsom 600.
Epsom & Ewell U.D. ... ..	2	Fire Station, Esher ... ..	Esher 100.
Esher U.D. ... ..	1	Fire Station, Haslemere ... ..	Haslemere 291.
Haslemere U.D. ... ..	1	Kingston Guildhall (temporarily) ... ..	Kingston 0794.
Kingston-upon-Thames M.B. ... ..	1	Fire Station, Mitcham ... ..	Mitcham 2222.
Mitcham M.B. ... ..	1	Fire Station, Kingston Road, Merton ... ..	Liberty 2222.
Merton & Morden U.D. ... ..	1	Fire Station, Redhill ... ..	Redhill 100.
Reigate M.B. ... ..	1	Fire Station, Kew Road, Richmond ... ..	Richmond 2222.
Richmond M.B. ... ..	1	Fire Station, Surbiton ... ..	Elmbridge 6441.
Surbiton U.D. ... ..	1	Fire Station, Throwley Road, Sutton ... ..	Sutton 82.
Sutton & Cheam M.B. ... ..	1	Fire Station, New Malden ... ..	Malden 2222.
The Maldens & Coombe U.D. ... ..	1	Council Offices, Walton-on-Thames ... ..	Walton 873.
Walton and Weybridge U.D. ... ..	1	Fire Station, Wimbledon ... ..	Wimbledon 0100.
Wimbledon M.B. ... ..	1		

(ii) Ambulances available for Cases of Infectious Diseases.

Name of Authority.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Barnes M.B. ... ..	2	Barnes Isolation Hospital, Mortlake, S.W.14 ... ..	Prospect 5467.
Dorking U.D. ... ..	1	Dorking Isolation Hospital, Westcott ... ..	Westcott 19.
Egham U.D. ... ..	1	Egham Isolation Hospital, Englefield Green ... ..	Egham 136.
Farnham U.D. ... ..	1	Farnham Isolation Hospital, Farnham ... ..	Farnham 15.
Kingston-upon-Thames M.B. ... ..	1	Disinfecting Station, Villiers Road, Kingston ... ..	—
Wimbledon M.B. ... ..	2	Wimbledon Isolation Hospital, Wimbledon ... ..	Wimbledon 1324.
Godstone R.D. ... ..	2	Godstone Isolation Hospital, Blechingley ... ..	Blechingley 15.
Cuddington Isolation Hospital Board	2	Cuddington Isolation Hospital, Banstead ... ..	Sutton 48.
Ottershaw Isolation Hospital Board	1	Ottershaw Isolation Hospital, Chertsey ... ..	Ottershaw 30.
Reigate Joint Hospital Board	1	Reigate, Isolation Hospital, Redhill ... ..	Redhill 115.
South Middlesex & Richmond Joint Hospital Board	3	Mogden Isolation Hospital, Isleworth, and Fire Station, Queen's Road, Twickenham ... ..	Popesgrove 1669.
Tolworth Isolation Hospital Board	1	Tolworth Isolation Hospital, Red Lion Road, Surbiton ... ..	Popesgrove 2222.
Wandle Valley Joint Hospital Board	2	Wandle Valley Isolation Hospital, Beddington Corner, Carshalton ... ..	Elmbridge 1969.
Woodbridge Joint Hospital Board	2	Woodbridge Isolation Hospital, Guildford ... ..	Mitcham 0824.
			Guildford 61.

(iii) Ambulances provided by Voluntary Associations available for Cases of a Non-Infectious Character.

Name of Association.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
St. John Ambulance Brigade.			
Caterham ... ..	1	Timber's Hill Road, Caterham ... ..	Caterham 144.
Bagshot ... ..	1	Grove's Garage, Jenkin Hill, Bagshot ... ..	Bagshot 72.
Chertsey ... ..	1	72, Station Road, Chertsey ... ..	Chertsey 3268.
Dorking and Horley (Eastern)	2	Auto Services, Massetts Grove, Horley ... ..	Horley 76.
Cobham ... ..	1	Cobham Motor Works, Cobham ... ..	Cobham 13.
Farnham ... ..	1	42, Downing Street, Farnham ... ..	Farnham 237 and 371.
Guildford ... ..	3	Woodbridge Road, Guildford ... ..	Guildford 633.
Reigate ... ..	2	109a, Nutley Lane, Reigate ... ..	Reigate 579.
Cranleigh ... ..	1	High Street, Cranleigh ... ..	Cranleigh 23.
British Red Cross Society.			
*Leatherhead ... ..	1	Karn Bros. Garage, Kingston Road, Leatherhead ... ..	Leatherhead 131.
Frimley ... ..	1	9, High Street, Camberley ... ..	Camberley 34.
Godalming ... ..	1	14, Church Street, Godalming ... ..	Godalming 609.
Cheam ... ..	1	Malden Road, Worcester Park ... ..	Malden 1737.
Wimbledon ... ..	1	29, High Street, Wimbledon Common ... ..	Wimbledon 4567.
Woking ... ..	1	Boundary Road, Woking ... ..	Woking 1276.
Other Voluntary Associations.			
Weybridge Hospital ... ..	1	Weybridge Hospital, Church Street, Weybridge ... ..	Weybridge 209.
Dorking & District Ambulance Committee	1	May's Garage, Dorking ... ..	Dorking 2239.
Home Service Committee ... ..	1	Fire Station, Oxted ... ..	Oxted 520

\* Owned by Leatherhead Urban District Council, but staffed by British Red Cross Society.



## (iv) Ambulances provided by Private Contractors available for Cases of a Non-Infectious Character.

	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Egham ... ..	1	T. Crimble, Kingston Road, Staines ... ..	Staines 1143.
Sutton ... ..	1	Wm. Leeding & Sons, Ltd., High Street, Sutton	Sutton 2516.

## (v) Ambulances provided by the Surrey County Council.

	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Public Assistance Committee...	3	Kingston and District Hospital, Kingston-on-Thames	Kingston 4966.
	1	Sharrard House, Woking ... ..	Woking 1695.
Public Health Committee ...	1	County Sanatorium, Milford, Godalming ...	Godalming 870.

## PUBLIC ASSISTANCE MEDICAL OUT-RELIEF.

The scheme for the reorganisation of medical out-relief districts came into operation on the 1st October, 1934, and is due for revision in 1937. The only alterations which have taken place during the year under review are the replacement of District Medical Officers who have retired on superannuation.

Particulars of the work carried out by the District Medical Officers during 1936 are given below :—

Area.	Average number of home visits per week.	Average number of visits made to surgery per week.	Totals.
North-Eastern ... ..	102	72	174
Mid-Eastern ... ..	87	96	183
South-Eastern ... ..	65	29	94
North-Western ... ..	55	28	83
South-Western ... ..	94	41	135
TOTALS ... ..	403	266	669

## INFECTIOUS DISEASES.

## 1. HOSPITAL PROVISION.

The total available accommodation for the reception of cases of infectious disease at the end of the year was 887 which constitutes a net increase of 22 beds over the previous year. A further 40 beds have been provided at the Tolworth Isolation Hospital. The use of the Molesey Isolation Hospital (18 beds) has been discontinued as such and the buildings are now used as a voluntary general hospital.

Extensions to accommodation are proceeding at Wandle Valley (60 beds), Ottershaw (44 beds), Cuddington (34 beds), and at Farnham (16 beds). It is expected that the majority of these extensions will be completed during 1937.

The scheme for the provision of adequate hospital accommodation in the County for the reception of cases of infectious disease other than tuberculosis, prepared by the County Council under Section 63 of the Local Government Act, 1929 has been submitted for the approval of the Minister of Health.

## 2. SMALLPOX.

The County Hospital at Clandon (37 beds) serves the whole of the Administrative County and also the County Borough of Croydon by agreement. During the year no cases of smallpox occurred in the County.

## 3. INCIDENCE OF INFECTIOUS DISEASES.

An indication of the occurrence of infectious diseases notified in the Administrative County during 1936 is shown in the following table, which gives the number of cases notified and the attack rate for each disease :—



Diseases.	1935	
	Number of cases notified.	Attack-rate per 1,000 population.
Smallpox ... ..	—	—
Cholera ... ..	—	—
Diphtheria ... ..	775	0.69
Erysipelas ... ..	297	0.26
Scarlet fever ... ..	2,599	2.31
Typhus fever ... ..	—	—
Enteric fever ... ..	96	0.09
Continued fever ... ..	1	0.001
*Puerperal fever ... ..	34	2.17
*Puerperal pyrexia... ..	137	8.74
Plague ... ..	—	—
Tuberculosis—Pulmonary ... ..	767	0.68
Non-pulmonary ... ..	172	0.15
Cerebro-Spinal fever ... ..	18	0.002
Acute Poliomyelitis ... ..	4	0.0004
*Ophthalmia neonatorum ... ..	35	—
Acute Polio-Encephalitis ... ..	1	0.0001
Encephalitis Lethargica ... ..	6	0.0005
Malaria ... ..	3	0.0003
Dysentery ... ..	63	0.06
Pneumonia ... ..	755	0.67

\*Rate per 1000 births.

#### PUBLIC VACCINATION.

The County Council is responsible for the administration of the Vaccination Acts in the whole of the Administrative County of Surrey.

A return respecting the vaccination of children whose births were registered during the year ended 31st December, 1935, is given in the table on page 68.

It should be noted that the information given in this statement shows the state of vaccination on the 31st January, 1937, of children born in 1935.

A summary of the return with the corresponding figures for the previous year is given below:—

	1935.		1934.
Successfully vaccinated .. ..	6,645	.. .. .	6,108
Insusceptible to vaccination .. ..	51	.. .. .	33
Had Smallpox .. ..	—	.. .. .	—
Statutory declarations of conscientious objection .. ..	5,456	.. .. .	4,909
Died unvaccinated .. ..	384	.. .. .	377
Still postponed by medical certificates .. ..	73	.. .. .	86
Removals to other districts .. ..	321	.. .. .	584
Removals to places unknown, etc. .. ..	412	.. .. .	328
Otherwise unaccounted for .. ..	181	.. .. .	174
	<u>13,523</u>		<u>12,599</u>

In the following table the numbers of children vaccinated and unvaccinated are given, and these numbers are also expressed as percentages of the total children born in 1935. A comparison is made with similar figures and percentages for the previous year:—

	Surrey.			
	Children born in 1935.		Children born in 1934.	
	Number.	% of total births.	Number.	% of total births.
Successfully vaccinated or insusceptible to vaccination ... ..	6,696	49.52	6,141	48.74
Unvaccinated:—				
(i) Statutory declarations or deaths ...	5,840	43.18	5,286	41.96
(ii) Postponements, removals, etc. ...	987	7.30	1,172	9.30
Total Births ... ..	13,523	100.00	12,599	100.00

Information regarding the number of successful vaccinations and re-vaccinations carried out during 1936 is shown in the following table :—

Area.	Successful Vaccinations.		Totals.	Successful Re-vaccinations.
	Under 1 year.	1 Year and upwards.		
North-Eastern Area ...	1,138	67	1,205	83
Mid-Eastern Area ...	1,792	115	1,907	91
South-Eastern Area ...	2,164	211	2,375	286
North-Western Area ...	614	72	686	183
South-Western Area ...	687	41	728	31
TOTALS ...	6,395	506	6,901	674



VACCINAL STATE ON 31st JANUARY, 1937, OF INFANTS BORN DURING 1935.

Area.	Population Census, 1931.	Number of Births registered from 1st January to 31st December, 1935.	Number of these Births duly entered by 31st January, 1937, in Vaccination Register, viz. :—				Number of these Births which on 31st January, 1937, remained unentered in the Vaccination Register on account of :—				Number of these Births remaining on 31st January, 1937, neither duly entered in the Vaccination Register nor temporarily accounted for in the Report Book.	Total number of Certificates of successful Primary Vaccination of Children under 14 received during the calendar year 1936.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer during the calendar year 1936.
			Successfully Vaccinated.	Insusceptible to vaccination.	Had Small Pox.	Statutory Declarations of conscientious objection.	Died unvaccinated.	Post- ponement by Medical Certificate.	Removals to other Districts.	Removal to places unknown or which cannot be reached, and cases not having been found.			
North-Eastern Area	266,991	2,342	1,234	3	—	906	76	29	46	60	12	1,499	801
Mid-Eastern Area	311,619	5,917	2,975	21	—	2,246	165	29	159	218	104	3,821	2,306
South-Eastern Area	115,876	1,594	633	3	—	813	41	3	38	41	22	757	798
North-Western Area	123,454	1,851	913	14	—	697	41	26	54	69	37	1,026	603
South-Western Area	129,830	1,819	890	10	—	794	61	10	24	24	6	1,077	841
TOTALS	947,770	13,523	6,645	51	—	5,456	384	73	321	412	181	8,180	5,349

## DISTRICT MEDICAL OFFICERS OF HEALTH

The scheme prepared by the County Council under Section 58 of the Local Government Act, 1929, for securing that in future every County District shall, either in combination with other districts or otherwise, have the services of a medical officer of health who, by the terms of his appointment, is restricted from engaging in private practice, was submitted to the Minister of Health in 1934.

Particulars as to how far this scheme had been put into operation were given in the report for that year and no changes have occurred during 1936.

A list of the District Medical Officers of Health of the various County Districts appears on page .

## VENEREAL DISEASES.

There has been no change during the year in the scheme for the treatment of Venereal Diseases.

The arrangements under the scheme provide for the free diagnosis and treatment of these diseases :—

- (i) at hospitals under the London and Home Counties Scheme ;
- (ii) at clinics established at the Royal Surrey County Hospital, Guildford, and the East Surrey Hospital, Redhill.

The latter clinics are staffed by assistant medical officers of the County Council.

In order that facilities for treatment may be available to all persons suffering from these infections, provision is made for enabling any medical practitioner to obtain at the cost of the County Council a bacteriological report on suspected material and for approved medical practitioners to be supplied with arseno-benzene preparations free of charge.

The bacteriological work is done at a number of the large voluntary hospitals in London, but as far as Surrey work is concerned, principally at St. Thomas's Hospital. Approved medical practitioners may apply to St. Thomas's Hospital for a free issue of the arseno-benzene drugs.

## 1. THE LONDON AND HOME COUNTIES SCHEME.

The Surrey County Council is a member of this scheme, and extensive use is made by Surrey patients of the excellent facilities provided at the London hospitals approved within the scheme.

The County Councils of London, Bucks, Essex, Herts, Kent, Middlesex and Surrey, and the County Borough Councils of Croydon, East Ham and West Ham have a joint agreement whereby the diagnosis and treatment of venereal diseases are provided at the out-patient departments of a considerable number of voluntary hospitals in London ; the agreement also provides for in-patient treatment at such hospitals where necessary.

The supervision of the arrangements is undertaken by the London County Council.

The facilities of the scheme are available to everybody in Surrey, but in the main they are accepted by residents in that part of the County contiguous to London. In necessitous cases patients residing in the County may have refunded to them the cost of travelling to the most convenient clinics or to clinics where specialised treatment is available.

The number of actual cases from Surrey dealt with under the Scheme shows a slight decrease compared with the previous year.

The number of Surrey patients who attended at the clinics for examination and who were diagnosed as not suffering from venereal disease continues to increase, and from the standpoint of prevention this can be considered satisfactory.

The following figures show the volume of work done during 1936 within the scheme as a whole and for Surrey in particular. The figures in brackets give the corresponding figures for the previous year :—

	Whole Scheme.		Surrey Cases.	
Syphilis ... ..	2,921	(3,930)	84	(115)
Gonorrhœa ... ..	10,043	(10,952)	293	(341)
Soft Chancre ... ..	296	(350)	5	(7)
Diagnosed as not suffering from Venereal Disease ... ..	12,817	(13,171)	633	(588)
Total... ..	26,077	(28,403)	1,015	(1,051)
<hr/>				
	Whole Scheme.		Surrey Cases.	
Total attendances of all patients ...	1,162,378	(1,138,492)	28,230	(28,320)
No. of in-patient days of treatment	57,342	(55,566)	1,796	(1,261)
No. of pathological examinations made :—				
(a) for or at centres ... ..	263,050	(255,403)	10,496	(9,522)
(b) for private medical practitioners	37,748	(38,354)	1,283	(2,305)

## 2. CLINICS SITUATED IN THE COUNTY.

These clinics are situated at the Royal Surrey County Hospital, Guildford, and the East Surrey Hospital, Redhill, and are conducted by five assistant medical officers.

Two sessions for males and one session for females are held every week at the Guildford Clinic, and the assistant medical officers are available at these times for consultation with medical practitioners, in addition to giving advice and treatment to persons attending the clinic. Intermediate treatment for males is available on every day of the week, and for females on three days in the week. The nursing staff at the female clinic is supplied by the hospital ; one whole-time and one part-time male orderly are employed in the male clinic.



At Redhill sessions for males and females are held once a week. Arrangements for intermediate treatment are available on Monday, Tuesday, Thursday and Friday evenings. The nursing staff for both male and female clinics is supplied by the hospital, two qualified nursing orderlies being employed in the male clinic, while the nursing attendance at the female clinic is supplied from the general out-patient staff of the hospital.

The attendances at the various Clinics are shown in the following table:—

	London Centres. (Surrey Patients)				Surrey Centres.							
	S.	S.C.	G.	O.	Guildford.				Redhill.			
	S.	S.C.	G.	O.	S.	S.C.	G.	O.	S.	S.C.	G.	O.
1. Number of persons, who on the 1st January, 1936, were under treatment	*	*	*	*	83	—	51	14	14	—	5	2
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	*	*	*	*	1	—	6	—	—	—	3	—
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under 4) ...	84	5	293	633	38	—	71	74	3	—	15	20
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other centres for the same infection ...	*	*	*	*	6	—	7	—	3	1	9	—
	*	*	*	*	128	—	135	88	20	—	32	22
5. Number of cases discharged after completion of treatment and final tests of cure ...	*	*	*	*	1	—	17	59	1	1	8	20
6. Number of cases which ceased to attend before completion of treatment and were on first attendance suffering from Syphilis, Soft Chancre and Gonorrhoea ...	*	*	*	*	6	—	23	—	3	—	1	—
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure ...	*	*	*	*	—	—	4	—	1	—	5	—
8. Number of cases transferred to other centres or to institutions or to care of private practitioners ...	*	*	*	*	14	—	20	6	4	—	5	1
9. Number of cases remaining under treatment or observation on 31st December, 1936 ...	*	*	*	*	107	—	71	23	11	—	13	1
	*	*	*	*	128	—	135	88	20	1	32	22
10. Number of cases of syphilis included in item 6 which failed to complete one course of treatment ...		*					1			1		
11. Out-patients' attendances—												
(a) For individual attention by the Medical Officer ...							2,446			467		
(b) For intermediate treatment, e.g., irrigation, dressings ...							1,635			615		
12. Number of doses of arseno-benzene compounds and other preparations given—												
(a) arseno-benzene compounds ...		*					871			113		
(b) bismuth ...		*					665			125		
13. Specimens from persons attending sent to approved laboratory—												
(a) Spirochaetes ...			38				3			2		
(b) Gonococci ...			5,404				277			68		
(c) Wassermann reaction ...			2,353				208			73		
(d) Others ...			2,701				105			50		
14. Number of in-patient days ...			1,796				—			—		

\*Figures not available.

