

[Report 1937] / Medical Officer of Health, Surrey County Council.

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Surrey (England). County Council.

Publication/Creation

1937

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Surrey County Council.

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1937

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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, 1937.

The Report has been prepared in accordance with Circular 1650 issued by the Ministry of Health. It includes the principal vital statistics of the Administrative County for 1937 and gives details of the work of the Public Health Department during the year.

The Registrar-General's estimate of the population of the Administrative County at mid-year was 1,161,000; this represents an increase of 33,939 (or 3.01 per cent.) over the estimated population at mid-year 1936, and, although this increase is not quite so great as in the two preceding years when the corresponding increases were 38,661 (or 3.55 per cent.) in 1936 and 40,650 (or 3.9 per cent.) in 1935, it is apparent that the abnormal growth of the population has continued in the year under review. In the six years since the last Census (in 1931) there has been an increase in the population of 213,230 or 22.5 per cent. The average annual increase in these years has been 35,538 or 3.54 per cent. on the population in 1931. Of this increment last year about one-eighth was due to "natural increase" (i.e., excess of births over deaths) and the remainder was due to immigration. The natural increase was 4,319, while the increase by immigration into the County was 29,620. Again, as in previous years, the largest increases of population have occurred in the districts of the Mid-Eastern area.

The natural increase in the population, is slightly less than last year, and the birth rate which had been increasing steadily since 1933, has shown a slight decline—from 13.92 per thousand in 1936 to 13.76 in 1937.

The number of deaths and the crude death rate for 1937 were 11,658 and 10.04 per thousand as compared with 11,334 and 10.06 per thousand in 1936. Of the four main causes of death, the death rates from heart disease and from tuberculosis show slight decreases, in the case of heart disease from 2.51 per thousand to 2.47 per thousand, and in the case of tuberculosis from 0.55 per thousand to 0.52 per thousand; respiratory diseases (non-tuberculous) shows a slight increase from 0.84 per thousand to 0.87; while the death rate from Cancer has increased from 1.48 per thousand to 1.57 per thousand, or in whole figures from 1,673 deaths in 1936 to 1,822 deaths in 1937. The infant mortality rate shows a slight increase from 41.78 per thousand births in 1936 to 41.94 per thousand births in 1937. The Maternal mortality rate has further decreased from 3.81 to 3.23 per 1,000 births.

Although the death rate from tuberculosis showed a slight decrease, the number of primary notifications of Tuberculosis, both pulmonary and non-pulmonary, increased considerably over the corresponding figures for 1936. In the case of non-pulmonary tuberculosis, the increase was from 172 in 1936 to 269 in 1937; the increase in pulmonary tuberculosis was from 769 in 1936 to 897 in 1937.

As regards the Anti-Tuberculosis Scheme, attention is drawn to the work done by the dispensaries, whose usefulness as diagnostic centres is increasingly recognised both by private practitioners and by the general public. The excellent work being done by the voluntary Tuberculosis Care Organisation also deserves careful consideration.

During the year considerable difficulty was experienced in finding hospital or sanatorium accommodation for all the cases recommended for such treatment and to overcome this difficulty in as short a time as possible the County Council decided to provide a further 48 beds at the County Sanatorium, Milford, such additional accommodation to be of a semi-permanent character. The provision of further accommodation for tuberculous patients was under consideration at the end of the year.

The Report of the Medical Superintendent of the County Sanatorium, Milford, is included. The new block at the Sanatorium was completed and the block was put into operation towards the end of the year. It consists of a surgical and X-ray unit and a nurses' teaching unit, together with accommodation for eight nursing staff.

On 1st April, 1937, the Kingston and Epsom County Hospitals were appropriated to the Public Health Committee. Despite some small increases in the hospital accommodation, in particular the opening of Ewell Park for the reception of male chronic cases, the accommodation, especially that for maternity cases, was very seriously overtaxed. Steps were taken to increase the number of beds available; the actual building of the new St. Helier Hospital, of 862 beds, in Carshalton was begun during the year, and it is hoped that the hospital will be completed by the end of 1940; in addition the County Council approved schemes for the extension of the hospitals at Kingston and Epsom so as ultimately to accommodate 872 and 500 patients respectively.

Reports by the Medical Superintendents of Kingston, Epsom and Redhill County Hospitals and by the Medical Officer of Dorking County Hospital on the work of these hospitals during the year are included.

At the Guildford Venereal Diseases Clinic treatment of cases of gonorrhoea in males by sulphanilamide was introduced during the year and a very interesting report on its use by Dr. G. E. Godber, Medical Officer in charge of the clinic, is included. Although it is probably too soon to make a dogmatic statement as to the ultimate efficacy of the drug, the immediate results of treatment appear to be a very notable improvement on previous methods of treatment.

The Midwives Act, 1936, placed 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. The scheme for giving effect to the duty was put into operation during the year. It is fully described in the report.

Further progress was made in the scheme for the provision of a third mental hospital and towards the end of the year the Ministry of Health approved an application for the compulsory purchase of a site at Merrist Wood, near Guildford.

In conclusion, I wish to express once again my very great appreciation of the loyal and willing co-operation of all members of my staff, professional, technical and clerical.

I have the honour to be,

My Lord, Ladies and Gentlemen,

Your obedient Servant,

J. FERGUSON,

County Medical Officer.

June, 1938.

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.

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

Medical Officers on Special Duties.

CENTRAL OFFICE ADMINISTRATION.

Livingstone, D. M. ... B.Sc., M.D., Ch.B.
Soutar, K. A. ... B.Sc., M.B., B.S., M.R.C.P., D.P.H.
Langford, Frank ... M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

MENTAL SERVICES.

Steward, S. J., D.S.O. ... M.D., B.Ch., D.P.H.

TUBERCULOSIS OFFICERS.

Renwick, A. C. ... M.D., Ch.B., D.P.H.
Attlee, C. K. ... M.R.C.S., L.R.C.P.
Campbell, A. H. ... B.Sc., M.D., M.R.C.P.(Ed.), D.P.H.
Cooper, A. ... M.A., M.B., Ch.B.

OPHTHALMIC SURGEON.

Ahern, G. J. ... M.R.C.S., L.R.C.P., D.O.M.S.

Assistant Medical Officers on General Duties.

Bennett, Helen G. M. ... M.B., Ch.B., D.P.H.
(resigned 30/9/37)
Clark, Elizabeth F. M. ... B.Sc., M.B., Ch.B., D.P.H.
Dean, Hilda C. ... M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Dennison, F. R. ... M.D., B.S., D.P.H.
Fanning, J. ... M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Godber, G. E. ... B.A., M.B., Ch.B., M.R.C.P., D.P.H.
(appointed 1/5/37)
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.
(resigned 31/3/37)
Ironside, A. E., M.C. ... M.R.C.S., L.R.C.P., L.D.S., D.P.H.
Jamieson, Jessie M. ... M.B., Ch.B., D.P.H.
Jones-Davies, T. E. ... M.A., M.R.C.P., M.R.C.S., D.P.H.
(appointed 12/7/37)
Lakin, C. L. ... M.D., B.S., M.R.C.S., L.R.C.P.
MacDougall, I. A. ... M.R.C.S., L.R.C.P., D.P.H.
(appointed 8/11/37)
Macmillan, Ada J. ... M.D., Ch.B.
McNeish, W. J. ... M.B., Ch.B., D.P.H.
Parkman, T. H. ... M.B., B.S., D.P.H.
Pereira, E. ... M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(appointed 8/11/37)
Pirrie, G. D. ... M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
(resigned 15/12/37)
Rodgers, T. S. ... M.D., M.R.C.S., M.R.C.P., D.P.H., D.C.H.
Ross, Sheila R. ... M.B., Ch.B., D.P.H.
(appointed 15/3/37)
Standing, T. ... M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Westwater, J. S. ... M.D., Ch.B., D.P.H.
(resigned 31/8/37)
Wright, E. M. ... B.M., B.Ch., D.P.H.

Senior Dental Surgeon.

Avent, J. G., M.C. ... L.D.S.

Dental Surgeons.

Benfield, J. E. ... L.D.S.
Bradley, Josephine A. ... L.D.S.
Butt, E. S. ... L.D.S.
Clark, Jean Graham ... M.R.C.S., L.R.C.P., L.D.S.
(resigned 31/8/37)
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.
Pickles, R. B. ... L.D.S.
(appointed 1/9/37)
Sarson, H. S. R. ... L.D.S.
(appointed 1/11/37)
Williams, Millicent ... L.D.S.
(appointed 1/9/37)

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.

During 1937 there were 76 health visitors on the staff, 62 of whom are engaged on combined duties (viz. Education, Maternity and Child Welfare, Tuberculosis, and Mental Deficiency). The remaining 14 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. 2. Certificate of Central Midwives Board. 3. Certificate for Health Visitors (Royal Sanitary Institute). 4. Certificate for Maternity and Child Welfare (Royal Sanitary Institute). 5. Certificate for Sanitary Inspector (Royal Sanitary Institute). 6. Diploma of Nursing, London University.
1	"	"	"	1, 2, 3, 5	
65	"	"	"	1, 2, 3	
3	"	"	"	1, 2	
3	"	"	"	2, 3	
1	"	"	"	2	
1	"	"	"	1, 2, 3, 6	
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.
 Senior, V. E. ... M.R.C.V.S.
 (appointed 1/4/37)

COUNTY HOSPITALS, Etc.

MEDICAL OFFICERS IN CHARGE.

Hospitals—Public Health.

<i>Hospital.</i>		<i>Position.</i>		<i>Name.</i>		<i>Telephone No.</i>
Dorking ...	...	Medical Officer (part-time) ...	A. H. Fardon, M.A., M.D., D.P.H.	...	Dorking 2978.
Epsom ...	...	Medical Superintendent ...	G. F. Stones, M.B., Ch.B., F.R.C.S.(E.)	...	Epsom 1011.
Farnham ...	...	Medical Officer (part-time) ...	F. B. Hobbs, B.A., M.D., B.Ch., M.R.C.P., D.P.H.	...	Farnham 6204.
Guildford ...	...	Medical Superintendent ...	H. Canwarden, M.R.C.S., L.R.C.P., M.C.O.G., D.A. (appointed 1/4/38).	...	Guildford 1880.
Kingston ...	...	Medical Superintendent ...	H. A. Kidd, F.R.C.S., M.C.O.G.	...	Kingston 5692.
Redhill ...	...	Medical Superintendent ...	E. B. Brooke, M.A., B.Ch., M.R.C.P., D.P.H.	...	Redhill 3245.

Hospitals—Public Assistance.

Hambledon ...	...	Medical Officer (part-time) ...	W. T. Mills, M.R.C.S., L.R.C.P.	...	Wormley 9.
Richmond ...	...	Medical Officer (part-time) ...	G. A. Gordon, M.D., Ch.B.	...	Richmond 1142.

County Sanatorium.

Milford Sanatorium	...	Medical Superintendent ...	R. J. Allison, M.R.C.S., L.R.C.P.	...	Godalming 870.
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Mental Hospitals.

Brookwood	Medical Superintendent ...	J. A. Lowry, M.D., B.Ch., B.A.O.	...	Brookwood 2291.
Netherne ...	...	Medical Superintendent ...	L. M. Webber, M.R.C.S., L.R.C.P., D.P.M.	...	Downland 356.

Mental Deficiency Institutions.

Botleys Park ...	...	Medical Superintendent ...	K. C. L. Paddle, M.C., M.R.C.S., L.R.C.P., D.P.M.	...	Ottershaw 31.
Clerk's Croft, Blechingley	...	Medical Officer (part-time) ...	W. H. Butcher, M.A., D.M., B.Ch., D.P.H.	...	Blechingley 5.

DISTRICT MEDICAL OFFICERS OF HEALTH.

District	Medical Officer	Telephone No.
BOROUGHES.		
1. Barnes...	E. A. Freear Wilkes, Council Offices, 117, High Street, Mortlake	Prospect 5361.
2. Beddington & Wallington ...	P. J. O'Connell, Town Hall, Wallington ...	Wallington 4500.
3. Epsom & Ewell ...	C. Ive, Municipal Offices Annexe, 14, Waterloo Road, Epsom	Epsom 1707.
4. Godalming ...	F. A. Belam, Municipal Offices, High Street, Guildford	Guildford 2020.
5. Guildford ...	F. A. Belam, Municipal Offices, High Street, Guildford	Guildford 2020.
6. Kingston ...	J. W. Starkey, Public Health Department, Guildhall, Kingston-upon-Thames.	Kingston 2121.
7. Malden & Coombe ...	J. Fanning, Council Offices, New Malden ...	Malden 2424.
8. Mitcham ...	A. T. Till, The Vestry Hall, Mitcham. ...	Mitcham 3082.
9. Reigate ...	T. H. Bingham, Municipal Buildings, Reigate ...	Reigate 2820.
10. Richmond ...	C. S. Brebner, Municipal Offices, Parkshot, Richmond	Richmond 1287.
11. Surbiton ...	N. H. Linzee, 2, Shalston Villas, Surbiton ...	Elmbridge 6441.
12. Sutton & Cheam ...	E. J. MacIntyre, Manor Park House, Manor Park Road, Sutton	Vigilant 6063.
13. Wimbledon ...	H. Ellis, Town Hall, Wimbledon, S.W.19 ...	Wimbledon 6262.
URBAN DISTRICTS.		
14. Banstead ...	E. J. MacIntyre, Manor Park House, Manor Park Road, Sutton	Vigilant 6063.
15. Carshalton ...	F. L. Smith, The Grove, Carshalton ...	Wallington 5501.
16. Caterham & Warlingham ...	F. R. Carroll, The Corner, Caterham. ...	Caterham 1010.
17. Chertsey ...	D. P. McIver, Council Offices, Weybridge ...	Weybridge 415.
18. Coulsdon & Purley ...	F. R. Edbrooke, Council Offices, Coulsdon ...	Uplands 4844.
19. Dorking ...	C. Ive, 14, Waterloo Road, Epsom ...	Epsom 1707.
20. Egham ...	A. Geden-Wilkinson, 156, High Street, Egham	Egham 576.
21. Esher ...	A. Senior, Council Offices, Portsmouth Road, Esher ...	Esher 1180.
22. Farnham ...	F. Bedo Hobbs, Council Offices Annexe, South Street, Farnham	Farnham 5222.
23. Frimley & Camberley ...	F. C. Davidson, Beverley, Camberley ...	Camberley 64.
24. Haslemere ...	J. E. Haine, Millmead House, Guildford ...	Guildford 1425.
25. Leatherhead ...	C. Ive, 14, Waterloo Road, Epsom ...	Epsom 1707.
26. Merton & Morden ...	F. L. Smith, 126, Kingston Road, Merton, S.W.19	Liberty 4262.
27. Walton & Weybridge ...	D. P. McIver, Council Offices, Weybridge ...	Weybridge 415.
28. Woking ...	N. H. Linzee, Council Offices, Woking ...	Woking 1710.
RURAL DISTRICTS.		
29. Bagshot ...	D. P. McIver, Council Offices, Weybridge ...	Weybridge 415.
30. Dorking & Horley ...	C. Ive, 14, Waterloo Road, Epsom ...	Epsom 1707.
31. Godstone ...	W. H. Butcher, 4, Station Road East, Oxted ...	Oxted 644.
32. Guildford ...	J. E. Haine, Millmead House, Guildford ...	Guildford 1425.
33. Hambledon ...	J. E. Haine, Millmead House, Guildford ...	Guildford 1425.

STATISTICS AND SOCIAL CONDITIONS.

Area.

The area of the Administrative County on the 31st December, 1937, was 449,160 acres. The area of each sanitary district is shown in the table on page 9.

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 miles, the southern thirty-six miles, and the eastern 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 thirteen Municipal Boroughs of Barnes, Beddington and Wallington, Epsom and Ewell, 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 1937 was 1,161,000. 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 1933-1937 is shown in the following table:—

	1933.	1934.	1935.	1936.	1937.
Urban Districts...	901,016	934,050	972,200	1,010,461	1,042,600
Rural Districts ...	114,524	113,700	116,200	116,600	118,400
Administrative County	1,015,540	1,047,750	1,088,400	1,127,061	1,161,000
Increase over previous year ...	—	32,210	40,650	38,661	33,939

* 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 1936 and 1937 :—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1921.	1931.	1936.	1937.
Urban.					
1. Banstead	12,821	12,468	18,734	25,670	26,900
2. Barnes (M.B.)	2,519	34,299	42,440	41,560	41,100
3. Beddington and Wallington (M.B.)	3,045	16,451	26,328	29,890	30,590
4. Carshalton	3,346	13,873	28,586	57,000	58,030
5. Caterham and Warlingham	8,233	17,108	21,774	25,070	26,190
6. Chertsey	9,983	14,939	16,988	19,670	21,080
7. Coulsdon and Purley	11,142	23,115	39,795	51,460	53,920
8. Dorking	9,511	13,207	15,204	16,720	16,910
9. Egham	9,350	14,496	17,196	18,060	18,490
10. Epsom and Ewell (M.B.)	8,427	22,953	35,231	51,850	56,830
11. Esher	14,847	27,540	32,407	39,880	41,450
12. Farnham	9,039	17,360	19,005	20,350	20,430
13. Frimley and Camberley... ..	7,766	13,676	16,532	17,660	18,600
14. Godalming (M.B.)	2,393	10,856	10,940	12,890	12,980
15. Guildford (M.B.)	7,184	27,734	34,237	38,570	39,320
16. Haslemere	5,751	8,195	9,168	9,470	9,530
17. Kingston-on-Thames (M.B.)	1,408	39,514	39,825	39,880	39,850
18. Leatherhead	11,187	11,233	16,483	19,910	20,500
19. Malden and Coombe (M.B.)	3,164	14,495	23,350	34,480	37,270
20. Merton and Morden	3,237	17,532	41,227	61,000	65,530
21. Mitcham (M.B.)	2,932	35,122	56,872	64,401	65,620
22. Reigate (M.B.)	10,255	31,733	34,547	36,000	36,360
23. Richmond (M.B.)... ..	4,109	37,105	39,276	38,260	38,350
24. Surbiton (M.B.)	4,709	20,149	30,178	42,610	44,830
25. Sutton and Cheam (M.B.)	4,338	29,733	48,363	72,530	74,530
26. Walton and Weybridge	9,056	21,634	25,671	28,150	29,000
27. Wimbledon (M.B.)	3,212	61,405	59,515	58,390	58,440
28. Woking	15,704	31,693	35,987	39,080	39,970
Total	198,668	639,618	835,859	1,010,461	1,042,600
Rural.					
1. Bagshot	16,085	9,878	11,080	12,140	11,840
2. Dorking and Horley	53,943	16,042	18,485	20,140	20,340
3. Godstone	52,507	23,196	25,866	26,380	26,510
4. Guildford	59,782	27,574	31,554	32,350	33,530
5. Hambledon	68,175	22,310	24,926	25,590	26,180
Total	250,492	99,000	111,911	116,600	118,400
Administrative County	449,160	738,618	947,770	1,127,061	1,161,000

The figures given by the Registrar-General express the populations for the 1921 and 1931 Censuses as they would have appeared if the area boundaries at that time were 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.	Population in Private Families.	Structurally Separate Dwellings 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 1937 was as follows :—

Assessment Areas.	Estimated Population (Mid-Year 1937)	Acreage.	No. of Persons per Acre.
North-Western	138,980 (11.97)	67,944 (15.15)	2.05
South-Western	141,970 (12.23)	152,549 (33.96)	0.93
South-Eastern	126,310 (10.88)	134,224 (29.88)	0.94
North-Eastern	301,290 (25.95)	33,968 (7.55)	8.87
Mid-Eastern	452,450 (38.97)	60,515 (13.46)	7.48
Whole County	1,161,000 (100.00)	449,200 (100.00)	2.58

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

Assessment Areas.	Year.	Acreage.	Population.	% Increase in population 1937 over 1901	No. of Persons per Acre.	% Increase in density 1937 over 1901.
North-Western	1901	68,005	77,145	80.15	1.13	81.42
	1911	68,005	97,622		1.43	
	1921	67,944	106,316		1.56	
	1931	67,944	123,454		1.82	
	1937	67,944	138,980		2.05	
South-Western	1901	149,300	90,613	56.68	0.61	52.46
	1911	149,300	103,934		0.69	
	1921	152,549	114,029		0.75	
	1931	152,549	129,830		0.85	
	1937	152,549	141,970		0.93	
South-Eastern	1901	147,458	88,053	43.45	0.59	59.32
	1911	147,458	102,897		0.69	
	1921	134,224	101,286		0.74	
	1931	134,224	115,876		0.86	
	1937	134,224	126,310		0.94	
North-Eastern	1901	24,996	163,753	83.99	6.55	35.42
	1911	24,996	206,838		8.27	
	1921	33,968	234,507		6.90	
	1931	33,968	266,991		7.86	
	1937	33,968	301,290		8.87	
Mid-Eastern	1901	63,059	100,202	351.54	1.59	370.44
	1911	63,059	164,736		2.61	
	1921	60,515	182,480		3.02	
	1931	60,515	311,619		5.15	
	1937	60,515	452,450		7.48	
Whole County	1901	452,818	519,766	123.37	1.15	124.35
	1911	452,818	676,027		1.49	
	1921	449,200	738,618		1.64	
	1931	449,200	947,770		2.11	
	1937	449,200	1,161,000		2.58	

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 1937, 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, 1937, was £12,240,965, and the estimated produce of a 1d. rate for general County purposes for the year 1937-38 was £48,738.

VITAL STATISTICS.

CHIEF VITAL STATISTICS.

In the following table the chief vital statistics of the Administrative County for 1936 and 1937 and those of the urban and rural districts of the County, are compared with those of England and Wales :—

	1936				1937			
	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 1936)				Net rate per 1,000 population (Mid-year 1937)			
Birth-rate	13.89	14.13	13.91	14.8	13.71	14.26	13.76	14.9
Death-rate	9.88	11.62	10.06	12.1	9.87	11.52	10.04	12.4
Zymotic death-rate ...	0.22	0.21	0.21	†	0.14	0.08	0.13	†
*Infant mortality-rate ...	40.91	49.15	41.78	59	42.41	37.91	41.94	58
Smallpox death-rate ...	—	—	—	—	—	—	—	—
Enteric fever death-rate ...	0.01	—	0.01	—	0.005	—	0.005	0.05
Measles death-rate ...	0.05	0.03	0.045	0.07	0.004	—	0.003	0.02
Scarlet fever death-rate ...	0.008	0.02	0.01	0.01	0.004	0.008	0.004	0.01
Whooping cough death-rate	0.02	0.03	0.02	0.05	0.03	0.008	0.024	0.04
Diphtheria death-rate ...	0.04	0.02	0.03	0.07	0.03	0.008	0.03	0.07
Influenza death-rate ...	0.18	0.29	0.19	0.14	0.39	0.52	0.40	0.45
*Diarrhoea and enteritis (under 2 years) death-rate	3.06	1.82	2.93	5.9	2.87	1.78	2.75	5.8

* 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 each of the last three years 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
1937	13.76	10.04	41.94

The following statement compares the County birth and death rates for the year 1937 with the previous year and with the mean of the five years 1932-36:—

	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.
Administrative County.—						
Population—Registrar-General's Estimate Mid-Year 1937: 1,161,000						
Mean of 5 years 1932-36 ...	13.39	9.88	0.49	1.45	3.47	42.90
Year 1936 ...	13.91	10.06	0.47	1.48	2.61	41.78
Year 1937 ...	13.76	10.04	0.45	1.57	2.38	41.94
Increase or decrease in 1937 on:—						
5 years' average, 1932-36 ...	+0.37	+0.16	—0.04	+0.12	—1.09	—0.96
Previous year ...	—0.15	—0.02	—0.02	+0.09	—0.23	+0.16

Live Births and Birth Rates.

The live births registered in or belonging to the Administrative County during the year ended 31st December, 1937, numbered 15,977, as compared with 15,679 in the previous year, showing an increase of 298. Of this number 639, or 4.00 per cent., were illegitimate, as compared with 604 or 3.85 per cent. in 1936. The birth rate for the year was 13.76 as compared with 13.91 for the previous year. The birth rate for England and Wales for 1937 was 14.9.

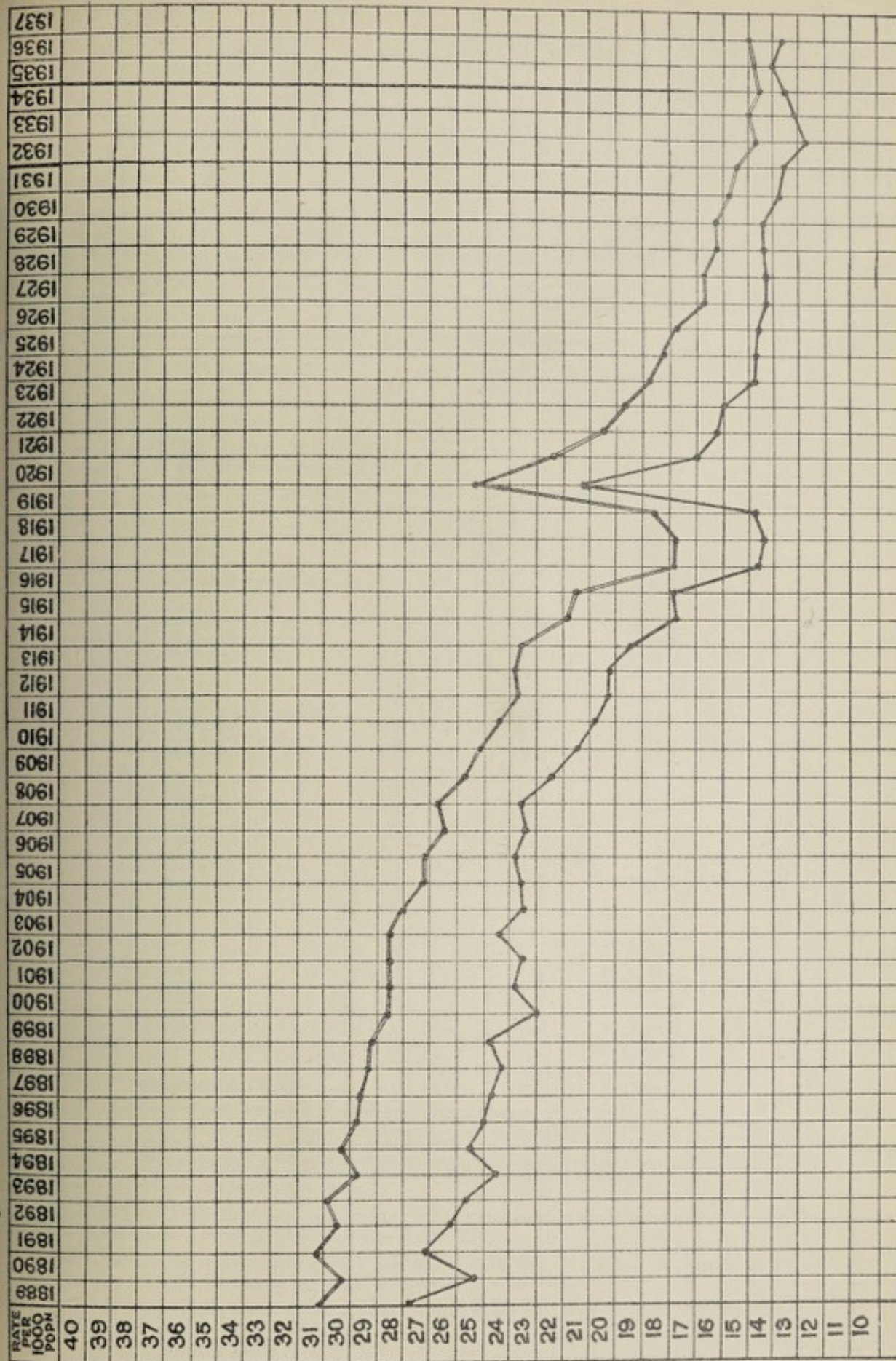
The number of live births (legitimate and illegitimate) and the number of still births for each sanitary district, for the aggregate of urban districts, for the aggregate of rural districts and for the Administrative County are shown by sex at the foot of the tables on pages 14E, 14F, 15.

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 1937 are shown in the following table:—

DISTRICTS.	1937.		
	Number.	Net rate per 1,000 population (Mid Year 1937).	Excess of births over deaths.
Urban.			
1. Banstead ...	383	14.24	184
2. Barnes (M.B.) ...	365	8.88	—104
3. Beddington and Wallington (M.B.) ...	395	12.91	89
4. Carshalton ...	874	15.06	486
5. Caterham and Warlingham ...	422	16.11	203
6. Chertsey ...	362	17.17	118
7. Coulsdon and Purley ...	692	12.83	234
8. Dorking ...	236	13.96	50
9. Egham ...	244	13.20	52
10. Epsom and Ewell (M.B.) ...	765	13.46	371
11. Esher ...	590	14.23	161
12. Farnham ...	276	13.51	29
13. Frimley and Camberley ...	296	15.91	94
14. Godalming (M.B.) ...	202	15.56	46
15. Guildford (M.B.) ...	545	13.86	94
16. Haslemere ...	103	10.81	—21
17. Kingston-on-Thames (M.B.) ...	539	13.53	—1
18. Leatherhead ...	308	15.02	110
19. Malden and Coombe (M.B.) ...	565	15.16	240
20. Merton and Morden ...	812	12.39	323
21. Mitcham (M.B.) ...	944	14.39	384
22. Reigate (M.B.) ...	475	13.06	28
23. Richmond (M.B.) ...	389	10.14	—112
24. Surbiton (M.B.) ...	785	17.51	336
25. Sutton and Cheam (M.B.) ...	1,160	15.56	483
26. Walton and Weybridge ...	391	13.48	49
27. Wimbledon (M.B.) ...	608	10.40	—146
28. Woking ...	563	14.09	215
Total ...	14,289	13.71	3,995
Rural.			
1. Bagshot ...	202	17.06	68
2. Dorking and Horley ...	277	13.62	37
3. Godstone ...	353	13.32	65
4. Guildford ...	555	16.55	161
5. Hambledon ...	301	11.50	—7
Total ...	1,688	14.26	324
Administrative County ...	15,977	13.76	4,319

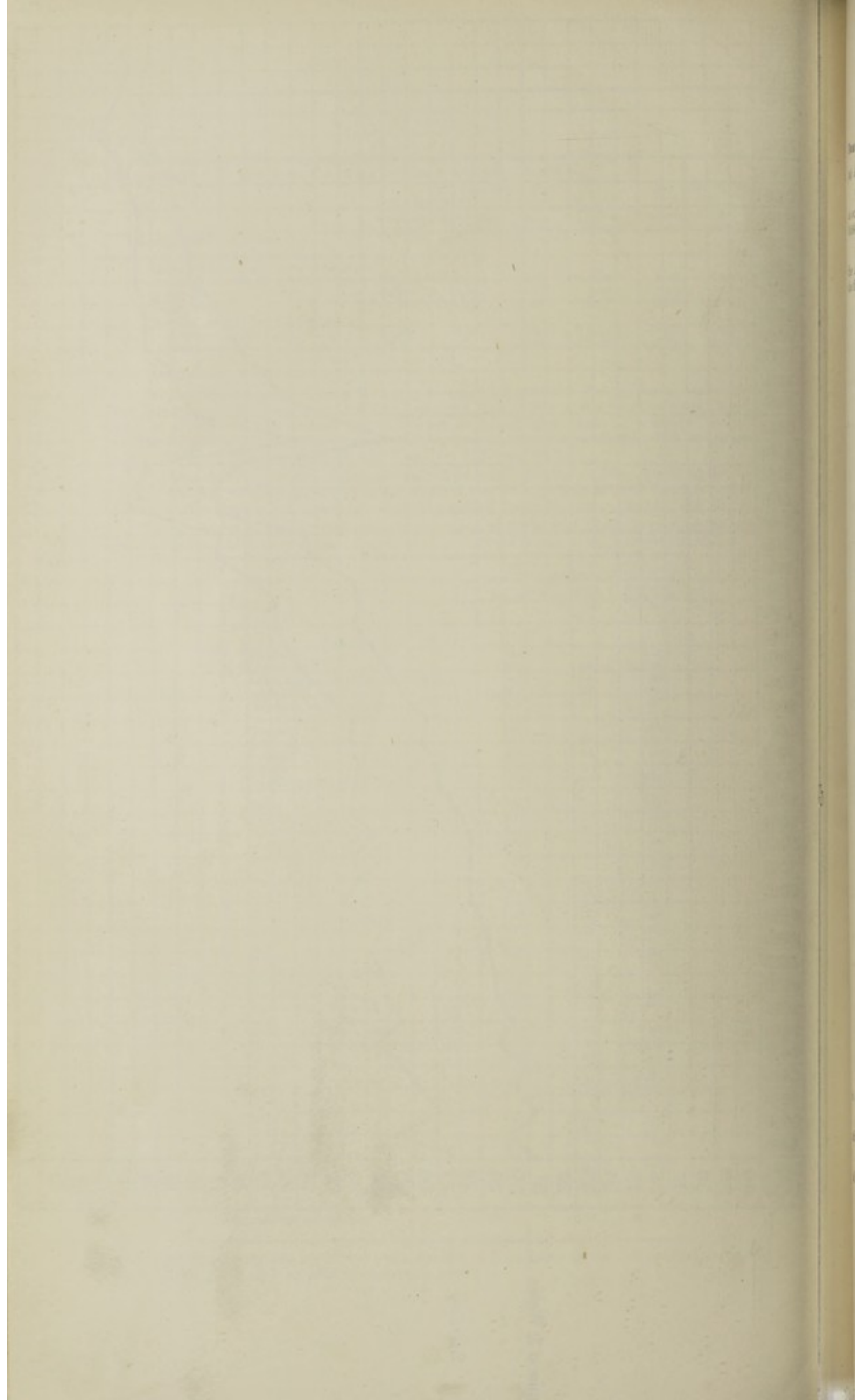
A graph showing the birth rate per thousand of population in the Administrative County in each of the years 1889 to 1937 is shown on page 12A.

Graph showing the birth rate (per 1000 population) in the Administrative County in each of the years 1889-1937.



England & Wales —

Surrey —



Deaths and Death Rates.