S. Syphilis.

S.C. Soft Chancre.

G. Gonorrhoea

O. Conditions other than venereal.

The following table shows the number of Surrey patients dealt with at various Treatment Centres during 1936 :—

	S.C.C. Clinics.		Croydon Clinic.	Clinics under London and Home Counties Scheme.	St. Bart's Hospital.	Alder-shot Clinic.	Leeds Clinic.	Reading Clinic.	Rotherham Clinic.	Total.
	Guildford.	Redhill.								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<b>New Cases (Surrey).</b>										
Syphilis ... ..	31 (21)	3 (13)	26 (38)	84 (115)	3 (4)	2 (5)	— (—)	— (—)	— (—)	149 (196)
Soft Chancre ... ..	— (—)	— (—)	— (—)	5 (7)	— (—)	— (—)	— (—)	— (—)	— (—)	5 (7)
Gonorrhœa ... ..	66 (46)	15 (13)	62 (66)	293 (341)	5 (7)	— (5)	— (1)	5 (5)	— (1)	446 (485)
Conditions other than venereal ...	67 (63)	19 (32)	83 (76)	633 (588)	10 (10)	4 (2)	— (—)	1 (1)	— (—)	817 (772)
<b>Totals ... ..</b>	<b>164 (130)</b>	<b>37 (58)</b>	<b>171 (180)</b>	<b>1,015 (1,051)</b>	<b>18 (21)</b>	<b>6 (12)</b>	<b>— (1)</b>	<b>6 (6)</b>	<b>— (1)</b>	<b>1,417 (1,460)</b>
<b>All Cases (Surrey).</b>										
Total number of attendances ...	3,971 (3,032)	1,078 (1,075)	4,631 (3,859)	28,230 (28,320)	220 (184)	150 (84)	— (4)	129 (131)	6 (14)	38,415 (37,303)
Aggregate number of in-patient days	— (—)	— (—)	44 (63)	1,796 (1,261)	23 (—)	— (—)	— (—)	9 (5)	— (—)	1,872 (1,329)

The figures shown in brackets relate to the year 1935.

### 3. PROPAGANDA.

By the Public Health (Venereal Diseases) Regulations, 1916, Local Authorities are empowered to provide or to arrange for the provision of means of education and publicity in connection with their scheme of treatment.

The Public Health Committee has continued the practice of the Ministry of Health previous to the operation of the Local Government Act, 1929, of making annual grants on the basis of population to the British Social Hygiene Council towards expenditure on the dissemination of information on the subject of venereal diseases.

Advertisements showing the treatment facilities available have also been inserted throughout the year in the six County newspapers.

### MENTAL TREATMENT ACT, 1930.

The under-mentioned out-patient clinics have been established under the Mental Treatment Act, 1930 :—

Hospital.	Time.	Physician in Charge.
Brookwood ... ..	11 a.m. every Thursday	Dr. J. A. Lowry
Croydon General ...	10 a.m. „ Friday ...	Dr. Burnett Rae
Kingston & District	3 p.m. „ Monday ...	Dr. L. M. Webber
Netherne ... ..	2 p.m. „ Tuesday...	Dr. L. M. Webber

Two new classes of patients were created by the Mental Treatment Act, 1930, as follows :—

*Voluntary Patients.*—Patients who are admitted into an appropriate institution of their own volition.

*Temporary Patients.*—Non-Volitional patients admitted into an appropriate institution on the recommendation of medical practitioners.

These classes of patients are admitted into hospital without “certification” in the hope that they will recover in a comparatively short time.

The numbers of these patients admitted to the County Council's Mental Hospitals during 1936 were as follows :—

Hospital.	Voluntary.	Temporary.
Brookwood .. ..	53	6
Netherne .. ..	109	18
	162	24

The comparable figures for 1935 are 143 voluntary and 48 temporary patients.

### LABORATORY FACILITIES.

There has been no change in the laboratory facilities available in the County since the last report.



## BLIND WELFARE.

1. The Public Health Committee administers the scheme for the Welfare of the Blind made under the provisions of the Blind Persons Act, 1920. The present scheme was approved by the Council in April, 1934, and supersedes the first scheme made in January, 1922.

The Education, Public Health and Public Assistance Committees each have functions respecting blind persons and overlapping of the services provided by these Committees is avoided by the appointment of a Special Sub-Committee comprising representatives of the three Committees concerned. The Sub-Committee hold regular quarterly meetings to consider matters relating to the blind in which the parent Committees are interested and it makes recommendations to the appropriate Committees.

## 2. REGISTER.

During the year 209 additional blind persons were registered (including 40 removed into Surrey from other areas); 41 left the County; and 64 died. Seven names were removed from the register as the persons were either not blind, or untraceable; and there were 108 removals within the County.

At the end of the year the names of 1,045 blind persons were on the register compared with the following numbers in previous years, viz. :—

Year.	Number.	Year.	Number.
1925 .. .. .	523	1930 .. .. .	757
1926 .. .. .	657	1931 .. .. .	806
1927 .. .. .	649	1932 .. .. .	836
1928 .. .. .	744	1933 .. .. .	876
1929 .. .. .	711	1934 .. .. .	921
		1935 .. .. .	948

The classification of blind persons whose names were on the register at the end of the year was as follows :—

Under 16 years of age	..	..	..	..	..	19
Employed	..	..	..	..	..	188
Under training	..	..	..	..	..	17
Trained, but unemployed	..	..	..	..	..	2
Unemployable	..	..	..	..	..	819
						<u>1,045</u>

The ages and sexes of these 1,045 blind persons were as follows :—

Age Group.	1935		Total.
	M.	F.	
1—5	1	1	2
5—16	10	7	17
16—21	10	13	23
21—40	74	47	121
40—50	87	57	144
50—65	132	143	275
65—70...	57	59	116
Over 70	119	222	341
Unknown	1	5	6
Totals ...	491	554	1045

The following statement shows the numbers of blind persons employed :—

By Blind Organisations.						(c) All others not included in (a) and (b)			(d) Total Employed.		
(a) Workshops.			(b) Home Workers.			M.	F.	T.	M.	F.	T.
M.	F.	T.	M.	F.	T.						
7	11	18	49	18	67	96	7	103	152	36	188

## 3. EDUCATION AND TRAINING.

The education and training of all blind children under the age of 16 are undertaken by the Elementary Education Authorities in the County. The Surrey Higher Education Committee arranges for the training of persons over the age of 16. At the end of the year there were 17 blind persons undergoing training for the following occupations :—

Machine Knitting.  
Boot Repairing.  
Pianoforte Tuning.

Typewriting and Music.  
Typewriting and Shorthand.  
Secondary Education.  
Massage.



#### 4. HOME WORKERS.

The County Council continues to utilise the facilities offered by the Home Workers' Scheme of the National Institute for the Blind which extends over a large area south of the Thames. Under the scheme, which has been in existence for many years, suitably trained blind persons who have reached a high standard of proficiency, and who for various reasons cannot be employed in a workshop, are employed in their own homes under the supervision of the Home Industries Department of the Institute. A considerable proportion of the goods made by these Home Workers is disposed of by the Department, either at its depot at Reigate or at sales held during the year in various parts of the County. The blind workers are encouraged to secure orders for themselves as much as possible, and not to rely wholly on the marketing arrangements of the Department.

The Home Industries Department tenders for a number of the Council's requirements and has secured contracts for the supply of mats, brushes, etc. Wherever possible, preference is given to goods made by blind workers. In addition, the majority of school piano tunings in the County are undertaken by blind workers under the supervision of the Department.

The National Institute for the Blind receives from the County Council a grant of £20 per annum in respect of each approved Home Worker. The Council also augments the earnings of each Home Worker by a flat rate of 10s. weekly.

At the end of the year there were 67 Home Workers compared with 60 in 1935; 56 in 1934; 54 in 1933; 52 in 1932; 49 in 1931; and 42 in 1930. The figures quoted include a few blind persons who are recognised by the Council as Home Workers independently of the Scheme above referred to. These workers also receive from the Council 10s. weekly in augmentation of their earnings.

#### 5. WORKSHOP EMPLOYEES.

The County Council continues to pay a capitation grant at the rate of £40 per annum in respect of each blind person employed in a workshop in accordance with approved arrangements. There were 18 Surrey blind persons so employed at the end of the year. The wages of the workers are augmented by the Workshop Authorities by a weekly sum of 15s. each worker. The number of workshop employees varies only slightly from year to year.

#### 6. BOOKS FOR THE BLIND.

Arrangements are made by the Council with the National Library for the Blind for the loan of books and music in Braille and Moon embossed types for the use of Surrey blind persons. In respect of this service the County Council makes a grant to the Library at the rate of £1 per annum in respect of each registered blind reader. At the end of the year there were about 146 regular readers.

#### 7. UNEMPLOYABLE AND NECESSITOUS BLIND.

Arrangements for giving financial and other assistance to this class of blind person have been made by the Council with the Surrey Voluntary Association for the Blind. Under these arrangements the County Council bears (a) the full cost of weekly allowances to necessitous blind persons and (b) three-fourths of the administrative expenses of the Association. Such allowances are assessed and administered by a Special Sub-Committee (consisting of seven members of the County Council and six members of the Association) which meets once each quarter.

The number of weekly allowances being made at the end of 1936 was 284, involving an annual expenditure at the rate of £5,356. These figures compare with 236 allowances and a rate of expenditure of £3,620 as at the end of 1935.

The Association, out of its voluntary funds, augments the weekly allowances in special circumstances and, in addition, gives help to blind persons in numerous ways. It co-operates closely with the Public Assistance Committee of the Council with a view to preventing overlapping, and makes applications for pensions to various charities for the blind. It arranges for convalescent and other holidays where necessary and for the distribution of raw materials to pastime workers and assists in the disposal of finished articles. The voluntary funds raised by the Association for the year totalled £1,371.

#### 8. HOMES FOR THE BLIND.

The Council continues to make arrangements for the accommodation in Special Homes of Surrey blind residents who are without relatives or friends to take care of them. At the end of the year there were 38 adult blind persons accommodated in such Homes.

#### 9. EXAMINATION AND CERTIFICATION OF BLIND PERSONS.

The examination and certification of blind persons is carried out by the Council's whole-time ophthalmic specialist, assisted where necessary by a part-time specialist. During the year 209 examinations were made and 174 persons certified as blind within the meaning of the Act.

#### 10. SUPERVISION OF VOLUNTARY AGENCIES.

Where Surrey blind persons are employed or accommodated in Counties other than Surrey arrangements have been made with the appropriate County Council for the Home or Institution concerned to be periodically inspected.

#### 11. HOME TEACHING.

Visiting the blind in their own homes; teaching them to read and write by raised types and giving instruction in simple pastime handicrafts are systematically carried out by five whole-time Home Teachers employed on the established staff of the Council.



## MILK AND DAIRIES ACTS AND ORDERS.

The County Council is responsible for the inspection of all dairy cattle in Surrey and in this connection the Council's policy is to examine all cows belonging to persons producing milk for sale at least four times per year. For the purposes of carrying out these inspections there is a staff of whole-time veterinary surgeons consisting of a Chief Veterinary Officer and three Assistant Veterinary Officers, their centres being Kingston, Guildford, Reigate and Woking.

The following report upon the work done under the Milk and Dairies Acts and Orders has been prepared by Mr. E. Clark, M.R.C.V.S., D.V.S.M., Chief Veterinary Officer, who has included particulars of the animals slaughtered by order of the County Council under the Tuberculosis Order of 1925.

## MILK AND DAIRIES ORDER, 1926.

Under Part III of the above Order every Sanitary Authority is required to keep a register of all persons in its district carrying on the trade of cowkeeper and to furnish particulars of registration to the County Council. In addition, it must notify all alterations made to the register from time to time.

The number of persons registered as cowkeepers by Sanitary Authorities in Surrey on the 31st December, 1936, was 1,047. The herds belonging to these comprise 20,679 cows, of which 17,228 were in milk.

The following table shows the number of registered cowkeepers in each Sanitary District together with an analysis of the herds divided into groups according to size:—

Sanitary Districts.	No. of Cowkeepers on 31.12.36.	No. of herds containing:—											Total No. of cows	
		Not exceeding 2 cows.	3 to 10 cows.	11 to 20 cows.	21 to 30 cows.	31 to 40 cows.	41 to 50 cows.	51 to 60 cows.	61 to 70 cows.	71 to 80 cows.	81 to 90 cows.	91 to 100 cows.		Over 100 cows.
<b>Boroughs.</b>														
Barnes ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Godalming ..	4	1	1	—	—	—	—	—	—	—	—	—	—	86
Guildford ..	16	1	3	4	2	3	2	1	—	—	—	—	—	390
Kingston-on-Thames	1	—	—	1	—	—	—	—	—	—	—	—	—	15
Malden & Coombe	3	1	1	1	—	—	—	—	—	—	—	—	—	27
Mitcham ..	1	1	—	—	—	—	—	—	—	—	—	—	—	4
Reigate ..	19	4	1	2	1	6	3	2	—	—	—	—	—	512
Richmond ..	4	1	—	1	1	—	1	—	—	—	—	—	—	87
Surbiton ..	12	4	1	—	—	1	—	—	3	—	—	1	2	581
Sutton & Cheam	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wimbledon ..	1	1	—	—	—	—	—	—	—	—	—	—	—	4
<b>Urban Districts.</b>														
Banstead ..	29	4	5	14	4	—	2	—	—	—	—	—	—	446
Beddington & Wallington	2	2	—	—	—	—	—	—	—	—	—	—	—	4
Carshalton ..	4	—	—	1	1	1	1	—	—	—	—	—	—	122
Caterham & Warlingham	8	2	1	—	1	2	—	—	1	—	—	—	1	282
Chertsey ..	30	4	2	11	6	5	1	1	—	—	—	—	—	636
Coulsdon & Purley	7	3	—	1	1	2	—	—	—	—	—	—	—	112
Dorking ..	18	4	—	2	3	5	1	1	—	—	—	—	1	616
Egham ..	17	7	2	2	1	1	—	3	1	—	—	—	—	352
Epsom ..	6	—	—	—	3	2	—	1	—	—	—	—	—	200
Esher ..	35	3	4	10	5	8	3	1	—	—	1	—	—	860
Farnham ..	31	8	7	7	5	2	2	—	—	—	—	—	—	476
Frimley & Camberley	13	4	2	4	2	1	—	—	—	—	—	—	—	167
Haslemere ..	11	—	6	4	1	—	—	—	—	—	—	—	—	136
Leatherhead ..	12	2	1	2	1	3	—	—	—	1	—	1	1	514
Merton & Morden	2	1	—	—	—	—	—	1	—	—	—	—	—	60
Walton & Weybridge	14	2	—	3	5	2	2	—	—	—	—	—	—	327
Woking ..	40	8	9	13	6	2	—	1	—	—	—	—	1	670
<b>Rural Districts.</b>														
Bagshot ..	62	19	14	23	3	1	1	—	1	—	—	—	—	711
Dorking & Horley	187	30	28	68	27	19	8	4	1	1	1	—	—	3,514
Godstone ..	157	24	21	38	41	13	8	4	4	4	—	—	—	3,433
Guildford ..	149	21	26	47	29	10	11	4	1	—	—	—	—	2,849
Hambleton ..	152	24	33	47	29	15	4	—	—	—	—	—	—	2,486
	1047	186	168	306	178	106	50	24	13	6	2	2	6	20679

Under Part IV of the Order, every County Council is empowered to make such inspections of cattle belonging to registered cowkeepers as it may deem necessary. In Surrey, the policy of examining all herds of dairy cows at least once every quarter was adopted in 1927 and has continued to be carried out since that time. In this connection it may be again mentioned that routine veterinary inspection of cattle is not general throughout England and Wales. In many parts of the country no regular inspections are carried out though a number of County Councils instituted a system of inspections during the year. This has partially removed the anomalous position in which Surrey milk producers were placed in that their herds had been regularly inspected by whole-time veterinary officers for the past nine years, whilst the milk producers in many other counties had had no such inspection. The object of these veterinary examinations is the detection of cows suffering from certain diseases which may affect the milk injuriously, and to prohibit the use of their milk while so affected. In addition, these inspections are the most efficient method of discovering and dealing with animals suffering from tuberculosis.

The following gives the number of animals found during 1936 to be suffering from each of the diseases mentioned, together with comparative figures for the previous year:—

	1935.	1936.
Acute inflammation of the udder ..	4	8
Acute mastitis .. .. .	52	47
Suppuration of the udder .. .. .	37	47
Comatose condition .. .. .	2	—
Any infection of the udder or teats which may convey disease .. .. .	102	93
Emaciation due to tuberculosis .. ..	86	112
Tuberculosis of the udder .. .. .	56	77
	<hr/> 339	<hr/> 384

No difficulties were experienced during the year in carrying out these examinations. This is due in no small measure to the fact that cowkeepers in the county now appreciate the value of the veterinary inspection of their stock. In addition to prohibiting the cowkeeper from using the milk from a particular animal because it is affected with one of the diseases mentioned, it is essential to explain the necessity for such action in order that he may be convinced that the decision is a correct one. The nature of the disease must be indicated and also the methods of control and prevention. Consequently, if such an abnormality develops on a subsequent occasion the cowkeeper is in a position to recognise it and to take immediate appropriate action. By so doing he is assisting in the prevention of the spread of disease generally, and in the improvement of his own herd in particular.

#### MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

Under Section 4 of the above Act any Medical Officer of Health finding that milk on sale within his district contains tubercle bacilli must endeavour to ascertain the source of supply and forthwith inform the Medical Officer of Health of the county in which the milk is produced. In Surrey, this information is transmitted by the County Medical Officer to the Chief Veterinary Officer, who arranges for an immediate examination of the cattle on the farm or farms concerned and a full investigation into the report. The investigation of these cases is frequently somewhat complicated as usually a period of from four to eight weeks has elapsed since the tubercle-infected sample was taken and before the information of that fact is received. As the composition of dairy herds regularly changes, animals being purchased to replace those which have been disposed of, it is impossible in many cases to examine all the animals constituting the herd at the time the infected sample was taken. For this reason a number of investigations may be incomplete. In every case, however, the veterinary officer satisfies himself that the remaining members of the herd are not giving tuberculous milk.

During the past year 20 such notifications were received which compares with 23 in the previous year.



The results of the investigations into these notifications were as follows :—

In five instances the cows responsible for infecting the milk had been discovered on routine inspection and slaughtered some time prior to the receipt of the notifications.

In eight instances the infected cows were detected clinically, the diagnosis being confirmed in all cases by either microscopical or biological examination of the milk.