(a) All Causes.

The total number of deaths registered in the Administrative County during 1937 was 11,658 as compared with 11,334 in the year 1936, an increase of 324. The crude death rate for 1937 was 10.04 as compared with 10.06 for 1936. The death rate for England and Wales during 1937 was 12.4.

The number of deaths and the crude net death rate in each of the sanitary districts and in the Administrative County during 1937, together with the standardized death rate*, are shown in the following table:—

DISTRICTS.	1937.		
	Number.	Crude net rate per 1,000 population (Mid Year 1937).	Standardized death rate.
Urban.			
1. Banstead	199	7.40	7.18
2. Barnes (M.B.)	469	11.41	11.41
3. Beddington and Wallington (M.B.)	306	10.00	9.8
4. Carshalton	388	6.69	7.43
5. Caterham and Warlingham	219	8.36	8.78
6. Chertsey	244	11.57	10.76
7. Coulsdon and Purley	458	8.49	8.32
8. Dorking	186	11.00	9.24
9. Egham	192	10.38	9.45
10. Epsom and Ewell (M.B.)	394	6.93	5.96
11. Esher	429	10.35	10.04
12. Farnham	247	12.09	10.16
13. Frimley and Camberley	202	10.86	11.84
14. Godalming (M.B.)	156	12.02	10.58
15. Guildford (M.B.)	451	11.47	10.21
16. Haslemere	124	13.01	11.06
17. Kingston-on-Thames (M.B.)	540	13.55	11.92
18. Leatherhead	198	9.66	9.08
19. Malden and Coombe (M.B.)	325	8.72	9.24
20. Merton and Morden	489	7.46	9.03
21. Mitcham (M.B.)	560	8.53	10.41
22. Reigate (M.B.)	447	12.29	10.20
23. Richmond (M.B.)	501	13.06	11.23
24. Surbiton (M.B.)	449	10.02	9.82
25. Sutton and Cheam (M.B.)	677	9.08	9.53
26. Walton and Weybridge	342	11.79	10.73
27. Wimbledon (M.B.)	754	12.90	11.61
28. Woking	348	8.71	8.27
Total	10,294	9.87	9.57
Rural.			
1. Bagshot	134	11.32	10.41
2. Dorking and Horley	240	11.80	10.38
3. Godstone	288	10.86	9.45
4. Guildford	394	11.75	10.93
5. Hambledon	308	11.76	9.88
Total	1,364	11.52	10.25
Administrative County	11,658	10.04	9.64

* 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.

A graph showing the death rate per thousand of the population in the Administrative County in each of the years 1889 to 1937 is shown on page 14A.

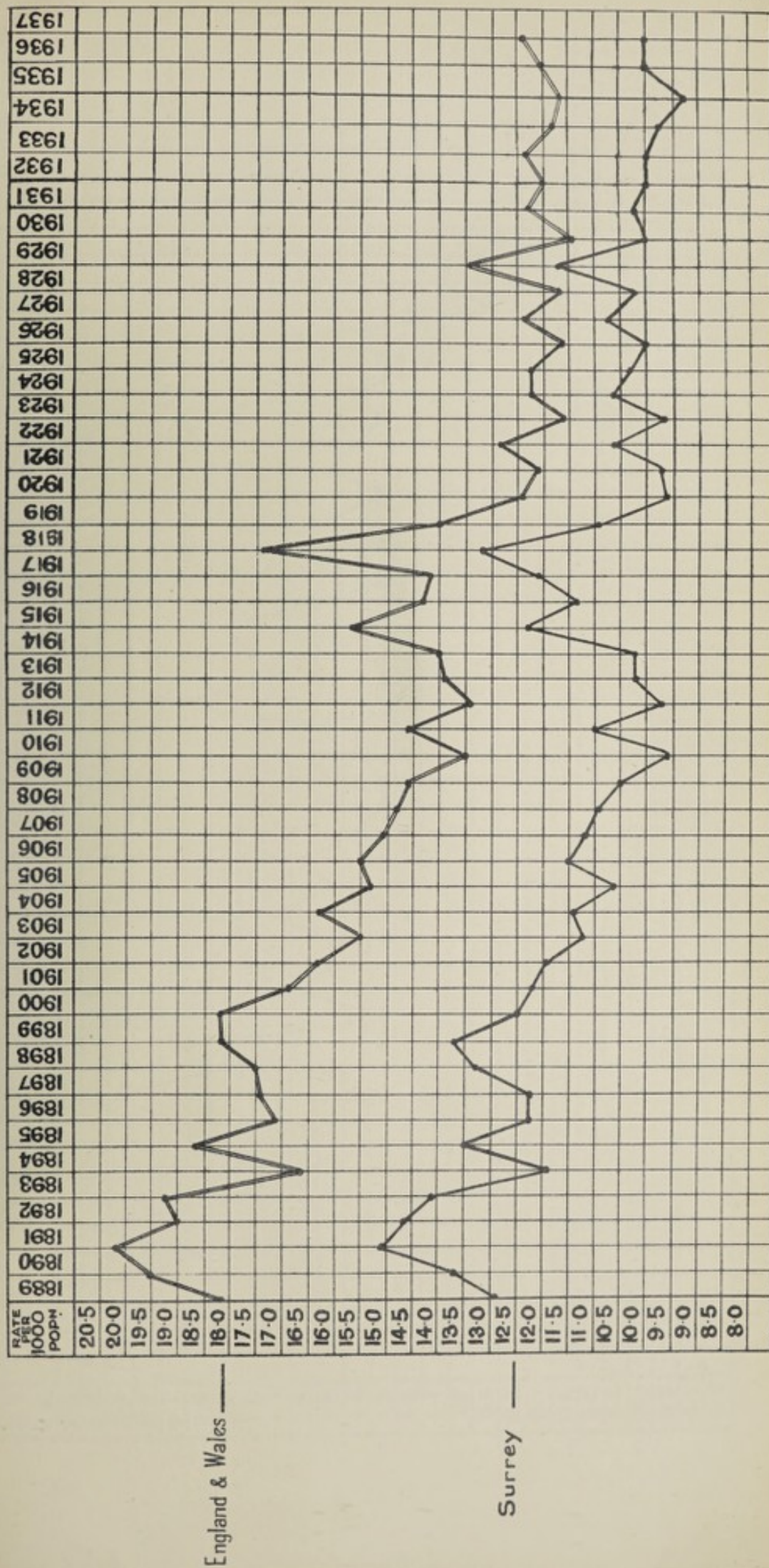
The causes of all deaths during 1937 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts on page 14B.

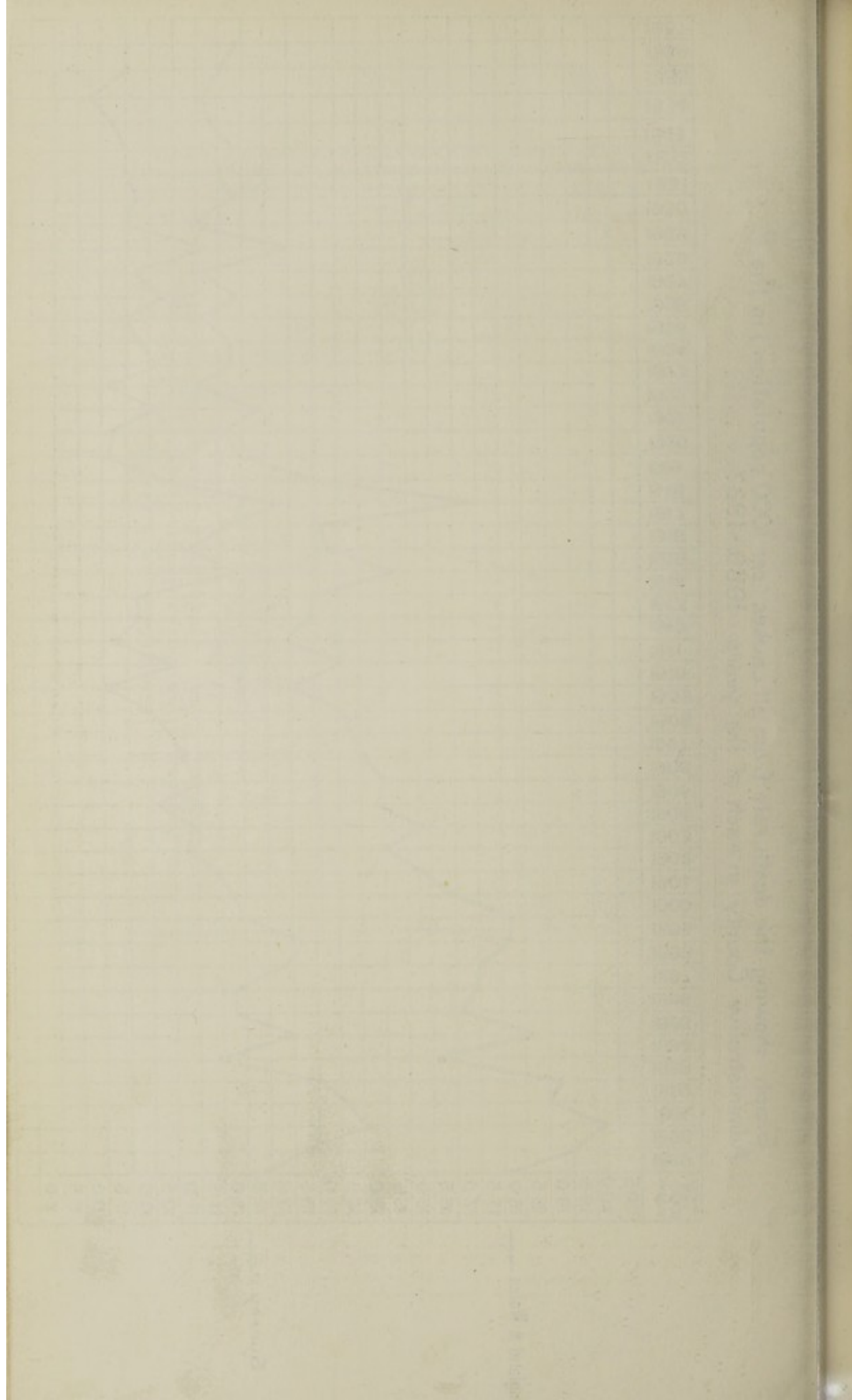
The classification of all deaths according to sex in each of the sanitary districts is shown in the tables on pages 14E, 14F, 15.

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 :—

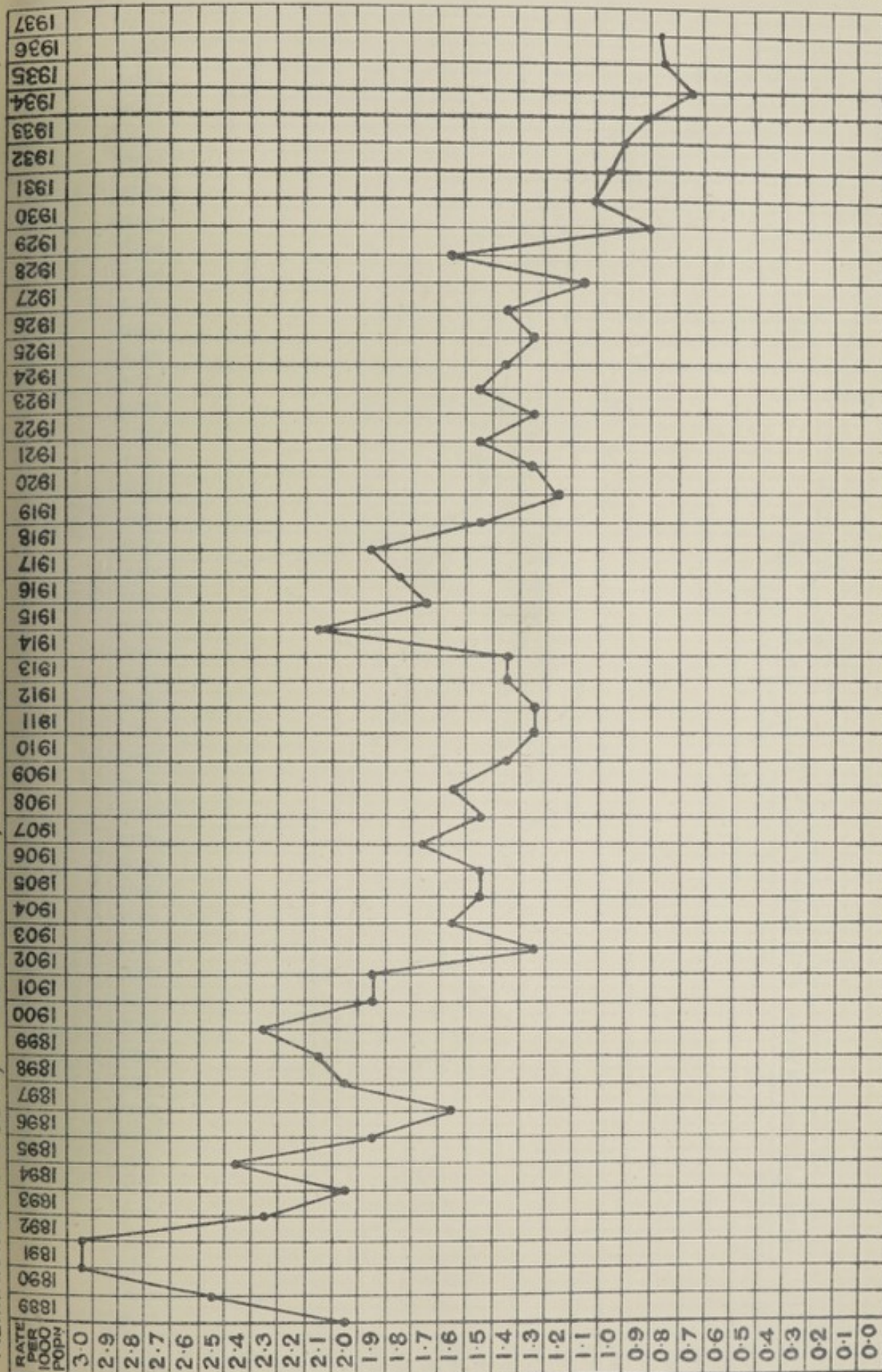
DISTRICTS.	Heart disease.		Respiratory diseases. (non-tuberculous)		Tuberculosis.				Cancer.	
					Pulmonary.		Non-Pulmonary.			
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
URBAN										
1 Banstead	42	1.56	13	0.48	12	0.45	1	0.04	31	1.15
2 Barnes (M.B.)	121	2.94	49	1.19	25	0.61	4	0.10	80	1.95
3 Beddington and Wallington (M.B.)	69	2.26	19	0.62	12	0.39	4	0.13	71	2.32
4 Carshalton	87	1.50	52	0.90	34	0.59	3	0.05	47	0.81
5 Caterham and Warlingham	57	2.18	14	0.53	8	0.31	3	0.11	23	0.88
6 Chertsey	53	2.51	22	1.04	14	0.66	2	0.09	23	1.09
7 Coulsdon and Purley	107	1.98	31	0.57	21	0.39	2	0.04	87	1.61
8 Dorking	28	1.66	16	0.95	6	0.35	—	—	24	1.42
9 Egham	59	3.19	11	0.59	11	0.59	1	0.05	28	1.51
10 Epsom and Ewell (M.B.)	106	1.87	33	0.58	22	0.39	3	0.05	65	1.14
11 Esher	107	2.58	39	0.94	15	0.36	1	0.02	80	1.93
12 Farnham	70	3.43	18	0.88	6	0.29	—	—	31	1.52
13 Frimley and Camberley	41	2.20	17	0.91	11	0.59	1	0.05	27	1.45
14 Godalming (M.B.)	41	3.16	17	1.31	7	0.54	1	0.08	26	2.00
15 Guildford (M.B.)	138	3.51	46	1.17	13	0.33	3	0.08	66	1.68
16 Haslemere	30	3.15	15	1.57	6	0.63	—	—	11	1.15
17 Kingston-on-Thames(M.B.)	130	3.26	48	1.20	25	0.63	3	0.08	85	2.13
18 Leatherhead	42	2.05	17	0.83	7	0.34	1	0.05	28	1.37
19 Malden and Coombe (M.B.)	77	2.07	34	0.91	14	0.38	1	0.03	49	1.31
20 Merton and Morden	95	1.45	52	0.79	33	0.50	1	0.02	93	1.42
21 Mitcham (M.B.)	118	1.80	67	1.02	45	0.69	7	0.11	76	1.16
22 Reigate (M.B.)	124	3.41	24	0.66	11	0.30	3	0.08	58	1.60
23 Richmond (M.B.)	108	2.82	49	1.28	22	0.57	5	0.13	88	2.29
24 Surbiton (M.B.)	113	2.52	40	0.89	12	0.27	3	0.07	79	1.76
25 Sutton and Cheam (M.B.)	155	2.08	55	0.74	31	0.42	4	0.05	113	1.52
26 Walton and Weybridge	94	3.24	21	0.72	12	0.41	3	0.10	57	1.97
27 Wimbledon (M.B.)	193	3.30	73	1.25	29	0.50	4	0.07	130	2.22
28 Woking	84	2.10	25	0.63	14	0.35	3	0.08	53	1.33
Total	2,489	2.39	917	0.88	478	0.46	67	0.06	1,629	1.56
RURAL										
1 Bagshot	22	1.86	7	0.59	3	0.25	3	0.25	22	1.86
2 Dorking and Horley	67	3.29	11	0.54	12	0.59	3	0.15	22	1.08
3 Godstone	96	3.62	19	0.72	9	0.34	1	0.04	47	1.77
4 Guildford	105	3.13	37	1.10	15	0.45	3	0.09	59	1.76
5 Hambledon	84	3.21	23	0.88	11	0.42	3	0.11	43	1.64
Total	374	3.16	97	0.82	50	0.42	13	0.11	193	1.63
Administrative County 1937	2,863	2.47	1,014	0.87	528	0.45	80	0.07	1,822	1.57
1936	2,830	2.51	945	0.84	536	0.47	88	0.08	1,673	1.48

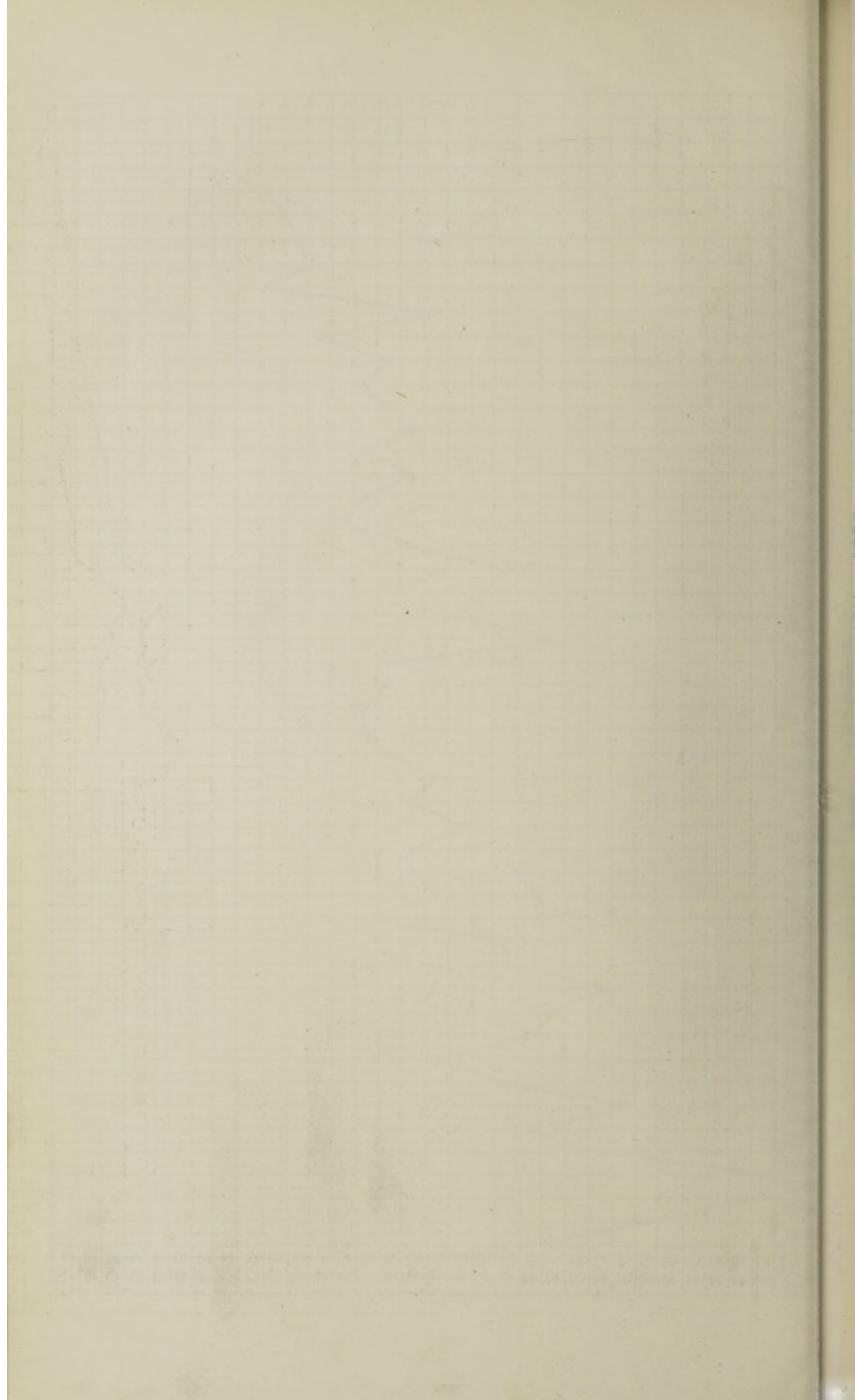
Graph showing the death rate from all causes (per 1000 population) in the Administrative County in each of the years 1889-1937





Administrative County in each of the years 1889 - 1937.

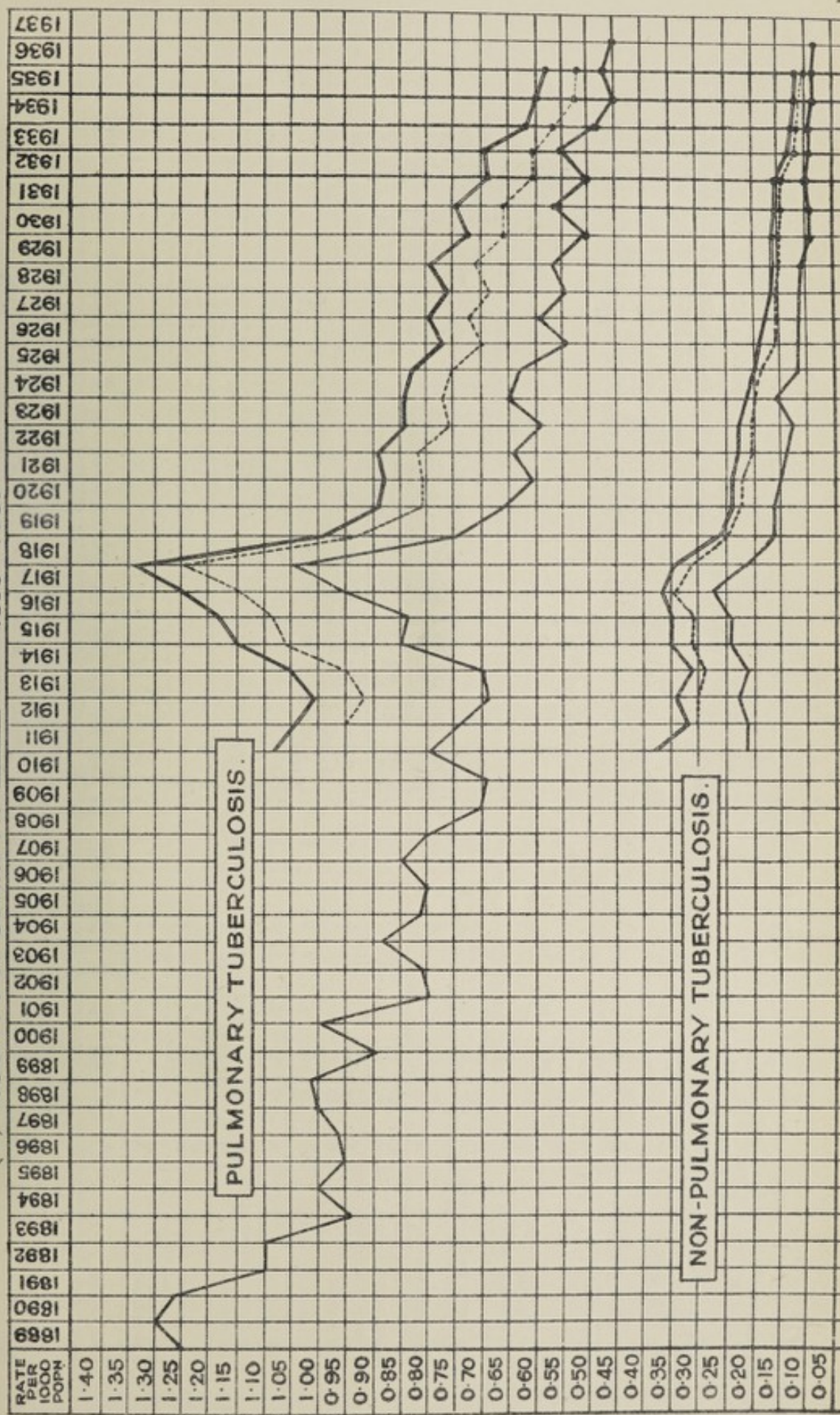


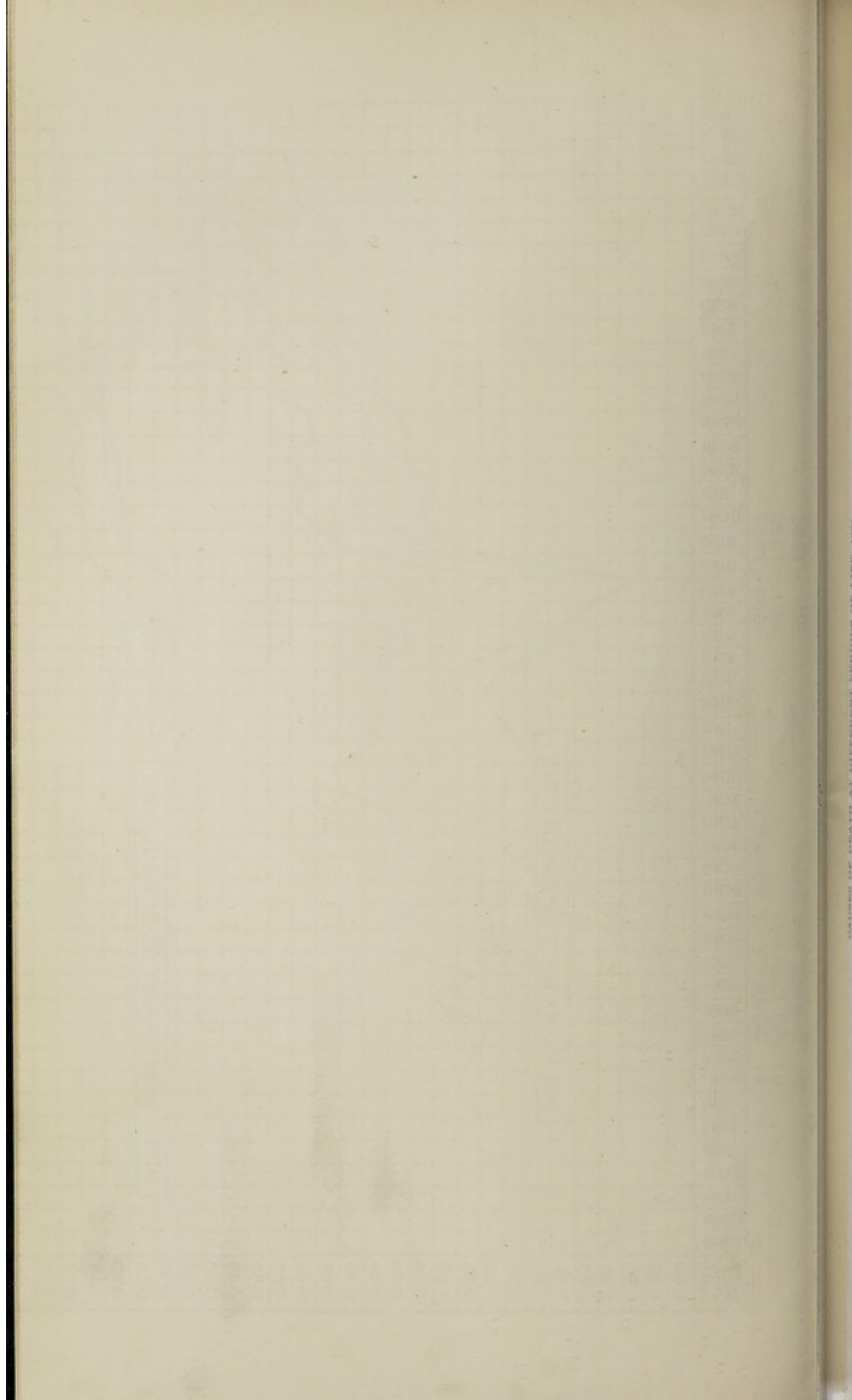


TUBERCULOSIS

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

- (a) England and Wales 1911 - 1936
- (b) All Counties 1911 - 1936
- (c) COUNTY OF SURREY 1899 - 1937





CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1937.

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TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF
UNDER ONE YEAR, FOR EACH SANITARY

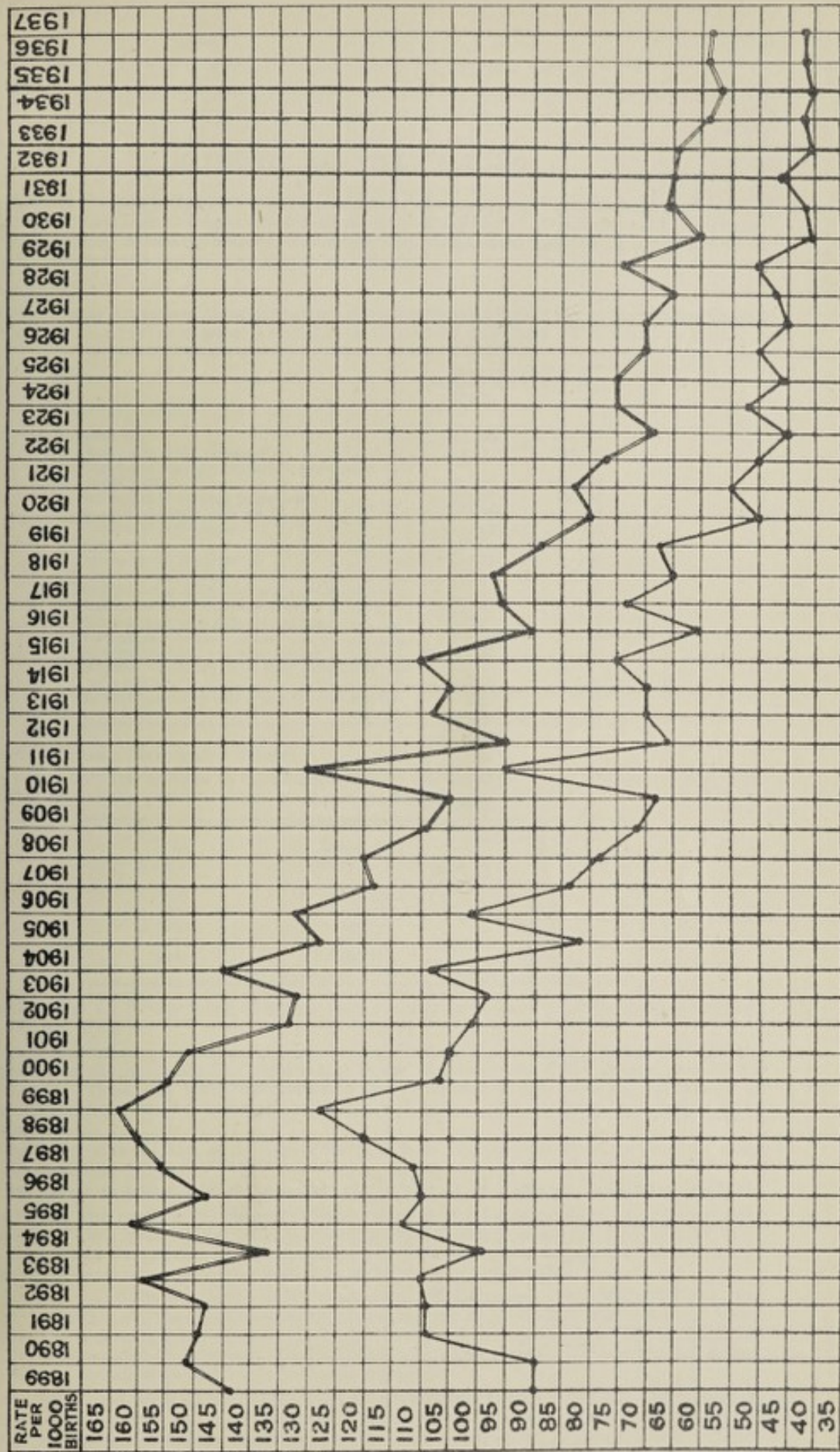
(b) Infant Mortality.