In three cases several animals had been moved off the premises between the date the infected sample was taken and that on which the veterinary examination of the herd was carried out, the animals being sold for slaughter in the normal course of farming. No information was available as to whether they showed lesions of tuberculosis on post-mortem examination.

Two notifications related to milks supplied to schools under the Milk-in-Schools Scheme of the Milk Marketing Board. The source of supply in both cases was from a number of farms, the majority of which were situate outside the county. The four Surrey herds concerned were examined and no cows were found to be affected with tuberculosis.

One notification was indefinite in that the bacteriological report accompanying it stated that acid-fast bacilli, somewhat resembling tubercle bacilli, had been found in the milk sample. The milk of all the cows involved was examined both microscopically and biologically, and none was found to contain tubercle bacilli. It is only reasonable to assume, therefore, that the organisms seen in the first instance were not tubercle bacilli.

In the remaining case, the milks of all the cows in the herd, which was alleged to have produced the tubercle infected sample, were examined both microscopically and biologically with negative results. There was reason to believe that the source of the infected milk was other than that stated, but it could not be traced.

#### TUBERCULOSIS.

The administration of the Tuberculosis Order, 1925, has continued to be one of the most important functions of the staff.

The Order requires that every person having in his possession or under his charge

- (i) any cow which is, or appears to be, suffering from tuberculosis of the udder, indurated udder, or other chronic diseases of the udder; or
  - (ii) any bovine animal which is, or appears to be, suffering from tuberculous emaciation; or
  - (iii) any bovine animal which is suffering from a chronic cough and showing definite clinical signs of tuberculosis;
- shall, without delay, give information of the fact to a constable of the Police Force for the area within which the animal is, or to an Inspector of the Local Authority.

The Local Authority is required to investigate any such notification and cause to be slaughtered any animal suffering from tuberculosis of the udder or tuberculous emaciation, or giving tuberculous milk, or suffering from a chronic cough and showing definite clinical signs of tuberculosis.

The total number of bovine animals reported to the Police or to an Inspector of the Local Authority as suspected cases of tuberculosis was 81, of which 29 were diagnosed as not coming within the scope of the Order. The remaining 52 animals, together with 160 cases detected during the routine inspections of dairy herds—a total of 212 animals (comprising 189 cows-in-milk and 23 other cows or heifers)—were diagnosed by the Veterinary Staff to be suffering from tuberculosis. The forms of disease from which the animals were found to be suffering are classified below, together with the comparative figures for 1935 :—

	1935.	1936.
Giving tuberculous milk but showing no evidence of tuberculosis of the udder ..	—	—
Tuberculosis of the udder .. .. .	59	79
Emaciation due to Tuberculosis .. ..	20	28
Suffering from a chronic cough and showing definite signs of Tuberculosis..	85	105
	<hr/> 164	<hr/> 212

The distribution of the above cases was as follows :—

Sanitary District.	Parish.	No. of Animals.
<b>*BOROUGHES.</b>		
Surbiton .. .. .	Hook .. .. .	1
	Tolworth .. .. .	4
		— 5
<b>URBAN DISTRICTS.</b>		
Banstead .. .. .	Banstead .. .. .	3
	Walton-on-the-Hill .. .. .	1
		— 4
Carshalton .. .. .	Carshalton .. .. .	1
Caterham & Warlingham .. .. .	Woldingham .. .. .	5
Chertsey .. .. .	Chertsey .. .. .	9
Coulsdon & Purley .. .. .	Coulsdon .. .. .	4
	Farleigh .. .. .	3
		— 7
Dorking .. .. .	Dorking .. .. .	1
	Mickleham .. .. .	1
	Milton .. .. .	1
		— 3
Egham .. .. .	Egham .. .. .	3
	Thorpe .. .. .	3
		— 6
Epsom .. .. .	Epsom .. .. .	2
	Cuddington .. .. .	1
	Ewell .. .. .	2
		— 5
Esher .. .. .	Cobham .. .. .	3
	Esher .. .. .	1
	Stoke D'Abernon .. .. .	4
	Thames Ditton .. .. .	4
		— 12
Farnham .. .. .	Farnham .. .. .	9
Frimley & Camberley .. .. .	Frimley .. .. .	3
Haslemere .. .. .	Haslemere .. .. .	3
Leatherhead .. .. .	Great Bookham .. .. .	2
	Leatherhead .. .. .	1
		— 3
Walton & Weybridge .. .. .	Walton .. .. .	7
Woking .. .. .	Byfleet .. .. .	2
	Woking .. .. .	7
		— 9
<b>RURAL DISTRICTS.</b>		
Bagshot .. .. .	Bisley .. .. .	3
	Chobham .. .. .	3
	Windlesham .. .. .	4
		— 10
Dorking & Horley .. .. .	Betchworth .. .. .	1
	Charlwood .. .. .	8
	Headley .. .. .	2
	Holmwood .. .. .	2
	Horley .. .. .	5
	Leigh .. .. .	3
	Newdigate .. .. .	2
	Ockley .. .. .	2
		— 25
Godstone .. .. .	Bletchingley .. .. .	1
	Burstow .. .. .	1
	Chelsham .. .. .	2
	Crowhurst .. .. .	1
	Godstone .. .. .	1
	Horne .. .. .	3
	Lingfield .. .. .	6
	Nutfield .. .. .	1
	Oxted .. .. .	1
		— 17
Guildford .. .. .	Albury .. .. .	1
	Artington .. .. .	5
	East Clandon .. .. .	2
	Effingham .. .. .	3
	Ockham .. .. .	1
	Ripley .. .. .	1
	Seale .. .. .	3
	Send .. .. .	2
	Shalford .. .. .	2
	Wanborough .. .. .	2
	West Horsley .. .. .	4
	Wisley .. .. .	1
	Worplesdon .. .. .	8
		— 35

\* The Boroughs of Guildford, Kingston-on-Thames, Reigate, Richmond and Wimbledon are separate Local Authorities for the purposes of the Diseases of Animals Acts, and consequently particulars relating to these Boroughs are not given here.



Sanitary District.	Parish.	No. of Animals.
Hambledon .. .. .	Alfold .. .. .	5
	Bramley .. .. .	4
	Chiddingfold .. .. .	5
	Cranleigh .. .. .	2
	Dunsfold .. .. .	2
	Elstead .. .. .	4
	Frensham .. .. .	4
	Thursley .. .. .	1
	Tilford .. .. .	1
	Witley .. .. .	3
	Womersley .. .. .	3
Total .. .. .		34
Total .. .. .		212

With the exception of one cow-in-milk, which died whilst awaiting slaughter, all these animals were slaughtered by order of the County Council; the post-mortem examinations showed that:—

124, or 58.77 per cent., were affected with advanced tuberculosis;

86, or 40.76 per cent., were affected with tuberculosis not advanced; and

1, or 0.47 per cent., was not affected with tuberculosis.

A further analysis of these various classes is as follows:—

	Not affected.	Not advanced.	Advanced.
Cows-in-Milk ..	1	74	113
Other Cows or Heifers ..	—	12	11
	1	86	124

In the following table the results of the post-mortem examinations are classified according to the forms of disease found to exist:—

	Tuberculosis of the udder or giving tuberculous milk.	Tuberculous emaciation.	Otherwise affected with tuberculosis.	Not affected.	Total.
Cows-in-milk ..	99	13	75	1	188
Other Cows or Heifers	8	10	5	—	23
	107	23	80	1	211

Of the 124 animals found to be affected with advanced tuberculosis, 24 had been reported to the Local Authority in accordance with the Tuberculosis Order, and of the 86 animals found affected with tuberculosis, not advanced, 26 had been similarly reported.

It will be noted that the number of animals slaughtered under the Tuberculosis Order is approximately one per cent. of the total number of cows in the county. 79 or fully 37 per cent. of these were detected on routine inspection to have tuberculosis of the udder but were otherwise in apparently good health; that is, they could not have been reasonably suspected by their owners to be tubercular. The post-mortem examination of all the animals slaughtered revealed that 107, or fully 50 per cent. of them were affected with tuberculosis of the udder. Both of these percentages are much higher than those for the country as a whole and furnish definite proof of the value of routine veterinary examinations of dairy cattle in detecting animals giving tuberculous milk.

As a result of the educative value of veterinary inspection carried out over a period of years the number of grossly affected clinical cases of tuberculosis seen in the county is steadily decreasing. As, however, the Tuberculosis Order is not an eradication measure, the number of udder cases is little changed. These are detected, and the animals slaughtered, before they can become "open" cases of tuberculosis.

Fully 50 per cent. of the animals slaughtered under the provisions of the Tuberculosis Order during the year were highly dangerous from the public health aspect. Veterinary inspection has, in some quarters, received criticism as not being of any great benefit to public health but as being largely a subsidised service for the assistance of stock owners. These figures, as relating to Surrey, which has carried out routine quarterly inspection of cattle for a longer period than any other county in England or Wales, refutes that suggestion.

In all cases where an animal is slaughtered under the Tuberculosis Order, a thorough disinfection of the premises occupied by the diseased animal has always been insisted upon and supervised, which provision is a very necessary one in the prevention of disease.

#### *Compensation.*

The Tuberculosis Order requires that before the slaughter of a bovine animal coming within the scope of the Order takes place the "market value" thereof shall be agreed between the Local Authority and the owner of the animal. This is defined as the price which might reasonably have been obtained from a purchaser in the open market who had no knowledge of the existence or suspected existence in the animal of the symptoms of disease disclosed by the report of the Inspector under the Order, except such knowledge thereof as might reasonably have been obtained by inspection of the animal.

The amount of compensation actually payable depends on the result of the post-mortem examination. Where this examination shows that the animal was affected with non-advanced tuberculosis the compensation amounts to three-quarters of the market value; if affected with advanced tuberculosis then compensation is one-quarter of the market value. If the post-mortem examination does not show the presence of any lesions of tuberculosis the owner is paid full market value plus £1.

The compensation paid for animals slaughtered during 1936 amounted to £1,123 10s. 0d. compared with £978 15s. 0d. in 1935 and £1,130 17s. 6d. in 1934. The average amount of compensation per animal in each of these years was £5 6s. 6d., £5 19s. 4d., and £5 7s. 2d. respectively. Details of the compensation are as follows:—

	No. of Animals.	Total Compensation.	Average Compensation.
		£ s. d.	£ s. d.
Not affected (full rate)			
1934 .. .. .	2	15 10 0	7 15 0
1935 .. .. .	1	4 0 0	4 0 0
1936 .. .. .	1	8 10 0	8 10 0
Not advanced (three-fourths rate)			
1934 .. .. .	86	776 5 0	9 0 6
1935 .. .. .	78	721 10 0	9 5 0
1936 .. .. .	86	727 2 6	8 9 1
Advanced (one-quarter rate)			
1934 .. .. .	123	339 2 6	2 15 1
1935 .. .. .	85	253 5 0	2 19 7
1936 .. .. .	124	387 17 6	3 2 6

The carcasses of all the animals slaughtered by order of the County Council are sold to Mr. F. Ling and Messrs. Lashmar Bros., Licensed Horse Slaughterers, the former serving approximately three-quarters of the county and the latter the remainder. The Contractors in their contracts with the County Council agree not to use or dispose of for human consumption any carcase or part of a carcase received by them under such contracts.

In addition to the foregoing, a further 6 cows were found to be affected with tuberculosis within the meaning of the Tuberculosis Order in the herds of cows in autonomous districts and these animals were slaughtered by the respective Local Authorities.



The post-mortem examination of these animals showed that 5 were affected with "advanced" tuberculosis and 1 with "not advanced" tuberculosis.

The practice of submitting for examination sputa from animals suspected to be suffering from pulmonary tuberculosis was continued, 48 specimens being so examined during the year, of which 33 were positive.

#### EXAMINATION OF MILK FOR TUBERCLE BACILLI.

During the year 421 samples of milk from individual cows were taken by the Veterinary Staff for examination as to the presence of tubercle bacilli. The following were the results of examination:—

	Positive.	Negative.	Total.
Number of samples examined microscopically only .. ..	64	5	69
Number of samples examined microscopically and biologically .. ..	21	330	351
Number of samples examined biologically only .. ..	—	1	1
	<hr/> 85	<hr/> 336	<hr/> 421

All necessary steps were taken to dispose of the 85 cows whose milk had proved to be tuberculous, 79 of which were slaughtered by order of the County Council and 4 by Borough Councils which are separate Local Authorities for the purposes of the Diseases of Animals Acts. One animal was disposed of for slaughter before the result of the biological test was to hand, and one cow died from strangulation whilst awaiting slaughter. Of these 79 animals slaughtered at the instance of the County Council, 55 were suffering from "advanced" tuberculosis and 24 from "not-advanced" tuberculosis as defined by the Tuberculosis Order.

58 group samples of milk were taken in connection with the investigation of notifications of tubercle-infected milk received under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, to which reference has already been made.

The examination of the milk samples as well as the sputa was carried out at the laboratory of the Royal Surrey County Hospital, Guildford.

#### MILK (SPECIAL DESIGNATIONS) ORDERS, 1923, 1934 AND 1936.

The Milk (Special Designations) Order of 1936, made by the Minister of Health, came into operation on 1st June, 1936, and revoked the previous Orders of 1923 and 1934. From the administrative point of view, the most important change made was the transference from the Ministry of Health to the County Councils of the granting of licences for the production of Tuberculin Tested milk.

The Order provides for licences being granted to milk producers to sell milk under the following designations:—

*Tuberculin Tested Milk*:—Is milk from cows which have passed a veterinary examination and a tuberculin test; it is bottled on the farm or elsewhere and it may be raw or pasteurised. If it is bottled on the farm it may be described on the bottle caps or cartons as Tuberculin Tested Milk (Certified). If it is pasteurised it is described as Tuberculin Tested Milk (Pasteurised). It must satisfy certain bacteriological tests.

*Accredited Milk*:—Is raw milk from cows which have passed a veterinary examination. It is bottled on the farm or elsewhere. It must satisfy the same bacteriological tests as raw Tuberculin Tested Milk.

*Pasteurised Milk*:—Is milk which has been retained at a temperature of 145°-150°F. for at least 30 minutes, and does not contain more than 100,000 bacteria per c.c.

The conditions applicable to the admittance of animals to Tuberculin Tested herds have been made more stringent than in the previous Orders, and quite rightly so. Newly purchased animals which are not obtained from another herd which is licensed to produce Tuberculin Tested milk or which holds a Certificate of Attestation under the Tuberculosis (Attested Herds) Scheme must be tuberculin tested within fourteen days of arrival, segregated for sixty days and then retested before they are allowed free admittance to the herd. This is a necessary precaution, as tuberculin tested animals purchased from dealers, or in the ordinary cattle markets, may be exposed to the risk of infection with tuberculosis subsequent to their passing a tuberculin test. An animal infected with tuberculosis under these circumstances allowed free admittance to a tubercle-free herd and not again tuberculin tested for a period of six months could infect a considerable number of animals. This was a frequent experience under the old Orders and one of the main reasons why many Tuberculin Tested herds, the animals in which were largely recruited from outside sources, were never able to be maintained tubercle free. The purchase of animals which, although they have passed a recent tuberculin test, have not come from a herd free from tuberculosis, is to be discouraged. It is to be hoped that these new restrictions will stimulate the formation of more self-contained tubercle-free herds.

The County Council has decided that the tuberculin testing of the cattle in herds licensed to produce Tuberculin Tested milk shall be carried out by the Council's whole-time Veterinary Staff at a nominal charge of £1 1s. 0d. per herd per annum. It was considered the cost of tuberculin testing militated against an increase in the number of tubercle-free herds, and that if tuberculin testing was carried out at a nominal charge, such a service would act as an incentive to stockowners to free their dairy herds from tuberculosis. Also, as the duties of supervision of these licensed herds are considerable, that, from the point of view of uniformity and the avoidance of overlapping, it was advisable for the tuberculin testing to be carried out by the whole-time staff.

On the 1st June, 1936, when the County Council took over the licensing and supervision of Tuberculin Tested herds, there were 39 such herds in the county which had been licensed by the Ministry of Health to produce Tuberculin Tested milk. Seven licences were subsequently issued by the Council, making a total of 46 in operation at the end of the year.

At the present time the following persons in Surrey are licensed to produce Tuberculin Tested milk :—

- Mrs. V. M. Adcock, Grenehurst Park Farm, Capel.
- G. Birshirgian, Farm Place Farm, Ockley.
- J. C. Broomfield, Coldharbour Farm, Cranleigh.
- Brig.-Gen. F. A. Buzzard, West Haxted Farm, Edenbridge.
- W. E. Denning, Old House Farm, Crowhurst.
- A. H. Dixon, Ginecox Farm, Oxted.
- Commdr. C. S. Durrad, Rose Hill School Farm, Banstead.
- Lt.-Col. W. C. Elwes, Oakdale Farm, Ockley, Dorking.
- S. French, Walton Oaks Farm, Tadworth.
- Capt. E. W. Goldsworthy, Moat Farm, Limpsfield.
- Hon. A. E. Guinness, Holmbury House Farm, Holmbury.
- H. Hale, Kingswood Stocks Farm, Lingfield.
- The Misses Hare and Hornby, Hardwick Court Farm, Chertsey.
- \*G. de M. G. Hoare, Tilburstow Hill Farm, South Godstone.
- Hornby & Clarke, Ltd., Petersham Meadows Farm, Richmond.
- \*Earl of Iveagh, Park Farm, Woking.
- \*Earl of Iveagh, Roundbridge Farm, Old Woking.
- \*Earl of Iveagh, Guinness Dairy Farm, Old Woking.
- H. J. Jackman, Cossins Farm, Downside, Cobham.
- \*Sir John Leigh, Bart., Model Dairy, Brook.
- \*Sir John Leigh, Bart., Winkford Farm, Witley.
- R. Malcolm, Walton Manor Farm, Tadworth.
- Brig.-Gen. F. C. More-Molyneux, Loseley Park Farm, Guildford.
- J. Muller Rowland, Scotchers Farm, Horsell Common.
- Mrs. D. O'Callaghan, Oak Lane Farm, Newdigate.
- T. Okey, Westwood Farm, Tatsfield.
- A. S. Passmore, Tilsey Farm, Bramley.