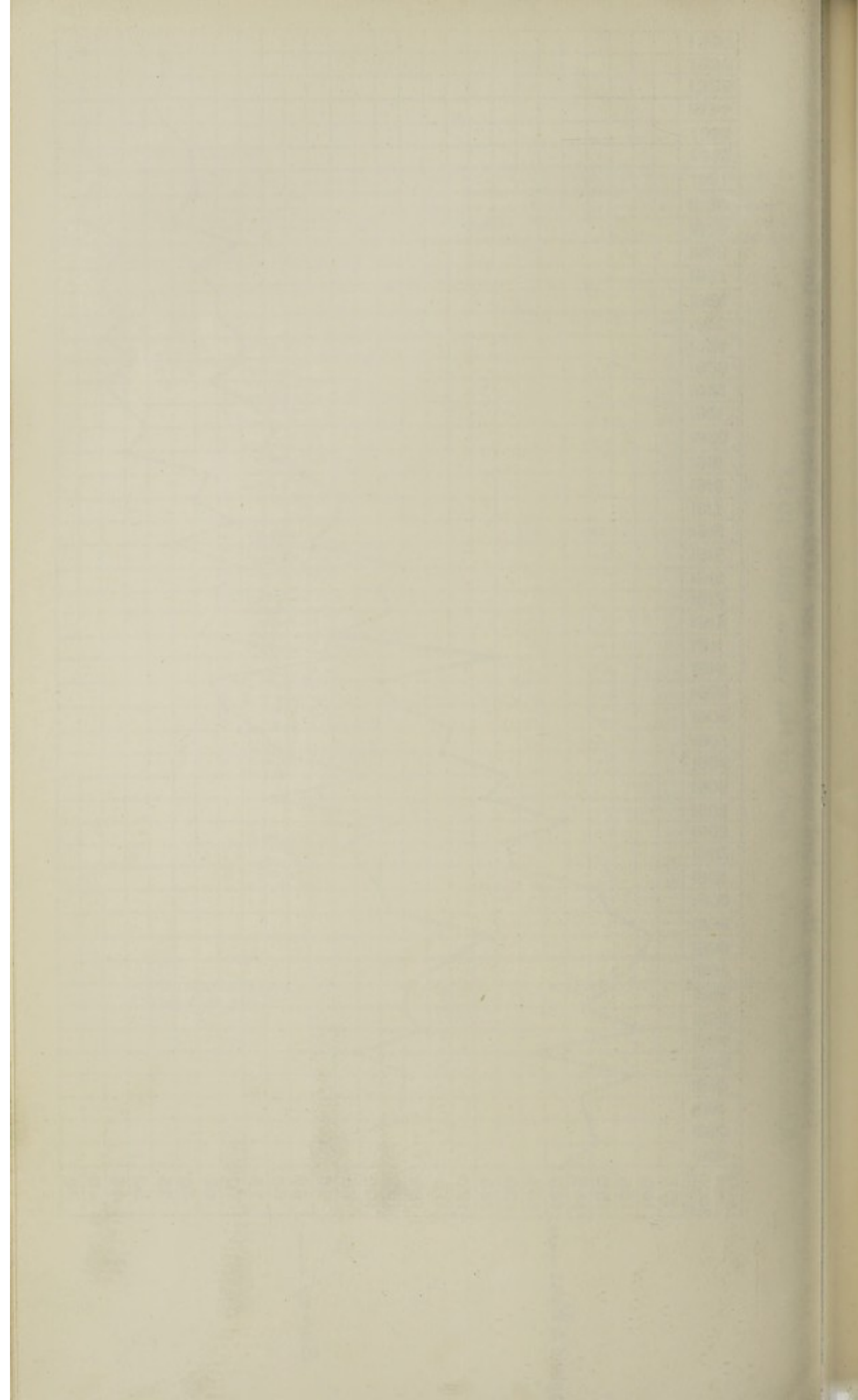
The number of deaths under one year during 1937 was 670, which is an increase of 15 over the previous year. An analysis of the causes of these deaths is included in the table on page 14D. The infant mortality rate for Surrey was 41.94 as compared with 41.78 for the year 1936. The comparable figure for England and Wales for 1937 was 58 as compared with 59 for 1936. 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.	1937.		
	Number of deaths.	Net rate per 1,000 births.	Number of births.
Urban.			
1. Banstead	15	39.16	383
2. Barnes (M.B.)	13	35.62	365
3. Beddington and Wallington (M.B.)	23	58.23	395
4. Carshalton	35	40.05	874
5. Caterham and Warlingham	15	35.55	422
6. Chertsey	24	66.30	362
7. Coulsdon and Purley	24	34.68	692
8. Dorking	5	21.19	236
9. Egham	8	32.79	244
10. Epsom and Ewell (M.B.)	27	35.29	765
11. Esher	21	35.59	590
12. Farnham	14	50.72	276
13. Frimley and Camberley	20	67.57	296
14. Godalming (M.B.)	7	34.65	202
15. Guildford (M.B.)	13	23.85	545
16. Haslemere	6	58.25	103
17. Kingston-on-Thames (M.B.)	28	51.95	539
18. Leatherhead	8	25.97	308
19. Malden and Coombe (M.B.)	21	37.17	565
20. Merton and Morden	32	39.41	812
21. Mitcham (M.B.)	41	43.43	944
22. Reigate (M.B.)	19	40.00	475
23. Richmond (M.B.)	15	38.56	389
24. Surbiton (M.B.)	33	42.04	785
25. Sutton and Cheam (M.B.)	58	50.00	1,160
26. Walton and Weybridge	14	35.81	391
27. Wimbledon (M.B.)	41	67.43	608
28. Woking	26	46.18	563
Total	606	42.41	14,289
Rural.			
1. Bagshot	7	34.65	202
2. Dorking and Horley	9	32.49	277
3. Godstone	12	33.99	353
4. Guildford	23	41.44	555
5. Hambledon	13	43.19	301
Total	64	37.91	1,688
Administrative County	670	41.94	15,977

The infant mortality rate for the County for each of the years 1889 to 1937 is shown in the form of a graph on page 16A.

Graph showing the infant mortality rate (per 1000 registered births) in the Administrative County in each of the years 1889-1937





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, Beddington and Wallington, Guildford, Kingston, Mitcham, Reigate, Richmond and Wimbledon, and the Urban Districts of 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 Council is the Maternity and Child Welfare authority :—

	Whole of administrative County.	County Council's Maternity and Child Welfare Area.
Area	449,160	386,771
Population (1931 Census)	947,770	505,122
Registrar-General's estimated population mid-year 1937	1,161,000	633,890
Number of live births (registered)	15,977	9,339
Number of illegitimate births	639	367
Number of still-births	506	305
Birth rate	13.76	14.73
Deaths under one year	670	386
Infant mortality rate	41.94	41.33
Notified cases of ophthalmia neonatorum	33	16
Notified cases of puerperal fever	22	8
Notified cases of puerperal pyrexia	143	63
Maternal deaths from sepsis	8	5
Maternal deaths from other causes	30	15
Maternal mortality rate (per 1,000 live and still-births)	2.31	2.07
Maternal mortality rate (per 1,000 live births)	2.38	2.14

(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 births.
1933	545,604	7,266
1934	569,000	7,782
1935	588,710	8,368
1936	610,650	8,988
1937	633,890	9,339

(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. These Acts were consolidated by the Public Health Act, 1936, and Section 203 of that Act continues the provisions for the notification of births. The obligation to notify a birth is placed upon :—

- (i) the father of the child if at the time of the birth he is actually residing on the premises where the birth takes place ;
- (ii) any person in attendance on the mother at the time of, or within six hours after, the birth.

This section also requires the Medical Officer of Health of a County district to send duplicates of the notices of birth received by him to the County Medical Officer as soon as may be after being received, except in a County district, the Council of which, in addition to being a Welfare Authority, is also the Local Supervising Authority under the Midwives Acts, 1902—1926.

During the year 9,339 live births (8,972 legitimate, 367 illegitimate) and 305 still-births (291 legitimate, 14 illegitimate) were registered in the Maternity and Child Welfare area and notifications were received in respect of 7,739 of these (7,522 live births and 217 still-births). Of the 7,522 live births 5,252 were notified by midwives and 2,270 by doctors and parents. Of the 217 still-births, 151 were notified by midwives and 66 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. Failure to notify is mainly 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 1,905 were not notified. Particulars in respect of 437 of these were received from the Registrars of Births : the remainder (1,468) represents approximately the number

occurring outside the Council's Maternity and Child Welfare area, but properly belonging thereto, and subsequently transferred by the Registrar-General.

Notification of these births would be made to the Medical Officer of Health of the district in which the children were born.

(5) CENTRES.

During the year Infant Welfare Centres were established in the following districts: Ashted, Fetcham, North Cheam, Nutfield, Ockley, Tadworth and Worplesdon—Perry Hill and Wood Street.

The County Council is now responsible for 81 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 26 different centres throughout the County and in some districts Ante-natal consultations take place before the ordinary infant welfare session.

There are 18 dental clinics where dental treatment is available for expectant and nursing mothers. Details of treatment are given on page 27. The total attendances at both the Maternity and Child Welfare Centres and Ante-natal Clinics again show substantial increases. The following table gives the total attendances in each of the past five years:—

Year.	Total attendances.			Inclusive Total.
	Ante-Natal and Post-Natal.	Infants under one year.	Children 1—5 years.	
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
1937	10,830	77,500	91,751	179,857

(6) ANTE-NATAL SERVICE.

The Ante-Natal scheme includes the following services:—

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

The following table shows the number of mothers who attended at each clinic during the year and the total attendance:—

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	72	295	2	2
Ash	67	194	9	15
Bagshot	50	206	—	—
Brockham	1	2	—	—
Camberley	88	308	35	37
Caterham Hill	180	593	65	66
Cheam	334	1,196	67	93
Chertsey	60	192	9	9
Cobham	36	106	3	3
Cranleigh	20	61	9	10
Dorking	74	228	22	27
Dunsfold	—	—	—	—
Egham	72	168	—	—
Effingham	—	—	—	—
Epsom	313	1,375	21	22
Ewell	125	596	34	35
Farnham	145	440	4	6
Godalming	104	191	7	7
Godstone	19	53	—	—
Haslemere	7	19	—	—
Horley	61	185	12	18
Horsley	1	1	—	—
Kingswood	1	2	—	—
Lingfield	24	95	3	5
Long Ditton	25	53	2	2
Malden	112	311	14	17
Molesey	60	147	—	—
Penslake	—	—	—	—
Puttenham	—	—	—	—
Redhill	1	1	—	—
Ripley	—	—	—	—
Send	1	2	—	—
Shalford	1	5	—	—
Surbiton	276	897	38	48
Sutton	266	1,066	42	45
Tatsfield	—	—	—	—
Walton	95	405	32	35
Weybridge	37	125	—	—
Woking	263	779	25	31
	2,991	10,297	455	533

(7) MATERNAL MORTALITY.

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

Year.	Surrey.	England and Wales.
1933	3.62	4.42
1934	4.06	4.60
1935	3.41	4.10
1936	2.61	3.81
1937	2.38	3.23

The deaths in the administrative County in 1937 assigned to puerperal sepsis were 8 in number and to other accidents and diseases of pregnancy 30, making a total of 38. In 1936 the comparable figures were respectively 17 and 24, or 41 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 in the years 1911 to 1937, 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	1.32	2.28	3.60	1.08	1.53	2.61
1937 ..	0.97	2.26	3.23	figures not obtainable			0.50	1.88	2.38

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 1937 was 670 or 5.75 per cent. of the total deaths of all ages.

The infant mortality rate was 41.94 per 1,000 registered births. For England and Wales it was 58.00.

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.				
	1933	1934	1935	1936	1937
Total—all causes	547	506	592	655	670
Rate per thousand live births...	42.20	43.24	40.39	41.78	42.00
Measles	3	5	—	12	—
Encephalitis Lethargica	—	—	—	—	—
Whooping Cough	16	13	8	13	19
Diphtheria	4	2	1	2	1
Influenza	6	—	3	9	8
Meningococcal Meningitis	—	—	—	—	—
Tuberculosis of the respiratory system	—	1	3	2	1
Other tuberculous diseases	9	5	11	7	4
Bronchitis	11	13	9	10	13
Pneumonia (all forms)	55	71	68	67	81
Other respiratory diseases	4	2	—	2	3
Diarrhoea and enteritis	35	41	39	39	43
Acute and chronic nephritis	—	1	—	—	1
Congenital debility and malformation (including premature birth)	319	342	354	400	414
Other causes	85	100	96	92	82

(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 1937 was 546, as compared with 438 during 1936. Of these midwives only one of the old "bona fide" class now remains in practice.

The Superintendent Health Visitor, together with her deputy and assistant superintendents, act as Inspectors of Midwives under the immediate supervision of one of the Senior Administrative Medical Officers. Apart from the routine inspections of all midwives carried out during the year, special visits are made for the investigation of cases of rise of temperature, ophthalmia neonatorum, etc., 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 during the year, together with those for the past four years.

	1933	1934	1935	1936	1937
Notification of sending for medical aid ...	1,890	2,029	2,265	2,427	2,459
Still-births and abortions	72	75	96	97	85
Laying out dead body	138	103	66	95	72
Artificial feeding	69	94	94	99	120
Liability to be a source of infection	114	132	106	166	150
Notification of death	56	58	60	56	62
Miscarriages	47	51	25	18	42
Totals	2,386	2,542	2,712	2,958	2,990

The special investigations undertaken in the five years, 1933-1937, are summarised in the following table :—

	1933	1934	1935	1936	1937
Notice of sending for medical assistance	170	211	230	192	176
Still-births, abortions and miscarriages ...	91	119	117	114	106
Liability to be a source of infection ...	71	105	92	152	139
Death of mother or baby	50	44	60	56	57
Totals	382	479	499	514	456

There are five branches of the Midwives Institute in the County. Regular meetings have been held at each centre and talks given on subjects of special interest to midwives.

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 circumstance 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 attempt to recover fees in order that midwives may not be deterred from calling in a doctor at the onset of apparently slight affections of the eyes.

Number of Births Attended by Midwives.

At the end of each year a midwife must send a return of her work to the Local Supervising Authority, and the returns received from 368 midwives who had actually practised in the area during 1937, 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.	36	53
Barnes M.B.	131	182
Beddington and Wallington M.B.	74	148
Carshalton U.D.	280	91
Caterham and Warlingham U.D.	136	57
Chertsey U.D.	124	130
Coulsdon and Purley U.D.	63	55
Dorking U.D.	97	65
Egham U.D.	74	92
Epsom and Ewell M.B.	677	200
Esher U.D.	172	169
Farnham U.D.	210	91
Frimley and Camberley U.D.	128	61
Godalming M.B.	86	31
Haslemere U.D.	96	99
Kingston-on-Thames M.B.	462	140
Leatherhead U.D.	74	103
Malden and Coombe M.B.	132	50
Merton and Morden U.D.	385	234
Mitcham M.B.	569	84
Reigate M.B.	147	182
Richmond M.B.	98	47
Surbiton M.B.	260	276
Sutton and Cheam M.B.	324	265
Walton and Weybridge U.D.	153	212
Woking U.D.	516	186
Bagshot R.D.	106	111
Dorking and Horley R.D.	53	56
Godstone R.D.	107	106
Guildford R.D.	167	90
Hambleton R.D.	112	102
Total	6,049	3,768

Post Certificate Instruction of Midwives.

The seventh Post Certificate Course for Midwives arranged by the County Council was held during the week beginning the 4th October, 1937.

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 six preceding Courses :—

	1931	1932	1933	1934	1935	1936	1937
Number of Nurses attending	203	254	374	392	384	549	404
Total attendance ...	872	1,104	1,297	1,540	1,461	1,829	1,370

Compensation to Midwives for Loss of Cases Sent to a Maternity Home.

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 Ante-Natal Clinics. The payment of compensation is subject to the following conditions :—

- (a) 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 ;

- (b) 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 a hospital or maternity home for confinement was advised;
- (c) 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;
- (d) 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 is made by the Health Visitor.

Midwives Act, 1936.

This Act, which came into force on the 31st July, 1936, 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, and it is hoped that by providing better salaries and more secure prospects for midwives the standard of domiciliary maternity nursing will be improved.

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 last year the Public Health Committee appointed a Special Sub-Committee to consider and frame proposals for carrying out the duties of the Council under the Act.

Many conferences were held with the Welfare Councils, the County Nursing Association, Unaffiliated Nursing Associations, and with local Associations representing the medical practitioners and midwives practising in the area. Following upon these conferences, the Sub-Committee reconsidered the proposals originally made and approved a scheme for the Administration of the Midwives Act in their area, which was adopted by the Council in March.

In the preparation of the Scheme the following general principles were applied:—

- (a) that district Nursing Associations already providing midwifery and maternity nursing should be asked to undertake the work on behalf of the Local Supervising Authority (except in two areas of the County) subject to certain conditions.
- (b) that the Midwifery and Maternity nursing should be separated from the general nursing of the district in so far as is practicable.
- (c) that where possible and with due regard to the general nursing needs of the district, a grouping of districts should be carried out.
- (d) that the supervision of midwives throughout the Local Supervising Authority's area should be undertaken by the Council's Inspector of Midwives under the immediate control of the County Medical Officer.
- (e) that the districts around the Maternity Hospitals—Kingston, and the new St. Helier Hospitals should be served by midwives directly employed by the County Council.
- (f) that midwives employed by Nursing Associations should work in close co-operation with the ante-natal and maternity and child welfare services of the district in which they are employed.

An analysis of the births registered during 1935 showed that of the total of 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.

It was assumed that it would be necessary to provide a salaried midwifery service for approximately 7,300 births at home, after deducting a number likely to be attended by resident maternity nurses and doctors.

Having regard to the Urban and Country districts to be served it was considered that the employment of the equivalent of 76 whole-time midwives by district nursing associations, twelve whole-time midwives by the County Council and seven by Welfare Councils acting as agents of the Council, would be an adequate provision of salaried midwives for the area. In addition relief and emergency duties were provided for by the employment of two whole-time midwives by the County Council and the equivalent of eight whole-time midwives by the County Nursing Association.

The salaries and allowances paid to midwives are as follows :—

- (a) State Certified Midwives who are also State Registered Nurses, a commencing salary of £200 by £6 5s. to a maximum of £250 ; in addition to salary a uniform allowance of £7 per annum, and a laundry allowance of £10 is made, together with travelling expenses whilst on duty.
- (b) State Certified Midwives who are not general trained nurses, a commencing salary of £160 by £5 per annum to a maximum of £200, with in addition the allowances mentioned above for uniform, laundry and travelling.

Midwives of considerable experience are placed on the appropriate point in the scale.

The Midwives employed by the County Council or by Welfare Councils must be engaged solely in midwifery and maternity nursing. They must be included in the Superannuation Scheme of the employing Council.

The conditions for midwives employed by District Nursing Associations provide that they shall be whole-time servants of the employing Association, that they shall be included in a pensions scheme, and that present and subsequent appointments will be subject to the approval of the Local Super-vising Authority and that midwives practising independently shall be considered for any new appointment occurring and any vacant posts will be advertised in the local press.

The fees charged in the case of midwives employed by the County Council or Welfare Councils, are 40s. where the nurse attends as a midwife, and 35s. where she attends as a maternity nurse. Fees may be remitted or reduced in necessitous cases in accordance with the scale approved by the Council. The same fees are charged by the midwives employed by Nursing Associations except where patients are members of the local Association's contributory fund ; then the charges are 30s. where the nurse attends as midwife and 25s. where she attends as maternity nurse.

The Nursing Associations collect all fees for patients attended by midwives in their employ and may at their discretion reduce or remit fees in necessitous cases.

The Welfare Councils, County Nursing Association, and Unaffiliated District Nursing Associations have entered into agreements with the County Council undertaking to carry out the midwifery service in their districts under the conditions specified, and the County Council undertakes during the currency of the agreement to pay an amount of grant agreed upon between the contracting parties.

The agreements may be terminated either by agreement between the parties or by not less than six months' notice in writing in any year given with the consent of the Minister by any one of the parties.

The scheme provides for the employment of salaried midwives by the County Council, by Welfare Councils, and by Nursing Associations respectively, in respect of the districts undermentioned :—

- (a) Districts to be served by Midwives employed by the County Council :—

Borough of Barnes.
Urban District of Carshalton (part of).
Urban District of Esher (parishes of Esher and East and West Molesey).
Borough of Kingston-upon-Thames.
Borough of Malden and Coombe (part of).
Borough of Sutton and Cheam (part of).
Urban District of Merton and Morden (part of).

- (b) Districts to be served by Midwives employed by Welfare Councils as Agents for the County Council :—

Urban District of Carshalton (part of).
Urban District of Coulsdon and Purley (part of).
Urban District of Merton and Morden (part of).
Borough of Mitcham.

(c) Districts to be served by Midwives employed by Nursing Associations :—

Urban District of Banstead.
 Borough of Beddington and Wallington.
 Urban District of Carshalton (part of).
 Urban District of Caterham and Warlingham.
 Urban District of Chertsey.
 Urban District of Coulsdon and Purley (part of).
 Urban District of Dorking.
 Urban District of Egham.
 Borough of Epsom and Ewell.
 Urban District of Esher (part of).
 *Urban District of Farnham.
 Urban District of Frimley and Camberley.
 Borough of Godalming.
 Urban District of Haslemere.
 Urban District of Leatherhead.
 Borough of Malden and Coombe (part of).
 Borough of Reigate.
 Borough of Richmond.
 Borough of Surbiton.
 Borough of Sutton and Cheam (part of).
 Urban District of Walton and Weybridge.
 Urban District of Woking.
 Rural District of Bagshot.
 Rural District of Dorking and Horley.
 Rural District of Godstone.
 Rural District of Guildford.
 Rural District of Hambledon.

* Agreement was not reached with the Farnham District Nursing Association and the County Council appointed two whole-time midwives to work in the Farnham District.

During the year it was represented to the Committee that certain Nursing Associations were willing to undertake the midwifery and maternity nursing of extended districts, but found it impossible without the provision of a motor car for the midwife's use. The Committee decided to make an additional grant to the Surrey County Nursing Association for the purchase of not more than six motor cars for districts in which the Public Health Committee considered the use of motor cars to be essential.

(10) PUBLIC HEALTH (OPHTHALMIA NEONATORUM) REGULATIONS, 1926 TO 1937.

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.

The regulations were amended to provide on and after the 1st April, 1937, that all notifications by Medical Practitioners of cases of Ophthalmia Neonatorum should be sent to the Medical Officer of Health of the Local Authority for the purpose of the Notification of Births Act, 1907-15, which in all districts is the Maternity and Child Welfare Authority.

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 two 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.	
1933	120	30	2.3
1934	100	38	2.7
1935	103	35	2.4
1936	94	35	2.2
1937	87	33	2.07

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.

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				
1933	30	15	14	1	15	—	—	—
1934	38	22	20	2	22	—	—	—
1935	35	14	12	2	14	—	—	—
1936	35	10	8	2	10	—	—	—
1937	33	11	9	2	11	—	—	—

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

These Regulations came into operation on the 1st October, 1926. As the term "Puerperal Fever" has been omitted from the definition of "Notifiable Disease" in the Public Health Act, 1936, so much of the above Regulations as relates to puerperal fever ceased to have effect from the 1st October, 1937. The obligation imposed by Part III of the Regulations to notify cases of puerperal pyrexia now includes the obligation to notify conditions formerly notifiable as puerperal fever under the Infectious Disease (Notification) Acts. Under these Regulations a medical practitioner is required to notify to 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 pyrexia received by him, to the County Medical Officer within twenty-four hours.

The County Council has arranged that Medical Practitioners may obtain any or all of the following services for cases notified within its Maternity and Child Welfare area :—

- (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 Redhill County Hospital 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 the bacteriological work required throughout the County under this scheme.

During the year 150 notifications of puerperal fever and puerperal pyrexia were received and of this number 24 patients were removed to hospital for treatment. In 1936, 171 cases were notified and 11 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.
1933	55	32	2.5	16	50.0
1934	103	39	2.8	22	58.97
1935	113	46	3.1	17	36.9
1936	85	34	2.2	17	50.0
1937	71	22	1.38	8	36.36

(12) MATERNITY HOMES.

The County Council reserves three beds in each of two Maternity Homes. In both Homes—the Walton and the Woking Maternity 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 Hospitals 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				
	1933	1934	1935	1936	1937
Duchess of Connaught Memorial Nursing Home, Bagshot	65	60	56	68	69
Frimley and Camberley District Hospital.. ..	—	—	—	—	18
Walton Maternity Home	64	90	90	111	68
Woking Maternity Home	156	189	192	227	239
Public Health Hospitals & Public Assistance Institutions	204	202	285	538	672
Totals ..	489	541	623	944	1066

The following table shows the number of patients admitted to Institutions for their confinements during 1937 and the district in which they reside :—

Patient's Home Address Situated in Sanitary District.	Woking.	Walton.	Bagshot.	Epsom.	Farnham.	Guildford.	Kingston.	Reigate.	Hambledon.	Frimley.	TOTAL.
Banstead U.D.	—	—	—	23	—	—	—	1	—	—	24
Caterham and Warlingham U.D.	—	—	—	1	—	—	—	47	—	—	48
Chertsey U.D.	68	2	—	—	—	—	3	—	—	—	73
Dorking U.D.	—	—	—	1	—	—	—	11	—	—	12
Egham U.D.	1	—	12	—	—	—	—	—	—	—	13
Epsom and Ewell M.B.	—	—	—	130	—	—	3	5	—	—	138
Esher U.D.	1	18	—	—	—	—	7	—	—	—	26
Farnham U.D.	—	—	—	—	52	—	—	—	—	—	52
Frimley and Camberley U.D.	—	—	17	—	—	2	—	—	—	18	37
Godalming M.B.	1	—	—	—	—	17	—	—	—	—	18
Haslemere U.D.	—	—	—	—	—	—	—	—	—	—	—
Leatherhead U.D.	—	—	—	29	1	—	—	1	—	—	31
Malden and Coombe M.B.	—	—	—	—	—	—	11	—	—	—	11
Surbiton M.B.	—	14	—	11	—	—	42	1	—	—	68
Sutton and Cheam M.B.	—	—	—	125	—	—	46	7	—	—	178
Walton and Weybridge U.D.	1	34	—	—	—	—	12	—	—	—	47
Woking U.D.	138	—	—	—	—	—	—	—	—	—	138
Bagshot R.D.	14	—	38	—	—	—	—	—	—	—	52
Dorking and Horley R.D.	—	—	—	—	—	1	—	29	—	—	30
Godstone R.D.	15	—	—	—	—	—	—	20	—	—	35
Guildford R.D.	—	—	2	—	10	12	—	—	—	—	24
Hambledon R.D.	—	—	—	—	5	5	—	—	1	—	11
TOTALS ..	239	68	69	320	68	37	124	122	1	18	1066

Maternity Service.

During the year the Committee gave consideration to a Ministry of Health Circular (No. 1622), containing recommendations from a report on maternal mortality in regard to the essentials of an efficient maternity service.

The main recommendations have already been provided for in the Council's scheme, except those relating to "Emergency Units" and "Home Helps," and the Committee decided to recommend the extension of the maternity services by making arrangements for :—

- emergency units at the Council's Hospitals at Kingston and Guildford, and at the Woking Maternity Home ;
- the supply of home helps within the Council's Maternity and Child Welfare area.

It was decided also to increase the sessions for consultative ante-natal and post-natal clinics and to arrange for these clinics to be held at the Council's Hospitals at Kingston, Guildford and Reigate ; to increase the sessions at certain routine ante-natal clinics ; to open a new routine ante-natal clinic, and to arrange separate sessions to be held in certain districts for post-natal clinics.

The extensions were authorised as from the 1st April, 1938.

(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 1937, 16 cases of complicated labour were admitted to hospital, as compared with 27 cases in 1936.

(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 in the midwifery and maternity nursing services, the midwives practising independently, and the Health Visitors.

Every encouragement is given to midwives to bring or refer their patients to the Ante-Natal Clinics for medical examination. The district midwives attend at many of the Infant Welfare Centres regularly, and take an important part in the work of the centres. Their association with the Council's Maternity and Child Welfare services tends to promote a better understanding, and must prove to the mutual advantage of both services.

The number of visits made by Health Visitors to expectant mothers and to children under five years of age during 1937, 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.	
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	49,908	7,269
1937	2,041	3,298	8,067	26,950	1,610	47,172	6,920

(15) DENTAL TREATMENT.

The County Maternity and Child Welfare area is served by 18 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 Anæsthetics.		No. of other operations including supply of Artificial Teeth.
			Mothers.	Children.	Perma- nent Teeth.	Tempor- ary Teeth.	Perma- nent Teeth.	Tempor- ary Teeth.			
									Mothers.	Children.	
Chertsey	...	...	258	47	295	92	25	5	87	27	190
Cranleigh	...	...	17	7	22	13	—	—	4	4	26
Dorking	...	...	147	45	185	80	7	2	22	29	81
Egham	...	...	239	69	382	176	22	7	112	56	151
Epsom	...	...	232	110	315	268	24	10	84	81	102
Farnham	...	...	238	69	421	123	17	9	87	37	155
Godalming	...	...	137	53	278	69	8	3	60	22	71
Haslemere	...	...	27	17	48	33	—	—	6	8	13
Lingfield	...	...	104	15	158	27	16	5	43	10	95
Malden	...	...	106	115	316	42	57	26	52	20	125
Molesey	...	...	124	49	291	51	10	2	58	23	104
Purley	...	...	139	38	220	92	3	2	55	32	137
Redhill	...	...	146	23	302	52	2	—	38	18	58
Surbiton	...	...	507	124	635	192	33	8	165	72	185
Sutton	...	...	348	157	477	194	24	20	129	76	130
Walton	...	...	185	62	243	88	6	1	68	29	85
Weybridge	...	...	117	34	190	39	2	8	54	23	57
Woking	...	...	815	109	1,038	136	23	—	293	74	394
TOTALS	...	...	3,886	1,143	5,816	1,767	279	108	1,417	641	2,159

(16) TRAINING OF UNMARRIED MOTHERS.

Arrangements for the accommodation and training of unmarried mothers have been made with 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 nine 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 38 children were admitted for treatment as compared with 17 during 1936.

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

Centre.	1933.	1934.	1935.	1936.	1937.
Aldershot and Farnborough Curative Post ...	8	6	10	1	1
Croydon General Hospital ...	26	24	33	37	36
East Grinstead Curative Post ...	—	2	1	1	2
Farnham Curative Post ...	3	4	4	12	20
Royal Surrey County Hospital, Guildford ...	10	9	14	23	34
Kingston: Red Cross Curative Post ...	80	76	86	108	150
Merton, Nelson Hospital ...	—	—	—	—	1
Weybridge: Locke-King Clinic...	28	36	52	60	62
Woking: Red Cross Curative Post	90	75	70	75	98
Totals ...	245	232	270	317	404

(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. These Acts were consolidated by the Public Health Act, 1936, which came into operation of the 1st October, 1937, and Sections 206-220 continue the provision with regard to infant life protection. 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 315 foster mothers in the Council's Maternity and Child Welfare area and the total number of nurse children was 506. During the year 6,290 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 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 Autumn of 1936.

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 inspected medically by the end of the year :—

Age Groups.	Number of children inspected.		
	Boys.	Girls.	Total.
Age 2... ..	38	341	379
Age 3... ..	467	448	915
Age 4... ..	458	395	853
Other Ages	80	89	169
Totals	1,043	1,273	2,316

The nature and number of the defects found in the course of the medical inspections is shown in the following table :—

	Routine Inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition... ..	—	—
Skin—		
Ringworm, Head	—	—
" Body	—	—
Scabies	1	—
Impetigo	13	3
Other diseases (non Tubercular)	25	21
Eye—		
Blepharitis	8	8
Conjunctivitis	3	—
Keratitis	—	—
Corneal opacities	—	—
Defective vision (excluding squint)	2	4
Squint	24	42
Other conditions	2	4
Ear—		
Defective hearing	—	3
Otitis media	6	11
Other ear disease	2	1
Nose and Throat—		
Chronic Tonsillitis only	22	246
Adenoids only	1	29
Chronic Tonsillitis and Adenoids	40	72
Other conditions	2	10
Enlarged cervical glands (non-tubercular)	2	100
Defective speech	4	16
Heart and Circulation—		
Heart disease, Organic	—	23
" " Functional	1	18
Anaemia	10	22
Lungs—		
Bronchitis	3	43
Other non-tubercular diseases	—	8
Tuberculosis—		
Pulmonary definite	—	2
" suspected	1	2
Non-Pulmonary—		
Glands	—	4
Spine	—	—
Hip	—	—
Other bones and joints	—	—
Skin	—	—
Other forms	4	11
Nervous system—		
Epilepsy	—	—
Chorea	—	—
Other conditions	2	8
Deformities—		
Rickets	43	37
Spinal curvature	1	—
Other forms	40	192
Rheumatism	2	3
Other diseases and defects... ..	47	147
TOTALS	311	1,090

The number of individual children found at medical inspection to require treatment, excluding uncleanliness and dental disease was 272 out of 2,316 children inspected or 11.7 per cent.

37.5 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 1937.

TREATMENT CARRIED OUT DURING 1937.

	Defects reported for treatment during 1937	Total defects treated during 1937 whether found during 1937 or previously.		
		Under scheme of Local Education Authority.	Otherwise.	Total.
Malnutrition	—	—	—	—
Skin—				
Ringworm, Head	—	—	—	—
" Body	—	—	—	—
Scabies	1	—	—	—
Impetigo	13	3	—	3
Other Diseases (non-Tubercular)	25	12	2	14
Eye—				
Blepharitis	8	2	—	2
Conjunctivitis	3	1	—	1
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision	2	1	—	1
Squint	24	13	—	13
Other Conditions	2	1	—	1
Ear—				
Defective hearing	—	—	—	—
Otitis Media	6	—	—	—
Other Ear Disease	2	—	—	—
Nose and Throat—				
Chronic Tonsillitis only	22	5	1	6
Adenoids only	1	1	—	1
Chronic Tonsillitis and Adenoids	40	15	4	19
Other Conditions	2	—	—	—
Enlarged Cervical Glands (non-Tubercular)	2	—	2	2
Defective Speech	4	—	—	—
Heart and Circulation—				
Heart Disease, Organic	—	—	—	—
" " Functional	1	—	—	—
Anaemia	10	2	—	2
Lungs—				
Bronchitis	3	—	—	—
Other non-Tubercular Diseases	—	3	—	3
Tuberculosis—				
Pulmonary, Definite	—	—	—	—
" Suspected	1	—	—	—
Non-Pulmonary—				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	4	—	—	—
Nervous System—				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	2	3	—	3
Deformities—				
Rickets	43	5	—	5
Spinal Curvature	1	—	—	—
Other Forms	40	9	1	10
Rheumatism	2	—	—	—
Other Diseases and Defects	47	9	7	16
TOTALS	311	85	17	102

(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.

During the year the Committee gave consideration to Circular 1519 of the Ministry of Health, in which Welfare Authorities were requested to review their arrangements for the supply of milk and other foods or Cod Liver Oil to expectant and nursing mothers and children under school age. It was decided to amend the arrangements as follows:—

- (a) that the existing income scale should be retained but that the County Medical Officer should be authorised to adjust the scale assessment in cases of hardship;
- (b) that the maximum quantities of dried milk allowed for individual cases be increased from 1 lb. per week to 1½ lbs. per week, if the Medical Officer of the centre considered it necessary for the health of the mother or child;
- (c) that the expectant mother be given milk free or at half cost and cod liver oil at any time during pregnancy and children between three and five years if considered necessary on medical grounds;
- (d) that cod liver oil be supplied to those centres and ante-natal clinics for which voluntary provision is not available or where the Health Visitor is at present supplying these foods.

The amended arrangements were put into operation at the beginning of the last quarter of the year.

(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 the 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.

LIST OF MATERNITY AND CHILD WELFARE CENTRES IN THE COUNTY, SHOWING THE DAYS UPON WHICH EACH IS OPEN FOR TREATMENT WITH THE ATTENDANCES AND THE TOTAL NUMBER OF CHILDREN WHO WERE IN ATTENDANCE AT THE CENTRES AT THE END OF 1937.

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 1937.		
			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.	108	1,935	37	3,122	90	272	362
Ash ...	St. Peter's Church Room (opposite Ash Church)	Every Thursday.	72	1,008	15	1,548	55	138	193
Ashtead ...	Peace Memorial Hall, Ashtead	2nd & 4th Tuesdays.	34	235	19	242	37	60	97
Ash Vale ...	Working Men's Club, Frimley Road, Ash Vale	2nd & 4th Mondays.	17	164	13	353	20	55	75
Ash Wyke ...	The Village Hall, Normandy...	1st & 3rd Mondays.	14	66	2	464	12	37	49
Badshot Lea ...	Scouts' Hall ...	2nd, 4th & 5th Wednesdays	9	234	6	585	8	72	80
Bagshot ...	St. Anne's Parish Hall ...	Every Tuesday.	53	1,045	13	924	39	87	126
Banstead ...	Church Institute, Banstead ...	Every Thursday.	106	1,527	38	994	87	198	285
Blindley Heath ...	Parish Hall, Blindley Heath ...	2nd & 4th Fridays.	9	102	8	240	6	35	41
Bookham ...	Barn Hall, Great Bookham ...	1st & 3rd Wednesdays.	23	237	16	504	18	55	73
Bourne ...	Boys' Club, Gravel Hill, Lower Bourne	1st & 3rd Wednesdays.	23	160	12	483	16	56	72
Byfleet ...	Village Hall, Byfleet ...	Every Wednesday.	57	1,009	26	1,502	47	147	194
Camberley ...	Central Hall, Camberley ...	Every Monday and Thursday.	82	1,239	24	2,651	74	216	290
Capel ...	Church Rooms, Capel ...	2nd & 4th Thursdays.	22	243	11	524	17	58	75
Caterham Hill ...	The Parish Hall, Chaldon Road, Caterham Hill	Every Friday.	157	2,254	49	2,589	122	289	411
Caterham Valley ...	Parish Hall, Stafford Road, Caterham Valley.	2nd & 4th Tuesdays.	46	476	12	619	38	82	120
Charlwood ...	Parish Hall, Charlwood ...	2nd & 4th Wednesdays.	14	134	8	306	7	38	45
Cheam ...	Parochial Room, Station Road, Cheam	Every Wednesday.	227	3,002	41	2,129	195	426	621
Chertsey ...	Adjoining Infants' Council School, Steppages, Chertsey	Every Monday.	70	1,225	8	1,192	50	153	203
Chobham ...	Village Hall, Chobham ...	2nd & 4th Tuesdays.	28	347	14	647	24	77	101

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 1937.		
			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	409	13	702	25	69	94
Cobham ...	Leigh Corner, Cobham ...	1st, 3rd & 5th Mondays.	47	490	10	407	37	65	102
Cranleigh ...	Tring, Cranleigh ...	1st & 3rd Mondays.	43	290	31	416	34	101	135
Long & Thames Ditton ...	Village Hall, Long Ditton ...	Every Tuesday.	63	1,293	31	1,413	57	136	193
Dorking ...	Dene Street, Dorking ...	Every Monday and Tuesday.	127	2,223	24	2,556	90	353	443
Dormansland ...	Baptist Chapel, Dormansland ...	2nd & 4th Mondays.	9	58	2	137	6	22	28
Dunsfold ...	Winns Hall, Dunsfold ...	2nd & 4th Mondays.	6	75	3	76	7	15	22
Effingham ...	Women's Institute, Effingham ...	1st & 3rd Tuesdays.	14	180	3	356	13	36	49
Egham ...	Drill Hall, Kings Road, Egham ...	Every Wednesday and Friday.	144	3,089	70	4,862	96	344	440
Elstead ...	Village Hall, Elstead ...	1st & 3rd Tuesdays.	18	202	9	438	15	37	52
Epsom ...	S.C.C. Clinic, Waterloo Road, Epsom ...	Every Wednesday	216	3,176	90	2,467	182	399	581
Ewell ...	Ewell Court House, Ewell ...	Every Thursday.	267	4,330	158	2,338	209	461	670
Ewhurst ...	Village Hall, Ewhurst ...	1st & 3rd Thursdays.	26	145	9	314	14	42	56
Farnham ...	Brightwell House, East Street, Farnham ...	Every Tuesday and Thursday.	92	1,964	12	2,905	55	166	221
Fetcham ...	Village Hall, Fetcham ...	Every 2nd & 4th Thursday.	33	291	44	364	30	60	96
Frimley ...	Village Hall, Frimley ...	Every Wednesday.	65	733	27	775	46	135	181
Godalming ...	Church Room, Queen Street, Godalming ...	Every Wednesday and Friday.	132	2,664	70	3,476	101	288	389
Godstone ...	White Hart Barn, Godstone ...	2nd & 4th Wednesdays.	15	156	8	418	14	60	74
Hale ...	Institute, Hale ...	Every Friday.	42	980	10	1,197	31	114	145
Haslemere ...	St. Christopher's Hall, Haslemere ...	Every Tuesday.	56	721	11	1,408	40	133	173
Hersham ...	S.C.C. Clinic, Rodney Road, Walton ...	Every Thursday.	66	1,230	15	1,412	52	138	190
Hindhead ...	Congregational Chapel Rooms, Beacon Hill ...	Every Friday.	25	326	10	761	22	65	87
Hook ...	Parish Hall ...	Every Friday	162	2,752	78	2,078	139	270	409
Horley ...	Technical Institute, Horley ...	Every Friday.	92	1,264	36	1,769	68	162	230
Horley, Salfords ...	Parish Hall, Salfords ...	2nd & 4th Tuesdays.	15	165	10	384	11	46	57
Horsley, West ...	Village Hall, West Horsley ...	1st & 3rd Thursdays.	19	200	12	442	18	52	70
Hurst Green ...	St. Agatha's Mission Hall, Hurst Green ...	1st, 3rd & 5th Mondays.	21	218	7	481	19	49	68
Kingswood ...	Women's Institute, Lower Kingswood ...	1st & 3rd Mondays.	23	342	10	854	27	92	119
Knaphill ...	Methodist Chapel, Knaphill ...	Every Friday.	105	1,719	34	2,995	96	271	367
Leatherhead ...	The Institute, Leatherhead ...	Every Friday.	82	1,181	29	1,564	65	155	220
Limpfield ...	Church Room (opposite Church), Limpfield ...	Every Thursday.	21	302	2	779	17	50	67
Lingfield ...	Blenheim Road, Lingfield ...	Every Tuesday.	38	587	14	611	32	66	98
Malden ...	8, Westbury Road, New Malden ...	Every Wednesday and Friday.	228	4,041	96	3,883	191	492	683
Molesey ...	Old Council Offices, East Molesey ...	Every Wednesday.	138	2,670	83	2,095	108	277	385
Nutfield ...	Village Hall, Nutfield ...	1st & 3rd Wednesdays.	24	99	65	188	17	53	70
Ockley ...	Village Hall, Ockley ...	2nd & 4th Monday.	17	44	20	109	7	37	44
Oxted ...	Church Room, Oxted ...	1st & 3rd Tuesdays.	17	123	9	334	12	52	64
Peaslake ...	Old School Room, Peaslake ...	2nd & 4th Mondays.	24	297	4	425	7	63	70
Puttenham ...	Old School Hall, Puttenham ...	1st & 3rd Fridays.	21	169	7	200	18	37	55
Ripley ...	Rio Tea Rooms, Ripley ...	Every Tuesday.	18	376	8	603	16	69	85
Rowledge ...	Village Hall, Rowledge ...	1st & 3rd Mondays.	13	140	6	533	10	58	68
Send ...	Men's Institute, Send ...	2nd & 4th Thursdays.	15	92	6	140	12	32	44
Shalford ...	The Institute, off King's Road, Shalford ...	Every Wednesday.	33	749	10	1,122	12	112	124
Surbiton ...	South Place, Surbiton ...	Every Monday and Thursday.	289	4,869	77	3,082	236	588	824
Sutton ...	Public Hall, Sutton ...	Every Tuesday.	272	4,087	79	2,406	228	419	647
Tadworth ...	Church Hall, Tadworth ...	2nd & 4th Wednesdays.	17	81	22	105	13	24	37
Tatafield ...	Parish Hall, Tatafield ...	2nd & 4th Mondays.	11	75	10	285	9	36	45
Tilford ...	The Institute, Tilford ...	2nd & 4th Tuesdays.	11	128	7	315	10	33	43
Walton-on-the-Hill ...	Congregational School Room, Walton-on-the-Hill ...	1st & 3rd Tuesdays.	30	317	11	524	16	47	63
Walton-on-Thames ...	S.C.C. Clinic, Rodney Road, Walton ...	Every Friday.	91	1,517	17	1,661	66	175	241
Warlingham ...	Church Hall, The Green, Warlingham ...	Every Wednesday.	63	1,633	26	1,982	62	144	206
Weybridge ...	Locke-King Clinic, Devonshire Road, Weybridge ...	Every Tuesday.	64	1,320	32	1,758	51	148	199
Whyteleafe ...	Parish Hall, Whyteleafe ...	Every Thursday.	62	946	16	1,412	41	103	144
Windlesham ...	Village Institute, Windlesham ...	1st & 3rd Mondays.	17	180	—	220	42	12	54
Witley ...	Village Hall, Witley ...	2nd & 4th Wednesdays.	28	174	21	358	26	78	104
Woking ...	Clarence Avenue, Woking ...	Every Monday and Thursday.	146	1,776	67	1,897	108	328	436
Worcester Park ...	Malden & Cuddington Jubilee Institute on Malden Green ...	Every Monday and Thursday.	273	4,384	125	2,630	242	554	796
Worplesdon ...	Memorial Hall, Perry Hill ...	1st & 3rd Tuesdays.	16	99	30	156	12	33	45
Wrecclesham ...	Church Hall, Wood Street, Wrecclesham ...	2nd & 4th Tuesdays.	23	114	35	164	17	52	69
Wrecclesham ...	Parish Room, The Institute, Wrecclesham ...	2nd & 4th Mondays.	17	110	1	349	17	30	47

Nursing Homes.

The Nursing Homes Registration Act, 1927, was repealed by the Public Health Act, 1936, but its provisions are embodied in Sections 187-195 and Section 199 of the Public Health Act, 1936, which came into force on the 1st October, 1937. All nursing homes are required to be registered by the Local Supervising Authority under this Act.

During the year 15 new applications for registration were received. Each application was approved, subject to compliance with certain requirements, and at the end of the year eight had complied and were granted certificates of registration. Nine certificates of registration were issued in respect of applications outstanding at the end of the previous year, making a total of 17 certificates of registration issued during the year 1937.

On the 31st December, 1937, there were 131 registered and nine exempted nursing homes on the register. Frequent visits were made during the year to registered nursing homes.

There were two prosecutions undertaken during the year against keepers of unregistered nursing homes, one of which was successful.

Voluntary Workers' Advisory Committee.

This Committee consists of representatives of Voluntary Workers from Welfare Centres. There is one member from 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.

The summary of returns for 1937 from the District Medical Officers of Health shows that 1,166 cases of tuberculosis were notified during the year. This is an increase of 225 cases over the number of notifications in 1936. While notifications in both pulmonary and non-pulmonary tuberculosis have increased, the increases are most marked in non-pulmonary tuberculosis—from 172 in 1936 to 269 in 1937, an increase of 97 cases. Notifications of pulmonary tuberculosis increased from 769 in the previous year to 897 in 1937, an increase of 128 cases. Although nearly all the age groups show increases, the largest increases in the case of non-pulmonary tuberculosis are in the age groups between 5 and 25 years, and in the case of pulmonary tuberculosis in the age groups between 15 and 35 years and in the age group 45-55 years.

The case rate of pulmonary tuberculosis per thousand of the population of the County was 0.77. The case rates for the years 1935 and 1936 were 0.66 and 0.68 respectively. In non-pulmonary tuberculosis the case rate for the County was 0.23, the highest figure since 1928; the figures for 1935 and 1936 were 0.17 and 0.15 respectively.

There appears to be no simple explanation of these increases in the notifications but they have not been accompanied by any rise in the death-rate, which, indeed, has declined slightly and equals the lowest ever recorded.

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

Information regarding cases of tuberculosis in Surrey is obtained from other sources also, *e.g.* transfers from other areas, death returns, posthumous notifications, etc. During the year 1937 there were 395 cases which became known by such means, as compared with 430 cases in 1936. The following table gives an analysis of these cases:—

Source.	Pulmonary.	Non-Pulmonary	Total.
1. Death Returns ... (a) From local registrars ...	31	6	37
(b) Transferable deaths ...	37	13	50
2. Posthumous notifications	15	10	25
3. Transfers from other areas	225	50	275
4. Other sources	6	2	8
Totals ...	314	81	395

Of the 275 "Transfers from other areas" during 1937, 168 cases come from the County of London, 19 from Croydon, 15 from Kent, 14 from Middlesex, and 11 from East and West Sussex. No other authority transferred any 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, 1937, were as follows:—

						Pulmonary.	Non-Pulmonary
Males	...	...	...	...	...	2,180	725
Females	...	...	...	...	...	2,104	747
Totals						4,284	1,472
Grand Total						5,756	

The total of 5,756 persons is an increase of 320 as compared with the total on the district registers at the end of 1936.

(2) DEATHS.

The total number of deaths from pulmonary tuberculosis during 1937 was 528 as compared with 530 during the previous year; the death rate per thousand of the population was 0.45 which is a slight decrease on the rate for the previous year (0.47 per thousand), and equals the lowest rate previously recorded (in 1935).

From non-pulmonary tuberculosis the total number of deaths was 80 or 0.07 per thousand of the population. This latter figure is the lowest rate recorded in the County.

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 14.

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 1937 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	152	0.23
1917	799	1.27	605	0.96	223	0.35	171	0.27
1918	887	1.37	674	1.04	187	0.28	138	0.21
1919	787	1.14	505	0.73	121	0.17	107	0.15
1920	646	0.90	483	0.67	109	0.15	118	0.16
1921	648	0.88	449	0.61	127	0.17	109	0.14
1922	687	0.93	466	0.63	123	0.16	100	0.1
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
1937	897	0.77	528	0.45	269	0.23	80	0.07

With reference to the foregoing table, it should be borne in mind that, owing to the great growth of population, the absolute numbers are misleading, and that the rates per thousand show the true position. Although the case rates of both pulmonary and non-pulmonary tuberculosis are higher than for several years, the death rates are as low as (pulmonary) or lower than (non-pulmonary) any previously recorded.

(3) NEW NOTIFICATIONS AND DEATHS.

The new cases which are included in the first two tables of the section on tuberculosis number 1,561. 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 608 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	1	1	—	1	3	1
One and under 5 years	5	3	22	17	—	—	10	6
5 " " 10 "	14	10	34	30	2	3	9	3
10 " " 15 "	11	8	36	25				
15 " " 20 "	35	58	24	15	38	56	5	4
20 " " 25 "	94	101	10	25				
25 " " 35 "	175	193	20	33	68	74	7	9
35 " " 45 "	133	87	18	8	51	41	3	3
45 " " 55 "	111	37	7	10	63	29	2	1
55 " " 65 "	57	32	2	3	46	17	2	3
65 and upwards ..	26	20	1	8	25	14	—	9
TOTALS ..	661	550	175	175	293	235	41	39

Of the 608 deaths which occurred during the year, 112 or 18.4 per cent. occurred in non-notified cases. These figures are an improvement on the corresponding figures for previous years, but the percentage of cases not notified before death is still too high.

It is essential if proper control of the disease is to be maintained that the medical practitioner should at once notify every case of which he becomes aware, and 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. The usual causes of non-notification appear to be failure to diagnose the condition until after or shortly before death and the belief on the part of the general practitioner that the case had previously been notified.

(4) ANTI-TUBERCULOSIS SCHEME.

(A) Dispensary Organisation.

There are, at present, four full dispensary areas and a small dispensary area controlled from the County Sanatorium, Milford. The volume of work in each Dispensary Area, particularly in those contiguous to London, continues to increase and the County Council decided to create in 1938 a fifth Dispensary area and the consequent appointment of a fifth full-time Tuberculosis Officer to take charge of it. With this decision the development of the Scheme, so far as Dispensary Areas are concerned, as laid down by the County Council in 1935, will be complete. Any further necessary increase of personnel will be met by the appointment of Assistant Tuberculosis Officers.

(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 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, 99 beds reserved for tuberculous cases and the Public Assistance hospitals similarly provide 5 beds.

These beds have been used to the full during the year and for considerable periods there has been a waiting list for them. Details of their use is given in the "Hospitals" section of the Report.

(iii) *X-ray Facilities and Other Special Methods.*—There was, once again, a considerable increase in the use made of these facilities, in particular in the number of patients attending the Dispensaries who were sent for radiological investigation, and this is to be regarded as very satisfactory in view of the importance of early diagnosis in the treatment of tuberculosis and the part played therein by the X-rays.

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 Sutton and Cheam District Hospital, the Wilson Hospital, Mitcham, the King Edward VII Hospital, Windsor, 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 during the year at the Carshalton, Beddington and Wallington War Memorial Hospital, and the Victoria Hospital, Woking.

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, and this clinic has become so heavy that, towards the end of the year, the County Council entered into an agreement with the Royal Surrey County Hospital, Guildford, for the establishment of an Artificial Pneumothorax Clinic at that Hospital under the charge of the Tuberculosis Officer of the area. This clinic will come into operation in 1938.

As an alternative to the clinic at the County Sanatorium, a number of Surrey residents in the areas contiguous to London, attend at the out-patients clinics of certain 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, 1937, there were 90 shelters in use.

(iv) A dispensary at the Municipal Institute, Rochester Road, Carshalton, approved by the Ministry of Health as a temporary measure pending reconsideration of the dispensary requirements of the adjoining areas after the completion of the St. Helier Hospital, was opened during the year, and has succeeded in its object of relieving the unmanageably heavy dispensary on the St. Helier Estate.

It has not yet been possible to put into operation the new dispensary at Barnes but the erection of the new building (general medical clinic, maternity and child welfare centre, and dispensary) on the site in North Worple Way, has commenced and it is hoped will be completed during 1938.

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.*CARSHALTON ... (Wallington 3277)	Municipal Institute, Rochester Road, Carshalton	Fridays at 10 a.m. 3rd Tuesday at 5.30 p.m.	Dr. Campbell.
2. COBHAM ...	Leigh Corner, Cobham ...	1st Wednesday at 10 a.m. ...	Dr. Renwick.
3. DORKING ... (Dorking 2079)	Dene Street, Dorking ...	1st and 3rd Thursdays at 10 a.m.	Dr. Cooper.
4. EGHAM ...	The Drill Hall, King's Road, Egham	3rd Tuesday at 10 a.m. ...	Dr. Cooper.
5. 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.
6. FARNHAM ... (Farnham 5834)	Brightwells, East Street, Farnham	2nd, 4th and 5th Tuesdays at 10 a.m. 1st Tuesday at 5.30 p.m.	Dr. Cooper.
7. GODSTONE ...	The White Hart Barn, Godstone	1st Wednesday at 10 a.m. ...	Dr. Campbell.

Dispensary and Tel. No.	Address.	Day and Time of Meeting.	Tuberculosis Officer in Charge.
8. GUILDFORD ... (Guildford 1297)	49, Farnham Road, Guildford...	1st, 3rd and 5th Wednesdays at 10 a.m. 2nd and 4th Wednesdays at 5.30 p.m. Fridays at 10 a.m.	Dr. Cooper.
9. HORLEY ...	Technical Institute, Horley ...	2nd Wednesday at 10 a.m. ...	Dr. Campbell.
10. MILFORD ... (Godalming 870)	Milford Sanatorium ...	2nd and 4th Fridays 2 to 4 p.m.	Dr. Allison.
11. 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.
12. 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.
13. 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.
14. 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.
15. 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.
16. SURBITON ... (Elmbridge 4897)	South Place, Surbiton Hill ...	Wednesdays at 5.30 p.m. Fridays at 1.30 p.m.	Dr. Renwick.
17. SUTTON ... (Vigilant 8057)	Public Hall, Church Road, Sutton	Wednesdays at 2 p.m. 3rd Wednesday at 5.30 p.m.	Dr. Campbell.
18. WEYBRIDGE ... (Weybridge 523)	Locke King Clinic, Devonshire Road, Weybridge	2nd Wednesday at 10 a.m. 4th Monday at 5.30 p.m.	Dr. Renwick.
19. 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.
20. WOKING ... (Woking 1203)	Clarence Avenue, Woking ...	1st, 3rd, 4th and 5th Mondays at 10 a.m. 2nd Monday at 5.30 p.m.	Dr. Cooper.

* Opened 17.9.37.

The following table shows the work of the dispensaries during 1937 :—

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 ...	321	240	13	11	29	52	47	33	350	292	60	44	746	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	3	2	2	—	7	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	330	413	197	122	1062	
B.—Contacts examined during the year :														
(a) Definitely tuberculous ...	29	42	7	10	2	—	6	3	31	42	13	13	99	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	1	—	—	1	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	169	355	384	314	1222	
C.—Cases written off the Dispensary Register as :—														
(a) Recovered ...	22	44	4	2	8	20	13	15	30	64	17	17	128	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	504	778	585	441	2308	
D.—Number of Cases on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	1339	1228	37	62	129	164	182	132	1468	1392	219	194	3273	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	3	3	2	—	8	

1. Number of cases on Dispensary Register on January 1st	3,098	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	903
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	309	9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	13,768
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	507	10. Number of:— (a) Specimens of sputum, etc., examined (b) X-ray examinations made in connexion with Dispensary work	1,328 1,400
4. Cases written off during the year as Dead (all causes)	320	11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	5
5. Number of attendances at the Dispensary (including Contacts)	12,247	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	1,735
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	210		
7. Number of consultations with medical practitioners:— (a) Personal (b) Other... ..	306 1,558		

This table shows that the volume of work undertaken by the dispensaries has continued to increase during the year. Attention is particularly directed to the following points:—

(a) The number of definite cases of tuberculosis on the dispensary registers at the end of the year was 3,273, an increase of 190. The number of persons on the registers of the district Medical Officers of Health on the same date was 5,756. Thus 57 per cent. of the tuberculous population of Surrey is under the care of the Tuberculosis Officers. This percentage has shown a steady though slight increase since 1931 when the percentage of the tuberculous population under the care of the Tuberculosis Officers was 49.3.

(b) The number of contacts examined during the year was 1,322 as compared with 995 in 1936, an increase of nearly 33 per cent. This is equivalent to 201 contacts examined per 100 deaths from tuberculosis, the figure for 1936 being 161. The figure for the country as a whole in 1936 (the latest figure available) was 178 contacts examined per 100 deaths from tuberculosis.

(c) The number of X-ray examinations shows a marked increase from 1,098 in 1936 to 1,400 in 1937, while sputum and other examinations have also increased from 1,265 to 1,328.

(d) The number of non-tuberculous persons examined at the dispensaries has increased from 1,794 to 2,284.

The steady—and very considerable—increases in the figures mentioned under the last three items are most satisfactory as being an indication of the increasing use which is being made of the dispensaries by general practitioners as diagnostic centres.

(v) *Boarding-Out of Child Contacts.*—This scheme, which was inaugurated in 1936 proved of considerable value during the year. The objects of the scheme are twofold, namely, to remove healthy children in tuberculous households from the risk of infection, and to enable parents who have been recommended for sanatorium treatment and who cannot make private arrangements for their children, to take advantage of the facilities for treatment offered. It is evident that, so far as the latter object is concerned, the scheme serves a useful purpose; as regards the former object, it will be possible to form an estimate of the scheme's value only when it has been in operation a number of years.

During 1937, 38 children were boarded out, and the average duration of stay of those children who returned home during the year was about eight weeks. There were 27 children boarded out with foster mothers at the end of the year under the scheme.

(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 182 beds in pulmonary sanatoria (other than Milford) and approximately 156 beds in non-pulmonary hospitals or sanatoria were occupied by Surrey cases. The corresponding figures for 1936 were 125 pulmonary beds and 135 non-pulmonary beds.

Thus there was a considerable increase in the average number of Surrey cases in institutions at any one time. In 1937, this average number was 636, while in 1936 and 1935 the corresponding figures were 560 and 540. There are two causative factors in this increased demand for beds—firstly

the average duration of stay in sanatoria, particularly as regards pulmonary cases, continues to increase (for example, in Milford, the average duration of stay in 1935 was 208 days, and in 1937, 225 days); and secondly, owing to the increased number of primary notifications during the year and the increased attendance at the dispensaries resulting from the improvements in the Anti-Tuberculosis Scheme, there was a considerable increase in the number of recommendations for institutional treatment (1,175 in 1937 as compared with 968 and 917 respectively in 1936 and 1935).

The number of beds available in outside sanatoria for Surrey residents, to supplement the County Sanatorium, was insufficient to meet this increased demand. Considerable difficulty was experienced throughout the year in providing accommodation for the cases recommended, and the waiting period was in many cases longer than was desirable.

The County Council, therefore, decided that it was necessary to increase the accommodation in the County for the treatment of tuberculous patients, and, as the most speedy means of securing this object, decided to erect two additional wards of a semi-permanent type, each providing accommodation for 24 patients at the County Sanatorium, Milford. Such increase in accommodation necessitates the provision of additional accommodation for nursing staff and plans for extension of the nurses' home were in process of preparation at the end of the year.

The Medical Superintendent's Report on the work of the County Sanatorium appears elsewhere in this Report. (Appendix I.)

The new operating and X-ray block at the County Sanatorium was completed and put into operation during the year. This block, which was described in detail in the Annual Report for 1936, comprises an operating unit, an X-ray unit, lecture and demonstration rooms for nurses and eight bedrooms for nursing staff.

Mr. C. Price Thomas, F.R.C.S., Assistant Surgeon to the Brompton Hospital and Consultant Thoracic Surgeon to the Welsh National Memorial Association, was appointed Consulting Surgeon to the new surgical unit during the year. The surgical work of the sanatorium is dealt with in the report of the Medical Superintendent.

During the year work began on the installation of a cinematograph machine adapted for talking films to replace the existing machine which had become obsolete as it could be used only for silent films which are now practically unobtainable.

The number of cases recommended for institutional treatment in 1937 was 1,175, as compared with 968 in 1936. These cases were classified as follows:—

	Pulmonary.	Non-Pulmonary.
Males	447	44
Females	480	66
Children	31	107
Totals	958	217
	1175	

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 1937:—

	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 ...	22	21	—	1
	Adult Females ...	1	15	—	—
	Children ...	1	12	—	—
	Total ...	2	49	—	1
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	222	337	52	246
	Adult Females ...	196	280	40	232
	Children ...	18	19	—	20
	Total ...	436	636	92	498
Number of patients suffering from non-pulmonary tuberculosis	Adult Males ...	30	33	1	30
	Adult Females ...	27	48	3	45
	Children ...	78	74	3	82
	Total ...	135	155	7	157
Grand Total ...	573	840	658	99	656

The immediate results of treatment of tuberculous patients discharged from sanatoria or hospitals during 1937 are recorded in the following table :—

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.		
		Under 3 months but exceeding 28 days.			3—6 months.			6—12 months.			More than 12 months.			Totals.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	3	1	—	14	7	4	3	11	1	—	1	4	20	20	9	49	
		Not quiescent ..	10	10	1	13	6	—	4	4	—	—	—	2	27	20	3	50	
		Died in Institution ..	—	1	—	—	1	—	—	—	—	—	—	—	—	2	—	2	
	Class T.B. plus Group 1.	Quiescent	1	3	—	4	6	—	3	5	—	—	3	1	8	17	1	26	
		Not quiescent ..	10	—	—	5	4	—	9	4	1	4	2	—	28	10	1	39	
		Died in Institution ..	1	—	—	1	—	—	2	—	—	2	3	—	6	3	—	9	
	Class T.B. plus Group 2.	Quiescent	—	1	—	6	3	—	8	9	—	3	8	—	17	21	—	38	
		Not quiescent ..	23	17	—	33	23	1	24	17	—	11	17	—	91	74	1	166	
		Died in Institution ..	2	2	—	1	5	—	4	1	—	3	3	—	10	11	—	21	
	Class T.B. plus Group 3.	Quiescent	—	—	—	1	—	—	—	2	—	—	—	—	1	2	—	3	
		Not quiescent ..	12	5	1	10	5	—	13	8	—	11	6	—	46	24	1	71	
		Died in Institution ..	6	2	—	8	4	—	7	10	—	4	5	—	25	21	—	46	
	Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	—	1	—	1	—	3	1	3	1	7	2	13	9	6	17	32
			Not quiescent ..	—	—	1	1	—	1	2	2	1	4	—	1	7	2	4	13
			Died in Institution ..	—	—	1	—	1	—	—	—	—	1	—	—	1	1	1	3
		Abdominal.	Quiescent	—	—	1	—	1	2	1	—	7	—	—	1	1	1	11	13
Not quiescent ..			—	—	—	—	—	—	—	—	1	—	1	—	—	1	1	2	
Died in Institution ..			—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	
Other Organs.		Quiescent	2	—	—	2	1	1	—	1	—	—	—	—	4	2	1	7	
		Not quiescent ..	3	1	—	2	1	—	—	—	1	1	1	—	6	3	1	10	
		Died in Institution ..	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	2	
Peripheral Glands.		Quiescent	—	1	1	3	2	9	2	1	7	—	—	5	5	4	22	31	
		Not quiescent ..	—	—	2	—	1	—	—	1	1	—	—	1	—	2	4	6	
		Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

The classification according to the stage of disease on admission of all Surrey patients who were discharged from hospitals or sanatoria in each year since 1934 is as follows :—

	T.B. —	T.B. + Group I.	T.B. + Group II.	T.B. + Group III.	Totals
1934	91	70	213	140	514
1935	131	75	228	112	546
1936	85	92	208	128	513
1937	101	74	225	120	520

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	4	3	—	2	1	—	—	—	—	—	1	2	6	5	2
Non-tuberculous	5	2	1	7	6	2	1	—	—	2	3	8	15	11	11
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	9	5	1	9	7	2	1	—	—	2	4	10	21	16	13

At the end of 1937 there were 656 patients under treatment in residential institutions, and these patients were distributed as follows:—

	Pulmonary.	Non-Pulmonary.	Totals.
County Sanatorium	302	—	302
Other Institutions :			
(a) Hospital	37	157	194
(b) Sanatorium	160	—	160
Totals	499	157	656

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 have been appropriated to the Public Health Committee or which are administered by the Public Assistance Committee. Reference to these appears on page 48.

(C) Care Organisation.

The organisation for the care of tuberculous persons and their families, which was set up in 1935, and fully described in the Annual Report for that year, continued to serve an important part in supplementing the official Anti-Tuberculosis Scheme, of which, indeed, it is really an integral portion.

A new Care Committee, serving the Barnes area, was formed during the year. There were, at the end of the year, nineteen Care Committees in the County. Each of these 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, while the Health Visitors responsible for visiting tuberculous patients in the area also attend the Committees, as required. By these means, close co-operation is ensured between the voluntary workers and the official organisation.

With a view to maintaining and improving this co-operation, the County Council decided, in 1936, to appoint on the staff of the County Medical Officer a Tuberculosis Care Officer who should be experienced in social work and should hold the certificate of the Institute of Hospital Almoners.

This appointment has amply justified itself. The Care Officer is an essential link between the voluntary workers and the official Anti-Tuberculosis scheme; she attends all meetings of Care Committees and is available to advise in all cases of difficulty concerning the welfare of tuberculous patients or their families; she helps in the establishment of new Care Committees wherever this seems advisable, and undertakes the organisation of propaganda. She also acts as Almoner to the County Sanatorium and maintains liaison with the Almoners of the other hospitals or sanatoria to which the County sends patients: finally she takes a large part in the administration of the scheme for the boarding-out of contacts of tuberculous patients.

In connection with the almoning work both at the County Sanatorium, and elsewhere, a " Samaritan Fund " was inaugurated under the auspices of the Standing Conference, for the purpose of providing necessitous patients with pocket money or other help in kind during their stay in hospital or sanatorium. The Fund receives contributions from the Standing Conference, the Care Committees and from other voluntary sources.

During the year, the sum expended by the Care Committees in relief of tuberculous persons was £1,263, and with the object of assisting them in this work, the County Council makes grants

to the Committees, both on the establishment of each new Committee and annually on a pound-for-pound basis (up to £50) with the amount raised by voluntary effort.