Sir J. Pigott-Brown, Bart., Broome Hall Farm, Holmwood.  
 K. R. Pool, Collickmoor Farm, Coldharbour.  
 Major H. Rayne, Ponds Farm, Shere.  
 Major H. D. Roberts, Hullers Farm, Beare Green, Dorking.  
 R. Shambrook, Guernsey Dairy Farm, Grayswood.  
 F. R. Stovold, Hurtmore Farm, Godalming.  
 Miss M. Thomas, Park Farm, Felbridge.  
 W. A. Thompson, Larkenshaw Farm, Chobham.  
 Mrs. E. E. Thornton, The Dairy Farm, Hampton, Seale.  
 Mrs. E. E. Thornton, Shoelands Farm, Seale.  
 H. Tobitt, Sandhills Farm, Blechingley.  
 Capt. E. H. Tuckwell, M.C., Berthorpe Farm, Puttenham.  
 W. D. Vernon, Anningsley Park Farm, Ottershaw.  
 F. Walker, Broadmead, Burstow, Horley.  
 B. W. A. Watney, Stylehurst Farm, Capel.  
 B. W. A. Watney, Brookwood Corner, Holmwood.  
 E. W. Winson, Jury Farm, West Horsley.  
 \*Woodall & Napier, Cowslip Farm, Mickleham.  
 \*Woodall & Napier, Acre Hill Farm, Chessington.

\* Herds which also hold certificates of Attestation under the Tuberculosis (Attested Herds) Scheme (England and Wales) made by the Ministry of Agriculture and Fisheries.

In a herd licensed by the Ministry of Health, a cow affected with clinical tuberculosis was slaughtered under the provisions of the Tuberculosis Order following the finding of tubercle bacilli in a specimen of her sputum. Post-mortem examination revealed that she was affected with "advanced" tuberculosis. At the request of the owner, the Ministry of Health agreed to a tuberculin test of this herd being carried out by the Chief Veterinary Officer. The result was that 17 of the 32 cows remaining failed to pass the test. These animals were forthwith removed and a thorough cleansing and disinfection of the premises carried out. A further test was carried out about two months later, when there was one re-actor. The herd has since been tuberculin tested, when no re-actors were found.

The Milk Marketing Board's Scheme to maintain a roll of Accredited Milk Producers has continued to result in further numbers of applications for Accredited milk licences being received. The conditions applicable to these licences are not so onerous as those for Tuberculin Tested milk, in that the animals have only to pass a clinical examination and do not require to be subjected to a tuberculin test. An Accredited milk licensee, however, must not admit to his herd an animal which he knows has been submitted to a tuberculin test and has failed that test. He may, however, have his herd so tested and dispose of any re-acting animals as convenient.

During the year considerable alterations and improvements have been effected to cowsheds and dairies, etc. prior to the granting of these licences, and in this connection the practice of making joint visits of inspection with the Sanitary Inspectors of the District Councils has been continued, and I am happy to say that there has been complete co-operation.

The investigation of all applications has continued to be carried out solely by the Veterinary Officers and not by several county officials as obtains in many counties. This policy has undoubtedly resulted in a large measure of uniformity of standards throughout the county, which is so much to be desired. At the 31st December, 1936, there were 325 persons in Surrey holding Accredited milk licences, which number represents more than 30 per cent. of the total milk producers.

"Surprise" samples of the milk produced by each Tuberculin Tested and Accredited milk licensee are examined at approximately two-monthly intervals. These samples have been, with few exceptions (none of which a Tuberculin Tested milk), well up to the standard of cleanliness required by the Order. 1,732 such samples were taken during the year, and in only three instances was the bacterial count of 200,000 per c.c. exceeded. In 77 instances coliform bacilli were present in either one, two or three tubes of 1/100 c.c. The licensees whose milks did not comply with the Order were further instructed in the production of clean milk and the fault, or faults, rectified.

The following table shows the distribution by sanitary districts of the number of milk producers who were licensed on 31st December, 1936, to produce Tuberculin Tested and Accredited milks :—

Sanitary District.	No. of licences granted to produce	
	Tuberculin Tested Milk	Accredited Milk.
<b>BOROUGHES.</b>		
Godalming .. .. .	—	3
Guildford .. .. .	—	10
Reigate .. .. .	—	9
Richmond .. .. .	1	1
Surbiton .. .. .	1	4
<b>URBAN DISTRICTS.</b>		
Banstead .. .. .	3	3
Carshalton .. .. .	—	2
Caterham & Warlingham .. .. .	—	5
Chertsey .. .. .	2	7
Coulsdon & Purley .. .. .	—	1
Dorking .. .. .	1	7
Egham .. .. .	—	2
Epsom & Ewell .. .. .	—	4
Esher .. .. .	1	11
Farnham .. .. .	—	5
Frimley & Camberley .. .. .	—	2
Haslemere .. .. .	1	2
Leatherhead .. .. .	—	3
Merton & Morden .. .. .	—	1
Walton & Weybridge .. .. .	1	3
Woking .. .. .	4	10
<b>RURAL DISTRICTS.</b>		
Bagshot .. .. .	1	6
Dorking & Horley .. .. .	10	41
Godstone .. .. .	9	35
Guildford .. .. .	7	67
Hambleton .. .. .	4	69
Totals .. .. .	46	313

The number of milk cows in the above-mentioned designated herds was 10,927, of which 1,414 and 9,513 were in Tuberculin Tested and Accredited herds respectively. Approximately 53 per cent. of the total cows in Surrey were, therefore, producing officially designated milks.



## AIR RAID PRECAUTIONS.

In 1935, a circular was issued by the Home Office to Local Authorities, bringing to their notice the precautionary measures which would be necessary for safeguarding the civil population against the effects of air attack in those parts of the country which might be the object of attack by hostile aircraft. These measures are wholly precautionary and are the consequence of the impossibility of guaranteeing immunity from attack in spite of all possible defence measures.

The duty of providing many of the services in association with Air Raid Precautions falls on the district councils in the County. Certain services are more conveniently organised for the County as a whole, and these sections are dealt with by the County Council; in addition, the County Council has the duty of co-ordinating the schemes of the district councils.

Of the duties undertaken by the County Council, the following fall to the Public Health Department:—

(1) To advise local authorities on all matters in their schemes relating to medical services, i.e., provision and staffing of first aid posts, cleansing stations, casualty clearing hospitals and so on.

(2) To prepare a scheme for the provision of base hospital beds in emergency. The number of beds in base hospitals which, it is estimated, will be required in the County of Surrey is (a) at the outbreak of hostilities 403; (b) at the end of the first fortnight 2,422; (c) at the end of the first month 4,837.

The Home Office contemplates the use of existing hospitals for Air Raid purposes, supplemented at need by the erection of temporary hutments, preferably in the grounds of existing hospitals. The use of mental hospitals, sanatoria, infectious diseases hospitals and maternity homes is considered undesirable.

In order to provide the necessary accommodation the Home Office suggests that local authorities should proceed on two assumptions:—

(a) That in a grave emergency it should be possible to empty 50 per cent. of the beds in the allotted institutions within one month by discharge of the patients.

(b) That a 50 per cent. increase in bed accommodation could be arranged (provided the necessary equipment is available) by cutting down the floor space allowed per patient and by making use of day rooms, waiting rooms, out-patient departments, etc.

A scheme for the provision of this accommodation is being prepared.

(3) To organise an ambulance service to base hospitals.

(4) To arrange for the training of all County personnel who will be required in association with the schemes administered by the County Council.

The Home Office provides lecturers trained in air raid precautions for the purpose of instructing doctors, dentists, and nurses. The lecturer for the County of Surrey is Col. G. S. Wallace, O.B.E., and courses of lectures for the doctors, dentists and nurses employed by the County Council have been arranged. These courses will commence early in 1937 and will continue throughout the year.

In addition, non-medical and non-nursing personnel employed in hospitals, institutions, etc. will, as opportunity arises, be sent to the Council's Anti-Gas School at Artington.

(5) To prepare schemes in conjunction with the Surveyor of County Buildings for the protection, as far as is possible, of hospitals, institutions, and other Council property.

Considerable progress in the formation of the scheme of Air Raids Precautions for the County was made during the year. Several schemes of local authorities were received and the task of adjusting them so as to form a co-ordinated whole was proceeded with in consultation with the local authorities concerned.

## CANCER.

During the last quarter of the year, at the instigation of the Ministry of Health, an investigation was undertaken into the clinical history of all persons dying from cancer in the County of Surrey. A similar investigation was carried out at the same time in the areas of certain other authorities, and the results obtained were forwarded to the Ministry for collation and further analysis.

In order to obtain the required information, the help of district medical officers of health, general practitioners, medical officers of hospitals and so on was required and the County Medical Officer gratefully acknowledges the willingness with which that help was given.

The information asked for included the particulars of the disease, its history as regards the treatment obtained and the stage of the disease when treatment was first sought. This information is summarised in the following tables:—

Site of Disease.*		Treated at comparatively early stage.	Treated at later stage.	Untreatable at first consultation.	Refused Treatment.	Other causes, e.g. lack of facilities, hospitals or transport.	Totals.
A	Lip ... ..	1	1	—	1	—	3
	Mouth ... ..	5	1	2	—	—	8
	Breast ... ..	25	14	10	1	—	50
	Cervix uteri ... ..	5	4	3	1	—	13
	Skin ... ..	1	2	3	4	—	10
B	Larynx ... ..	1	3	4	1	—	9
	Rectum ... ..	1	3	10	—	—	14
	Bladder ... ..	2	1	5	—	—	8
	Prostate ... ..	4	1	13	1	—	19
	Intestine ... ..	13	16	21	2	—	52
	Stomach ... ..	9	17	34	11	—	71
C	Others ... ..	19	21	67	4	—	111
		86	84	172	26	—	368

\* Groups A and B. include all the commoner forms of cancer, Group A including those situated so as to be readily accessible to treatment and Group B those relatively less accessible. Group C includes all other forms.

#### Place of treatment.

Hospital (local authority or voluntary) .. .. .	259
Nursing Home .. .. .	24
At home .. .. .	84
Elsewhere .. .. .	1
	<u>368</u>

In addition to those cases analysed above there were 48 cancer deaths in the quarter in which for various reasons, no information was obtainable.

Information regarding the facilities in the County for the treatment of cancer is given in the section on "Hospital Provision in the County."

### INSPECTION AND SUPERVISION OF FOOD.

#### FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The number and kind of samples analysed during the year 1936 under the Food and Drugs (Adulteration) Act are shown in the following table:—

Articles.	Number of samples analysed.	Number genuine.	Number adulterated.	Prosecutions.	Convictions.
Milk ... ..	1,955	1,762	193	18	14
Cream ... ..	25	22	3	1	1
Butter ... ..	38	37	1	—	—
Margarine ... ..	1	1	—	—	—
Cheese ... ..	13	13	—	—	—
Meat ... ..	40	40	—	—	—
Wine ... ..	1	1	—	—	—
Coffee ... ..	6	6	—	—	—
Flour ... ..	13	13	—	—	—
Sugar ... ..	1	1	—	—	—
Confectionery and Jam	20	18	2	—	—
Sausages ... ..	53	50	3	—	—
Beer ... ..	5	5	—	—	—
Spirits ... ..	26	25	1	—	—
Drugs ... ..	11	11	—	—	—
Other Articles ...	239	209	30	2	2
Totals ...	2,447	2,214	233	21	17

### RIVERS AND STREAMS.

Part II of the Surrey County Council Act, 1936, authorised the County Council to execute works for the improvement of the Beverley and Pyl Brooks and other brooks and streams in the County. This work is of considerable magnitude and the County Council decided to set up a Rivers and Streams Committee to deal with the engineering services involved, while the Public Health Committee retains the powers and duties relating to the prevention of pollution of these rivers.



Systematic periodical inspections and examinations of the rivers in the County are made with the object of preventing pollution. A large number of samples were taken for analysis. Several sources of pollution were discovered in this way and representations were made to the offending persons or Companies.

### HOUSING.

The following table gives the number of houses erected in each sanitary district during 1936, the number in course of erection at the end of the year, and the number of inhabited houses on the rate books at 31st December, 1936:—

SANITARY DISTRICT	By Local Authorities under assisted schemes		Houses erected during 1936 under Non-assisted schemes.	Houses erected in the district by other Local Authorities.	By Private Persons.		By Public Utility Societies.		Total.		Inhabited Houses on Rate Books at 31/12/1936.
	Houses erected during year 1936.	Houses in course of erection at end of 1936.			Houses erected during year 1936.	Houses in course of erection at end of 1936.	Houses erected during year 1936.	Houses in course of erection at end of 1936.	Houses erected during year 1936.	Houses in course of erection at end of 1936.	
URBAN.											
1 Banstead ... ..	9	—	2	—	436	259	—	—	447	259	6,959
2 Barnes (M.B.) ... ..	16	—	—	—	134	98	—	—	150	98	10,962
3 Beddington and Wallington ... ..	—	—	—	1	331	220	—	—	332	220	7,600
4 Carshalton ... ..	—	82	—	189	322	228	—	—	511	310	15,216
5 Caterham and Warlingham ... ..	—	—	—	—	222	206	—	—	222	206	5,807
6 Chertsey ... ..	—	—	—	—	614	267	—	—	614	267	5,622
7 Coulsdon and Purley ... ..	—	—	—	1	997	784	—	—	998	784	13,649
8 Dorking ... ..	34	—	—	—	161	51	—	—	195	51	4,870
9 Egham ... ..	—	12	—	—	146	66	—	—	146	78	5,105
10 Epsom and Ewell... ..	12	20	—	—	1,450	400	—	—	1,462	420	12,089
11 Esher ... ..	8	8	30	—	485	341	—	—	523	349	11,244
12 Farnham ... ..	4	—	—	—	115	57	—	—	119	57	5,687
13 Frimley and Camberley ... ..	—	—	—	—	132	6	—	—	132	6	3,955
14 Godalming (M.B.) ... ..	—	—	—	—	64	4	—	—	64	4	2,011
15 Guildford (M.B.) ... ..	—	—	—	—	404	141	—	—	404	141	10,285
16 Haslemere ... ..	—	—	14	—	8	13	—	—	22	13	2,561
17 Kingston-on-Thames(M.B.) ... ..	—	24 <sup>1</sup>	—	—	453 <sup>2</sup>	38 <sup>3</sup>	—	—	453 <sup>2</sup>	62 <sup>4</sup>	9,557 <sup>5</sup>
18 Leatherhead ... ..	—	—	—	—	271	47	—	—	271	47	5,590
19 Maldens and Coombe (M.B.) ... ..	—	—	—	—	1,051	375	—	—	1,051	375	10,270
20 Merton and Morden ... ..	—	—	—	—	1,393	404	—	—	1,393	404	16,764
21 Mitcham (M.B.) ... ..	18	118	—	—	684	70	—	—	702	188	16,282
22 Reigate (M.B.) ... ..	28	—	—	—	334	192	—	—	362	192	9,262
23 Richmond (M.B.) ... ..	92	—	—	—	203 <sup>6</sup>	206 <sup>7</sup>	—	—	295 <sup>8</sup>	206 <sup>7</sup>	9,567
24 Surbiton (M.B.) ... ..	36	—	—	—	728	450	—	—	764	450	12,460
25 Sutton and Cheam (M.B.)... ..	36 <sup>9</sup>	—	—	—	815	— <sup>9</sup>	—	—	851 <sup>10</sup>	— <sup>9</sup>	20,319
26 Walton and Weybridge ... ..	22	—	—	—	428	120	—	—	450	120	7,402
27 Wimbledon (M.B.)... ..	—	—	—	—	217 <sup>11</sup>	335 <sup>12</sup>	—	—	217 <sup>11</sup>	335 <sup>12</sup>	15,300
28 Woking ... ..	—	—	44	—	488	159	—	—	532	159	9,620
Total ... ..	315	264	90	191	13,086	5,537	—	—	13,682	5,801	266,015
RURAL.											
1 Bagshot ... ..	—	—	—	—	73	33	—	—	73	33	3,330
2 Dorking and Horley ... ..	—	—	—	—	187	106	—	—	187	106	6,081
3 Godstone ... ..	119	38	—	—	146	74	—	—	265	112	7,308
4 Guildford ... ..	48	14	—	6	237	122	—	—	291	136	9,400
5 Hambledon ... ..	85	50	—	—	202	98	—	—	287	148	7,121
Total ... ..	252	102	—	6	845	433	—	—	1,103	535	33,240
Administrative County ... ..	567	366	90	197	13,931	5,970	—	—	14,785	6,336	299,255
Totals for 1935 ... ..	373	344	174	1,655	14,469	6,404	28	—	16,699	6,748	287,318

<sup>1</sup> Flats.<sup>2</sup> Including 215 flats.<sup>3</sup> Including 3 flats.<sup>4</sup> Including 27 flats.<sup>5</sup> Including 1,087 flats.<sup>6</sup> Including 121 flats.<sup>7</sup> Including 142 flats.<sup>8</sup> Flats.<sup>9</sup> Figure not obtainable.<sup>10</sup> Including 36 flats.<sup>11</sup> Including 137 flats.<sup>12</sup> Including 285 flats.

### REFUSE DUMPS.

During the year, four applications were received for the consideration of the County Council under Section 94 of the Surrey County Council Act, 1931.

Each application was approved; the "controlled tipping" requirements recommended by the Ministry of Health were made the conditions on which approval was granted.

Periodical visits are made to the refuse dumps in order to ascertain that the Council's requirements are being carried out.

#### MINISTRY OF HEALTH INQUIRIES.

During the year, the following public inquiries were held by the Ministry of Health; an officer of the Public Health Department was present at each inquiry.

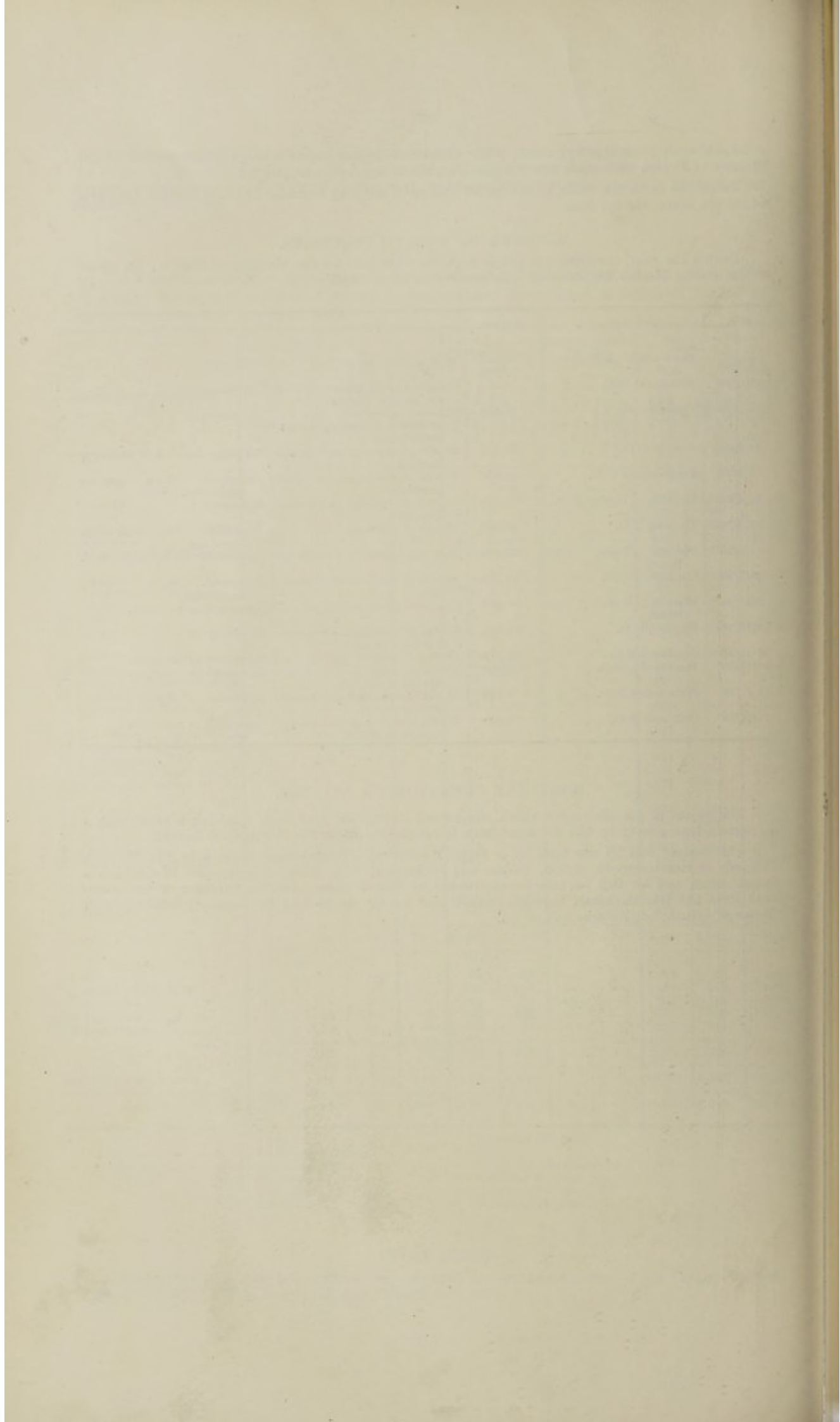
Date.	Local Authority.	Amount.	Purpose.	Remarks.
		£		
7/1/36	Barnes M.B. & Richmond M.B. ... ..	29,352	Works of Sewerage ... ..	Approved.
20/1/36	Richmond M.B. ... ..	9,228	Compulsory purchase of land for sewage disposal	Not approved.
31/1/36	Egham U.D. ... ..	17,558	Excess expenditure in connection with previous loans for sewerage	Approved.
18/3/36	Epsom U.D. ... ..	68,478	Works of sewerage and sewage disposal	Awaiting decision of Ministry.
9/4/36	Leatherhead U.D. ... ..	31,197	Works of sewerage and sewage disposal	Approved. Work nearing completion.
21/4/36	Dorking & Horley R.D....	63,000	Works of sewerage and sewage disposal	Approved.
26/5/36	Dorking U.D. ... ..	22,000	Works of sewerage ... ..	Approved. One third work completed.
7/8/36	Wandle Valley Joint Board	60,000	New relief sewer in Wimbledon	Approved. Work half finished.
28/8/36	Carshalton U.D. ... ..	12,790	Works of surface water drainage	Approved. Work nearing completion.
22/9/36	Wandle Valley Joint Board	60,000	Works of sewage disposal ...	Approved in principle.
23/10/36	Bagshot R.D. ... ..	75,000	Works of sewerage and sewage disposal Chobham	In abeyance.
17/11/36	Guildford M.B. ... ..	24,576	Works of sewage disposal ...	Approved in principle.
18/11/36	Hambleton R.D....	26,830	Works of sewerage and sewage disposal Cranleigh	Approved in principle.
18/11/36	Hambleton R.D....	1,429	Works of sewerage and sewage disposal Alfold	Approved.
19/11/36	Godstone R.D. ... ..	18,500	Works of sewerage and sewage disposal Burstow	Approved in principle.

#### MORTLAKE CREMATORIUM ACT, 1936.

The object of the above act which was passed during the year is to establish a crematorium on certain land owned by the Hammersmith Borough Council in the Borough of Barnes.

The scheme will be managed by a Board consisting of members appointed by the Borough Councils of Hammersmith, Acton, Barnes and Richmond. The Board is authorised to establish a crematorium and for this purpose is empowered to borrow money for the purchase of the above land from the Hammersmith Borough Council and for the erection of the necessary buildings with drainage system, road works and so on.





## PREFACE.

The report on the School Medical Service for the year 1936 has been made on the lines followed in the past few years. It is chiefly statistical and contains in tabular form particulars of medical and dental inspections and of the results of the treatment of children attending Elementary and Secondary Schools.

Mention has been made in each annual report since 1930 of the increasing school population and this year again a further increase in the number of school children has to be recorded. On the 31st December there were 90,514 children on the Elementary registers—a net increase of 2,686 during the year. It has been necessary on this account to add to the medical, dental and nursing staffs.

At the routine medical inspections in the Elementary Schools, 28,650 children were examined and in the Secondary Schools 6,077. There were also 10,456 special examinations of Elementary scholars and 385 of Secondary pupils. In addition, 13,122 and 1,153 re-examinations of Elementary and Secondary pupils respectively were carried out by Assistant Medical Officers. These children had been found at routine medical inspections to be suffering from a defect for which treatment had been recommended or they were being kept under observation by the Assistant Medical Officers.

During the course of routine medical inspection 9.74 per cent. of the total children examined were found to be in need of treatment for defects or diseases (other than dental caries and uncleanliness).

Of the defects discovered at medical inspections during the year, 75.8 per cent. had been treated by the end of the year. A survey of the results of following-up shows that 93.71 per cent. of the children received, before leaving school, the treatment recommended.

In Secondary Schools the percentage of children found to be in need of treatment was 8.1; the corresponding figure for 1935 was 8.41.

The dental surgeons inspected 78,854 children in the Elementary Schools for whom 48,492 (or 61.49 per cent.) were referred for treatment. By the end of the year 26,825 (or 55.3 per cent.) had received treatment at the dental clinics although 3,839 (or 7.9 per cent.) had not fully completed their treatment.

There were also 10,081 Secondary pupils inspected by the dental surgeons of whom 6,097 (or 60.48 per cent.) were referred for treatment. At the end of the year 1,527 pupils (or 25.04 per cent.) had received treatment at the dental clinic and the treatment was not completed in the case of 461 pupils (or 7.56 per cent.).

At the routine medical inspections the parents of 65 per cent. of the children accepted the invitation to be present as compared with 64 per cent. in 1935. The large attendance of parents at the "entrants" inspection is worthy of note. Of the 10,477 children examined in this group, the parents of 8,668 (or 82.7 per cent.) were present.

There were 168 refusals from parents to allow their children to be medically examined; 58 of these were subsequently withdrawn or the inspection schedule completed by the private doctor.

The number of departments now providing milk under the Milk Marketing Board's Scheme is 388—an increase of 24 over the previous year.

During the year the Committee approved the attendance of children with speech defects at the special speech training classes established by the Part III Education Authorities of the Boroughs of Wimbledon, Reigate and Guildford. The Committee also appointed two part-time teachers for this work and classes were begun at Malden and Sutton on two sessions each per week.

The Assistant Medical Officers have specially examined over 2,200 children in order to ascertain their fitness to undertake part-time employment or to take part in entertainments.

I wish to acknowledge very gratefully the help which has been given by my Staff, both professional and clerical.

J. FERGUSON,

*School Medical Officer.*

COUNTY HALL,

KINGSTON-UPON-THAMES.

9th June, 1937.



## AREA AND POPULATION.

The Surrey Education Committee is responsible for Higher Education in the whole of the Administrative County, and for Elementary Education in the same area with the exception of the Municipal Boroughs of Guildford, Kingston, Reigate, Richmond and Wimbledon.

The estimated population of the Administrative County in mid-year 1936 was 1,127,061, being an increase of 38,661 during the year, and that of the Elementary Education area 915,961, an increase since last year of 37,051.

## ASSOCIATION OF DUTIES.

The School Medical Officer is also the County Medical Officer of Health and the Medical Officer to the Mental Hospitals and Public Assistance Committees. The closest working relations can thus be maintained between all the Departments intimately concerned with the health of the child. The administrative personnel of the School Medical Service is in fact merged in that of the Public Health Department.

## STAFF.

Two additional Assistant Medical Officers, one additional Dental Surgeon and one Dental Attendant were appointed during the year. At the end of the year the staff included 19 Assistant Medical Officers, 15 full-time and 4 part-time Dental Surgeons, and 8 Dental Attendants. The Health Visiting staff was increased by the appointment of 3 full-time Health Visitors. The whole-time Ophthalmic Surgeon appointed during the year commenced duty on the 1st September, 1936.

The increases in the medical, dental and health visiting staff were due, in the main, to the continued growth of the school population, chiefly in the mid-eastern area of the County, but the volume of work has also been increased, as, for example, by the medical examination of all children who desire to take part-time employment, and the introduction of the scheme for the voluntary medical inspection of pre-school children at the ages of two, three and four years.

## ELEMENTARY SCHOOLS.

(a) *Numbers and Attendances.*—At the end of the year there were in the Elementary area of the County 311 Public Elementary Schools having 438 Departments—an increase of 9 schools with 10 departments since 1935. Of these, 175 were provided schools and 136 non-provided. On the 31st March, 1936, there were 88,256 children on the registers, 75 being under 5 years of age. The average attendance for the school year was 77,420, or 88.62 per cent. The number of children on the registers on the 31st December, 1936, was 90,514, an increase of 2,686 over the corresponding return on the 31st December, 1935.

(b) *School Hygiene.*—The Assistant Medical Officers have made the usual survey of the school premises when visiting the schools for the purpose of medically inspecting children and any conditions which in their opinion appeared to need attention have been reported to the Chief Education Officer.

## MEDICAL INSPECTION.

The routine medical inspections have been carried out as in past years in the three age groups prescribed by the Board of Education, and there has been no change in the scope of the examination. The routine groups examined are (a) Entrants (children who have entered school for the first time); (b) intermediates (eight-year olds); and (c) leavers (12 year olds). Children about to leave school at fourteen who miss the examination when aged twelve are also examined and included under the heading of "leavers." There was an increase of 1,012 over the year 1935 in the number of children inspected in these age groups. Special examinations of children at various ages, and the re-examination of children with defects discovered at previous routine inspections have also been undertaken.

The health records of children who have attended Infant Welfare Centres are available for the Assistant Medical Officers at the routine inspections of the "entrants" age group. Similar information is forwarded by the Medical Officers of Health of areas autonomous for maternity and child welfare to the School Medical Officer when children in attendance at Welfare Centres in their areas reach school age.

The scheme for the voluntary medical inspection of children of pre-school age living within the Council's maternity and child welfare area was started during the year. The records of these medical inspections will also be available at the inspection of the "entrants" age group. It is hoped that when this scheme is fully established there will be fewer defects found at the first routine school medical inspection to require treatment.



Parents are always invited to attend the routine medical inspections, and during the year 18,620 parents were present. The response is particularly good when the younger children are being examined: actually 8,668 parents attended the routine inspection of the 10,447 children in the five year old group.

Table I (A) and (B) shows the number of children examined in the various age groups.

#### DISEASES AND DEFECTS.

Of the 28,650 Elementary School children examined at routine medical inspections, 2,781 or 9.74 per cent. were found to be suffering from diseases or defects (not including dental caries and uncleanliness) sufficiently serious to require some form of treatment.

The following table gives the percentage figures for the years since 1927 in Surrey and England, respectively, and it will be observed that in Surrey the total number of defects found at routine inspections to be in need of treatment has remained at a consistently low level since 1932, although a slight tendency towards an increase is again shown this year.

Year.	County of Surrey.				England and Wales.			
1927 .. .. .	18.4	..	..	..	20.6	..	..	..
1928 .. .. .	17.5	..	..	..	20.7	..	..	..
1929 .. .. .	16.7	..	..	..	20.8	..	..	..
1930 .. .. .	13.6	..	..	..	20.9	..	..	..
1931 .. .. .	12.1	..	..	..	20.0	..	..	..
1932 .. .. .	9.57	..	..	..	18.8	..	..	..
1933 .. .. .	9.75	..	..	..	17.3	..	..	..
1934 .. .. .	8.79	..	..	..	17.3	..	..	..
1935 .. .. .	9.0	..	..	..	17.7	..	..	..
1936 .. .. .	9.74	..	..	..	—	..	..	..

Table II shows the defects and diseases found at routine and special inspections.

At the routine inspections 2,781 children were found with 2,964 defects which required treatment. Of these defects 1,926 or 65 per cent. were defects either of vision or of the nose and throat.

The number of children recommended for treatment on account of defective vision and/or squint in the "intermediates" group was 328 or 3.5 per cent., and in the "leavers" group 505 or 5.8 per cent.

The number of children examined as "entrants" and found to be in need of treatment for chronic tonsillitis and/or adenoids was 454 or 4.35 per cent., as compared with 344 or 3.68 per cent. in the "intermediates" group, and 136 or 1.53 per cent. in the "leavers" group.

The following table gives the number of cases of chronic tonsillitis, adenoids, and chronic tonsillitis and adenoids recommended for treatment or observation at the routine medical inspection of the "entrants," "intermediates" and "leavers" groups, respectively:—

#### CHRONIC TONSILLITIS, ADENOIDS, AND CHRONIC TONSILLITIS AND ADENOIDS.

#### DEFECTS DISCOVERED AT ROUTINE MEDICAL INSPECTIONS RECOMMENDED FOR TREATMENT OR OBSERVATION.

Year.	Age Groups.											
	Entrants.				Intermediates.				Leavers.			
	Treatment.		Observation.		Treatment.		Observation.		Treatment.		Observation.	
	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
1927 .. .. .	724	10.33	1139	16.25	525	9.08	675	11.69	353	4.97	447	6.29
1928 .. .. .	657	9.25	1133	15.95	625	7.09	1235	14.01	331	4.80	611	8.85
1929 .. .. .	571	7.92	1103	15.30	559	7.35	923	12.12	224	4.52	413	8.33
1930 .. .. .	495	6.89	1084	15.10	349	4.67	823	11.01	143	2.78	347	6.74
1931 .. .. .	597	7.4	1168	19.84	317	4.15	876	11.19	107	1.64	424	6.42
1932 .. .. .	350	4.18	1090	13.0	278	3.47	877	10.92	226	2.33	615	6.33
1933 .. .. .	374	4.32	1209	13.98	180	2.25	858	10.76	104	1.16	514	5.75
1934 .. .. .	365	3.98	1246	13.60	243	2.94	948	11.48	101	1.15	539	6.15
1935 .. .. .	480	4.78	1459	14.45	268	3.09	989	11.42	108	1.21	509	5.69
1936 .. .. .	454	4.35	1553	14.86	344	3.68	1037	11.32	136	1.53	545	6.15



The percentage number of cases of chronic tonsillitis and/or adenoids recommended for operative treatment remains substantially unchanged, although the fluctuations in the different groups show small increases in the "intermediates" and "leavers" groups, and a reduction in the "entrants" group.

In the treatment of these conditions, the practice is to defer operation in favour of other methods of treatment, unless there are definite indications to the contrary.

#### FOLLOWING UP.

The arrangements for the following up of children recommended to obtain treatment for defects discovered at medical inspection continue to give good results. Re-examination of children found previously to need treatment or observation is undertaken by the Assistant Medical Officers in the schools. The Health Visitors interview the parents of children in those cases where the advice given by the school doctor is not being followed.

The Assistant Medical Officers have carried out 13,122 re-examinations during the year, whilst Health Visitors paid 6,475 visits to the homes of children regarding recommendations made at medical inspections.

The success of the "follow up" system is shown by the fact that of the 10,720 defects in need of treatment discovered during the year, 8,126 or 75.8 per cent. had been treated by the end of the year.

A review of the results of the following up of defects discovered at medical inspections during the ten years from 1926 to 1935 shows that 92,115 or 93.71 per cent. had been satisfactorily treated by the end of December, 1936, out of a total of 98,302 defects discovered in those years.

Year.	No. of defects in need of treatment.	Total No. of cases treated during the year, including cases discovered during the year and those discovered during previous years.
1926	10,491	9,668
1927	11,865	10,731
1928	12,473	11,491
1929	10,338	9,347
1930	9,193	9,165
1931	8,455	7,814
1932	7,663	7,231
1933	9,435	8,744
1934	8,856	7,795
1935	9,533	8,393
1936		†1,736

† The figure refers only to defects treated during 1936, but which were discovered during the previous years.

#### MALNUTRITION.

At the request of the Board of Education the nutrition of children inspected during the year in the routine age groups has been classified in one or other of the following four categories, viz. :—

- (a) Excellent.
- (b) Normal.
- (c) Slightly sub-normal.
- (d) Bad.

The following table gives the number and percentage in each category for each of the age groups inspected during the year :—

Age Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly sub-normal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ... ..	10,447	1,197	11.45	8,545	81.79	690	6.60	15	0.14
Second Age Group ... ..	9,335	1,158	12.40	7,703	82.51	466	4.99	8	0.08
Third Age Group ... ..	8,868	1,138	12.83	7,340	82.76	386	4.34	4	0.04
Total ... ..	28,650	3,493	12.19	23,588	82.33	1,542	5.38	27	0.09

Reference is made in another section of the report to the provision of meals for school children and to the voluntary arrangements for the supply of milk in schools.

#### CLEANLINESS.

The systematic inspection of the person and clothing of the children in Elementary Schools is carried out by the Health Visitors at the beginning of each term, and subsequent visits are made to ascertain whether there has been an improvement in the condition of any children found to be dirty or verminous. The Health Visitors reported 4,196 or 4.63 per cent. of the number on the roll as having verminous heads or bodies or nits in the hair. This is a decrease of 0.5 per cent. from the corresponding figure of last year.

The following table gives the comparable figures for the years since 1928 :—

	1928	1929	1930	1931	1932	1933	1934	1935	1936
Number of visits to schools by nurses	11,318	12,745	13,546	11,914	12,454	12,477	13,579	14,326	14,438
Cases with nits in the hair ..	21,935	21,723	20,877	24,866	20,467	20,040	18,670	17,361	15,598
Cases with lice in the hair ..	2,688	2,210	2,291	2,062	1,549	1,748	1,471	1,199	1,423
Cases with verminous bodies	168	148	245	98	76	51	42	23	56
Exclusions—									
1st time .. ..	1,040	1,213	1,557	1,388	1,294	1,271	1,071	1,221	1,316
2nd time .. ..	401	380	409	327	409	336	342	451	473
3rd time .. ..	198	162	159	123	220	159	247	243	294

During the year, two children were cleansed at the Barnes Borough Cleansing Station.

Sixteen parents were prosecuted whose children had been excluded from school on account of a dirty or verminous condition of the person or clothing. The parents in nine cases were fined, and seven cases were either withdrawn or adjourned in consequence of an improvement having been effected.

#### MEDICAL TREATMENT.

There are fourteen clinics owned by the County Council and used for the County health services. No new clinics were built during the year, but one new dental clinic was established.