The Annual Reports of the Care Committees show a considerable increase in the work done in 1937. Assistance was given in 543 cases, of which 279 received extra nourishment. The following table (compiled from the annual returns of the Care Committees to the Standing Conference) shows the type of help that was given:—

	Extra Nourishment.	Clothes & Bedding.	Rent & Rates.	Fares.	Employment.	Fuel.	Medical & Optical.	Housing.	Home Helps.	Sundries.
Dorking	19	4	1	7	1	—	—	1	—	—
Egham	8	1	1	—	—	—	—	—	—	1
Epsom and Leatherhead	19	4	1	—	—	15	1	1	1	3
Farnham	3	1	1	—	—	—	1	—	—	1
Godalming	15	1	—	—	—	—	2	—	—	—
Guildford (Rural)	2	2	1	—	—	—	—	1	—	1
Hambledon	4	—	—	—	—	—	—	—	—	1
Kingston	51	9	—	5	3	—	—	—	—	—
Mitcham, Beddington and Wallington	50	11	—	—	3	2	—	6	1	26
Purley	22	—	—	—	—	—	—	—	—	—
Reigate	12	1	—	1	—	—	—	—	—	—
St. Helier	17	48	—	2	—	—	4	—	—	28
Walton and Weybridge	22	4	—	—	—	2	—	4	—	1
Wimbledon	25	6	—	8	—	—	8	—	—	13
Woking	10	—	—	—	—	—	—	—	—	12
	279	92	5	23	7	19	16	13	2	87

(No reports were received from the Godstone and Guildford (Borough) Committees or from the new Committee at Barnes).

The Standing Conference of Surrey Tuberculosis Care Committees, which serves to co-ordinate the activities of the local Care Committees, met twice during the year. Each Care Committee sends two delegates to the Conference and by this means, a uniform policy of care work throughout the County is assured.

The Standing Conference during the year considered a scheme for providing holidays for child contacts and as an experiment, decided to provide a fortnight's holiday for twelve selected children during 1938.

The handicrafts centre, organised and maintained by the Standing Conference at Mitcham, showed satisfactory progress during the year. There are from 14 to 18 attendances each week from the surrounding districts of Mitcham, St. Helier, etc., and it is felt that the centre forms an integral and important part of the after-treatment of these patients. An exhibition of work done at this centre and at Milford Sanatorium was given at County Hall on 26th October, 1937.

No account of Care Work in Surrey would be complete if reference were not made to the willing and beneficial co-operation of the Public Assistance Committee and of the Chief Public Assistance Officer, by whom special consideration is given to Tuberculous Patients and their families in the shape of increased allowances, and through whom the financial anxieties which in so many cases follow the occurrence of tuberculosis are in most cases removed, and in a generous spirit. It is, in fact, true that in Surrey the Public Assistance Committee plays a very important part in the Council's Anti-Tuberculosis Scheme.

(D) PUBLIC HEALTH ACT, 1936—SECTION 172 (COMPULSORY REMOVAL OF TUBERCULOUS PATIENTS TO HOSPITAL).

No action was taken under this section in 1937.

HOSPITAL PROVISION IN THE COUNTY.

The numbers of hospital beds available in the County on the 31st December, 1937, and on the same date in the previous year are given in the following table:—

Hospitals.	1936	1937
County Hospitals	2,298	2,333
Voluntary Hospitals	1,457	1,454
Isolation Hospitals	887	919
Mental Hospitals	3,086	3,086
Mental Deficiency Institutions—		
Public Assistance Committee	19	19
Mental Hospitals Committee	577	592
TOTALS	8,324	8,403

I. County Hospitals.

(i) APPROPRIATION.

The County Council took further steps during the year in implementing its settled policy of gradually appropriating the Public Assistance hospitals to the Public Health Committee. The premises scheduled for appropriation during 1937 were the Kingston and District Hospital—now known as the Kingston County Hospital—and the hospital portion of the Epsom Institution—now known as the Epsom County Hospital. These hospitals were appropriated on 1st April, 1937. The hospital portions of the Institutions at Guildford and Farnham are scheduled for appropriation on 1st April, 1938, and this will complete the programme of appropriation, as the small Infirmary at the Hambledon Institution is unsuitable for appropriation and the present intention is that the Richmond Institution shall ultimately become a House alone.

The Kingston and Epsom County Hospitals are both in the same curtilages as the Institutions for those districts and certain of the services to the two portions—Hospital and House—are joint.

At Epsom kitchen, stores and laundry are joint and are administered by the Public Assistance Committee.

To facilitate the administration of these services, the Master of the Institution also acts as Steward of the Hospital and the staff of which he has charge deals with both hospital and institution, salaries being allocated according to the work done for each Committee; this staff remains under the management of the Public Assistance Committee.

At Kingston the kitchens and stores for hospital and institution are separate, but the boiler house serves both sets of buildings and is administered by the Public Health Committee. The Steward's staff of the hospital, however, even prior to appropriation, was entirely separate from that of the Institution.

In the hospitals appropriated in 1936 this particular question did not arise, except in a slight degree at Redhill County Hospital where the Casual Wards which alone (pending the erection of the new Casual Wards at St. Anne's) are still in use on the hospital site, are under the control of the Master of St. Anne's. The sites of the other two hospitals—Dorking County Hospital and The Lodge, Effingham—have been taken over entirely by the Public Health Committee.

(ii) ALMONING SYSTEM.

In the Annual Report for 1936, mention was made of the decision of the County Council that in future the almoning system should be adopted in appropriated hospitals. The Almoners have two main duties—first, supervision of the welfare of the patients and the taking of such steps as are necessary to ensure that the patients obtain the maximum benefit from the treatment which they receive, and second, the collection of the financial information required by the Finance Department to enable assessments to be made of the patients' or relatives' contributions for the cost of treatment.

The Almoners' duties in connection with the welfare of the patients include the following:—

- (1) to report to the medical staff on patients' home circumstances and history;
- (2) to arrange after treatment, including admission to convalescent homes, etc., special care being taken to meet the needs of individual patients;
- (3) to arrange for the supply of surgical appliances recommended for patients by the medical staff;
- (4) to see that surgical appliances are used and kept in repair;
- (5) to arrange for the attendance of the District Nurse at patients' homes;
- (6) to enlist the help of outside agencies in the alleviation of home difficulties which are hampering the recovery of patients.

In fulfilling these duties it is essential that the Almoner should work in close association with the Medical Staff of the hospital.

The Almoner is responsible for the collection of financial details on which the assessment of ability to pay for the cost of treatment is based; this is a duty which previously was performed by the Relieving Officers, and which, on appropriation, was transferred to the Almoners in order to eliminate, as far as possible, the old Poor Law machinery in the treatment of the sick. While the collection of the necessary information is made by the Almoners the actual provisional assessments are made by the Finance Department at the County Hall; these provisional assessments are dealt with by a special Sub-Committee of each Hospital Committee.

(iii) ACCOMMODATION.

The following table shows the increase in the number of beds in the various categories in both Public Health and Public Assistance Hospitals available in the past eight years (i.e., since the County Council took over the old Poor Law Institutions).

Classification.	1930	1931	1932	1933	1934	1935	1936	1937
Medical and Surgical ...	1,497	1,541	1,595	1,671	1,789	1,839	1,889	1,902
Children ...	187	170	160	152	132	129	154	145
Maternity ...	89	103	90	90	94	99	112	128
Tuberculosis ...	54	63	63	65	64	84	89	105
Isolation ...	42	56	56	29	33	26	18	17
Mental (Short stay) ...	36	37	34	36	26	26	30	30
Mental (Long stay) ...	8	7	7	9	9	6	6	6
Totals ...	1,913	1,977	2,005	2,052	2,147	2,209	2,298	2,333

The increase in population of the County from mid-year 1936 to mid-year 1937 is estimated by the Registrar-General as being 33,939 and this continued rapid growth, together with the increasing public demand for hospital services has produced a situation in regard to the hospital accommodation in the County which causes grave anxiety.

(a) *The Numerical Deficiency of General Hospital Beds.*

On the basis of 2.5 beds per 1,000 population (which experience has shown is at present the required proportion in Surrey) the number of general beds required in County Hospitals by the end of 1937, was estimated at 2,950. The actual number of beds available at that time was about 2,380 (including Shabden Park which was opened early in 1938). Thus there was a numerical deficiency of approximately 570 beds. Moreover, if the average annual rate of increase of the population of the past few years is maintained, the number of beds required by December, 1940, when it is expected that St. Helier Hospital will be completed, will be 3,220, and, if there is no further increase in the number of beds available, the deficiency by that date will be 840. Moreover, included in the 2,380 beds available at the end of 1937 are 153 beds in small units (Surbiton Annexe, Ewell Park and Shabden Park), which were acquired for the purpose of providing temporary hospital accommodation to meet the present need and the use of which for general hospital purposes probably cannot be retained much beyond 1940. Thus the total numerical deficiency of hospital beds in December, 1940, will be about 990.

The County Council has already in hand a programme of hospital construction which is adequate (but no more) to meet this need. Construction already proceeding includes:—

(i) St. Helier Hospital ...	862	beds
(ii) Extensions at Dorking Hospital ...	70	"
(iii) Balcony Ward at Kingston Hospital ...	10	"
(iv) Extensions at Warren Road Hospital ...	11	"
Total ...	953	"

The beds at Dorking, Kingston and Warren Road will be completed in 1938 and St. Helier is scheduled for completion by the end of 1940.

Certain temporary accommodation will be put in use to meet the deficiency until St. Helier Hospital is complete; this will include the former Male Infirm Block at Kingston (40 beds).

(b) *The Deficiency in Quality of Accommodation.*

Even more serious, however, is the fact that much of the accommodation at present available has been provided by adapting "House" wards which are not structurally intended for hospital purposes. The use of these units as hospital wards can be regarded as temporary only and they should be replaced as circumstances permit. The beds which require to be replaced under this heading are:—

Richmond Institution ...	106	beds
Kingston, Central Relief Institution ...	99	"
Epsom Hospital and Institution ...	130	"
Redhill County Hospital ...	50	"
Warren Road Hospital ...	84	"
Farnham Institution ...	70	"
Hambleton Institution ...	25	"
Total ...	564	"

The County Council therefore decided that the quickest, most economical and most satisfactory method of providing these additional beds is to proceed immediately with the full development of the sites at Kingston and Epsom: this involves the construction of units totalling 360 beds at Kingston and 300 beds at Epsom. Architects have been appointed for both hospitals: as regards Kingston, general layout plans have been approved by the Council and work on the detailed sketch plans is proceeding; as regards Epsom, detailed sketch plans of the nurses' home and of the maternity block have been approved and working drawings are in course of preparation, but the general layout of the main ward block is still under consideration.

Thus the County Council has three major schemes of hospital construction in hand:—

(1) *St. Helier Hospital*.—During the year tenders were accepted for the St. Helier Hospital and building operations commenced on 1st September, 1937. A summary of the accommodation which it is proposed to provide appeared in the Annual Report for 1935. It is anticipated that the hospital will be completed by the end of 1940.

(2) *Kingston County Hospital*.—Architects to carry out the work of extending and modernising the hospital were appointed during the year. Extension of the hospital is complicated by the fact that the site, which contains both the hospital and the institution, is already fully developed; thus any extension of the hospital involves the provision of other accommodation for institution inmates and the subsequent demolition of the institution buildings.

As a consequence of these difficulties with regard to the availability of the site, it is proposed to carry out the programme of development in three stages, as follows:—

Stage I.

The first section of the work will include the erection of the following buildings:—

- (i) maternity nurses' home;
- (ii) maternity block;
- (iii) isolation block;
- (iv) administration block.

This section of the new construction involves the demolition of the old hand laundry block (at present used as an Ante-Natal Clinic), part of the house block, clerks' offices, and the casual wards. The evacuation of part of the house block involves the finding of other accommodation for its occupants by the Public Assistance Committee.

Stage II.

This section will include the following new buildings:—

- (i) new ward blocks with operating unit;
- (ii) nurses' home extension;
- (iii) boiler house extension;
- (iv) central stores;
- (v) porters' lodge and chapel.

This building programme necessitates the demolition of the remainder of the house block, the laundry, the present maids' home and medical officers' quarters, and of the porter's lodge and out-patient department at the Wolverton Avenue entrance.

Stage III.

This consists of the modernisation of existing ward blocks.

The total accommodation after all the extensions and adaptations are completed will be 873 beds for patients, and accommodation for 12 medical officers (not including the Medical Superintendent's house), 357 nursing staff and 76 domestic staff.

(3) *Epsom County Hospital*.—The plans for the new nurses' home, which were completed in 1936, were revised early in the year on certain recommendations of the Ministry of Health. The intention was to proceed with the construction of the home in two sections and plans were prepared on this assumption. However, owing to the decision to proceed immediately with the construction of the Maternity Block (mentioned later) the first section of the nurses' home had to be made larger and now includes provision for 121 nurses and 42 domestics. The ultimate home will provide for 170 nurses and 68 domestics. Working drawings for the first section of the home are now being prepared.

At the beginning of 1937 the County Council laid down a policy of future development for the Epsom Hospital. In view of the rapid growth of population in the part of Surrey served by the hospital the need for 500 beds at Epsom was decided to be inescapable. Of the 320 beds at present used for hospital purposes, 130 are in accommodation so poor that it was resolved to disuse or demolish them as soon as proper accommodation could be provided. Accordingly the following new accommodation at the hospital is being or will be provided:—

General Wards	...	...	...	...	...	...	...	...	240 beds
Maternity Wards	...	...	...	...	...	...	...	...	50 "
Isolation Ward	...	...	...	...	...	...	...	...	20 "

In addition, a new operating unit, an X-ray unit, a casualty and out-patient department, an administrative block and other ancillary accommodation are required.

The most urgent need is for the new maternity block and detailed sketch plans of the proposed block were prepared during the year. These have now been approved by the Ministry of Health and the preparation of working drawings is proceeding.

The plans for the Medical Superintendent's house have now also been approved and it is hoped that the house will be completed during 1938.

Other constructional work in the County Hospitals is given in the section of this Report dealing with Adaptations.

(iv) BED OCCUPATION.

The total number of beds available in the hospitals on 31st December, 1937, was 2,333 as compared with 2,298 on the same date in the preceding year. The increase in beds is due mainly to the acquisition of the old Surbiton Hospital (41 beds) and Ewell Park (64 beds). The remainder of the general beds in Blechingley have been relinquished for Mental Deficiency purposes, and the number of beds in Dorking has temporarily diminished during adaptations.

The accommodation in each hospital on 31st December, 1937, is given below :—

Hospital.	Men.	Women.	Children.	Totals.
Dorking	63	56	2	121
Epsom (inc. Ewell Park) ...	192	173	21	386
Farnham	114	100	15	229
Guildford	94	140	26	260
Hambleton	64	41	4	109
Kingston { Hospital (inc. Surbiton) ...	149	304	86	539
Institution ...	—	99	—	99
Redhill	101	163	38	302
Richmond	123	159	6	288
TOTALS	900	1,235	198	2,333

This table gives the position at the end of the year, but it should be noted that the 48 beds at Shabden Park came into use during March, 1938, and that the adaptations at Dorking were completed (so far as the wards were concerned) early in 1938, the number of beds at that hospital being thereby increased to 191.

The distribution of the beds in the above table, together with the extent of occupation on 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 ...	832	770	1,018	903	52	69	1,902	1,742
ii Children	—	—	—	—	145	138	145	138
iii Maternity	—	—	128	117	—	—	128	117
iv Tuberculosis	51	48	53	48	1	1	105	97
v Isolation	2	—	15	3	—	1	17	4
vi Mental (short stay) ...	15	12	15	6	—	—	30	18
vii Mental (long stay) ...	—	—	6	6	—	—	6	6
TOTALS	900	830	1,235	1,083	198	209	2,333	2,122

* A = Available. O = Occupied.

There were 77 more patients receiving treatment on 31st December, 1937, than on the same date in 1936; the comparable figures are 2,045 and 2,122.

The following series of tables shows 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
Dorking	55	55	56	52	2	—	113	107
Epsom (inc. Ewell Park) ...	181	170	141	117	9	24	331	311
Farnham	112	86	88	65	—	4	200	155
Guildford	94	85	124	102	26	26	244	213
Hambleton	63	62	38	37	—	—	101	99
Kingston { Hospital ...	135	130	210	192	1	1	346	323
Institution ...	—	—	99	94	—	—	99	94
Redhill	74	71	113	102	8	8	195	181
Richmond	118	111	149	142	6	6	273	259
TOTALS	832	770	1,018	903	52	69	1,902	1,742

* A = Available. O = Occupied.

ii. CHILDREN.

Hospital.	Available.	Occupied.
Dorking	—	—
Epsom	12	12
Farnham	15	18
Guildford	—	—
Hambleton	4	2
Kingston	*85	78
Redhill	29	28
Richmond	—	—
TOTALS	145	138

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

iii. MATERNITY.

Hospital.	Available.	Occupied.
Dorking	—	—
Epsom	22	20
Farnham	8	8
Guildford	8	8
Hambleton	2	—
Kingston	59*	59
Redhill	21	20
Richmond	8	2
TOTALS	128	117

* Nine additional beds temporarily erected in Maternity Wards.

iv. TUBERCULOSIS.

Hospital.	*	Men.		Women.		Children.		Totals.	
		A	O	A	O	A	O	A	O
Dorking		8	8	—	—	—	—	8	8
Epsom		7	7	6	6	—	—	13	13
Farnham		—	—	—	—	—	—	—	—
Guildford		—	—	—	—	—	—	—	—
Hambleton		1	1	1	1	—	—	2	2
Kingston		8	8	20	16	—	—	28	24
Redhill		24	23	26	25	1	1	51	49
Richmond		3	1	—	—	—	—	3	1
TOTALS		51	48	53	48	1	1	105	97

* A = Available. O = Occupied.

v. ISOLATION.

Hospital.	*	Men.		Women.		Children.		Totals.	
		A	O	A	O	A	O	A	O
Dorking		—	—	—	—	—	—	—	—
Epsom		—	—	—	—	—	—	—	—
Farnham		2	—	4	—	—	1	6	1
Guildford		—	—	8	—	—	—	8	—
Hambleton		—	—	—	—	—	—	—	—
Kingston		—	—	3	3	—	—	3	3
Redhill		—	—	—	—	—	—	—	—
Richmond		—	—	—	—	—	—	—	—
TOTALS		2	—	15	3	—	1	17	4

* A = Available. O = Occupied.

vi. MENTAL SHORT STAY.

Hospital.	*	Men		Women		Children		Totals	
		A	O	A	O	A	O	A	O
Dorking		—	—	—	—	—	—	—	—
Epsom		4	2	4	3	—	—	8	5
Farnham		—	2	—	—	—	—	—	2
Guildford		—	—	—	—	—	—	—	—
Hambledon		—	—	—	—	—	—	—	—
Kingston		6	5	6	2	—	—	12	7
Redhill		3	2	3	—	—	—	6	2
Richmond		2	1	2	1	—	—	4	2
TOTALS		15	12	15	6	—	—	30	18

* A = Available. O = Occupied.

vii. MENTAL LONG STAY.

Hospital.	*	Men		Women		Children		Totals	
		A.	O.	A.	O.	A.	O.	A.	O.
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.

There is accommodation for 50 sane female epileptics at The Lodge, Effingham, of which 48 were occupied on the 31st December, 1937.

There were no Surrey cases in the Croydon Hospitals at the end of 1937, but under the agreement with the Berkshire County Council, whereby 80 beds are available in the Windsor Institution for Surrey cases, 54 patients were so accommodated on 31st December, 1937.

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

General.

During 1937 the amount of work done in these hospitals continued to increase.

The number of admissions increased by 2,167, i.e., from 14,330 in 1936 to 16,497 in 1937, or 15 per cent.

The average number of beds occupied throughout the year was 2,047 as compared with 2,016 in 1936.

The amount of acute surgical work done in the hospitals is indicated by the fact that 2,709 surgical operations, including 825 abdominal sections, were performed in 1937, as compared with 2,409 operations, including 661 abdominal sections, performed during 1936, an increase of 11.2 per cent.

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

	Blechingey †	Dorking	Epsom	Farnham	Guildford	Hambledon	Kingston		Redhill	Richmond	Totals
							Hospital	Institution			
1. Total No. of admissions	—	350	2,966	1,232	1,609	299	6,552	150	2,252	1,087	16,497
2. Total No. of discharges	20	254	2,543	1,033	1,337	211	5,673	90	1,890	767	13,818
3. Total No. of deaths	—	119	350	200	303	54	806	60	344	318	2,554
4. Average duration of stay of patients included in 2 and 3 above—											
(a) Under four weeks	—	176	2,211	906	1,099	167	5,231	49	1,503	700	12,042
(b) Four weeks and under thirteen weeks	20	98	519	239	388	59	871	42	527	232	2,995
(c) Thirteen weeks or more ...	—	99	163	88	153	39	377	59	204	153	1,335
5. No. of beds occupied—											
(a) Average during the year ...	20	134	299	181	214	85	475	93	280	266	2,047
(b) Highest and date	20	157	361	214	255	104	523	99	304	284	—
(c) Lowest and date	20	21-1-37	31-12-37	22-9-37	1-1-37	30-12-37	10-3-37	9-1-37	30-11-37	19-1-37	—
6. No. of surgical operations under general anæsthetic (excluding dental operations)	20	112	261	155	185	60	427	86	253	246	—
7. No. of abdominal sections ...	—	—	29-6-37	18-3-37	11-1-37	8-7-37	1-1-37	16-7-37	7-6-37	30-5-37	2,709
			348	171	127	1	1,638	—	349	75	—
	—	—	117	51	56	—	500	—	91	10	825

† Closed for general hospital purposes in January, 1937.

The percentage of patients who stayed in the hospital for under four weeks increased from 71.2 per cent. to 73.48 per cent., and the percentage who stayed for over 13 weeks fell from 9.4 per cent. to 8.15 per cent.

Maternity.

The maternity work at the various hospitals again shows a marked increase.

The number of admissions for the year was 412 in excess of the number for the previous year, i.e., from 2,041 to 2,453, an increase of nearly 22 per cent.

Details of the work done are given below :—

	Dorking	Epsom	Farnham	Guildford	Hambleton	Kingston	Redhill	Richmond	Totals
1. No. of Maternity Beds ...	*3	22	8	8	2	50	21	8	122
2. No. of Maternity cases admitted ...	11	589	135	225	21	1,022	368	82	2,453
3. Average duration of stay (days) ...	14	14	14	14	15	15	18	14	—
4. No. of live births ...	8	531	130	220	19	955	302	79	2,244
5. No. of cases delivered by—									
(A) Midwives ...	9	529	117	141	14	945	298	81	2,134
(B) Doctors ...	1	22	18	84	7	59	16	1	208
6. Number of cases in which medical assistance was sought by a Midwife in emergency	1	67	50	98	2	363	15	1	597
7. No. of cases notified as—									
(A) Puerperal fever ...	—	1	—	—	—	—	1	—	2
(B) Puerperal pyrexia ...	—	17	—	3	—	21	14	3	58
8. Number of cases of pemphigus neonatorum	—	—	—	—	—	2	—	—	2
9. No. of cases of ophthalmia neonatorum	—	—	—	—	—	2	1	—	3
10. No. of infants not entirely breast-fed while in the hospital	—	20	8	34	3	127	22	1	215
11. No. of Maternal deaths ...	—	3	1	1	—	6	5	—	16
12. No. of fetal deaths—									
(A) Stillborn ...	2	23	7	5	2	49	16	4	108
(B) Within 10 days of birth ...	—	13	7	10	2	22	10	1	65
13. No. of deaths among the newly born (Under four weeks)	—	15	7	10	2	24	11	2	71

* Ward closed on 30th October, 1937.

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 :—

		1931.	1932.	1933.	1934.	1935.	1936.	1937.
1	Population	947,695	984,100	1,015,540	1,047,750	1,088,400	1,127,061	1,161,000
2	Births	13,125	13,433	12,961	13,785	14,657	15,679	15,977
3	Birth Rate	13.92	13.65	12.76	13.16	13.47	13.91	13.76
4	Admissions to County Hospitals	959	1,140	1,268	1,393	1,596	2,041	2,453
5	Increased admissions over previous year	—	181	128	125	203	445	412
6	Percentage of total births in County Hospitals ...	7.31	8.55	9.58	10.10	10.89	13.02	15.35
7	Admissions to County Hospitals through M. & C.W. Scheme (included in line 4)	59	156	204	202	285	538	672
8	Admissions to Voluntary Maternity Homes through M. & C.W. Scheme	251	275	285	339	338	406	394
9	Total births for which Maternity beds were provided (line 4 + line 8)	1,210	1,415	1,553	1,732	1,934	2,447	2,847
10	Percentage of line 9 to Total Births	9.22	11.28	11.99	12.56	13.19	15.61	17.82

Ante-Natal Clinics are held at the Epsom, Farnham, Kingston and Redhill County Hospitals, and at the Warren Road Hospital, Guildford.

Tuberculosis.

There were 493 admissions during the year as compared with 439 in 1936, and the number of patients remaining in hospitals on 31st December, 1937, was 102 as compared with 84 in December, 1936.

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 ...	36	242	165	67	46
	Adult Females	32	192	118	58	48
	Children ...	2	14	11	3	2
	TOTALS ...	70	448	294	128	96
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment	Adult Males ...	1	13	10	3	1
	Adult Females	2	13	10	3	2
	Children ...	—	19	9	7	3
	TOTALS ...	3	45	29	13	6
GRAND TOTALS		73	493	323	141	102

The great difficulty which was experienced throughout the year in obtaining accommodation for tuberculous patients is discussed in the section on Tuberculosis. This difficulty also occurred in the County Hospitals, and many patients had to wait considerable periods before accommodation could be found for them.

Cancer.

481 cases of cancer were admitted to the Council's Hospitals during 1937, as compared with 422 during 1936. 74 of these had had previous advice or treatment at another hospital.

Seven of the Council's Hospitals provide operative treatment for cancer patients, and three provide, in addition, X-ray treatment.

No definite arrangements are made by the Council for treatment at other hospitals of cancer patients for whom adequate facilities are not available in the Council's Hospitals; such cases, however, are transferred as necessary to a special 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:—

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.	(b) Nos. not treated at that hospital.	Treated at that hospital.		Not treated at that hospital.		(a) Nos. retained in Council's hospital.	Numbers referred for advice and/or treatment to	
			(a) Nos. retained in Council's hospital.	(b) Nos. referred for advice and/or treatment to a hospital providing radiation treat- ment.	(a) Nos. retained in Council's hospital.	(b) Nos. referred for advice and/or treatment to a hospital providing radiation treat- ment.		(i) Hospital providing operative treatment.	(ii) Hospital providing radiation as well as operative treat- ment.
Uterus	18	—	3	—	2	—	13	3	—
Tongue and Mouth	15	—	1	—	—	—	8	1	—
Breast	11	—	9	—	—	—	20	2	—
Lip	2	—	—	—	—	—	2	—	—
Skin	5	—	3	—	—	—	4	1	—
Larynx	4	—	3	—	—	—	2	6	1
Bladder	4	—	2	—	—	—	2	—	—
Rectum	18	—	13	—	—	—	14	9	1
Other Sites	68	2	33	2	3	—	153	13	5
TOTAL	145	2	67	2	5	—	218	35	7
GRAND TOTALS	147		74				260		

Out-Patient Treatment.

The only organised out-patient department is at the Kingston County Hospital, where the following facilities are available :—

Continuation treatment (including Massage and Electrical).
 Minor Medical and Surgical ailments.
 Emergency treatments.
 X-rays.
 Mental Treatment Clinics.
 Ante-Natal Clinic.
 Ophthalmic Clinic (monthly).
 Aural Clinic.
 Orthopaedic Clinic.

A summary of the work done during the year as compared with 1935 and 1936 is given below :—

	1935.	1936.	1937.
Number of persons seen	3,707	4,275	4,809
Number subsequently admitted as in-patients ...	360	226	392
Number who had received in-patient treatment ...	372	356	326
Total number of attendances	17,083	19,567	18,971
Ante-Natal Clinic :—			
Number of women seen	854	943	1,109
Total number of attendances	4,623	5,420	5,260

Diseases of In-Patients who Died or were Discharged.

Tables giving the classification of the diseases of patients who died or were discharged from County Hospitals appear on page 54A and from County Institutions on page 54B.

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

The numbers and designations of the medical and nursing staffs at the end of 1937 were as follows :—

Designation.	Dorking	Effingham Lodge	Epsom.	Farnham.	Guildford.	Hambleton.	Kingston Inst.	Kingston Hosp.	Redhill.	Richmond.
Medical Superintendent	—	—	1	—	—	—	Medical Staff of Kingston Hospital available.	1	1	—
Deputy Medical Superintendent	—	—	—	—	—	—		1	—	—
Medical Officer (Non-Resident)	—	—	—	—	1	—		—	—	—
Medical Officer (part-time)	1	—	—	1	—	1		—	1	1
Obstetrician (Resident)	—	—	—	—	—	—		1	—	—
Assistant Medical Officer (part-time)	—	—	—	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	—	—	—		1	—	—
Visiting Physician at Mental Treatment Clinic (part-time)	—	—	—	—	—	—		1	—	—
Visiting Radiologist	—	—	—	1	1	—		1	—	—
Visiting Surgeon	—	—	—	1	1	—		1	1	1
Visiting Tuberculosis Officer	—	—	1	1	—	—	Medical Staff of Kingston Hospital available.	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	1	—	1	1	—	1		—	—	—
Obstetric Sister Tutor	—	—	—	—	—	—		1	—	—
Sister Tutor	—	—	1	—	1	—		1	—	—
Home Sister	—	—	1	—	1	—		1	1	—
Sister Housekeeper	—	—	—	—	—	—		1	—	—
Night Superintendent	—	—	—	—	—	—		1	—	—
Night Sister	1	—	3	1	1	—		2	1	1
Departmental Sister	—	—	1	—	1	—		4	1	—
Ward Sister	3	—	9	5	5	5		11	9	5
Staff Nurse (General)	8	—	16	3	12	—		25	13	1
Do. (Maternity)	2	—	3	2	4	—		6	2	2
Do. (Mental)	—	—	3	—	—	—		6	—	—
Senior Assistant Nurse	1	—	—	—	—	1		4	6	—
Assistant Nurse	18	7	5	4	11	13		—	28	30
Assistant Nurse (Mental)	—	—	—	—	—	—		7	1	—
Pupil Midwife	—	—	—	—	—	—		17	—	—
Housekeeping Pupil	—	—	—	—	—	—		2	—	—
Probationer	—	—	38	19	35	—		75	—	—
Male Nurse (Uncertificated)	5	—	6	2	—	—		3	6	6
Do. (Mental)	—	—	1	—	—	—		4	1	—
Male Attendant	4	—	4	1	3	—		—	—	6
Female Attendant	5	—	—	—	—	—		—	—	1
Masseuse (part-time)	—	—	—	1	—	—		3	—	1
Radiographer (part-time)	—	—	—	—	—	—		2	1	—
Dispenser	—	—	1	—	1	—		2	1	—

DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1937.

PUBLIC HEALTH HOSPITALS.

PUBLIC HEALTH HOSPITALS.

DISEASE GROUP.	DORKING.				EPSOM.				KINGSTON.				REDHILL.				Disease Group.
	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.	
A Acute infectious disease	—	—	—	—	3	2	8	—	62	1	17	—	56	5	19	—	A
B Influenza	2	—	9	4	3	—	25	4	4	—	16	1	5	—	25	1	B
C Tuberculosis :—																	
(i.) Pulmonary	1	—	26	15	3	3	56	15	4	—	73	44	3	—	128	51	C (i.)
(ii.) Non-Pulmonary... ..	—	—	1	—	—	—	1	2	8	2	17	4	1	4	1	—	C (ii.)
D Malignant disease	—	—	6	8	—	—	22	43	—	—	58	124	—	—	7	39	D
E Rheumatism :—																	
(i.) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	—	—	—	—	10	—	7	—	14	—	18	—	7	—	7	—	E (i.)
(ii.) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	7	—	—	—	13	—	3	1	40	—	—	—	6	—	E (ii.)
(iii.) Chronic arthritis	—	—	3	—	—	—	12	—	1	—	17	1	—	—	12	1	E (iii.)
F Venereal disease	—	—	1	—	1	—	3	2	2	—	3	—	3	—	8	2	F
G Puerperal pyrexia	—	—	—	—	—	—	17	—	—	—	21	—	—	—	11	1	G
H Puerperal fever :—																	
(i.) Women confined in the hospital	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	H (i.)
(ii.) Admitted from outside	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	H (ii.)
I Other diseases and accidents connected with pregnancy and child-birth	—	—	2	—	—	18	88	3	17	31	430	6	2	7	147	4	I
J Mental diseases :—																	
(i.) Senile dementia	—	—	11	—	—	—	3	28	—	—	89	3	—	—	10	4	J (i.)
(ii.) Other	—	—	—	1	5	—	161	—	14	1	334	1	2	—	83	1	J (ii.)
K Senile decay... ..	—	—	28	55	—	—	11	—	—	—	69	55	—	—	25	37	K
L Accidental injury and violence	—	—	11	—	35	—	145	12	97	2	392	62	23	—	44	10	L
<i>In respect of cases not included above.</i>																	
M Diseases of the nervous system and sense organs	—	—	21	2	22	—	51	2	65	9	114	50	7	1	61	10	M
N " " respiratory system	8	—	24	11	65	3	86	41	107	24	240	111	23	5	53	9	N
O " " circulatory system	—	—	17	15	3	1	68	121	23	3	223	162	1	—	82	114	O
P " " digestive system	—	—	5	1	66	7	165	19	161	8	349	32	18	3	86	12	P
Q " " genito-urinary system	1	—	1	—	21	—	57	18	39	2	287	58	15	—	46	7	Q
R " " skin	3	—	16	—	41	—	67	1	89	1	115	2	44	1	41	—	R
S Other diseases	3	—	18	7	10	1	25	4	78	—	90	2	83	8	113	7	S
T Mothers and infants discharged from maternity wards and not included in above figures :—																	
(i.) Mothers	—	—	12	—	—	—	588	—	—	—	915	—	—	—	275	—	T (i.)
(ii.) Infants	8	—	—	—	516	—	—	—	936	—	—	—	290	—	—	—	T (ii.)
U Any persons not falling under any of the above headings	4	—	5	—	40	—	19	—	13	—	9	2	19	—	—	—	U
TOTALS	30	—	224	119	844	35	1,699	315	1,737	86	3,936	720	599	34	1,291	310	

DISEASE GROUP.	FEMALE DATA		MALE DATA		TOTAL DATA		DISEASE GROUP.
	Dis- charged	Dis- charged	Dis- charged	Dis- charged	Dis- charged	Dis- charged	
TOTALS	627	627	308	308	935	935	TOTALS
Any persons not falling under any of the above headings	4	4	4	4	8	8	Any persons not falling under any of the above headings
(ii) Infants	—	—	—	—	—	—	(ii) Infants
(i) Mothers	—	—	—	—	—	—	(i) Mothers
and not included in above figures:—	—	—	—	—	—	—	and not included in above figures:—
Mothers and infants discharged from maternity wards	—	—	—	—	—	—	Mothers and infants discharged from maternity wards
Other diseases	7	7	2	2	9	9	Other diseases
skin	—	—	—	—	—	—	skin
kidney	2	2	3	3	5	5	kidney
genito-urinary system	85	85	7	7	92	92	genito-urinary system
digestive system	32	32	—	—	32	32	digestive system
circulatory system	131	131	—	—	131	131	circulatory system
respiratory system	111	111	84	84	195	195	respiratory system
Diseases of the nervous system and sense organs	411	411	—	—	411	411	Diseases of the nervous system and sense organs
In respect of cases not included above	—	—	—	—	—	—	In respect of cases not included above
Accidental injury and violence	28	28	—	—	28	28	Accidental injury and violence
Senile decay	58	58	—	—	58	58	Senile decay
Other	1	1	—	—	1	1	Other
(ii) Senile dementia	5	5	—	—	5	5	(ii) Senile dementia
Mental diseases:—	—	—	—	—	—	—	Mental diseases:—
and child-birth	9	9	—	—	9	9	and child-birth
Other diseases and accidents connected with pregnancy	—	—	—	—	—	—	Other diseases and accidents connected with pregnancy
(ii) Admitted from outside	—	—	—	—	—	—	(ii) Admitted from outside
(i) Women confined in the hospital	—	—	—	—	—	—	(i) Women confined in the hospital
Postperal fever:—	—	—	—	—	—	—	Postperal fever:—
Postperal pyrexia	—	—	—	—	—	—	Postperal pyrexia
General diseases	—	—	—	—	—	—	General diseases
(iii) Chronic arthritis	1	1	—	—	1	1	(iii) Chronic arthritis
Rheumatic, lumbago and sciatica	—	—	—	—	—	—	Rheumatic, lumbago and sciatica
"rheumatism" (muscular rheumatism)	—	—	—	—	—	—	"rheumatism" (muscular rheumatism)
(ii) Non-articular manifestations of so-called	—	—	—	—	—	—	(ii) Non-articular manifestations of so-called
chorea	—	—	—	—	—	—	chorea
together with sub-acute rheumatism and	—	—	—	—	—	—	together with sub-acute rheumatism and
(i) Acute rheumatism (rheumatic fever)	—	—	—	—	—	—	(i) Acute rheumatism (rheumatic fever)
Rheumatism:—	—	—	—	—	—	—	Rheumatism:—
Malignant diseases	—	—	—	—	—	—	Malignant diseases
(ii) Non-Pulmonary	—	—	—	—	—	—	(ii) Non-Pulmonary
(i) Pulmonary	—	—	—	—	—	—	(i) Pulmonary
Tuberculosis:—	—	—	—	—	—	—	Tuberculosis:—
Influenza	—	—	—	—	—	—	Influenza
Acute infectious diseases	—	—	—	—	—	—	Acute infectious diseases

DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1937.