*Carshalton, St. Helier.*—At the end of the year, negotiations were in progress for the establishment of a dental clinic on five sessions per week at "Hill House," Bishopsford Road, St. Helier. In February, 1937, a school dental clinic was opened in these premises.

*Ewell and Stoneleigh.*—Part of Ewell Court House has been converted for clinic purposes, and the clinic was opened at the end of August, 1936.

*Hook and Chessington Area.*—In the spring of the year, a minor ailments clinic was established in hired premises in this district. Consideration was being given at the end of the year to the provision of further clinic facilities to serve this rapidly growing district.

The County Council clinics are lent to two district councils, autonomous for Maternity and Child Welfare, for their Maternity and Child Welfare services, and in three districts the premises used by autonomous Maternity and Child Welfare Authorities for this service are used also in connection with the school medical service. Clinics are held in school premises in ten districts, and in hired buildings in 66 districts.



There are 77 minor ailments clinics; in the more rural parts of the County 43 of these are held immediately before the Child Welfare sessions, and this is both convenient for those mothers who live at considerable distances, and a saving of the time of the Medical and Health Visiting staffs.

When, at medical inspections, defects are discovered which appear to need treatment, parents are advised by the Assistant Medical Officer to consult their own doctors in the first instance. If, for any reason, they are unable to obtain treatment, arrangements are made for the child to attend a School Clinic, a Hospital or an Orthopaedic Centre.

Table IV (Group I) includes a return of the minor ailments treated at General Medical Clinics.

The following table gives the attendances at minor ailments clinics during the year:—

Disease.	First Attendance.	Second and Subsequent Attendances.
Ringworm, head ... ..	25	75
Ringworm, body ... ..	84	135
Scabies ... ..	118	308
Impetigo ... ..	1,355	2,688
Minor injuries ... ..	1,618	1,910
Other skin diseases ... ..	1,967	2,217
Ear disease ... ..	805	1,551
Eye disease ... ..	1,281	550
All other minor ailments ... ..	8,005	4,713
	15,258	14,147
Total ... ..	29,405	

These figures show a total increased attendance of 1,684 over the total attendances for the previous year, which were 27,731.

(i) *Chronic Tonsillitis and Adenoids*.—Under the Education Committee's scheme, operative treatment is undertaken at 33 General and Cottage Hospitals, the Horsham Hospital, Sussex, having been included in the list of approved hospitals during the past year. This hospital is conveniently situated for those children living near the Sussex border.

Table IV (Group III) records the number of cases of chronic tonsillitis and adenoids undertaken during the year under the Committee's scheme and privately.

Of the 1,741 operations performed, 1,603 or 92.07 per cent. were for the removal of both tonsils and adenoids.

The following table gives the number of cases treated by operation during the past twelve years under the scheme, and the percentage of children in average attendance at school in which operation was performed. The gradual decrease during the past six years in the percentage of cases treated by operation is well illustrated in this table, and though the percentage figure again shows a slight upward trend, no special significance can be attached to it.

School Year ended March.	School Population (Average Attendance).	Nos. treated under Local Authority's Scheme.	Percentage.
1924—1925	52,741	1,209	2.27
1925—1926	53,390	1,664	3.09
1926—1927	54,148	1,888	3.48
1927—1928	55,626	2,304	4.14
1928—1929	55,652	2,321	4.17
1929—1930	58,174	2,085	3.58
1930—1931	60,275	2,114	3.50
1931—1932	65,992	1,737	2.62
1932—1933	70,095	1,613	2.30
1933—1934	73,264	1,101	1.50
1934—1935	74,703	1,178	1.57
1935—1936	77,420	1,407	1.82

(ii) *Defective Vision*.—Table IV (Group II) gives an analysis of the treatment provided for visual defects. The total number of attendances during the year was 10,013. The number of attendances during the previous year was 9,025.

The services of the full-time ophthalmic surgeon were augmented during the last term of the year by the employment, when necessary, of a part-time specialist.

The Committee continued for another year their grant to the Royal Surrey County Hospital, Guildford, in respect of the clinic established at the hospital for the orthoptic treatment of squint. Five children made 68 attendances in all.



(iii) *Dental Defects*.—No lecture demonstrations were carried out by the Dental Board of the United Kingdom during the year. The Committee has, however, authorised a course to be given during 1937 similar to those given in previous years.

The propaganda work undertaken by the Dental Board serves a useful purpose in stimulating and developing the interest of the children in the care of their teeth. The Dental Surgeons also take every opportunity when meeting parents at treatment clinics or at dental inspections to stress the importance of the proper care of the teeth and to advise them in all matters affecting dental hygiene.

Of the 78,854 children who were examined at routine and special inspections during the year, 48,492 (or 61.49 per cent.) were referred for treatment. Of this number, 26,825 (or 55.3 per cent.) had been treated at the clinics by the end of the year, as compared with 23,926 (or 50.7 per cent.) in 1935.

The percentage of children treated at the clinics is appreciably higher than the figure of last year; the actual number of children treated increased by over 2,000, with an increase of 3,187 in the number of permanent teeth filled and of 1,857 in the number of extractions under general anaesthetics.

An additional full-time Dental Surgeon was appointed early in the financial year, and commenced duty in July. This new appointment was made necessary by the continued growth of population. During the year, a new clinic was established at Stoneleigh to meet the need of that area.

The dental areas are so arranged that each Dental Surgeon has approximately two sessions per week available for inspections, and nine sessions for treatment.

(iv) *Tuberculosis*.—Table VII shows the number of children who received treatment under the Tuberculosis scheme of the Council. These children, numbering 138, all of whom showed definite signs of tuberculosis, were maintained in sanatoria by the Public Health Committee.

(v) *Ringworm*.—During the year, five children with ringworm of the head were treated by means of X-Rays.

The Committee gave its approval during the year to the inclusion of St. Mary's Hospital, Paddington, in the County scheme; otherwise no change has been made in the arrangements for X-Ray treatment.

(vi) *Heart Disease*.—166 cases of organic heart disease were found during the course of routine medical inspections: three of these (or .010 per cent. of those examined) were referred for treatment, and 163 (or .579 per cent. of those examined) were kept under observation. The corresponding percentage figure for the whole country during the year 1935 was:—

Referred for treatment	..	..	..	..	..	0.16 per cent.
Referred for observation	..	..	..	..	..	0.34 per cent.

There were 26 children resident in special schools during the year, on account of serious heart lesions, and 3 children attended the day special school in the Borough of Kingston. Children with heart affections who are fit to attend the Elementary Schools are medically examined from time to time, to determine their progress and fitness for school games and exercises.

(vii) *Rheumatism*.—In the course of routine medical inspections, 188 children were found to be suffering from rheumatism. Six children were referred for treatment, and 182 were kept under observation. Nine children affected with rheumatism, in whom there was a danger of the heart becoming involved, were admitted to residential special schools.

#### EXCEPTIONAL CHILDREN.

A register is kept of all children ascertained to be blind, deaf, epileptic and physically or mentally defective. New cases are found from time to time as a result of medical inspection or by Health Visitors and School Officers in the course of their work, and also by private medical practitioners. These are added to the register as they become known.

(i) *Crippled Children*.—There has been no change in the scheme for the treatment of children with crippling defects as outlined in previous annual reports. The following table gives particulars



of the orthopaedic centres approved by the Board of Education and the number of children treated during the year :—

Centres.	Orthopaedic Surgeon	Number of	
		Children Treated.	Treatments.
Croydon, The General Hospital ..	Mr. Alan H. Todd, M.S., F.R.C.S. ..	82	779
East Grinstead .. ..	.. ..	5	49
Guildford, Royal Surrey County Hospital	Mr. St. J. Dudley Buxton, F.R.C.S. ..	31	104
Kingston, British Red Cross Curative Post	Mr. Philip Wiles, F.R.C.S.	307	7,919
	Mr. D. McCrae-Aitken, F.R.C.S. ..		
Merton, The Nelson Hospital .. ..	Mr. A. T. Fripp, F.R.C.S.	114	2,317
	Mr. W. D. Coltart, F.R.C.S. ..		
Woking, British Red Cross Curative Post, Boundary Road	Mr. R. Y. Paton, F.R.C.S.	136	2,522
	Mr. L. H. F. Walton, M.R.C.S. ..		
Weybridge, Locke-King Clinic ..	Mr. Ronald Furlong, F.R.C.S. ..	105	871
Aldershot and Farnborough ..	Mr. P. Maynard Heath, F.R.C.S. ..	8	23
Farnham .. ..	.. ..	10	351
Totals .. ..		798	14,935

The number of children attending the orthopaedic centres as out-patients has decreased by 21, and the total attendances are 857 less than the total in 1935.

Fourteen children were admitted for short periods to the Merton, Croydon, Guildford and Weybridge Hospitals for minor operative treatment, and in addition one child received similar treatment in the Out-patient Department of the Croydon Hospital.

On the 31st December, 1936, there were 74 children in residence at Certified Special Schools for Cripples, an increase of 4 over the corresponding period of last year.

Under the auspices of the Central Council for the Care of Cripples a Surrey Voluntary Association was formed during the year. The Association already has branches in various districts of the County and acts as a co-ordinating body between all the agencies interested in the care and welfare of cripples.

(ii) *Blind*.—Seven blind and 24 partially sighted children were in special schools at the end of the year (24 at residential and 7 at day special schools). There is no change from last year in the number of blind and partially sighted children.

The following table shows the number of blind and partially sighted children attending special schools at the end of each year from 1923 to 1936 inclusive :—

Year.	Blind.	Partially Sighted.	Total.
1923	8	10	18
1924	5	9	14
1925	7	12	19
1926	3	9	12
1927	4	5	9
1928	4	9	13
1929	6	9	15
1930	3	12	15
1931	1	26	27
1932	3	24	27
1933	8	25	33
1934	9	20	29
1935	7	24	31
1936	7	24	31

(iii) *Deaf*.—At the end of the year, 31 deaf and 11 partially deaf children were at schools for the totally deaf or deaf and dumb, or for the partially deaf. This is an increase of seven over the number at the end of the previous year (3 deaf and 4 partially deaf). This increase was chiefly due to the migration of cases to Surrey from other areas.

(iv) *Mentally Defective*.—Children certified to be feeble-minded within the meaning of the Education Act, 1921, are included in Table III. Children who are ineducable either in Elementary or Special Schools, are referred to the Mental Hospitals Committee.

At the end of the year, the register contained the names of 228 children who had been certified as feeble-minded under the Education Act, 1921. Of these, 113 (an increase of 14 over the corresponding period of 1935) were in day or residential special schools.

The following table gives the numbers of children between the ages of 7 and 16 whose cases

were notified to the Mental Hospitals Committee under the Mental Deficiency (Notification of Children) Regulations, 1928 :—

Diagnosis.							Boys.	Girls.
Idiots	...	...	...	...	...	...	2	1
Imbeciles	...	...	...	...	...	...	6	3
Others	...	...	...	...	...	...	2	2
Feeble-minded—Children notified on leaving special schools							10	7
Total							20	13

The St. Christopher's Day Special School has continued to be occupied to its full capacity during the year. In December, the annual physical and mental examination of the children attending the school was carried out by one of the Assistant Medical Officers. The results proved to be satisfactory, many of the children having shown improvement in their physical and mental condition.

As in the past two years, the children attending Occupation Centres maintained by the Surrey Voluntary Association for Mental and Physical Welfare were examined medically. There were 65 pupils examined—44 boys and 21 girls. Eleven were referred for treatment, and 25 were found with defects which are being kept under observation by the Assistant Medical Officers.

#### SUNLIGHT TREATMENT.

Treatment by artificial light was available at the Croydon General Hospital, the Locke-King Clinic, Weybridge, and the Farnham Clinic. The following attendances were made :—

Centre.						No. of Children.	No. of Attendances.
Croydon General Hospital	...	...	...	...	...	5	109
Weybridge, Locke-King Clinic	...	...	...	...	...	33	512
Farnham Clinic	...	...	...	...	...	7	187
						45	808

The following table gives a brief summary of the results of the treatment at Weybridge :—

Disease.	All Groups			Continuing Treatment over 3 months.	Under treatment at end of year.	Results of Treatment.			Not under treatment long enough for results to be known.
	Pre-School.	School.	Total			Definite Improvement.	Slight Improvement.	No Change.	
Rickets	5	1	6	—	1	5	—	—	1
Rheumatism	—	3	3	—	1	2	—	1	—
Cervical Adenitis	—	2	2	—	1	1	—	—	1
Bronchitis	2	6	8	1	1	5	2	—	1
Malnutrition and Debility	2	18	20	2	9	10	6	—	4
Alopecia	—	1	1	—	—	1	—	—	—
Furunculosis	2	—	2	—	—	—	2	—	—
Impetigo	—	2	2	—	—	2	—	—	—

Of the seven children who underwent treatment at the Farnham Clinic, five who were referred on account of debility and bronchitis showed improvement; one case of chronic bronchitis failed to respond to treatment; and one case left the County before completing treatment for asthma.



The following is an analysis of the five cases treated at Croydon General Hospital :—

Asthma .. .. .	1
Cervical adenitis .. .. .	2
Alopecia .. .. .	1
Bronchitis .. .. .	1

The case of alopecia failed to benefit from treatment, but the condition of the other children is reported to have improved as a result of the sunlight treatment.

#### SPEECH DEFECTS.

The Committee approved the attendance of children recommended for special training on account of speech defects, at special speech training centres established by three Part III Authorities, namely, the Boroughs of Wimbledon, Reigate and Guildford. The Committee also appointed two part-time teachers for this work, and special speech training classes were begun in October at Malden and Sutton on two sessions each per week.

The attendances at these classes have been encouraging, and the results so far, satisfactory. Children with various kinds of speech defects are recommended by the Assistant Medical Officers, and are examined at intervals to ascertain the progress made.

On the 31st December, 1936, 29 children were attending these classes.

#### CHILD GUIDANCE.

A number of children have been referred to Child Guidance Clinics in London, on the recommendation of the Assistant Medical Officers. The Committee has agreed to assist necessitous cases attending the Child Guidance unit of the West End Hospital for Nervous Diseases, by the payment of travelling expenses.

During the year, one boy was boarded out with a foster parent, in order that he might attend a London Child Guidance Clinic for treatment.

Of the two girls who were resident at the beginning of the year at the Northamptonshire Home for Maladjusted Girls, one was discharged during the year and responsibility for the other case ceased in consequence of the parent's removal from the County.

#### INFECTIOUS DISEASE.

The procedure in connection with the notification of cases of infectious and contagious disease from schools remains unaltered.

A summary of notifications received from Head Teachers is given in Table V. Table VI shows the schools closed during the year, together with the period of, and reason for, closure in each case. There were 229 certificates issued during the year, in respect of 83 schools whose average attendances had fallen below 60 per cent. on account of infectious illness.

The following table shows the total exclusions on account of the principal infectious diseases, and the number of schools closed on account of outbreaks of these diseases each year since 1930.

	1930		1931		1932		1933		1934		1935		1936	
Exclusions for	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded
Measles .. .. .	16	5,985	2	872	10	6,953	5	2,674	3	7,915	4	2,619	5	8,664
Whooping Cough	1	823	1	1,900	—	1,760	—	1,888	—	2,487	—	1,873	—	1,695
Scarlet Fever ..	4	1,227	—	1,024	1	834	—	1,913	—	2,366	1	1,746	2	1,592
Chicken Pox ..	—	2,598	—	2,700	—	2,998	—	2,669	—	3,212	—	3,063	—	3,419
Diphtheria ..	1	748	1	511	—	211	3	526	—	679	—	569	—	665
Mumps .. .. .	—	3,364	—	806	1	1,024	—	1,562	—	3,342	1	5,304	—	916

The number of children excluded from school on account of infectious disease shows an appreciable increase, which is accounted for by the prevalence of measles throughout the year. The number of cases of mumps was substantially less than in the previous year, when the incidence of this disease

had reached its highest point since 1928. There were four more cases of diphtheria than during last year, and the majority of the cases occurred in the following schools :—

Mitcham, Upper Mitcham C. J.G. and I.	..	..	..	..	20
Carshalton, St. Helier No. 7, C. J.M.	..	..	..	..	11
Dorking, Powell Corderoy C. of E.	..	..	..	..	7
Esher, C. of E. Girls'	..	..	..	..	7

#### SCHICK TESTING AND IMMUNISATION AGAINST DIPHTHERIA.

During the year many local sanitary authorities inaugurated schemes for the immunisation of children against diphtheria. The arrangements were also continued for the immunisation against diphtheria of the new entrants to the Southern Railway Orphanage, Woking. The material is supplied by the Orphanage Authorities, and the work done by one of the Assistant Medical Officers in the district.

The following table gives the number of children in Urban and Rural Districts who were immunised against diphtheria during the year :—

	<i>No. of Children attending Schools who have been immunised either at School or at Clinics.</i>					
Banstead—Urban	..	..	..	..	..	6
Barnes (M.B.)	..	..	..	..	..	187
Carshalton—Urban	..	..	..	..	..	463
Dorking—Urban	..	..	..	..	..	17
Egham—Urban	..	..	..	..	..	71
Epsom and Ewell—Urban	..	..	..	..	..	452
Esher—Urban	..	..	..	..	..	201†
Farnham—Urban	..	..	..	..	..	212
Haslemere—Urban	..	..	..	..	..	112
Leatherhead—Urban	..	..	..	..	..	244
Maldens and Coombe (M.B.)	..	..	..	..	..	60
Merton and Morden—Urban	..	..	..	..	..	714
Mitcham (M.B.)	..	..	..	..	..	82
Reigate (M.B.)	..	..	..	..	..	6*
Richmond (M.B.)	..	..	..	..	..	6‡
Sutton and Cheam (M.B.)	..	..	..	..	..	530
Walton and Weybridge—Urban	..	..	..	..	..	208
Bagshot—Rural	..	..	..	..	..	46
Dorking and Horley—Rural	..	..	..	..	..	188
Godstone—Rural	..	..	..	..	..	187
Guildford—Rural	..	..	..	..	..	466
Hambleton—Rural	..	..	..	..	..	308

† Children at Shaftesbury Homes.

\* Includes 3 Secondary School pupils.

‡ Secondary School pupils.

The Assistant Medical Officers and Health Visitors have assisted the District Medical Officers of Health in this work, either at the clinics or at the schools.

#### OPEN AIR EDUCATION.

(i) *Playground Classes.*—Advantage is taken of fine weather to hold classes in the open air in many parts of the County.

(ii) *Summer Camp.*—The summer camp at Henley Fort, Guildford, was occupied during this (fifteenth) season for a period of 22 weeks. 554 scholars and 27 teachers in 12 parties from 26 schools took advantage of the facilities offered.

During the 1936 season the average cost of maintenance has been 6s. 11d. per head for the week.

No case of infectious disease was notified during the season.

A full report by Mr. Lance Rawes, the Chairman of the School Camp Committee, who is keenly interested in the work of the Camp, has been submitted to the Education Committee.

The County Medical Officer would like to record his appreciation of the work done at this School Camp.

An Assistant Medical Officer examines each child on the day previous to entering camp, to minimise the risk of introducing infectious or contagious disease to the camp, and to ensure that all children are free from vermin.



As in former years, the children in the camp were under medical supervision by the Assistant Medical Officer for the Guildford area, who was available at any time in case of accident or sudden illness.

(iii) *Open Air Classrooms in Public Elementary Schools.*—None.

(iv) *Day Open Air Schools.*—None.

(v) *Residential Open Air Schools.*—The Committee has given consideration to the provision of an open air residential special school, and it is hoped to secure a suitable site and building for this purpose during 1937.

During the year, 126 delicate children were resident in special schools, and of these 96 were still in residence at the end of the year. The principal schools utilised were St. Dominic's, Hambledon (for boys only), St. Catherine's, Ventnor, and Holy Cross Open Air School, Broadstairs.

Only children classifiable as "delicate," i.e., those whose general health makes it desirable that they should be educated in a residential special school, are sent to these schools.

Children requiring short stays in convalescent homes are referred to various voluntary associations which provide this form of treatment.

### PHYSICAL TRAINING.

The Organiser of Physical Training in the County reports as follows :—

"Although the Board of Education have promised a senior book to follow on to the 1933 Syllabus, the schools have adequate material in the 1933 publication to interpret correctly and to teach for an indefinite time. It is becoming more and more popular, as it is better known, and the instruction given in the Teachers' Classes throughout the County is based entirely on it.

Courses were again held in nine Centres :—

Surbiton, Godalming and Mortlake for Infant Teachers.

St. Helier, Dorking and Purley for Women Teachers.

Woking, Raynes Park and Richmond for Men Teachers.

We continue to use the English Folk Dancing in the schools, and classes are held every year all over the County.

*Swimming.*—The Committee adopted a 2 years' course last summer, a plan recommended by the Board of Education, between the ages of 10 and 12. It will take 2 years to test its full value or otherwise, but results have been satisfactory for 1936."

### PROVISION OF MEALS.

The Committee's scheme for the provision of meals under Section 84 of the Education Act, 1921, was continued during the year. The powers of this section are exercised only where a recommendation of an individual body of Managers is submitted through the usual channels and approved by the Education Committee. At the end of the year, 556 children were receiving milk free, and 112 at half cost.

A special survey of the children receiving milk free or at half cost during 1936 has been carried out, and the following is a summary of the results :—

No. Examined.	No. whose nutrition is.				No. who have made.			
	Excellent.	Normal.	Slightly Sub-normal.	Bad.	Considerable Improvement.	Moderate Improvement.	Slight Improvement.	No. Improvement.
549	11	148	369	21	166	196	149	38

Several children who were absent at the time of re-examination are reported to have benefited in consequence of having milk and two children had not been having milk long enough to assess the amount of benefit which they had received.

The existing voluntary schemes for the supply of milk to scholars were continued during the year. At the end of the year milk in liquid or dried form was being supplied in 422 departments : under the scheme of the Milk Marketing Board liquid milk was provided in 388 departments and in the remaining 34 departments some proprietary brand of dried milk. On the 30th September, 1936, 42,147 children were having milk in school, of whom 40,284, were under the scheme of the Milk Marketing Board.

All suppliers of milk to schools under this scheme must be approved by the County Medical Officer after consultation with the Medical Officer of Health of the district.



Samples of milk supplied to the schools have been taken by the officers of the Public Control Department and by the District Medical Officers of Health for chemical and bacteriological examination.

Hot midday meals arranged through voluntary sources are available in certain schools.

In many schools, arrangements are made either for the provision of hot drinks or for the warming of food brought by children.

#### SCHOOL BATHS.

There are no school baths, but in the summer months children from many of the schools are able to visit swimming baths in the vicinity. During the season, 14,754 children from 269 schools attended swimming baths.

#### CO-OPERATION OF PARENTS AND TEACHERS.

During the year, 65 per cent. of the parents accepted the invitation to be present at routine medical inspection.

The attendance of parents at the "entrants" examination is particularly desirable as it affords an opportunity to the Assistant Medical Officer of discussing with them any conditions which may be affecting the health of their children. The personal contact is much more effective and more greatly appreciated than a formal written notice.

Of the 10,447 children examined in this group, the parents of 8,668 were present.

The teachers also, render great assistance in the work of the school medical service. They show a deep interest in the mental and physical welfare of the children in their schools, and are unsparing in giving help in the preparation for the medical and dental inspections. They invariably exert their influence to secure that any necessary treatment is obtained without delay.

The most cordial relations have always existed in Surrey between the teachers and the medical, dental and nursing staffs.

#### CO-OPERATION OF THE SCHOOL OFFICERS.

The co-operation between the School Officers and the School Medical Service, which is of the greatest mutual advantage, has been maintained throughout the year. Many cases of children absent from School without satisfactory reasons, have been referred to the Assistant Medical Officers for examination.

#### VOLUNTARY BODIES.

Care Committees are in existence in connection with many schools, and valuable help is afforded by them to the School Medical Service.

The Voluntary Workers' Advisory Committee continues its interest in the work of School Care Committees.

#### NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During the year, 50 cases were referred to the Society. These cases were concerned chiefly with neglect to obtain treatment for enlarged tonsils and adenoids, extensive dental caries and dirty and verminous conditions. Of the 50 cases, 35 either had treatment or the conditions improved during the year. The remaining cases were still under investigation at the end of the year.

#### NURSERY SCHOOLS.

In connection with Circular 1444 issued by the Board of Education early in the year, the Education Committee has surveyed the position with regard to the provision of nursery schools and classes. It is not considered necessary or practicable to provide nursery schools or classes in Surrey, as a whole, but enquiries are being made as to vacant accommodation in existing schools in certain districts and as to the desire on the part of parents for nursery classes in these districts.

#### SECONDARY SCHOOLS.

The usual medical and dental inspections of the pupils in 40 Secondary, Junior Technical and Day Commercial Schools in the County were carried out. There are 26 schools provided by the Authority: 8 are aided, but not provided, and 6 are Junior Technical and Day Commercial Schools.

Three routine medical examinations of pupils at Secondary Schools are carried out during their school career, and two of pupils of Day Commercial or Technical Schools. In addition, special examinations are made of any pupils brought forward by parents, the headmaster or headmistress. The number of pupils examined in the various age groups is shown in Table IX.



### MEDICAL TREATMENT AND FOLLOWING UP.

The scheme for the medical and dental treatment of secondary school pupils remains unchanged.

Table XB shows that the percentage of pupils found at routine inspections to require treatment was 8.1; the comparable figure for the elementary school children was 9.7 per cent. The following figures show the percentage of pupils referred for treatment each year since 1927:—

<i>Year.</i>	<i>Percentage of Pupils Referred for Treatment.</i>					
1927	..	..	..	..	..	13.90
1928	..	..	..	..	..	11.60
1929	..	..	..	..	..	13.40
1930	..	..	..	..	..	8.90
1931	..	..	..	..	..	9.00
1932	..	..	..	..	..	7.60
1933	..	..	..	..	..	7.22
1934	..	..	..	..	..	6.69
1935	..	..	..	..	..	8.41

### ORTHOPÆDIC TREATMENT.

Pupils from the Secondary Schools recommended for orthopædic treatment may attend the approved orthopædic clinics under the Education Committee's scheme.

Special Place pupils secure treatment on the same terms as children attending the Elementary Schools; fee payers are required to pay the charges included in the scheme directly to the Hospitals, unless the parents satisfy the Governors that they are unable to bear the cost of treatment.

During the year, 52 Secondary School pupils made 838 attendances at these clinics: 17 were fee payers who made 254 attendances.

One Special Place child was admitted to hospital for a minor operation.

### CONTINUATION SCHOOLS.

There are no Continuation Schools provided by the Authority.

### HIGHER EDUCATION FOR THE BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

The Higher Education Committee were responsible during the year for the maintenance and training at residential institutions of 20 blind, 4 epileptic, 1 deaf, and 8 physically defective students.

### PARENTS' PAYMENTS.

Parents' contributions towards the cost of the treatment of minor ailments, defects of the nose and throat, of vision and of teeth, are collected by the Health Visitors at the Clinics. Contributions in respect of the maintenance of children at residential special schools are collected by the Chief Financial Officer.

### EMPLOYMENT OF CHILDREN.

The arrangements were continued during the year for the medical examination of all children of school age who wish to take up part-time employment. The examinations are undertaken at the clinics nearest to the homes of the applicants by the Assistant Medical Officers.

During the year, 2,094 examinations were carried out for this purpose, and in 15 cases the children were, on medical grounds, considered unfit to undertake part-time employment.

In addition to the above, children wishing to take part in entertainments are required to be medically examined. 129 children were examined for this purpose and certificates issued.

### CHILDREN AND YOUNG PERSONS ACT, 1933.

During the year, reports have been required in respect of 42 children who were to appear at the Juvenile Courts. Of these, 25 were examined by Dr. Steward, the County Mental Specialist, and 17 by the Assistant Medical Officers. The Health Visitors have also made reports as to the suitability of homes suggested for the boarding-out of children who have been placed in the care of the Education Committee by the Court.

### MISCELLANEOUS.

(i) *Examination of Candidates for Special Places.*—During the year, 360 boys and 302 girls were medically examined, to ascertain their fitness to hold scholarships. 29 boys and 34 girls were requested to obtain medical treatment before the award of the scholarship could be confirmed.

(ii) *Examination of Elementary School Teachers.*—Eight teachers were examined, one of whom was considered temporarily unfit for duty.

Assistant Medical Officers have also attended school boxing contests to examine the boys who were to take part in the contests, and to be available in case of need.

## SURREY EDUCATION COMMITTEE,

## SCHOOL MEDICAL OFFICER'S REPORT, 1936.

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 ... ..	5,236	5,211	10,447
Intermediates ... ..	4,873	4,462	9,335
Leavers ... ..	4,457	4,411	8,868
Totals ... ..	14,566	14,084	28,650

## B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys ... ..	5,314	7,101
Girls ... ..	5,142	6,021
Totals ... ..	10,456	13,122



TABLE II.

## A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1936.

	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.
Skin—				
Ringworm, Head ... ..	1	1	30	4
" Body ... ..	5	5	51	2
Scabies ... ..	10	2	95	3
Impetigo ... ..	57	1	654	6
Other diseases (non-tubercular)	90	142	1,242	86
Eye—				
Blepharitis ... ..	69	74	136	15
Conjunctivitis ... ..	16	14	146	12
Keratitis ... ..	—	1	—	—
Corneal opacities ... ..	1	7	2	—
Defective vision (excluding squint) ... ..	787	1,616	1,276	172
Squint ... ..	179	345	118	34
Other conditions ... ..	20	39	178	38
Ear—				
Defective hearing ... ..	28	176	40	55
Otitis media ... ..	46	167	136	31
Other ear disease ... ..	33	53	154	45
Nose and Throat—				
Chronic Tonsillitis only ... ..	377	2,050	301	247
Adenoids only ... ..	45	186	45	47
Chronic Tonsillitis and adenoids	512	919	822	110
Other conditions ... ..	26	114	172	95
Enlarged cervical glands (non-tubercular) ... ..	13	1,234	55	172
Defective speech ... ..	13	158	20	49
Heart and Circulation—				
Heart disease, Organic ... ..	3	163	7	28
" Functional ... ..	3	279	5	59
Anæmia ... ..	56	78	44	26
Lungs—				
Bronchitis ... ..	24	348	64	73
Other non-tubercular diseases	10	226	120	151
Tuberculosis—				
Pulmonary definite ... ..	—	1	—	—
" suspected ... ..	—	30	—	12
Non-Pulmonary—				
Glands ... ..	4	17	—	4
Spine ... ..	—	—	—	—
Hip ... ..	—	3	—	1
Other bones and joints ... ..	—	2	—	1
Skin ... ..	—	—	—	—
Other forms ... ..	2	10	1	2
Nervous system—				
Epilepsy ... ..	2	22	9	17
Chorea ... ..	2	43	16	48
Other conditions ... ..	24	81	56	75
Deformities—				
Rickets ... ..	4	142	—	4
Spinal curvature ... ..	99	411	29	28
Other forms ... ..	253	1,051	124	72
Rheumatism ... ..	6	182	47	93
Other diseases and defects ... ..	144	658	1,561	759
Totals ... ..	2,964	11,051	7,756	2,676

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

Code groups.	Number of children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Entrants ... ..	10,447	936	8.9
Intermediates ... ..	9,335	937	10.0
Leavers ... ..	8,868	908	10.2
Totals ... ..	28,650	2,781	9.7

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE COUNTY ON THE 31ST DECEMBER, 1936.

			Boys.	Girls.	Total.
	Children suffering from Multiple Defects (e.g., mental defect, crippling, epilepsy, etc.)	Residential special schools ... .. Public elementary schools ... .. At no school or institution ... ..	2 — —	— — 3	2 — 3
Blind (including partially sighted)	(i) Suitable for training in a school for the totally blind	At certified schools for the blind ... ..	4	3	7
		At public elementary schools ... ..	—	—	—
		At other institutions ... ..	—	—	—
		At no school or institution ... ..	2	—	2
	(ii) Suitable for training in a school for the partially sighted	At certified schools for the blind or partially sighted	16	8	24
		At public elementary schools ... ..	9	7	16
		At other institutions ... ..	—	—	—
		At no school or institution ... ..	2	2	4
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a school for the totally deaf or deaf and dumb	At certified schools for the deaf ... ..	15	16	31
		At public elementary schools ... ..	—	—	—
		At other institutions ... ..	—	—	—
		At no school or institution ... ..	3	1	4
	(ii) Suitable for training in a school for the partially deaf	At certified schools for the deaf or partially deaf	7	4	11
		At public elementary schools ... ..	1	2	3
		At other institutions ... ..	—	1	1
		At no school or institution ... ..	—	1	1
Mentally Defective.	Feeble-minded ... ..	At certified schools for mentally defective children ... ..	77	36	113
		At public elementary schools ... ..	22	21	43
		At other institutions ... ..	11	6	17
		At no school or institution ... ..	38	17	55
Epileptics	Suffering from severe epilepsy	At certified schools for epileptics ... ..	7	4	11
		At public elementary schools ... ..	—	—	—
		At other institutions ... ..	—	1	1
		At no school or institution ... ..	3	—	3
Physically Defective.	(i) Suffering from pulmonary tuberculosis (including pleura and intrathoracic glands).	At certified special schools ... ..	3	10	13
		At public elementary schools ... ..	1	1	2
		At other institutions ... ..	3	1	4
		At no school or institution ... ..	1	2	3
	(ii) Suffering from non-pulmonary tuberculosis (including tuberculosis of all sites other than those shown in (i) above)	At certified special schools ... ..	25	23	48
		At public elementary schools ... ..	9	5	14
		At other institutions ... ..	—	1	1
		At no school or institution ... ..	2	2	4
	Delicate children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an open air school	At certified special schools ... ..	52	44	96
		At public elementary schools ... ..	139	116	255
		At other institutions ... ..	2	—	2
		At no school or institution ... ..	24	20	44
	Crippled children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At certified special schools ... ..	44	30	74
		At public elementary schools ... ..	50	47	97
		At other institutions ... ..	1	3	4
		At no school or institution ... ..	20	17	37
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At certified special schools ... ..	12	12	24
		At public elementary schools ... ..	12	27	39
		At other institutions ... ..	—	1	1
		At no school or institution ... ..	7	14	21
	Totals ... ..		626	509	1,135



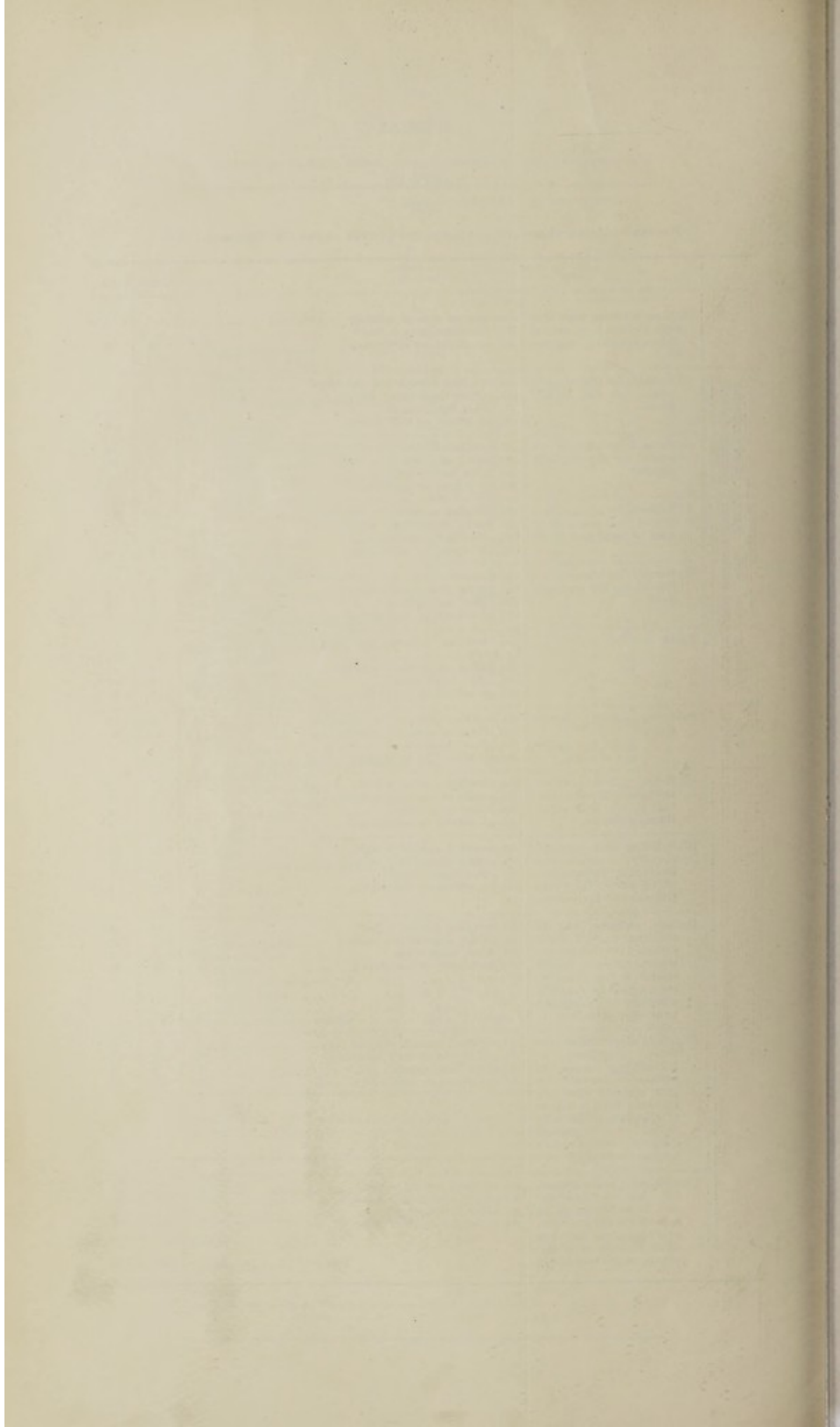


TABLE IV  
Group 1.—Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during 1936.