PUBLIC ASSISTANCE HOSPITALS

DISEASE GROUP.	FARNHAM				GUILDFORD.				HAMBLEDON.				KINGSTON INSTITUTION		RICHMOND.				TOTALS. (Public Health and Public Assistance Hospitals).				Disease Group.
	CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		CHILDREN.		MEN AND WOMEN.		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	10	—	6	—	52	3	17	3	5	—	—	—	—	—	1	—	3	5	189	11	70	8	A
B Influenza	5	—	26	1	—	—	17	7	3	—	19	3	—	—	1	—	12	1	23	—	149	22	B
C Tuberculosis :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	C (i.)
(i.) Pulmonary	—	—	4	1	1	—	13	7	—	—	6	2	—	—	—	—	5	5	12	3	311	140	C (i.)
(ii.) Non-Pulmonary... ..	—	—	7	2	1	—	—	—	—	—	—	—	—	—	—	—	1	10	7	27	9	C (ii.)	
D Malignant disease	—	—	2	22	—	—	25	36	—	—	—	6	2	9	—	—	14	68	—	—	136	355	D
E Rheumatism :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E (i.)
(i.) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	1	—	10	—	8	—	8	1	1	1	—	—	—	—	3	—	6	—	44	1	56	1	E (i.)
(ii.) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	13	—	—	—	27	—	—	—	—	—	10	—	2	—	5	—	5	1	121	—	E (ii.)
(iii.) Chronic arthritis	—	—	9	2	—	—	23	—	—	—	3	—	1	—	—	—	7	—	1	—	87	4	E (iii.)
F Venereal disease	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	6	—	19	4	F
G Puerperal pyrexia	—	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	3	—	—	—	56	1	G
H Puerperal fever :—	—	—	—	—	—	—	6	1	—	—	—	—	—	—	—	—	—	—	—	—	8	1	H (i.)
(i.) Women confined in the hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	H (ii.)
(ii.) Admitted from outside... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I
I Other diseases and accidents connected with pregnancy and child-birth	—	—	56	1	—	—	44	1	—	—	1	—	—	—	1	3	28	—	20	59	794	15	I
J Mental diseases :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	J (i.)
(i.) Senile dementia	—	—	2	1	—	—	11	9	—	—	—	—	—	—	—	—	9	4	—	—	135	49	J (i.)
(ii.) Other	1	—	12	—	—	—	13	—	2	—	8	—	3	—	—	—	54	1	24	1	668	4	J (ii.)
K Senile decay... ..	—	—	21	28	—	—	55	94	—	—	11	8	19	14	—	—	18	66	—	—	257	357	K
L Accidental injury and violence	16	—	78	9	—	1	52	10	—	—	8	2	5	—	1	—	18	10	172	3	753	115	L
<i>In respect of cases not included above.</i>																							
M Disease of the nervous system and sense organs	4	—	46	13	—	—	80	38	1	—	1	—	9	9	5	—	57	28	104	10	440	152	M
N " " respiratory system	16	3	58	12	19	5	87	37	1	—	14	4	7	8	19	—	81	30	258	40	650	263	N
O " " circulatory system	—	1	50	84	—	—	74	15	—	—	11	25	21	19	5	—	55	67	32	5	601	622	O
P " " digestive system	13	1	87	8	13	2	90	6	—	—	8	—	4	1	3	1	38	8	271	22	832	87	P
Q " " genito-urinary system	—	—	16	3	12	—	76	17	—	—	4	—	2	—	3	—	33	7	91	2	522	110	Q
R " " skin	45	—	81	1	—	—	—	—	9	—	11	1	2	—	10	—	22	2	241	2	355	7	R
S Other diseases	1	7	—	—	61	10	15	—	9	—	32	2	5	—	8	1	64	8	253	27	362	30	S
T Mothers and infants discharged from maternity wards and not included in above figures :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	T (i.)
(i.) Mothers	—	—	135	—	—	—	224	—	—	—	21	—	—	—	—	—	78	—	—	—	2,248	—	T (i.)
(ii.) Infants	130	—	—	—	210	—	—	—	18	—	—	—	—	—	89	—	—	—	2,197	—	—	—	T (ii.)
U Any persons not falling under any of the above headings	22	—	47	—	—	—	—	—	4	—	—	—	—	—	1	—	5	2	103	—	85	4	U
TOTALS	264	12	769	188	377	21	990	282	53	1	158	53	90	60	152	5	615	313	4,056	194	9,742	2,360	

DISEASE GROUP	NOTIFIED				FARRHAM				GUILDFORD
	Ad- mitted	Dis- charged	Dis- charged	Dis- charged	Ad- mitted	Dis- charged	Dis- charged	Dis- charged	
U Any persons not falling under any of the above headings	22	—	—	—	47	—	—	—	—
(ii) Infants	60	—	—	—	—	—	—	—	—
(i) Mothers	—	—	—	—	135	—	—	—	—
Mothers and infants discharged from maternity wards	—	—	—	—	—	—	—	—	—
Other diseases	8	—	—	—	—	—	—	—	—
... skin	61	—	—	—	81	—	—	—	—
... genital-urinary system	2	—	—	—	18	—	—	—	—
... digestive system	2	—	—	—	8	—	—	—	—
... circulatory system	1	—	—	—	13	—	—	—	—
... respiratory system	61	—	—	—	24	—	—	—	—
... nervous system and sense organs	4	—	—	—	46	—	—	—	—
In respect of cases not included above	—	—	—	—	—	—	—	—	—
Accidental injury and violence	1	—	—	—	78	—	—	—	—
Serife disease	41	—	—	—	21	—	—	—	—
(ii) Other	—	—	—	—	12	—	—	—	—
(i) Scalis dentatus	—	—	—	—	2	—	—	—	—
Mental diseases	—	—	—	—	—	—	—	—	—
and child-birth	1	—	—	—	96	—	—	—	—
Other disease and accidents connected with pregnancy	—	—	—	—	—	—	—	—	—
(ii) Admitted from outside	—	—	—	—	—	—	—	—	—
(i) Women confined in the hospital	—	—	—	—	—	—	—	—	—
Postnatal pyrexia	—	—	—	—	1	—	—	—	—
General disease	—	—	—	—	2	—	—	—	—
(iii) Chronic arthritis	—	—	—	—	9	—	—	—	—
(ii) Fibrositis (lumbago and sciatica)	—	—	—	—	12	—	—	—	—
"Rheumatism" (muscular rheumatism)	—	—	—	—	—	—	—	—	—
(ii) Non-articular manifestations of so-called chronic rheumatism	—	—	—	—	10	—	—	—	—
together with sub-acute rheumatism and	—	—	—	—	—	—	—	—	—
(i) Acute rheumatism (rheumatic fever)	—	—	—	—	—	—	—	—	—
Rheumatism	—	—	—	—	—	—	—	—	—
Malignant disease	—	—	—	—	2	—	—	—	—
(ii) Non-Pneumonia	—	—	—	—	7	—	—	—	—
(i) Pneumonia	—	—	—	—	4	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—
Influenza	1	—	—	—	26	—	—	—	—
Acute infectious diseases	1	—	—	—	8	—	—	—	—
TOTALS	254	46	284	12	789	188	377	24	—

With regard to the nursing staff, certain important changes took place during the year :—

(a) *Kingston County Hospital.*

(i) Certain additions to the nursing staff became necessary owing to the growth in the casualty department, the increased operative work, especially at night, and the need for special nursing of acutely ill cases. To meet these requirements the County Council increased the authorised staff of the hospital by one staff nurse and four probationers.

(ii) During the holiday season nine probationers, on an average, are on holiday at one time, so that for five or six months in each year the permanent staff of the hospital is nine short of the full number, and temporary reliefs have to be obtained. The County Council decided in lieu of the present practice of obtaining holiday reliefs for probationers, to authorise an increase of nine probationers on the permanent staff during the months of April to September of each year. The authorised staff of probationers after the holidays would be diminished by the resignation of nurses who had completed their training.

(b) *Redhill County Hospital.*

This hospital was approved by the General Nursing Council during the year as a complete training school for nurses, the training school to include "A" and "B" blocks. This involved a change over from assistant nurses to probationer nurses, and made opportune a review of the staffing arrangements. The following additions or alterations to the nursing staff were decided on :—

- (i) The appointment of a Sister Tutor.
- (ii) The appointment of 2 extra Staff Nurses to the acute wards.
- (iii) The replacement of 29 Assistant Nurses over a period of two years by 38 probationer nurses (*i.e.*, the replacement will be carried out in three stages). In January, 1938, 18 probationers will replace 9 assistant nurses; in January, 1939 and again in January, 1940, 10 probationers will replace 10 assistant nurses.

(vii) *ADAPTATIONS, ETC.*

The following works were either completed, in process of being carried out, or still under consideration :—

Dorking.

It was decided to use the whole of the buildings for hospital purposes and the necessary works of adaptation were almost complete at the end of the year.

Erection of the new mortuary was almost completed.

Preparation of specifications and working drawings of the new nurses' home proceeded.

Preparation of plans for new entrance lodge.

Acquisition on lease of "Maple Lea" for accommodating nursing staff pending erection of nurses' home.

Epsom.

Consideration of the layout plan of hospital extension.

Acquisition of adjoining land for the purpose of the hospital extension.

Revision of plans for the erection of the first section of the extension of the nurses' home.

Consideration of sketch plans for the new maternity block and medical superintendent's residence.

Completion of alterations at the Ewell Park Annexe (64 beds).

Farnham.

Installation of internal telephone system.

Adaptation of accommodation for dispensary purposes.

Guildford.

Construction of new boiler house, isolation block and mental observation block.

Acceptance of tender for erection of new operating theatre, and hospital adaptations.

Hambleton.

Extension and improvement of mortuary.

Installation of new sewage disposal system.

Preparation of plans for new porter's lodge.

Acquisition of "Wood End" for staff accommodation pending erection of new nurses' home, etc.

Erection of staff cottages.

Kingston.

Preparation of scheme for the improvement, alteration and extension of the hospital.

Adaptation of balcony to provide ward accommodation for children.

Approval of scheme for the modernisation of the extension block.

Installation of bed pan washers and sterilisers.

Provision of visitors' conveniences.

Installation of gas cookers in ward kitchens.

Installation of central heating in extension block.

Installation of new X-ray apparatus.

Redhill.

- Provision of coal bunkers.
- Installation of weighbridge.
- Approval of scheme for layout of grounds and additional tennis court.
- Completion of erection of administration block, medical superintendent's and steward's residences.

Richmond.

- Provision of additional sanitary facilities.
- Installation of high pressure sterilising apparatus.
- Installation of wireless apparatus.
- Provision of portable X-ray apparatus.

Shabden Park.

- Adaptation of mansion for hospital purposes.

II. Voluntary Hospitals.

There was no substantial alteration during the year in the number of Voluntary Hospital beds in the County. The total accommodation at the end of 1937 was 1,454 beds, as compared with 1,457 at the end of 1936. Capel Hospital (8 beds) was closed during the year. The accompanying table shows the accommodation available in voluntary hospitals in the County together with a list of contemplated extensions.

The Surrey Voluntary Hospitals Consultative Committee held two meetings during the year, and considered, amongst other matters the maternity accommodation in Voluntary Hospitals and the possibility of co-operation with the County Hospitals in this department. There were also referred to the Committee the questions of the "appropriation" of the Epsom and Kingston County Hospitals, the acquisition of Ewell Park and Shabden Park and the adaptations and extensions at Dorking and Epsom County Hospitals.

III. Mental Hospitals and Mental Deficiency Institutions.

There was no extension of the accommodation in the Council's Mental Hospitals during 1937, the distribution of beds being 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

During the year, work proceeded on the erection of a new hospital block at Brookwood which will provide accommodation for 122 patients. It is hoped that this extra accommodation will become available in 1938. The scheme includes the provision of sick wards to accommodate 40 males and 60 females, an operating block, a tuberculosis wing (16 beds), a new isolation block (6 beds) and an extension of the Nurses' Home to accommodate 15 extra nurses. The old Isolation Hospital is being converted to provide 19 beds for senile cases.

During 1936 the County Medical Officer drew the attention of the County Council to the shortage of accommodation, particularly of female accommodation, in the existing mental hospitals at Brookwood and Netherne. The female accommodation was, at that time, already overcrowded and there were fewer than 100 vacant beds for males. The average annual excess of admissions over deaths and discharges at both hospitals (excluding contract patients) in the years since 1930 was 98, of whom 30 were males and 68 were females. The County Council had, in 1933, decided that, on completion of Botleys Park Colony for mental defectives the mental defectives in Brookwood and Netherne, should be transferred to the Colony. But even so, and estimating the increased accommodation required per annum at 100 beds, of which 40 would be for males and 60 for females, a shortage of female beds will again have developed by the end of 1939 and of male beds by the end of 1943. After consultation with the Board of Control, the County Council approved in principle the provision of a third Mental Hospital to accommodate 1,000 to 1,200 patients.

With a view to carrying out this policy a decision was made during the year to acquire an estate at Merrist Wood, near Guildford, and compulsory powers to purchase this site have been obtained.

ACCOMMODATION AVAILABLE IN SURREY VOLUNTARY HOSPITALS ON 1st OCTOBER, 1937, AND PARTICULARS RELATING TO CONTEMPLATED EXTENSIONS IN ACCOMMODATION OR SPECIAL SERVICES.

Hospital.	Accommodation Available—1st October, 1937.										Special Services Available.										Plans for Re-building or Extension.		Creation or Extension of Special Departments.	
	Medical and Surgical.		Maternity.		Maturity Cots.	Labour Beds.	Any other Special Classes of Beds (Specified).	Total Beds Available.	Total Beds excluding Maturity Cots and Labour Beds.	Adm. Staff.	Dental.	Bat. Room & Therap.	Ophthalmic.	Orthopaedic.	Light.	Massage.	X-Ray.	Out-Patient and/or Day-Case.	Pathological.		Details.		Details.	
	General Beds.	Private Beds.	General Beds.	Private Beds.																				
Cranleigh, Dorking and Wallington	33	14	2	—	9	1	Children's Ward, 8 beds including 5 cots. Emergency Ward, 5 beds	72	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Caterham	20	5	—	—	—	—	—	25	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cobham	12	4	—	—	—	—	—	16	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cranleigh	8	4	—	—	—	—	Children's Ward, 2 beds	14	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dorking	40	2	—	—	—	—	—	42	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Egham	13	1	—	—	—	—	—	14	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epsom and Ewell	34	6	—	—	—	—	—	40	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Farnham, Tringham	25	5	—	—	—	—	—	30	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Frindsley and Camberley	27	7	6	4	6	1	—	47	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guilford, Royal Surrey County	194	22	—	—	—	—	—	216	216	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hastings	51	6	5	—	5	1	—	68	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Horley	9	2	—	—	—	—	—	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Kingston, Victoria	23	10	—	—	—	—	Children's Ward, 10 beds	43	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leatherhead	17	4	—	—	—	—	—	21	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Merton, Nelson	50	15	12	8	21	2	Maternity Isolation, 1 bed	109	86	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Micham	68	4	—	—	—	—	—	72	72	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Molesey and Hampton Court	16	4	—	—	—	—	Children's Ward, 4 beds	24	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oxted and Limpsfield	20	3	—	—	—	—	—	23	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Parley	30	6	7	—	7	2	Children's Ward, 8 beds	60	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Redhill, East Surrey	90	—	—	—	—	—	—	90	90	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Richmond, Royal	1014	2	—	—	—	—	—	103	103	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sutton	44	12	—	—	6	1	—	69	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sutton	65	12	—	—	—	—	—	77	77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Thames Ditton	12	4	—	—	—	—	—	16	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Walton	284	7	—	—	—	—	—	35	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Weybridge	34	7	—	—	—	—	—	41	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wimbledon	64	10	—	—	—	—	—	74	74	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Windsorham	111	2	2	—	2	1	—	18	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Woking	46	3	—	—	—	—	—	49	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1,185	183	34	14	56	9	32 children's beds, 5 emergency, 1 maternity isolation bed	1,519	1,454															

a Private medical beds used for private Maternity Cases.

b Consultation only.

c Including accommodation for one abnormal Maternity Case.

d Including sixteen Ophthalmic beds.

e Including two Cots.

f Installation of portable set now under consideration.

g From outside sources when required.

h Including five Cots.

i Including two Cots.

j Curative post on adjacent site.

k Portable set only.

Special Services at—

Royal Surrey County Hospital, Guildford: Dermatological, Gynaecological, Hay Fever, Orthopaedic.

Nelson Hospital, Merton: Post-Natal.

Sutton Hospital: Fractures, Orthopaedic, Physiotherapeutic.

There was no change during 1937 in the number of beds provided for certified cases of mental deficiency. The accommodation available at the end of the year was as follows:—

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

The first section of Botleys Park Colony which was begun in 1935 was well advanced by the end of the year, and 1,200 new beds will be available in 1938. The Colony will ultimately house 1,500 patients, or 1,750 patients if the adjacent Murray House Institution be included.

IV. Infectious Diseases Hospitals.

The accommodation available in the County for infectious diseases is dealt with on page 59.

AMBULANCE SERVICES.

(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 M.B. ...	2	The Grove, Carshalton ...	Wallington 5505.
Carshalton U.D. ...	2	Fire Station, Brighton Road, Purley ...	Uplands 2222.
Coulsdon & Purley U.D. ...	1	Fire Station, Limesfield Road, Sanderstead ...	Sanderstead 2222.
Dorking U.D. ...	2	Fire Station, West Street, Dorking ...	Dorking 2729.
Egham U.D. ...	1	The Green Service Station, The Causeway, Egham	Staines 1030.
Epsom & Ewell M.B. ...	2	Fire Station, Church Street, Epsom ...	Epsom 600.
Esher U.D. ...	2	Fire Station, Esher ...	Esher 100 and Emberbrook 2222.
Haslemere U.D. ...	1	Fire Station, Haslemere ...	Haslemere 291.
Kingston-upon-Thames M.B. ...	1	Fairfield Motor Park, Kingston ...	Kingston 4471.
Mitcham M.B. ...	1	Fire Station, Mitcham ...	Mitcham 2222.
Merton & Morden U.D. ...	1	Fire Station, Kingston Road, Merton ...	Liberty 2222.
Reigate M.B. ...	1	Fire Station, Redhill ...	Redhill 100.
Richmond M.B. ...	1	Fire Station, Kew Road, Richmond ...	Richmond 2222.
Surbiton M.B. ...	1	Fire Station, Surbiton ...	Elmbridge 6441.
Sutton & Cheam M.B. ...	1	Fire Station, Throwley Road, Sutton ...	Vigilant 2222.
The Maldens & Coombe M.B. ...	1	Fire Station, New Malden ...	Malden 2222.
Walton and Weybridge U.D. ...	1	Council Offices, Walton-on-Thames ...	Walton 873.
Wimbledon M.B. ...	1	Fire Station, Wimbledon ...	Wimbledon 0100.

(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.
Farnborough (Hants) U.D. ...	1	—	Farnborough 16.
Farnham U.D. ...	1	Farnham Isolation Hospital, Farnham ...	Farnham 6015.
Wimbledon M.B. ...	2	Wimbledon Isolation Hospital, Wimbledon ...	Wimbledon 1324.
Godstone R.D. ...	1	Godstone Isolation Hospital, Blechingley ...	Blechingley 15.
Cuddington Isolation Hospital Board	2	Cuddington Isolation Hospital, Banstead ...	Vigilant 0048.
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 ...	Popegrove 2841.
Tolworth Isolation Hospital Board	1	Tolworth Isolation Hospital, Red Lion Road, Surbiton	Elmbridge 1969.
Wandle Valley Joint Hospital Board	2	Wandle Valley Isolation Hospital, Beddington Corner, Carshalton	Mitcham 0824.
Woodbridge Joint Hospital Board	2	Woodbridge Isolation Hospital, Guildford ...	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	2	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 and 49.
Cobham	1	Cobham Motor Works, Cobham... ..	Cobham 13.
Farnham	1	Swain & Jones, Motor Engineers, Farnham	Farnham 6137 and 6202.
Godstone	1	Bell Hotel, Godstone	Godstone 12.
Guildford	4	Woodbridge Road, Guildford	Guildford 633.
Reigate	2	Nutley Lane, Reigate	Reigate 2579.
Cranleigh	2	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.
Wimbledon	1	29, High Street, Wimbledon Common	Wimbledon 4567.
Woking	1	Boundary Road, Woking	Woking 992.
Other Voluntary Associations.			
Weybridge Hospital...	1	Weybridge Hospital, Church Street, Weybridge	Weybridge 209.
Cheam & District Ambulance Service	3	Farm Way, Worcester Park	Derwent 1000.
Home Service Committee ...	1	Hoskins Road, Oxted	Oxted 555.

* 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., 109/111, High Street, Sutton.	Vigilant 7694.

(v) Ambulances provided by the Surrey County Council.

	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Public Assistance Committee...	3	Kingston County Hospital, Kingston-on-Thames	Kingston 5692.
	1	Sharrard House, Woking	Woking 1695.
Public Health Committee ...	1	County Sanatorium, Milford, Godalming ...	Godalming 870.

PUBLIC ASSISTANCE MEDICAL OUT-RELIEF.

Under the revised scheme for the provision of medical out-relief which came into operation on 1st. October, 1934, there was a slight increase in the amount of work done during the year 1937. The average number of home visits paid per week was 415, and the average number of visits paid by patients to the doctor's surgery was 288, as compared with the average, for 1936, of 403 and 266 respectively.

More detailed particulars of the work are as follows:—

Area.	Average number of home visits per week.	Average number of visits made to surgery per week.	Totals.
North-Eastern	102	81	183
Mid-Eastern	96	112	208
South-Eastern	61	30	91
North-Western	53	28	81
South-Western	103	37	140
TOTALS	415	288	703

On 1st April, 1937, a review of the salaries of District Medical Officers (Public Assistance) was carried out. By this review, the salary of each officer for the next three years was based upon the amount of work done from 1st October, 1934, to 30th September, 1936. In a number of instances it was found necessary to increase the salaries of District Medical Officers in consequent of the increase of work in their respective areas. It was not, however, found necessary to alter any of the medical relief areas.

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 medical treatment and supervision together with skilled nursing are made available in the home.
3. Patients in Public Health and 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 medical treatment and supervision, together with skilled nursing, are made available in the home.

During 1937 the scheme included 103 nursing associations affiliated to the Surrey County Nursing Association and 17 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 each association.

Under the scheme 14,843 visits were made during the year by the associations, as compared with 12,466 visits during 1936.

INFECTIOUS DISEASES.

1. HOSPITAL PROVISION.

The total available accommodation for the reception of cases of infectious disease at the end of the year was 919 beds. Extensions were completed during the year at Cuddington (37 beds), Farnham (16 beds), Ottershaw (35 beds), and Wandle Valley (28 beds).

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 received the approval of the Ministry of Health, with one modification, namely, that the Godstone Isolation Hospital will continue to serve the Godstone Rural District Council and the Caterham and Warlingham Urban District Council, instead of, as suggested in the County Council's scheme, these districts joining with the Reigate Joint Hospital Board, which would have involved the ultimate abolition of the hospital at Godstone.

2. SMALLPOX.

The County Hospital at Clandon (37 beds) serves the whole of the Administrative County and also by agreement the County Borough of Croydon. There were no cases of smallpox in the County during 1937.

3. INCIDENCE OF INFECTIOUS DISEASES.

The following table shows the incidence of infectious disease in the County during the year, giving the number of cases of each disease notified, and the attack rate:—

Diseases.	1937	
	Number of cases notified.	Attack rate per 1,000 population.
Smallpox	—	—
Cholera	—	—
Diphtheria	673	0.58
Erysipelas	286	0.25
Scarlet fever	2,104	1.81
Typhus fever	—	—
Enteric fever	77	0.07
Continued fever	1	0.001
† Puerperal pyrexia	165	10.33
Plague	—	—
Tuberculosis—Pulmonary	897	0.77
Non-pulmonary	269	0.23
Cerebro-Spinal fever	11	0.01
Acute Poliomyelitis	31	0.03
* Ophthalmia neonatorum	35	2.19
Acute Polio-Encephalitis	3	0.003
Encephalitis Lethargica	8	0.01
Malaria	5	0.004
Dysentery	264	0.23
Pneumonia	823	0.71

* Rate per 1000 births. † Includes Puerperal Fever.

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, 1936, is given in the table on page 61.

It should be noted that the information given in this statement shows the state of vaccination on the 31st January, 1938, of children born in 1936.

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

	1936.		1935.
Successfully vaccinated	6,944	.. .. .	6,645
Insusceptible to vaccination	63	.. .. .	51
Had Smallpox .. .. .	—	.. .. .	—
Statutory declarations of conscientious objection	5,716	.. .. .	5,456
Died unvaccinated	475	.. .. .	384
Still postponed by medical certificates	89	.. .. .	73
Removals to other districts	438	.. .. .	321
Removals to places unknown, etc.	512	.. .. .	412
Otherwise unaccounted for	246	.. .. .	181
	<u>14,483</u>		<u>13,523</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 1936. A comparison is made with similar figures and percentages for the previous year :—

	Surrey.			
	Children born in 1936.		Children born in 1935.	
	Number.	% of total births.	Number.	% of total births.
Successfully vaccinated or insusceptible to vaccination	7,007	48.38	6,696	49.52
Unvaccinated :—				
(i) Statutory declarations or deaths ...	6,191	42.75	5,840	43.18
(ii) Postponements, removals, etc. ...	1,285	8.87	987	7.30
Total Births	14,483	100.00	13,523	100.00

VACCINAL STATE ON 31st JANUARY, 1938, OF INFANTS BORN DURING 1936.

Area.	Population Census, 1931.	Number of Births registered from January to December, 1936.	Number of these Births duly entered by 31st January, 1938, in Vaccination Register, viz.:—				Number of these Births which on 31st January, 1938, remained unentered in the Vaccination Register on account of:—			Number of these Births remaining on 31st January, 1938, neither daily entered nor vaccinated under 14 years of age.	Total number of Certificates of successful Primary Vaccination of Children under 14 received during the calendar year 1937.	Number of Statutory Declarations of successful Primary Vaccination actually received by the Vaccination Officer during the calendar year 1937.
			Successfully Vaccinated.	Inaccessible to vaccination.	Had Small Pox.	Statutory Declarations conscientious objection.	Died unvaccinated.	Postponement 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	2,507	1,208	7	—	926	96	22	100	72	1,290	830
Mid-Eastern Area	311,619	6,373	3,201	39	—	2,387	189	28	190	249	3,613	2,424
South-Eastern Area	115,876	1,062	645	2	—	837	61	3	47	50	786	878
North-Western Area	123,454	1,900	919	8	—	706	64	15	45	93	1,094	751
South-Western Area	129,830	2,041	971	7	—	860	65	21	56	48	1,057	870
TOTALS	947,770	14,483	6,944	63	—	5,716	475	89	438	512	7,840	5,753

Return showing the Number of Persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of Institutions and the Public Vaccinators during the year ended 30th September, 1937.

Area.	Successful Vaccinations.		Totals.	Successful Re-vaccinations.
	Under 1 year.	1 Year and upwards.		
North-Eastern Area ...	1,186	71	1,257	81
Mid-Eastern Area ...	1,981	121	2,102	83
South-Eastern Area ...	496	42	538	35
North-Western Area ...	609	87	696	169
South-Western Area ...	618	39	657	39
TOTALS ...	4,890	360	5,250	407

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 supply of the arseno-benzene drugs.

1. THE LONDON AND HOME COUNTIES SCHEME.

The Surrey County Council is a member of this scheme, details of which were given in the Annual Report for the year 1936. Extensive use is made by Surrey patients of the excellent facilities provided at the London hospitals approved within the scheme.

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 an increase 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 1937 within the scheme as a whole and for Surrey in particular. The figures in brackets give the corresponding figures for the previous year :—

	<i>Whole Scheme.</i>		<i>Surrey Cases.</i>	
Syphilis	2,927	(2,921)	113	(84)
Gonorrhœa	9,952	(10,043)	402	(293)
Soft chancre	219	(296)	6	(5)
Diagnosed as not suffering from Venereal Disease	12,727	(12,817)	643	(633)
Total	25,825	(26,077)	1,164	(1,015)

	<i>Whole Scheme.</i>		<i>Surrey Cases.</i>	
Total attendances of all patients ...	1,000,442	(1,102,378)	31,214	(28,230)
No. of in-patient days of treatment	55,029	(57,342)	1,862	(1,796)
No. of pathological examinations made :—				
(a) for or at centres	266,128	(263,050)	12,744	(10,496)
(b) for private medical practitioners	36,675	(37,748)	616	(1,283)

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 four assistant medical officers.

At the former the nursing staff at the female clinic is supplied by the hospital, and one whole-time and one part-time male orderlies are employed in the male clinic.

At the clinic at the East Surrey Hospital 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 nursing staff of the hospital.

Sessions are held at the clinics as follows :—

Clinic.	Males.	Females.
Guildford	Thursday, 5—7 p.m. ...	Monday, 5—7 p.m.
Redhill	Wednesday, 5—6.30 p.m. ...	Wednesday, 5—6.30 p.m.

Intermediate treatment for males is available at the Guildford Clinic on every day of the week and for females on three days in the week, and at the Redhill Clinic such treatment is available for males on five days of the week, while special arrangements are made to suit the convenience of female patients requiring such treatment.

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.
1. Number of persons, who on the 1st January, 1937, were under treatment	*	*	*	*		110	—	79	20	11	—	13	1
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	—	1	—	1	—	—	—
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under 4) ...	113	6	402	643		23	2	77	84	3	—	17	27
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 ...	*	*	*	*		9	—	6	—	2	—	3	1
	*	*	*	*		143	2	163	104	17	—	33	29
5. Number of cases discharged after completion of treatment and final tests of cure ...	*	*	*	*		16	1	33	102	1	—	8	27
6. Number of cases which ceased to attend before completion of treatment and were on first attendance suffering from Syphilis, Soft Chancre and Gonorrhoea ...	*	*	*	*		26	—	37	—	4	—	5	—
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure ...	*	*	*	*		—	—	15	—	—	—	3	—
8. Number of cases transferred to other centres or to institutions or to care of private practitioners ...	*	*	*	*		7	—	11	—	3	—	5	—
9. Number of cases remaining under treatment or observation on 31st December, 1937 ...	*	*	*	*		94	1	67	2	9	—	12	2
	*	*	*	*		143	2	163	104	17	—	33	29
10. Number of cases of syphilis included in item 6 which failed to complete one course of treatment ...		*						5				1	
11. Out-patients' attendances— (a) For individual attention by the Medical Officer ... (b) For intermediate treatment, e.g., irrigation, dressings ...													
			31,214					2,932				540	
								1,570				561	
12. Number of doses of arseno-benzene compounds and other preparations given— (a) arseno-benzene compounds ... (b) bismuth ...			*					791				101	
			*					939				99	
13. Specimens from persons attending sent to approved laboratory— (a) Spirochaetes ... (b) Gonococci ... (c) Wassermann reaction ... (d) Others ...								2				—	
			44									82	
			6,319					360				59	
			3,058					361				40	
			3,323					195					
14. Number of in-patient days ...			1,862					—				—	

* 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 1937 :—

	S.C.C. Clinics.		Croydon Clinic.	Clinics under London and Home Counties Scheme.	St. Bart's Hospital.	Alder-shot Clinic.	Boston (Lincs.) Clinic.	Reading Clinic.	Rotherham Clinic.	Total.
	Guildford.	Redhill.								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
New Cases (Surrey).										
Syphilis	20 (31)	3 (3)	49 (26)	113 (84)	— (3)	1 (2)	1 (—)	— (—)	— (—)	187 (149)
Soft Chancre	2 (—)	— (—)	— (—)	6 (5)	— (—)	— (—)	— (—)	— (—)	— (—)	8 (5)
Gonorrhoea	73 (66)	16 (15)	142 (62)	402 (293)	6 (5)	5 (—)	1 (—)	3 (5)	— (—)	648 (446)
Conditions other than venereal	81 (67)	27 (19)	160 (83)	643 (633)	4 (10)	— (4)	— (—)	1 (1)	— (—)	916 (817)
Totals	176 (164)	46 (37)	351 (171)	1,164 (1,015)	10 (18)	6 (6)	2 (—)	4 (6)	— (—)	1,759 (1,417)
All Cases (Surrey).										
Total number of attendances	3,366 (3,971)	1,098 (1,078)	8,822 (4,631)	31,214 (28,230)	141 (220)	148 (150)	16 (—)	37 (129)	— (6)	44,842 (38,415)
Aggregate number of in-patient days	— (—)	— (—)	183 (44)	1,862 (1,796)	— (23)	— (—)	— (—)	6 (9)	— (—)	2,051 (1,872)

The figures shown in brackets relate to the year 1936.

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.

During the year a Course of three Lectures to the Kingston, Surbiton and District Y.M.C.A. and one to the St. Olave's Branch of the Women's Fellowship, Mitcham, were given by Lecturers provided under the auspices of the British Social Hygiene Council, the County Council paying the fees and expenses of the Lecturers. All these Lectures were well attended.

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

REPORT ON THE USE OF SULPHANILAMIDE AT THE GUILDFORD VENEREAL DISEASES CLINIC.

By G. E. GODBER, B.A., B.M., B.Ch. (Oxon), M.R.C.P., D.P.H. (London), Medical Officer in Charge.

The successful use of sulphanilamide in the treatment of gonorrhoea was first reported by Dees and Colston (1937) on a small series of cases. Cokkinis in November, 1937, first reported on a sufficient number of cases to prove the efficacy of the remedy. Immediately after the publication of his paper, sulphanilamide was introduced as a routine method in the treatment of gonorrhoea in the male at the Guildford Venereal Diseases Clinic. No attempt was made to carry out control experiments as the numbers attending the clinic are inadequate for such a purpose. Moreover Cokkinis's results in a series of 250 cases were sufficiently conclusive to render such an experiment unnecessary.

The conditions prevailing at a small centre, where patients attend only at weekly intervals, are less favourable for the use of this drug than at larger centres where patients can attend daily. It is not possible to grade the dose according to the immediate response of the patient, and large doses, which may be more effective but are certainly more toxic, cannot safely be used. A modification of Cokkinis's procedure was devised, and has been adhered to during the first six months' work. The dosage has been 4 grammes daily for the first week, 3 grammes daily for the second week and 1½ grammes daily for the third week, giving a total of 59.5 grammes. Acute cases with urethritis were given, as adjuvant treatment, daily irrigations with 1 in 12,000 Potassium Permanganate solution, and all patients received a Potassium Citrate mixture. In chronic cases no other treatment was given simultaneously with the sulphanilamide.

The results in the first 40 cases treated have been very encouraging. The urethritis in 90 per cent. of cases responds so rapidly that it is unusual to find any abnormality of the urine or any discharge in an uncomplicated case at the end of the first week. A residual chronic litritis is much less common, and where a slight chronic prostatitis has remained it has usually been cured by a single course of massage. A number of old chronic cases, chiefly of prostatitis with gleet, have also cleared up very quickly with the same course of treatment as acute cases.

In assessing the results, cases described as cured comprise those who passed all the tests of cure without requiring any further treatment after the course of sulphanilamide. Cases classed as improved had benefited much more than might have been anticipated in three weeks on the older methods of treatment. The results are summarised in the following table :—

	Cured.	Improved.	Not Improved.
Acute uncomplicated urethritis	8	—	—
Urethritis and prostatitis	—	8	1
Urethritis and other complications	2	4	1
Chronic prostatitis + other complications	10	4	2
Totals	20	16	4

Of the four cases who obtained no benefit, two reacted so severely to the drug that they received less than 15 grammes. One other responded well subsequently to 10 grammes given in two days. Nevertheless there are patients who are resistant or susceptible to the drug, and it cannot be regarded as a certain cure of every case. But even in the cases who are only improved, the period required for treatment may be reduced by months, and in favourable cases the cure is obtained in three weeks, where at least ten weeks would be needed with the old methods. Tests of cure have usually involved a further period of four weeks, and a subsequent probationary period of two months is aimed at. This is undoubtedly the first really effective specific treatment.

The use of sulphanilamide is not without risk. Minor toxic manifestations such as headache, nausea and malaise occur in a high proportion of cases. A toxic rash, usually near the end of the second week, occurred in five cases. Patients were instructed in the proper steps to minimise the toxicity of the drug and in the forty cases dealt with, no dangerous toxic manifestations developed.

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 County	2.30 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 1937 were as follows :—

Hospital.	Voluntary.	Temporary.
Brookwood	64	4
Netherne	124	24
	188	28

The comparable figures for 1936 are 162 voluntary and 24 temporary patients.

LABORATORY FACILITIES.

The County Council co-operates with the Royal Surrey County Hospital in the maintenance of the Laboratory at that Hospital. All material for bacteriological and pathological examination under the County Council schemes (with certain exceptions from cases or suspected cases of venereal

disease) is sent to this laboratory. The investigations which are undertaken for the County Council include :—

- (1) The examination of sputa and other material for Tubercle Bacilli.
- (2) The examination of material from cases of Puerperal pyrexia.
- (3) The examination of samples of milk under the Milk and Dairies Acts and Orders.
- (4) The examination of material from cases attending School Clinics.
- (5) Such other examinations as may from time to time be required by the County Medical Officer acting on behalf of the County Council.

The County Council as one of the participating authorities under the London and Home Counties Scheme is entitled to laboratory facilities under this scheme. Material for examination in respect of the diagnosis of venereal disease is sent to St. Thomas's Hospital, London (except certain material from the Guildford Venereal Diseases Clinic which is examined at the laboratory attached to the Royal Surrey County Hospital).

Examination of water and foodstuffs and other chemical analyses are conducted by Mr. E. Hinks, B.Sc., F.I.C., County Analyst, London.

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 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 196 additional blind persons were registered (including 48 removed into Surrey from other areas); 35 left the County; and 79 died. Six names were removed from the register as the persons were either not blind, or untraceable; and there were 136 removals within the County.

At the end of the year the names of 1,120 blind persons were on the register compared with the following numbers in previous years, viz. :—

Year.	Number.	Year.	Number.
1925	523	1931	806
1926	657	1932	836
1927	649	1933	876
1928	744	1934	921
1929	711	1935	948
1930	757	1936	1,044

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	..	..	..	..	..	..	191
Under training	..	..	..	..	..	..	12
Trained, but unemployed	..	..	..	..	..	..	3
Awaiting training	..	..	..	..	..	..	3
Unemployable	..	..	..	..	..	..	892
							<u>1,120</u>

The ages and sexes of these 1,120 blind persons were as follows :—

Age Group.	1937		Total.
	M.	F.	
1—5	1	1	2
5—16	10	7	17
16—21	8	10	18
21—40	79	56	135
40—50	77	53	130
50—65	139	160	299
65—70...	62	75	137
Over 70	138	241	379
Unknown	1	2	3
Totals	515	605	1,120

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.						
8	11	19	53	18	71	92	9	101	153	38	191

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 12 blind persons undergoing training for the following occupations :—

Machine Knitting.	Typewriting and Music.
Boot Repairing.	Typewriting and Shorthand.
Pianoforte Tuning.	Secondary Education.

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 71 Home Workers compared with 67 in 1936; 60 in 1935; 56 in 1934; 54 in 1933; 52 in 1932; and 49 in 1931. 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 20 Surrey blind persons so employed at the end of the year.

At the beginning of the year the Council agreed, with the Councils of adjoining Counties, to an application from the Association of London Workshops for the Blind for the adoption of proposals which would ensure that each male worker would receive a minimum weekly sum of 45s., and each female worker not less than 30s.

These minimum payments are made as follows :—

- (i) Wages at piece rates.
- (ii) Augmentation on a fixed scale (15s. weekly).
- (iii) Such further assistance as may be necessary to bring the total incomes up to 45s. in the case of male workers and 30s. in the case of female workers.

Only ten Surrey workers needed the further assistance referred to in (iii) above.

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 160 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 1937 was 356, involving an annual expenditure at the rate of £8,320. These figures compare with 284 allowances and a rate of expenditure of £5,356 as at the end of 1936.

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 £1,766 including £382 from the Greater London Fund for the Blind and £157 under the Sunday Entertainments Act, 1932.

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 255 examinations were made and 173 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 Agriculture Act, 1937, involves considerable changes in the administration associated with the above Acts and Orders. The main purpose of the Act is to initiate a large-scale and comprehensive campaign for the eradication of animal diseases, and to centralise public veterinary services as a means to that end. This means that from the day when the Act comes into force, namely 1st April, 1938, the responsibilities of the County Council with regard to the inspection of dairy cattle will cease, and that the staff appointed for this purpose by the County Council will be taken over by the Ministry of Agriculture and Fisheries.

During the year 1937, however, the County Council were responsible for the inspection of all dairy cattle in Surrey, and for this purpose, employed a staff of whole-time Veterinary Surgeons, consisting of a Chief Veterinary Officer and four Assistant Veterinary Officers.

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. Particulars of the animals slaughtered by order of the County Council under the Tuberculosis Order, 1925, are also included in his report.

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 in the register from time to time.

The number of persons registered as cowkeepers by Sanitary Authorities in Surrey on the 31st December, 1937, was 986. The herds belonging to these contained 19,226 cows, of which 15,676 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 31.12.37.	No. of herds containing:—												Total No. of cows
		Not exceeding 3 cows.	6 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	
Boroughs.														
Barnes	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Beddington & Wallington	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Epsom & Ewell	4	—	—	—	3	—	1	—	—	—	—	—	—	131
Godalming ..	4	—	—	—	3	—	1	—	—	—	—	—	—	145
Guildford ..	15	2	3	3	4	—	2	—	—	—	1	—	—	352
Kingston-on-Thames	1	—	—	1	—	—	—	—	—	—	—	—	—	18
Malden & Coombe	3	1	1	1	—	—	—	—	—	—	—	—	—	23
Mitcham ..	1	1	—	—	—	—	—	—	—	—	—	—	—	4
Reigate ..	18	4	1	1	1	7	3	1	—	—	—	—	—	483
Richmond ..	3	—	—	—	2	—	1	—	—	—	—	—	—	99
Surbiton ..	12	6	—	1	—	1	—	1	1	1	—	—	1	362
Sutton & Cheam	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wimbledon ..	1	1	—	—	—	—	—	—	—	—	—	—	—	5
Urban Districts.														
Banstead ..	28	5	5	11	5	—	2	—	—	—	—	—	—	445
Carshalton ..	4	—	—	1	—	2	1	—	—	—	—	—	—	130
Caterham & Warlingham	7	2	1	—	1	1	—	—	1	—	1	—	—	245
Chertsey ..	29	5	—	11	7	4	1	—	1	—	—	—	—	517
Coulsdon & Purley	6	2	—	2	—	2	—	—	—	—	—	—	—	112
Dorking ..	19	3	2	1	4	4	3	—	1	—	—	—	1	609
Egham ..	14	5	1	2	2	—	1	2	—	1	—	—	—	330
Esher ..	28	1	4	9	6	4	3	—	1	—	—	—	—	669
Farnham ..	27	5	4	8	7	1	2	—	—	—	—	—	—	459
Frimley & Camberley	11	2	4	2	2	1	—	—	—	—	—	—	—	160
Haslemere ..	9	1	4	2	1	1	—	—	—	—	—	—	—	124
Leatherhead ..	13	1	1	4	—	4	—	1	—	—	—	1	1	534
Merton & Morden	2	—	—	1	—	—	—	1	—	—	—	—	—	69
Walton & Weybridge	11	1	—	3	5	1	1	—	—	—	—	—	—	252
Woking ..	38	10	8	12	4	1	2	—	—	—	—	—	1	651
Rural Districts.														
Bagshot ..	54	19	11	18	3	2	—	—	—	1	—	—	—	644
Dorking & Horley	181	27	27	65	33	14	7	5	—	2	—	—	1	3,438
Godstone ..	150	21	18	47	27	19	8	5	4	1	—	—	—	2,999
Guildford ..	144	17	24	50	21	16	9	7	—	—	—	—	—	2,818
Hambleton ..	148	27	31	45	25	14	5	1	—	—	—	—	—	2,397
	986	170	150	301	164	101	53	24	9	6	2	1	5	19,226

Part IV of the Order empowers every County Council 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 been continued since that time. The object of these veterinary examinations is to detect 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 1937 to be suffering from each of the diseases mentioned, together with comparative figures for the previous year :—

	1936.	1937.
Acute inflammation of the udder ..	8	3
Acute mastitis	47	29
Suppuration of the udder	47	48
Any infection of the udder or teats which may convey disease	93	59
Emaciation due to tuberculosis	112	130
Tuberculosis of the udder	77	63
Septic condition of the uterus	—	1
	<u>384</u>	<u>333</u>

No difficulties were experienced during the year in carrying out these examinations. 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.

This policy has had the effect of educating cowkeepers not only in their responsibilities under the law, but also in the steps which they must take in their own interest and for the well-being of their animals.

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 disease 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 85, of which 24 were diagnosed as not coming within the scope of the Order. The remaining 61 animals, together with 171 cases detected during the routine inspections of dairy herds—a total of 232 animals (comprising 200 cows-in-milk, 27 other cows or heifers and 5 other bovine animals)—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 1936:—

	1936.	1937.
Giving tuberculous milk but showing no evidence of tuberculosis of the udder ..	—	—
Tuberculosis of the udder	79	66
Emaciation due to Tuberculosis	28	23
Suffering from a chronic cough and showing definite signs of Tuberculosis..	105	143
	<hr/> 212	<hr/> 232

The distribution of the above cases was as follows:—

Sanitary District.	Parish.	No. of Animals.
*BOROUGH.		
Epsom and Ewell	Epsom	2
	Cuddington	2
	Ewell	2
Surrey	Chessington	6
		3
URBAN DISTRICTS.		
Banstead	Banstead	1
	Chipstead	1
Carshalton	Carshalton	2
		1
Caterham and Warlingham	Caterham	1
	Chaldon	2
	Warlingham	1
	Woldingham	3
Chertsey	Chertsey	7
		9
Coulsdon and Purley	Coulsdon	1
Dorking	Dorking	5
	Mickleham	1
Egham	Egham	6
		3
Esher	Cobham	7
	Esher	2
	Stoke D'Abernon	4
	Thames Ditton	4
	West Molesey	1
		18
Farnham	Farnham	8
		3
Frimley and Camberley	Frimley	3
		2
Haslemere	Haslemere	2
Leatherhead	Great Bookham	1
	Leatherhead	1
	Little Bookham	1
Merton and Morden	Morden	3
		2
Walton and Weybridge	Walton-on-Thames	5
Woking	Byfleet	5
	Woking	4
RURAL DISTRICTS.		
Bagshot	Chobham	4
	Windlesham	1
Dorking and Horley		5
	Abinger	5
	Betchworth	3
	Buckland	1
	Capel	1
	Charlwood	2
	Headley	2
	Holmwood	6
	Horley	8
	Leigh	6
	Newdigate	1
	Ockley	2
	Wotton	2
		39
Godstone	Bletchingley	2
	Burstow	2
	Chesham	3
	Crowhurst	1
	Godstone	2
Guildford	Lingfield	3
		13
	Albury	5
	Artington	4
	Ash and Normandy	1
	Compton	2
	East Clandon	6
	Effingham	2
	Ockham	2
	Pirbright	1
	Ripley	5
	Seale	2
	Send	2
	Shackleford	5
	Shalford	1
	West Clandon	1
	Worplesdon	6
	Wanborough	4
		49

* 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.
Hambleton	Alfold	2
	Bramley	4
	Busbridge	1
	Chiddingfold	5
	Cranleigh	2
	Dunsfold	4
	Elstead	2
	Ewhurst	2
	Frensham	7
	Hambleton	3
	Tilford	1
	Witley	2
	Womersh	3
	—	38
	Total	232

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

159, or 68.83 per cent., were affected with advanced tuberculosis;

72, or 31.17 per cent., were affected with tuberculosis not advanced.

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

	Not affected.	Not advanced.	Advanced.
Cows-in-Milk ..	—	60	140
Other Cows or Heifers ..	—	8	18
Other bovine animals ...	—	4	1
	—	72	159

In the following table the results of the post-mortem examination 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 ..	108	10	82	—	200
Other Cows or Heifers	6	5	15	—	26
Other bovine animals	—	1	4	—	5
	114	16	101	—	231

Of the 159 animals found to be affected with advanced tuberculosis, 40 had been reported to the Local Authority in accordance with the Tuberculosis Order, and of the 72 animals found affected with tuberculosis, not advanced, 20 had been similarly reported.

It may be noted that the number of animals slaughtered under the Tuberculosis Order is fully one per cent. of the total number of cows in the county. 66, or nearly 30 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 reasonably have been suspected by their owners to be affected with tuberculosis. The post-mortem examination of all the animals slaughtered revealed that 114, or nearly 50 per cent., of them were affected with tuberculosis of the udder. Both of these percentages are appreciably 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.

Approximately 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, refute that suggestion.

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 not-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 1937 amounted to £1,096 2s. 6d. compared with £1,123 10s. 0d. in 1936 and £978 15s. 0d. in 1935. 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)			
1935	1	4 0 0	4 0 0
1936	1	8 10 0	8 10 0
1937	—	—	—
Not advanced (three-fourths rate)			
1935	78	721 10 0	9 5 0
1936	86	727 2 6	8 9 1
1937	72	665 7 6	9 4 10
Advanced (one-quarter rate)			
1935	85	253 5 0	2 19 7
1936	124	387 17 6	3 2 6
1937	159	430 15 0	2 14 2

The carcasses of all the animals slaughtered by order of the County Council are sold to certain Contractors. 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 five 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 4 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.

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 information to that effect is received. As the composition of dairy herds is frequently changing, 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 all the animals remaining in the herd are giving milk free from tubercle infection.

During the past year 19 such notifications were received which compares with 20 in the previous year.

The results of the investigations of 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 nine instances the infected cows were detected clinically, the diagnosis being confirmed in all cases by either a microscopical or biological examination of their milk.

In two 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.

In one instance the diseased animal had already been seized under the Tuberculosis Order in a market outside the County and forthwith slaughtered.

In one case the entire herd had been sold, chiefly for slaughter, thereby making a complete examination impossible.

In the remaining case, the milks of all the cows in the herd, alleged to have produced the tubercle-infected milk, were examined both microscopically and biologically with negative results.

EXAMINATION OF MILK FOR TUBERCLE BACILLI.

During the year 527 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	48	6	54
Number of samples examined microscopically and biologically	28	445	473
Number of samples examined biologically only	—	—	—
	<u>76</u>	<u>451</u>	<u>527</u>

All necessary steps were taken to dispose of the 76 cows whose milk had proved to be tuberculous, 70 of which were slaughtered by order of the County Council and 5 by Borough Councils which are separate Local Authorities for the purposes of the Diseases of Animals Acts. One cow died from choking whilst awaiting slaughter. Of these 70 animals slaughtered at the instance of the County Council, 51 were suffering from "advanced" tuberculosis and 19 from "not-advanced" tuberculosis as defined by the Tuberculosis Order.

40 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, 1936.

The above 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 a methylene blue reduction test and must contain no coliform bacilli in one-hundredth of a millilitre.

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 County Council is responsible for granting licences to produce Tuberculin Tested and Accredited Milks.

As from the 1st January, 1937, the County Council assumed full responsibility under this Order for the tuberculin testing of cattle belonging to all persons licensed to produce Tuberculin Tested Milk.

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

- *Adcock, Mrs. V. M., Grenehurst Park Farm, Capel.
- Bishirgian, G., Farm Place Farm, Ockley.
- Bowater, E. V., Hammonds Farm, West Horsley.
- *Broomfield, J. C., Coldharbour Farm, Cranleigh.
- *Buzzard, Brig.-Gen. F. A., West Haxted Farm, Edenbridge.
- Denning, W. E., Old House Farm, Crowhurst.
- Dixon, A. H., Gincex Farm, Oxted.
- *Durrad, Commdr. C. S., Rose Hill School Farm, Banstead.
- *Elce, Mrs. A., Barings Field, Newdigate.
- *Elwes, Lt.-Col. W. C., Oakdale Farm, Ockley, Dorking.
- Falkner, C. F., Dippenhall Farm, Farnham.
- French, S., Walton Oaks Farm, Tadworth.
- Gardner, F. A., Church Lane Farm, Chessington, Surbiton.
- Garner, A. W., Shawlands, Lingfield.
- Goldsworthy, Capt. E. W., Moat Farm, Limpsfield.
- *Guinness, Hon. A. E., Holmbury House Farm, Holmbury.
- *Hale, H., Kingswood Stocks Farm, Lingfield.
- *Hare and Hornby, The Misses, Hardwick Court Farm, Chertsey.
- *Hoare, G. de M. G., Tilburstow Hill Farm, South Godstone.
- Hornby & Clarke, Ltd., Petersham Meadows Farm, Richmond.
- *Iveagh, Earl of, Guinness Dairy Farm, Old Woking.
- *Leigh, Bart., Sir John, Model Dairy, Brook.
- *Leigh, Bart., Sir John, Winkford Farm, Witley.
- *Malcolm, R., Walton Manor Farm, Tadworth.
- Micklem, C., Longcross House, Chertsey.
- Mordan, P. C., Clay Hall Farm, Reigate.
- More-Molyneux, Brig.-Gen. F. C., Loseley Park Farm, Guildford.
- *Muller-Rowland, J., Scotchers Farm, Horsell Common.
- *O'Callaghan, Mrs. D., Oak Lane Farm, Newdigate.
- Okey, T., Pilgrims Farm, Titsey, Oxted.

- *Passmore, A. S., Tilsey Farm, Bramley.
- Pigott-Brown, Bart., Sir J., Broome Hall Farm, Holmwood.
- Pool, K. R., Collickmoor Farm, Coldharbour.
- Rayne, Major H., Ponds Farm, Shere.
- *Roberts, Major H. D., Hullers Farm, Beare Green, Dorking.
- *Serpell, H. O., Westeroft Park Farm, Chobham.
- Shambrook, R., Guernsey Dairy Farm, Grayswood.
- *Smith, Col. and Mrs. G. E. S., Danes Hill Farm, Oxshott.
- Snagge, Mrs. E. C., High Pitfold Farm, Hindhead.
- Stovold, F. R., Eashing Farm, Godalming.
- *Thomas, Miss M., and Dubar, H. A., Park Farm, Felbridge.
- *Thompson, W. A., Larkenshaw Farm, Chobham.
- *Thornton, Mrs. E. E., The Dairy Farm, Hampton, Seale.
- *Thornton, Mrs. E. E., Shoelands Farm, Seale.
- Tobitt, H., Sandhills Farm, Bletchingley.
- Tobitt, H., South Park Farm, Bletchingley.
- *Tuckwell, M.C., Capt. E. H., Berthorpe Farm, Puttenham.
- *Vernon, W. D., Anningsley Park Farm, Ottershaw.
- *Wainwright, Mrs. D. M., Little Cormongers Farm, Nutfield.
- *Walker, F., Broadmead, Burstow, Horley.
- *Watney, B. W. A., Brookwood Corner, Holmwood.
- *Watney, B. W. A., Stylehurst Farm, Capel.
- *Woodall & Napier, Acre Hill Farm, Chessington.
- *Woodall & Napier, Cowslip Farm, Mickleham.

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

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 to pass only 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 which 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 standard throughout the county, which is so much to be desired. At the 31st December, 1937, there were 346 persons in Surrey holding Accredited Milk licences, which number represents about 35 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 was a Tuberculin Tested milk), well up to the standard of cleanliness required by the Order. 1,934 such samples were taken during the year, all of which were submitted to the prescribed methylene blue and coliform tests for cleanliness. 82 samples failed to pass the former test and 65 the coliform test. 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 milk producers who were licensed on 31st December, 1937, to produce Tuberculin Tested and Accredited milks :—

Sanitary District.	No. of licences granted to producers	
	Tuberculin Tested Milk	Accredited Milk.
BOROUGHES.		
Epsom & Ewell	—	4
Godalming	1	3
Guildford	—	12
Reigate	—	9
Richmond	1	1
Surbiton	1	4
URBAN DISTRICTS.		
Banstead	3	4
Carshalton	—	2
Caterham & Warlingham	—	6
Chertsey	3	9
Coulsdon & Purley	—	1
Dorking	1	9
Egham	—	2
Esher	—	15
Farnham	—	6
Frimley & Camberley	—	2
Haslemere	2	2
Leatherhead	—	3
Merton & Morden	—	1
Walton & Weybridge	—	4
Woking	4	12
RURAL DISTRICTS.		
Bagshot	2	9
Dorking & Horley	11	51
Godstone	11	38
Guildford	5	69
Hambleton	5	68
Totals	50	346

AIR RAID PRECAUTIONS.

A. AIR RAID PRECAUTIONS SCHEME.

The passing of the Air Raid Precautions Act, 1937, towards the end of the year made it the duty of the County Council to prepare an air-raid precautions scheme for "minimising the injury and damage to persons and property likely to result from air raids." The scheme is to be prepared after consultation with the county districts within the County, and the preparation of an air raid fire precautions scheme is specifically excluded from the duties to be undertaken by County Council. The completed scheme must be submitted to the Secretary of State, who may approve it, with or without modifications, and the scheme thereupon comes into force.

Prior to the passing of the Act the County Council had requested the Councils of County Districts to prepare schemes which should then be correlated first by the Area Sub-Committees whose members represent the District Councils in the area, and later by the County Council by whom the schemes should be united into one scheme for the whole County. Considerable progress was made in this work during the year, and by the end of the year 27 County Districts had submitted draft schemes to the County Council.

B. TRAINING OF PERSONNEL.

1. *First Aid Personnel.*

The work of training the air raid precautions first aid personnel recruited by Local Authorities has been undertaken by the St. John Ambulance Brigade and the British Red Cross Society, and with a view of correlating the activities of these two organisations in respect of air raid precautions work, a joint committee was set up. The functions of this committee are:—

- (a) To administer grants made by the County Council to the two voluntary organisations concerned.
- (b) To consider and meet the requirements of Local Authorities in connection with the training of first aid personnel, with particular reference to:—
 - (i) Provision of the necessary equipment.
 - (ii) Standardisation of payments to doctors, lecturers and examiners.
 - (iii) Payment of travelling expenses of lecturers and examiners.
 - (iv) Payment for the use of buildings for lectures.

Local Authorities requiring the services of an Instructor must make application to the County Air Raid Precautions Officer, who makes the necessary arrangements with the County Headquarters of the Organisation concerned.

Lecturers and examiners, equipment and books are all provided by the Organisations, and the cost is defrayed from the grants made to the Organisations by the County Council, no further expense being borne by the Local Authority. On the 31st December, 1937, returns of Local Authorities of personnel trained under this scheme showed 5,246 persons enrolled and 2,167 persons trained and allotted to units.

2. *Non-Medical Personnel.*

The training of non-medical personnel is undertaken by qualified Instructors on the staffs of Local Authorities. Returns from the Local Authorities show that, at the end of the year there were 6,159 personnel enrolled, and 1,445 trained.

3. *Medical and Nursing Personnel.*

The Home Office have appointed instructors who are qualified medical practitioners to give courses of lectures in gas protection, and in the medical and nursing treatment of gas casualties to doctors and nurses. The Instructor for the County of Surrey is Colonel G. S. Wallace, O.B.E.

Courses of lectures and demonstrations were given by him to the Assistant Medical Officers, School Dentists and Health Visitors on the County Staff. Colonel Wallace also gave similar courses at the County Hospitals at Kingston, Epsom, Redhill, Dorking and Guildford, at Richmond Institution, and at Netherne Mental Hospital.

4. *Artington Anti-Gas School.*

This school was opened in 1937 for the purpose of providing short courses of training to persons who are expected to hold key positions in the air raid precautions scheme. Nominees of Local Authorities are sent to the school, and in addition, non-medical and non-nursing personnel are sent from the Council's Hospitals and Institutions.

C. BASE HOSPITAL SCHEME.

Considerable progress was made during the year in the preparation of the scheme for the provision of base hospital accommodation, but the completion of the scheme was not accomplished owing to the decision that this matter should be dealt with by the Ministry of Health for the country as a whole. The Ministry survey of the hospital accommodation in the County of Surrey took place in the early months of 1938.

A detailed survey of the County Hospitals and Institutions has been made with the object of ascertaining to what extent these could be used in the event of air raids. This survey included consideration of:—

- (1) the number of extra patients who could, in a grave emergency, be accommodated in the existing wards;
- (2) the number of patients who could be accommodated in buildings not at present used as wards;
- (3) the number of extra staff which could be accommodated;
- (4) the extent to which the essential services would be capable of dealing with increased numbers;
- (5) the extra equipment available;

and so on. Detailed lists have been prepared from this survey, and copies are in the possession of the Medical Superintendents of the Hospitals and Masters of the Institutions.

CANCER.

In the last Annual Report reference was made to an investigation undertaken at the instigation of the Ministry of Health into the clinical history of all persons dying from cancer in Surrey during the last quarter of 1936. This investigation was continued during the first quarter of 1937, and a summary of the work relating to the total period of six months is given below on the same lines as that published in the Annual Report for last year:—

Site of Disease.*		Treated at comparatively early stage.	Treated at later stage.	Untreatable at first consultation.	Refused Treatment.	Other causes (P.M. reports.)	Totals.
A	Lip	1	1	—	1	—	3
	Mouth	10	5	5	—	—	20
	Breast	56	26	20	6	—	108
	Cervix uteri	6	11	6	1	—	24
	Skin	2	5	3	5	—	15
B	Larynx	1	7	7	2	—	17
	Rectum	6	11	28	4	—	49
	Bladder	4	2	7	—	—	13
	Prostate	6	3	24	1	—	34
	Intestine	16	24	53	3	1	97
	Stomach	16	29	79	14	1	139
C	Others	32	44	133	6	4	219
		156	168	365	43	6	738

* 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)	...	513
Nursing Home	...	40
At home...	...	179
Elsewhere	...	6

Inquiries were also made at the same time into the facilities for treatment of cancer available to Surrey residents, and the object of the investigation was to discover whether these facilities were being utilised to the best advantage. The above table shows a very high proportion (50 per cent. of all sites) of patients who were untreatable at the first consultation; even in cases in which the site of the cancer was readily accessible and therefore could be diagnosed at an early stage 20 per cent. of patients were untreatable at the first consultation.

An analysis of the cases of Cancer admitted to County Hospitals during the year will be found on page 52.

INSPECTION AND SUPERVISION OF FOOD.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The number and kind of samples analysed during the year 1937 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	1,971	1,767	209	20	18
Cream	23	23	—	—	—
Butter	49	48	1	—	—
Margarine	4	4	—	—	—
Cheese	8	8	—	—	—
Meat	57	54	3	1	1
Wine	2	2	—	—	—
Coffee	6	6	—	—	—
Flour	2	2	—	—	—
Sugar	1	1	—	—	—
Confectionery and Jam	24	21	3	—	—
Sausages	76	71	5	2	2
Lard	4	4	—	—	—
Spirits	58	57	1	—	—
Drugs	3	3	—	—	—
Tea	2	2	—	—	—
Cocoa	1	1	—	—	—
Sausage Meat	1	1	—	—	—
Other Articles ...	184	171	13	3	2
Totals ...	2,481	2,246	235	26	23

RIVERS AND STREAMS—POLLUTION.

There have been a few complaints of pollution during the year, particularly in connection with the River Wandle. All these complaints emanated from the same source and were related to pollution by petrol and paraffin oil. Each complaint was immediately investigated, but it was not possible to trace the source of the alleged pollution.

Routine inspections of the rivers and streams, with which the County Council are concerned, continued to be made during the year, and eighteen samples were submitted to the County Analyst for examination. Ten were found to be satisfactory and eight not satisfactory. Appropriate action was taken in respect of each of the unsatisfactory samples.

HOUSING.