	Treatment of defects found prior to 1936.							Treatment of defects found during 1936.										Total defects treated during the year, whether found during 1936 or previously.											
	Routine cases.			Special cases.			Total defects treated—Routine and special.	Routine cases.			Special cases.			Total defects treated—Routine and special.	Under scheme of Local Education Authority.	Otherwise.	Total.												
	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.														
<b>Skin—</b>																													
Ringworm, Head .. .. .	—	—	—	2	1	3	3	1	1	—	1	30	21	7	28	29	24	8	32										
"    Body .. .. .	—	—	—	—	—	—	—	5	1	2	3	51	46	1	47	50	47	3	50										
Scabies .. .. .	—	2	2	—	1	1	2	10	7	9	3	81	81	82	161	88	7	16	104										
Impetigo .. .. .	8	4	12	32	1	33	45	57	23	4	27	654	621	9	639	637	684	18	702										
Other Diseases (non-Tubercular) ..	9	10	19	146	16	162	181	90	38	16	54	1,242	1,128	53	1,181	1,235	1,321	95	1,416										
<b>Eye—</b>																													
Blepharitis .. .. .	8	4	12	7	—	7	19	69	35	12	47	136	124	4	128	175	174	20	194										
Conjunctivitis .. .. .	1	2	3	13	3	16	19	16	5	3	8	146	127	6	133	141	146	14	160										
Keratitis .. .. .	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1										
Cornual Opacities .. .. .	—	—	—	—	—	—	—	1	1	—	1	2	2	—	2	3	3	—	3										
Defective Vision .. .. .	—	—	—	—	—	—	—	Table IV (Group II)			—	—	—	—	—	—	—	—	—										
Squint .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										
Other Conditions .. .. .	2	2	4	9	3	12	16	20	11	3	14	178	141	16	157	171	163	24	187										
<b>Ear—</b>																													
Defective Hearing .. .. .	1	5	6	—	1	1	7	28	11	7	18	40	22	7	29	47	34	29	54										
Otitis Media .. .. .	6	5	11	11	1	12	23	46	13	14	27	136	106	21	127	154	136	41	177										
Other Ear Disease .. .. .	2	2	4	5	2	7	11	33	16	4	20	154	124	17	141	161	147	25	172										
<b>Nose and Throat—</b>																													
Chronic Tonsillitis only .. .. .	—	—	—	—	—	—	—	Table IV (Group III)			—	—	—	—	—	—	—	—	—										
Adenoids only .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										
Chronic Tonsillitis and Adenoids ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										
Other Conditions .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										
Enlarged Cervical Glands (non-Tubercular)	—	4	4	7	4	11	15	13	1	3	4	55	40	7	47	51	48	18	66										
Defective Speech .. .. .	1	2	3	—	—	—	3	13	6	2	8	20	3	—	3	11	10	4	14										
<b>Heart and Circulation—</b>																													
Heart Disease, Organic .. .. .	—	1	1	—	—	—	1	3	2	1	3	7	1	2	3	6	3	4	7										
"    Functional .. .. .	—	—	—	1	1	2	2	3	—	1	5	1	3	4	5	2	5	7	7										
Anemia .. .. .	—	2	2	1	—	1	3	56	16	12	28	44	21	4	25	53	38	18	56										
<b>Lungs—</b>																													
Bronchitis .. .. .	6	10	16	4	6	10	26	24	4	9	13	64	31	16	47	60	45	41	86										
Other non-Tubercular Diseases ..	1	6	7	5	4	9	16	10	1	5	6	129	87	17	104	110	94	32	126										
<b>Tuberculosis—</b>																													
Pulmonary, Definite .. .. .	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	1										
"    Suspected .. .. .	—	—	—	2	1	3	3	—	—	—	—	—	—	—	—	—	2	1	3										
Non-Pulmonary .. .. .	—	—	—	—	—	—	—	4	—	1	1	—	—	—	—	1	—	1	1										
<b>Glands .. .. .</b>																													
Spine .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										
Hip .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										
Other Bones and Joints .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										
<b>Skin .. .. .</b>																													
Other Forms .. .. .	—	—	—	—	—	—	—	2	—	1	1	1	—	—	1	—	1	1	1										
<b>Nervous System—</b>																													
Epilepsy .. .. .	—	—	—	—	—	—	—	2	—	2	9	1	5	6	8	1	7	8	8										
Chorea .. .. .	—	—	—	1	3	4	4	2	—	—	—	16	5	7	12	12	6	10	16										
Other Conditions .. .. .	1	1	2	—	2	2	4	24	9	4	13	56	37	11	48	61	47	18	65										
<b>Deformities—</b>																													
Rickets .. .. .	1	—	1	—	—	—	1	4	—	—	—	—	—	—	—	—	1	—	1										
Spinal Curvature .. .. .	12	3	15	1	1	2	17	99	59	5	64	29	21	2	23	87	93	11	104										
Other Forms .. .. .	44	5	49	2	8	10	59	253	129	11	140	124	88	8	96	236	269	26	295										
Rheumatism .. .. .	—	1	1	—	1	1	2	6	3	2	5	47	15	10	25	30	18	14	32										
Other Diseases and Defects .. .. .	25	22	47	88	48	136	183	144	39	29	68	1,561	1,235	161	1,386	1,454	1,377	260	1,637										
<b>Totals .. .. .</b>	128	94	222	344	102	446	668	1,638	431	155	586	5,022	4,119	405	4,524	5,110	5,022	756	5,778										









TABLE IV.—Contd.

## GROUP IV.—TREATMENT OF DENTAL DEFECTS.

## (a) NUMBER OF CHILDREN DEALT WITH.

	Routine age groups.												Specials	Total routines and specials
	5	6	7	8	9	10	11	12	13	14	Other Ages	Total		
Inspected by Dentists ...	3,630	7,813	8,141	8,216	8,312	8,312	7,973	7,833	7,848	4,952	477	73,507	5,347	78,854
Referred for treatment ...	1,764	4,200	4,493	5,096	4,993	5,089	5,052	5,081	5,056	3,195	280	44,299	4,193	48,492
Treatment completed ...	1,247	2,931	2,651	2,806	2,722	2,697	2,222	2,156	1,979	1,420	155	22,986	—	22,986
„ not completed ...	152	293	294	412	390	422	423	457	565	375	56	3,839	—	3,839

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

	No. of half days devoted to inspection.	No. of half days devoted to treatment.	Total No. of attendances made by the children at the clinics.	No. of permanent teeth.		No. of temporary teeth.		Total No. of fillings.	No. of administrations of general anaesthetics included in (4) and (6).	No. of other operations.	
				Ex-tracted.	Filled.	Ex-tracted.	Filled.			Permanent teeth.	Temporary teeth.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Elementary	1,050	5,518	42,605	8,228	21,524	36,681	791	22,315	11,705	5,350	547
Secondary	121	181	3,904	749	3,368	201	8	3,376	327	1,053	9

## 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 examina- tions of children in schools	Number of instances of uncleanness.					Action taken.								
			Cloth- ing filthy.	Nits.	Lice.	Bodies ver- minous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecu- tions.	No. fined.	Adjourned or with- drawn on improve- ment.	Discharged with a caution or dismissed.
										1st time	2nd time	3rd time				
931	16	320,173	454	15,598	1,423	56	17,531	5,428	3,334	1,316	473	294	16	9	7	—

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

Number of children cleansed.			Prosecutions.		
Verminous heads.	Verminous bodies.	Total.	Number.	Result:	
				Fines imposed.	Withdrawn on improvement.
2	—	2	—	—	—

TABLE V.

NOTIFICATIONS OF COMMUNICABLE DISEASES BY HEAD TEACHERS OF ELEMENTARY SCHOOLS DURING 1936

## (a) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox ... ..	—	—	—	—
Diphtheria ... ..	212	21	432	665
Scarlet fever ... ..	738	51	803	1,592
Enteric fever ... ..	7	3	6	16
Measles ... ..	6,705	514	1,445	8,664
Whooping Cough ... ..	1,369	174	152	1,695
German measles ... ..	315	19	205	539
Chicken-pox ... ..	2,498	85	836	3,419
Mumps ... ..	822	69	25	916
Jaundice ... ..	25	—	17	42
Other ... ..	290	4	8	302
Totals ... ..	12,981	940	3,929	17,850

## (b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm ... ..	37	7	44
Impetigo ... ..	175	3	178
Scabies ... ..	26	1	27
Ophthalmia ... ..	14	3	17
Other ... ..	26	—	26
Totals ... ..	278	14	292

TABLE VI.

SCHOOL CLOSURE ON ACCOUNT OF INFECTIOUS DISEASE IN 1936.

Name of school.	School closed on account of infectious disease.		Reason for closure.
	From	To (inclusive)	
Abinger, Okewood C.E. ... ..	17- 6-36	26- 6-36	Measles.
Artington Council ... ..	2- 3-36	6- 3-36	Measles.
Ash Vale Council ... ..	28- 5-36	29- 5-36	Measles.
Burstow, Outwood C. ... ..	5- 3-36	10- 3-36	Influenza and Colds.
Chipstead C. ... ..	8- 6-36	9- 6-36	Scarlet Fever.
Dunsfold C.E. ... ..	13- 7-36	20- 7-36	Scarlet Fever.
East Clandon C.E. ... ..	23- 3-36	8- 4-36	Measles.
Newdigate Endowed C.E. ... ..	16- 1-36	31- 1-36	Measles.



TABLE VII.

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

Institution.	Male.	Female.
Alton, Lord Mayor Treloar's ... ..	4	3
Brompton Hospital ... ..	1	—
Clandon, Alexandra Hospital for Children ... ..	1	—
Farnham, Heath End Sanatorium ... ..	3	—
Frimley, Burrow Hill Sanatorium ... ..	2	—
Guy's Hospital ... ..	1	—
Harpenden, National Children's Home Sanatorium ...	3	10
Haslemere, Holy Cross Sanatorium ... ..	—	2
Margate, Royal Sea-Bathing Hospital ... ..	13	10
Margate, Victoria Home ... ..	11	6
Milford, Surrey County Sanatorium ... ..	1	1
Pinner, St. Vincents ... ..	2	1
Pyrford, St. Nicholas Hospital ... ..	13	15
Royal National Orthopaedic Hospital (Stanmore County Branch) ... ..	1	3
St. Thomas's Hospital, S.E.1 ... ..	2	2
Seven Oaks, Children's Hospital for Hip Disease ...	2	3
University College Hospital ... ..	—	1
Victoria Park Hospital ... ..	—	1
Total ... ..	60	58

TABLE VIII.

CASES REFERRED TO THE N.S.P.C.C. DURING 1936.

Condition.	No. of cases.	Result.		Still under supervision
		Treatment provided.	Condition improved.	
Defective vision ... ..	5	3	—	2
Dirty and neglected ... ..	13	1	11	1
Enlarged tonsils & adenoids ... ..	15	9	1	5
Extensive dental caries ... ..	8	5	—	3
Miscellaneous ... ..	9	4	1	4
Totals ... ..	50	22	13	15

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY  
SCHOOLS.

TABLE IX.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of pupils inspected.		
	Boys.	Girls.	Total.
Entrants ... ..	1,550	1,104	2,654
Intermediates ... ..	714	532	1,246
Leavers ... ..	1,237	940	2,177
Totals ... ..	3,501	2,576	6,077

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys ... ..	181	690
Girls ... ..	204	463
Totals ... ..	385	1,153



TABLE X.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1936.

	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.
Skin—				
Ringworm, Head ... ..	1	1	—	—
"    Body ... ..	—	—	—	—
Scabies ... ..	1	—	—	—
Impetigo ... ..	—	—	—	—
Other diseases (non-tubercular)	16	44	2	5
Eye—				
Blepharitis ... ..	7	15	—	—
Conjunctivitis ... ..	2	1	2	1
Keratitis ... ..	—	—	—	—
Corneal opacities ... ..	—	—	—	—
Defective vision (excluding squint) ... ..	314	808	79	33
Squint ... ..	4	33	—	1
Colour sense ... ..	—	21	—	—
Other conditions ... ..	2	2	—	2
Ear—				
Defective hearing ... ..	8	52	2	3
Otitis media ... ..	3	10	—	—
Other ear disease ... ..	1	5	—	—
Nose and Throat—				
Chronic Tonsillitis only ... ..	10	160	3	3
Adenoids only ... ..	1	9	—	—
Chronic Tonsillitis and adenoids	6	33	—	—
Other conditions ... ..	7	25	—	4
Enlarged cervical glands (non-tubercular) ... ..	—	64	—	—
Defective speech ... ..	2	15	—	—
Heart and Circulation—				
Heart disease, Organic ... ..	—	34	—	2
"    Functional ... ..	1	56	—	3
Anæmia ... ..	4	24	—	2
Lungs—				
Bronchitis ... ..	2	15	—	—
Other non-tubercular diseases	—	36	—	5
Tuberculosis—				
Pulmonary definite ... ..	—	—	—	—
"    suspected ... ..	—	4	—	—
Non-Pulmonary—				
Glands ... ..	—	—	—	—
Spine ... ..	—	—	—	—
Hip ... ..	—	—	—	—
Other bones and joints	—	—	—	—
Skin ... ..	—	—	—	—
Other forms ... ..	—	—	—	—
Nervous system—				
Epilepsy ... ..	—	—	—	—
Chorea ... ..	—	1	—	—
Choreiform movements ... ..	2	8	—	—
Headaches ... ..	—	7	1	1
Other conditions ... ..	2	18	—	5
Deformities—				
Rickets ... ..	—	—	—	—
Spinal curvature ... ..	26	257	1	11
Flatfoot ... ..	50	336	2	5
Other diseases and defects	39	301	13	54
Rheumatism ... ..	2	36	—	3
Thorax ... ..	1	20	—	—
Overstrain ... ..	—	1	—	1
Digestion ... ..	—	8	—	1
Constipation ... ..	1	9	—	—
Catamenia—				
Amenorrhœa ... ..	—	1	1	—
Menorrhagia ... ..	1	3	2	—
Dysmenorrhœa ... ..	1	1	—	—
Totals ... ..	517	2,474	108	145

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 ... ..	2,654	227	8.5
Intermediates ... ..	1,246	54	4.3
Leavers ... ..	2,177	211	9.6
Totals ... ..	6,077	492	8.1

TABLE XI.

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

	Defects treated.				
	At Hospital	By private practitioner.	Otherwise	Scheme.	Total.
Skin—					
Ringworm, Head ... ..	—	—	—	—	—
"    Body ... ..	—	—	—	—	—
Scabies ... ..	—	—	—	—	—
Impetigo ... ..	—	—	—	—	—
Other diseases (non-tubercular) ...	—	4	7	2	13
Eye—					
Blepharitis ... ..	—	1	1	2	4
Conjunctivitis ... ..	—	—	1	3	4
Keratitis ... ..	—	—	—	—	—
Corneal opacities ... ..	—	—	—	—	—
Defective vision ... ..	30	60	78	183	351
Squint ... ..	—	1	1	1	3
Other conditions ... ..	—	—	—	1	1
Ear—					
Defective hearing ... ..	—	4	3	1	8
Otitis media ... ..	—	—	1	1	2
Other ear disease ... ..	—	1	—	2	3
Nose and Throat—					
Chronic Tonsillitis only ... ..	2	2	—	2	6
Adenoids only ... ..	—	—	—	—	—
Chronic Tonsillitis and adenoids ...	—	1	—	4	5
Other conditions ... ..	1	1	1	—	3
Enlarged cervical glands (non-tubercular)	—	—	—	—	—
Defective speech ... ..	—	1	—	—	1
Heart and Circulation—					
Heart disease, Organic ... ..	—	—	—	—	—
"    Functional ... ..	—	—	—	—	—
Anæmia ... ..	—	3	2	—	5
Lungs—					
Bronchitis ... ..	—	2	1	—	3
Other non-tubercular diseases ...	—	—	—	—	—
Tuberculosis—					
Pulmonary, definite ... ..	—	—	—	—	—
"    suspected ... ..	—	—	—	—	—
Non-Pulmonary—					
Glands ... ..	—	—	—	—	—
Spine ... ..	—	—	—	—	—
Hip ... ..	—	—	—	—	—
Other bones and joints ... ..	—	—	—	—	—
Skin ... ..	—	—	—	—	—
Other forms ... ..	—	—	—	—	—
Nervous System—					
Epilepsy ... ..	—	—	—	—	—
Chorea ... ..	—	—	—	—	—
Choreiform movements ... ..	—	—	—	—	—
Other conditions ... ..	—	1	—	—	1
Deformities—					
Rickets ... ..	—	—	—	—	—
Spinal curvature ... ..	—	1	3	13	17
Flat foot ... ..	—	3	18	11	32
Other diseases and defects ... ..	5	7	8	17	37
Digestion ... ..	—	—	—	—	—
Constipation ... ..	—	—	—	1	1
Catamenia—					
Amenorrhœa ... ..	—	—	—	—	—
Menorrhagia ... ..	—	—	—	—	—
Dysmenorrhœa ... ..	—	—	—	—	—
Totals ... ..	38	93	125	244	500



## GROUP II.—TREATMENT OF VISUAL DEFECTS.

Number of defects dealt with.				Number of pupils.							
Under Authority's Scheme.	By private practitioner or hospital.	Other-wise.	Total.	For whom spectacles were prescribed.				Who obtained spectacles.			
				Under Authority's Scheme.	By private practitioner or hospital.	Other-wise.	Total.	Under Authority's Scheme.	From private practitioner or hospital.	Other-wise.	Total.
184	91	79	354	137	152		289	138	151		289

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

Number of defects.																	
Received operative treatment.												Received other forms of treatment.			Total number treated.		
Under Authority's Scheme.			By private practitioner			At hospital.			Total.								
Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s
2	—	4	2	—	1	2	—	—	6	—	5	—	—	—	6	—	5

## GROUP IV.—DENTAL INSPECTION.

	Routine age groups.									Total.	Special.	Total.	No. of sessions devoted to inspection
	10	11	12	13	14	15	16	17	Over 17				
Inspected by dentist ...	316	532	1,567	1,747	1,947	1,883	1,353	389	105	9,839	242	10,081	121
Referred for treatment ...	167	554	902	1,038	1,126	1,123	769	195	39	5,913	184	6,097	—
Treatment completed ...	20	115	244	269	307	278	210	56	28	1,527	—	1,527	—
Treatment not completed ...	4	38	69	88	89	87	68	13	5	461	—	461	—