The following table gives the number of houses erected in each sanitary district during 1937, 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, 1937:—

SANITARY DISTRICT	By Local Authorities under 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 31/12/1937.
	Houses erected during year 1937.	Houses in course of erection at end of 1937.		Houses erected during year 1937.	Houses in course of erection at end of 1937.	Houses erected during year 1937.	Houses in course of erection at end of 1937.	Houses erected during year 1937.	Houses in course of erection at end of 1937.	
URBAN										
1 Banstead	—	—	—	306	252	—	—	306	252	7,334
2 Barnes (M.B.)	—	146	—	165	86	—	—	165	232	11,007
3 Beddington and Wallington (M.B.)	—	—	—	301 ¹	200 ¹	—	—	301 ¹	200 ¹	9,000
4 Carshalton	94	8	—	248	144	—	—	342	152	15,212
5 Caterham and Warlingham...	—	—	—	316	133	—	—	316	133	6,334 ²
6 Chertsey	—	32	—	510	154	—	—	510	186	5,896
7 Coulsdon and Purley	—	—	—	742	740	—	—	742	740	13,500
8 Dorking	30	—	—	165	35	—	—	195	35	5,062
9 Egham	32	—	—	313	101	—	—	345	101	5,319
10 Epsom and Ewell (M.B.) ...	52 ³	—	—	1,386	750	—	—	1,438 ³	750	13,406
11 Esher	8	—	—	509	462	—	—	517	462	11,548
12 Farnham	—	62	—	230	81	—	—	230	143	5,940
13 Frimley and Camberley ...	—	—	—	116	32	—	—	116	32	4,109
14 Godalming (M.B.)	—	—	—	65	19	—	—	65	19	2,065
15 Guildford (M.B.)	84	80	—	333 ⁴	157	6	1	423 ⁴	238	10,739
16 Haslemere	2	—	—	39	12	—	—	41	12	2,667
17 Kingston-on-Thames (M.B.)	28 ⁵	—	—	189 ⁶	256 ⁷	—	—	217 ⁸	256 ⁷	9,727 ⁹
18 Leatherhead	—	52	—	264 ¹⁰	45 ¹¹	—	—	264 ¹⁰	97 ¹¹	5,650
19 Malden and Coombe (M.B.)	—	—	4	990	320	—	—	994	320	10,800
20 Merton and Morden	—	—	—	1,207	427 ¹²	—	—	1,207	427 ¹²	18,240
21 Mitcham (M.B.)	118	68	—	684	162	—	—	802	230	17,084
22 Reigate (M.B.)	—	—	—	287	140	—	—	287	140	9,682
23 Richmond (M.B.)	30	—	—	218 ¹³	298 ¹⁴	—	—	248 ¹⁵	298 ¹⁴	9,758
24 Surbiton (M.B.)	—	—	—	858 ¹⁵	483 ¹⁶	—	—	858 ¹⁵	483 ¹⁶	13,880
25 Sutton and Cheam (M.B.) ...	—	—	—	569	17	—	—	569	17	21,154
26 Walton and Weybridge ...	30	—	—	505	178	—	—	535	178	7,807
27 Wimbledon (M.B.)	—	—	—	174 ¹⁸	247 ¹⁹	—	—	174 ¹⁸	247 ¹⁹	15,800
28 Woking	—	—	21	531	230	—	—	552	230	10,047
Totals	503	448	25	12,220	6,144	6	1	12,759	6,593	278,767
RURAL.										
1 Bagshot	—	—	—	72	24	—	—	72	24	3,352
2 Dorking and Horley	—	—	—	245	29	—	—	245	29	6,294
3 Godstone	81	25	8	132	37	2	6	225	68	7,489
4 Guildford	14	—	2	332	165	—	—	348	165	9,730
5 Hambledon	35	34	—	167	86	—	—	202	120	7,293
Totals	132	59	10	948	341	2	6	1,092	406	34,158
Administrative County	640	507	35	13,168	6,485	8	7	13,851	6,999	312,925
Totals for 1936	567	366	197	13,931	5,970	—	—	14,785	6,336	299,255
" " 1935	373	344	1,655	14,469	6,404	28	—	16,699	6,748	287,318
" " 1934	545	293	1,732	14,659	6,219	24	8	16,960	6,520	273,887

¹ Including flats.² Including 182 flats and 262 shops with flats.³ Including 8 flats.⁴ Including 64 flats.⁵ Flats.⁶ Including 137 flats.⁷ Including 144 flats.⁸ Including 165 flats.⁹ Including 1,225 flats.¹⁰ Including 59 bungalows.¹¹ Including 9 bungalows.¹² Including 65 flats.¹³ Including 142 flats.¹⁴ Including 258 flats.¹⁵ Including 215 flats.¹⁶ Including 96 flats.¹⁷ Figure not obtainable.¹⁸ Includes 100 flats.¹⁹ Includes 219 flats.

REFUSE DUMPS.

During the year eight applications under Section 94 of the Surrey County Council Act, 1931, were dealt with. Seven of the applications were for the renewal of consents and one was a new application.

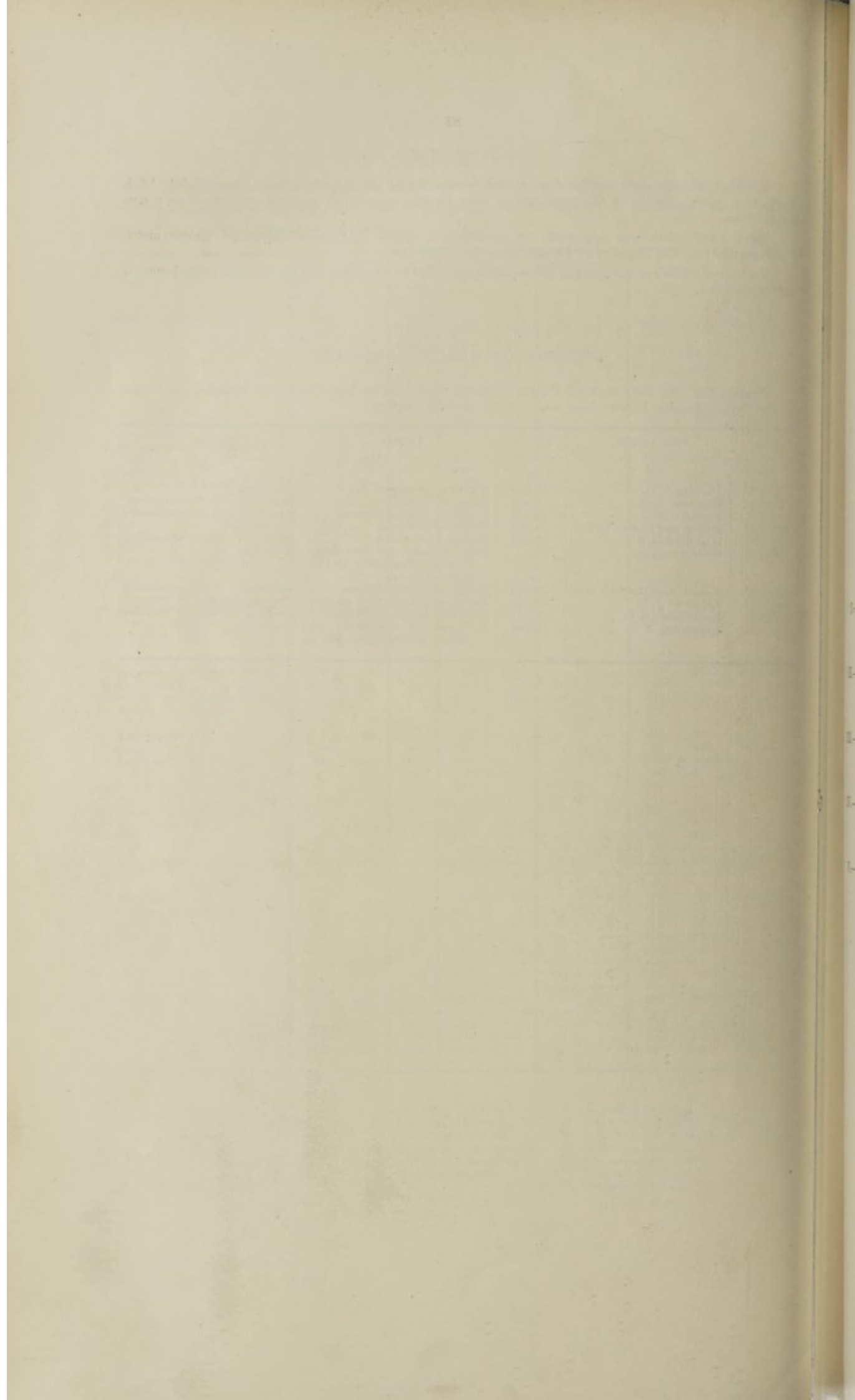
Each application was approved, on condition that the "controlled tipping" requirements recommended by the Ministry of Health were complied with.

Periodical visits are made to the refuse dumps in order to ascertain that the Council's requirements are 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.
		£		
25/2/37	Dorking U.D.	15,250	Works of Sewerage	Approved.
22/3/37	Banstead U.D.	1,848	Depot at Tadworth	Approved. Work completed.
19/5/37	Surbiton M.B.	12,500	Works of Sewage Disposal ...	Approved. Work commenced.
27/5/37	Sutton and Cheam M.B....	24,500	Works of Sewerage	Approved.
26/7/37	Guildford M.B.	11,492	Refuse Destruction	Approved. Work proceeding.
11/8/37	Godstone R.D.	—	Sale of Land for temporary Sewage Disposal Works, Nutfield Parish	Approved.
12/10/37	Malden and Coombe M.B.	33,000	Works of Sewage Disposal ...	Approved. Work proceeding.
14/10/37	Banstead U.D.	10,435	Purchase of Land for Cemetery	Awaiting decision of Ministry.
19/10/37	Hambleton R.D.	28,287	Works of Sewerage, Witley ...	Awaiting decision of Ministry.
15/12/37	Godalming M.B.	10,500	Purchase of Properties for erection of new Public Offices	Approved.



APPENDICES

- I.—Annual Report by Dr. R. J. ALLISON, Medical Superintendent of Surrey County Sanatorium, Milford, Near Godalming.
- II.—Annual Report by Dr. H. A. KIDD, Medical Superintendent of Kingston County Hospital, Kingston-upon-Thames.
- III.—Annual Report by Dr. G. F. STONES, Medical Superintendent of Epsom County Hospital, Epsom.
- IV.—Annual Report by Dr. E. B. BROOKE, Medical Superintendent of Redhill County Hospital, Redhill.
- V.—Annual Report by Dr. A. H. FARDON, Medical Officer of Dorking County Hospital, Dorking.

ATTACHMENT

1. The first of the three conditions of the contract is that the contractor shall be responsible for the completion of the work within the time specified in the contract.

2. The second condition is that the contractor shall be responsible for the quality of the work and for the safety of the workmen.

3. The third condition is that the contractor shall be responsible for the cost of the work and for the payment of the workmen.

4. The fourth condition is that the contractor shall be responsible for the completion of the work within the time specified in the contract.

5. The fifth condition is that the contractor shall be responsible for the quality of the work and for the safety of the workmen.

APPENDIX. I.

REPORT ON THE WORK OF THE COUNTY
SANATORIUM, MILFORD, DURING THE YEAR 1937.

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

STAFF.

Whole-Time Resident Medical Staff.

Medical Superintendent.

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

Deputy Medical Superintendent.

H. J. Partington, M.B., Ch.B., M.R.C.S., L.R.C.P.

Assistant Medical Officers.

A. H. Penington, M.D., B.S.

Margaret M. Murphy, M.B., B.Ch.

E. B. Bangay, M.B., B.S., M.R.C.S., L.R.C.P.

Part-Time Medical Staff (Non-Resident).

Visiting Surgeon.

C. Price Thomas, F.R.C.S.

Nursing Staff.

Matron.

Miss E. H. Hall.

2 Administrative Sisters.	15 Staff Nurses.
2 Departmental Sisters.	34 Probationers.
12 Ward Sisters.	

Other Staff.

Dentist.

Mr. F. R. Salsbury, L.D.S., R.C.S.

Steward.

Mr. A. R. Newton.

Almoner.

Miss P. Clark.

Dispenser.

Mr. W. Chapman.

Chaplains.

Rev. P. G. Holden.

Rev. Canon Hyland.

Rev. Newton Jones.

The Sanatorium was opened on October 2nd, 1928, for the reception of patients suffering from Pulmonary Tuberculosis.

During 1937 the new building—comprising Surgical Theatre, X-ray Room and their ancillary rooms, Lecture and Demonstration Rooms and Staff Bedrooms—was finished and came into use. It is well adapted to its function and exercises a highly satisfactory psychological influence upon those who work in it, as well as being of the greatest benefit to those who are treated in it. It is now possible to perform surgical and radiological work of the highest quality.

Owing to a heavily increased need for Sanatorium accommodation the decision was taken to add approximately fifty beds in two new blocks, one for each sex.

The wards at present are arranged in six blocks, each containing fifty beds—three units for each sex.

1. The accommodation for patients has been fully occupied throughout the year, and there has always been a waiting list.

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

	In Sanatorium on Jan. 1st, 1937.		Admissions during the Year*		Discharges during the Year*		Deaths during the Year*		In Sanatorium on Dec. 31st, 1937.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
T.B. Negative	21	14	61	64	38	25	1	1	12	17
T.B. Positive—Early	6	4	1	1	10	7	—	—	5	5
Intermediate	65	64	56	64	61	84	—	—	66	60
Advanced	59	67	76	54	47	39	38	24	67	70
Totals	151	149	194	183	156	155	39	25	150	152
Grand Totals	300		377		311		64		302	

* 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	—	754	R.N. Sailor	18	—
Clerical	278	159	Bus Conductor	16	—
Other Domestic Workers	7	303	Shop Manager and Owner	16	—
Shop Assistant	103	94	Storeman	17	—
Labourer	138	—	Telephonist	7	10
Motor Driver	134	—	Milkman	13	—
Fitter, etc.	102	—	Policeman	13	—
Nurse	18	82	Plumber	12	—
Garden Worker	74	—	Baker	11	—
Factory Worker	4	67	Postman	11	—
Painter and Decorator	66	—	Children's Nurse	—	11
Carpenter	58	—	Warehouseman	10	—
Needleworker	—	52	Draughtsman	8	—
Printer	51	—	Leatherworker	8	—
Laundry	9	37	R.N. Stoker	8	—
Helping at Home	—	42	Collectors	6	—
Schoolchild	16	21	Wireless Dealer	6	—
Traveller	36	—	Fishmonger	5	—
Electrician	35	—	Shoemaker	5	—
Waiter	8	22	Builder's Labourer	4	—
Bricklayer	28	—	Groom	4	—
Soldier	26	—	None	18	61
Teacher	4	18	Other	521	112
Civil Servant	21	1			
Porter	22	—		1,993	1,846
Butcher	18	—			

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

<i>Municipal Boroughs or Urban Districts.</i>							
Mitcham M.B.	...	...	35	Egham	...	...	6
Merton and Morden	...	...	30	Reigate M.B.	...	...	6
Sutton and Cheam M.B.	...	...	27	Dorking	...	...	5
Carshalton	...	...	24	Frimley and Camberley	...	...	5
Walton and Weybridge	...	...	17	Leatherhead	...	...	4
Malden and Coombe M.B.	...	...	16	Esher	...	...	3
Guildford M.B.	...	...	15	Haslemere	...	...	2
Richmond M.B.	...	...	15	Caterham and Warlingham	...	...	2
Wimbledon M.B.	...	...	15	Chertsey	...	...	1
Coulsdon and Purley	...	...	14	Banstead	...	...	1
Kingston M.B.	...	...	13	<i>Rural Districts.</i>			
Epsom and Ewell M.B.	...	...	13	Guildford	...	...	12
Godalming M.B.	...	...	12	Hambledon	...	...	8
Barnes M.B.	...	...	11	Bagshot	...	...	6
Woking	...	...	10	Dorking and Horley	...	...	3
Farnham	...	...	10				
Surbiton M.B.	...	...	9				357
Beddington and Wallington M.B....	...	...	7				

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	12	31	39	29	27	22	13	7	6	4	190
Female	26	37	45	22	20	6	5	4	1	1	167
Total	38	68	84	51	47	28	18	11	7	5	357

The average ages on admission were :—

Males	34.15 years.
Females	28.7 years.

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

Males	203 days.
Females	253 days.

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

	Male.	Female.	Total.
Non-Tuberculous...	7	5	12
Quiescent	38	43	81
Improved	64	61	125
No material improvement	47	46	93
	156	155	311

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	16	7	5	—	1	3
T.B. Negative	53	—	20	19	8	6
T.B. Positive Group 1	3	—	3	—	—	—
" " " 2	37	—	8	22	7	—
" " " 3	86	—	2	23	31	30
Total	195	7	38	64	47	39

Female.

Condition on Admission.	No.	Non-T.B.	Classification on Discharge.			Died.
			Quiescent.	Improved.	No material improvement.	
Observation	8	5	2	1	—	—
T.B. Negative	48	—	13	16	13	6
T.B. Positive Group 1 ...	—	—	—	—	—	—
" " " 2 ...	57	—	23	21	12	1
" " " 3 ...	67	—	5	23	21	18
Total	180	5	43	61	46	25

9. Cases sent in for observation and diagnosis.

Males. 16. In 7 of these no evidence of active Tuberculosis was found.

The diagnoses in these 7 cases were :—

No disease found	3
Bronchiectasis	1
Pulmonary Abscess	1
Pulmonary Atelectasis	1
Pneumonia	1

Females. 8. In 5 of these no evidence of active Tuberculosis was found.

The diagnoses in these 5 cases were :—

Bronchiectasis	3
No disease found	2

10. DEATHS.

Males, 39.

Tuberculosis was the cause of death in all except one patient, who died of cancer.

The most important complications were :—

Perforation of lung	6
Enteritis	5
Artificial Pneumothorax	4
Laryngitis	4
Empyema	3
Diabetes	2
Haemoptysis	2
Cancer of lung	1
Ischio-rectal abscess	1
Pulmonary abscess	1
Tuberculous glossitis	1
Pulmonary Oedema	1
Tuberculous Epididymitis	1
Cerebral Tuberculoma	1
Mitral Disease	1

The average age at death was 32.82 years.

The average stay was 189.9 days.

Females, 25.

Tuberculosis was the cause of death in all cases.

The most important complications in these cases were :—

Enteritis	3
Artificial Pneumothorax	2
Nephritis	2
Adhesiotomy	1
Syphilis	1
Mental Defect	1
Potts Disease	1
Haemoptysis	1

The average age at death was 28 years.

The average stay was 353 days.

11. SPECIAL DEPARTMENTS.

Laboratory.—1,113, specimens of sputum were examined and of these 612 showed Tubercle Bacilli and 501 did not.

234 specimens of faeces were examined, and of these 55 showed Tubercle Bacilli and 179 did not.

X-Ray—Number of Radiographs taken, Chest 2,271

Other parts 77

Number of Screen examinations 5,465

The accompanying table shows the growth of X-Ray work since 1930.

X-Ray Examinations.	1930	1931	1932	1933	1934	1935	1936	1937
Radiographs :—								
(a) Chest	510	558	639	1,116	1,304	1,561	1,977	2,271
(b) Other	—	33	31	24	17	21	73	77
Total	510	591	663	1,140	1,321	1,582	2,050	2,348
Screen Examinations	610	1,306	2,392	3,716	3,521	4,009	5,280	5,465

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 :—

Patients seen	185	Examinations	91
Consultations	643	Impressions—Single	21
Extractions	511	Double	12
Fillings	115	Dentures—Single	16
Scaling	20	Double	12
Dressings	10	Other procedure	107
Evipan	5		

Out-Patients.—The number of out-patients attending for refills of Artificial Pneumothorax and screenings were :—

	Male.	Female.
1/ 1/37	65	56
31/12/37	68	67

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 produced by surgical means, including Artificial Pneumothorax.

Some figures relating to these methods of treatment follow, and the increased period of rest in bed referred to in the last report was made further use of.

Treatment by Artificial Pneumothorax.

	Male.	Female.
Number under treatment on 1/1/37 (In-patients and Out-patients)...	80	93
Inductions in 1937 at Milford (In-patients)	26	56
Transferred from elsewhere	7	10
Transferred elsewhere	3	5
Died... ..	4	7
Artificial Pneumothorax abandoned	5	10
Lost sight of	1	3
Number under treatment on 31/12/37 (In-patients and Out-patients)	100	134

In November, 1937, the Surgical Theatre came into use and the following operations were performed :—

Extrapleural Artificial Pneumothorax	2
Phrenic Nerve Operations	4
Pleural Drainage	1

13. AFTER HISTORIES.

Reports on the progress of patients after discharge continue to be received, and I again 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" included 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.

The figures relating to deaths under each year of After Histories have previously referred to those occurring in that year only. In deference to suggestions, the figures are now cumulative and give the number of deaths in each year added to those in preceding years.

With reference to the last group of figures in each year, in particular to the large number of cases under the heading "No Information," these figures represent the present knowledge of the cases but it should be pointed out that there is bound to be a lag in obtaining information and that further information continues to come in throughout the year.

MALES—TUBERCLE BACILLI NEVER FOUND.

Year of Discharge.	Total Discharges.	Immediate Result on discharge.	Condition 1 year later.			2 years later.			3 years later.			4 years later.			5 years later.			6 years later.			7 years later.			8 years later.		
			Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.
1928 to 1929	42	{ Quiescent ... 4 Improved ... 34 No material improvement 4 }	3	1	—	—	20	14	—	1	1	—	—	—	2	23	—	—	2	23	—	1	15	—	—	—
1930 34	34	{ Quiescent ... 15 Improved ... 14 No material improvement 5 }	10	5	—	—	10	3	1	—	5	—	—	1	8	10	4	—	3	6	2	1	6	3	—	—
1931 19	19	{ Quiescent ... 10 Improved ... 6 No material improvement 3 }	7	2	—	—	3	2	1	—	1	1	1	1	2	5	—	—	1	2	3	—	1	6	—	—
1932 23	23	{ Quiescent ... 13 Improved ... 8 No material improvement 2 }	8	5	—	—	7	5	—	1	2	1	1	—	3	6	—	—	2	5	—	—	—	—	—	—
1933 25	25	{ Quiescent ... 13 Improved ... 10 No material improvement 2 }	11	1	—	—	9	1	1	—	3	2	—	4	5	6	—	—	—	—	—	—	—	—	—	—
1934 29	29	{ Quiescent ... 18 Improved ... 10 No material improvement 1 }	12	6	—	—	12	1	1	4	9	—	—	1	8	—	—	—	—	—	—	—	—	—	—	—
1935 17	17	{ Quiescent ... 9 Improved ... 7 No material improvement 1 }	8	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1936 16	16	{ Quiescent ... 11 Improved ... 5 No material improvement — }	11	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

14. OCCUPATIONAL THERAPY.

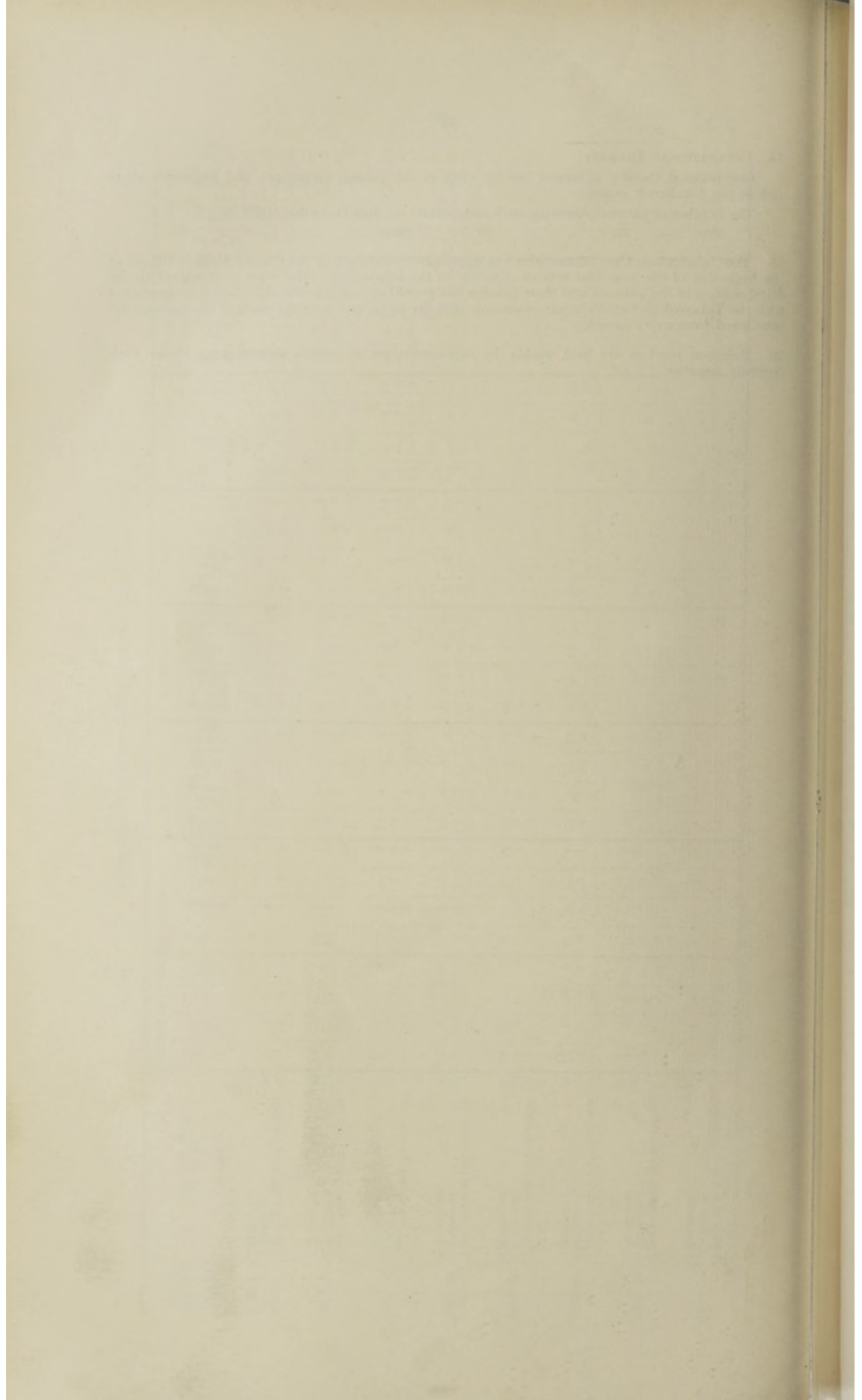
Occupational therapy is carried out by work in the garden, carpenter's and engineer's shops and in the handicraft centre.

The number of patients receiving such instructions on 31st December, 1937, was :—

Men	51	Women	65
-----	-----	-----	-----	-----	----	-------	-----	-----	-----	-----	----

15. The Tuberculosis Care Officer who was appointed to the staff of the County Medical Officer at the beginning of the year also acts as Almoner to the sanatorium. Her work with regard to the social welfare of the patients and their families has proved of considerable value and her association with the Tuberculosis Care Committees ensures that the social and financial needs of the patients are considered from every aspect.

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



APPENDIX II.

REPORT ON THE WORK OF THE KINGSTON
COUNTY HOSPITAL, DURING THE YEAR, 1937.

By Dr. H. A. KIDD, Medical Superintendent.

STAFF.

Whole-Time Resident Medical Staff.

Medical Superintendent.

H. A. Kidd, F.R.C.S.(Ed.), M.C.O.G., M.R.C.S., L.R.C.P.

Deputy Medical Superintendent and Resident Surgeon.

N. A. A. van Buuren, B.A., F.R.C.S.(E.), M.R.C.S., L.R.C.P.

Resident Physician.

J. W. Joule, M.D., B.S., M.R.C.P.

Resident Obstetrician.

A. B. Stenhouse, B.A., M.C.O.G., M.R.C.S., L.R.C.P.

Assistant Medical Officers.

L. P. Naz, M.R.C.S., L.R.C.P.

H. B. Morris, B.A., B.M., B.Ch.

J. Ketcher, M.B., B.S., M.R.C.S., L.R.C.P.

Dorothy Chrystall, M.B., Ch.B.

Part-Time Medical Staff (Non-Resident).

Visiting Surgeon.

C. Jennings Marshall, M.D., M.S., F.R.C.S.

Visiting Physician.

E. C. Warner, B.Sc., M.D., B.S., F.R.C.P.

Visiting Orthopaedic Surgeon.

A. H. Todd, B.Sc., M.B., M.S., F.R.C.S.

Visiting Aural Surgeon.

J. I. Griffiths, B.Sc., M.B., B.S., F.R.C.S.

Visiting Obstetrician.

J. O'Sullivan, M.D., B.Ch., F.R.C.S., M.R.C.P., M.C.O.G.

Visiting Radiologist.

F. T. Burket, M.A., M.D., B.Ch., D.M.R.E.

Visiting Tuberculosis Officer.

A. C. Renwick, M.D., Ch.B., D.P.H.

Visiting Ophthalmic Surgeon.

T. Letchworth, B.A., M.B., B.Ch., F.R.C.S.

Visiting Psychiatrist.

L. M. Webber, M.R.C.S., L.R.C.P., D.P.M.

Nursing Staff—(171).

Matron.

Miss B. Wood.

7 Administrative Sisters.	7 Assistant Nurses.
3 Departmental Sisters.	17 Pupil Midwives.
14 Ward Sisters.	2 Pupil Housekeepers.
37 Staff Midwives and Staff Nurses.	3 Male Nurses.
71 Probationers	9 Attendants.

Other Staff.

Chaplain.

Rev. R. Bettinson.

Steward.

Mr. W. A. Lyth.

Chief Pharmacist.

Miss J. Louch.

Chief Almoner.

Miss E. E. Sandercock.

INTRODUCTORY.

The year under review has been a specially important one in the history of the Hospital.

Nearly one hundred years ago, in 1838, the first Kingston Poor Law Institution was built. The original building constitutes the present "House" Block which is still in use. In 1868 an Infirmary Block—now known as the "Extension Wards"—and in 1897 the main Hospital Block, were added.

On April 1st, 1937, the Hospital was appropriated to the Public Health Committee. Prior to appropriation the County Council had appointed an architect to prepare plans for the extension of the Hospital to meet the needs of the growing population which it serves, and in 1937, the ultimate lay-out plan and the proposed scheme of development were approved, the sanction of the Ministry of Health was obtained, and the preparation of detailed plans for the first section of the scheme was put in hand.

The old Surbiton Hospital was opened early in the year as an annexe to the Kingston County Hospital. It provides accommodation for 41 chronic male patients and serves a useful purpose in relieving the demand for such beds at the main hospital.

Dr. P. Vernon Davies, who was for seventeen years Medical Superintendent, died on Christmas Day, 1936, after a short illness. His loss has been deeply felt by the staff of the Hospital and by the many patients who had known his kindness and benefited by his skill and attention.

I took up the appointment of Medical Superintendent on April 1st. From January until April, Mr. van Buuren, F.R.C.S.(Ed.) had been acting Medical Superintendent, and has since been appointed Deputy Medical Superintendent and Resident Surgeon. Dr. Keren Parkes, M.D., F.R.C.S., who had been Resident Obstetric Surgeon, resigned on the 23rd October, and her place has been taken by Dr. A. B. Stenhouse, M.C.O.G. Since the end of the year Dr. J. W. Joule has been appointed Resident Physician.

The nursing staff has been increased by three Male Nurses and five Male Attendants to staff the Surbiton Annexe, and a decrease of four probationers was made on that account. Two Sisters, two Staff Midwives and five Pupil Midwives were appointed to staff the extension to the Maternity Unit.

To all sections of my staff, I wish to express my warmest appreciation and thanks for their undeviating loyalty and co-operation throughout the year.

H. A. KIDD,

Medical Superintendent.

ALTERATIONS AND ADAPTATIONS.

The following alterations and adaptations of the Hospital have been carried out during the year:—

1. The number of Maternity beds was increased from 40 to 53 by the inclusion in the Maternity Unit of a ward previously used for general beds. The Maternity Unit now includes, in addition to the 53 beds for mothers, 50 cots and two labour wards.

This provision is temporary pending the erection of the new Maternity block which has been approved by the County Council.

2. The Ante-Natal Clinic was transferred from the out-patient department, which was overcrowded, to the buildings which had previously housed the old hand laundry.

This also is a temporary arrangement, pending the erection of the new Maternity block.

3. The old X-Ray Unit which has become obsolete was replaced by a modern unit.

4. Two new bed lifts, one in the main hospital block and one in the Extension block, were installed.

5. The Sewing Room was transferred to part of the ground floor of the Extension block.

6. The Almoners' Department has been enlarged and additional offices provided.

Accommodation.

The accommodation for patients is as follows:—

(1) The main Hospital Block (297 beds) provides seven ward units—two male wards, two female wards, one children's ward and two maternity wards.

(2) The Extension Block (179 beds) has three ward units, providing accommodation for chronic, skin (children) or tuberculous cases.

(3) The Observation Block provides for the reception of twelve mental cases.

(4) Surbiton Annexe is a temporary unit, opened early in the year to provide accommodation for 41 chronic males and so to relieve, in part, the demand for such beds at Kingston Hospital. It is administered as a joint unit with the latter.

(5) In addition, 99 beds in the Central Relief Institution, Kingston, although administered by the Public Assistance Committee, are used for the reception of chronic sick, and the medical staff of the hospital undertake the responsibility of their treatment.

Details of the accommodation for patients is as follows :—

Classification of Wards.	Number of Wards.	Beds.			
		Men.	Women.	Children (under 16 years of age).	Total.
1. Medical	2 (A, D)	43	41	—	84
2. Surgical	2 (B, E)	51	41	—	92
3. Chronic Sick	4 (X1, X2, X3, Sub.)	41	128	—	169
4. Children	2 (C, X2)	—	—	85	85
5. Venereal	—	—	—	—	—
6. Tuberculosis	2 (A, X3)	8	20	—	28
7. Isolation	1 (G)	—	3	—	3
8. Maternity	2 (F and G)	—	50	(50)	50
9. Mental :—					
(a) Lunacy Act, 1890—					
(i) Short stay	2 (M. & F. Obs.)	6	6	—	12
(ii) Long stay	1 (X1)	—	6	—	6
(b) Mental Treatment Act, 1930—					
(i) Voluntary	—	—	—	—	—
(ii) Temporary	—	—	—	—	—
10. Mental Defectives	—	—	—	—	—
11. Other	—	—	—	—	—
Totals	18	149	295	85*	529

* Excluding Maternity cots.

Nurses' Training School.

The Hospital is a complete training school, and has two Tutor Sisters. Lectures are given by the medical staff and Tutor Sisters, and the examination results are as shown in the table below :—

Subject.	Given by.	Number of Lectures.	Number of Probationers attending.
Preliminary	Medical Staff	28	30
	Tutor Sisters	798	30
Final	Medical Staff	37	45
	Tutor Sisters	874	45

EXAMINATION RESULTS.

	Passes.	Failed.
<i>State Examination.</i>		
Preliminary	6	—
Final	30	1
<i>Certificate of Central Midwives Board.</i>		
Part I.	30	6
Part II.	—	—
<i>County Nurses Examination.</i>		
Preliminary	2	1
Final	23	1

At the County Nurses Examination held in October, 1937, the Silver Medal for the Preliminary Examination was awarded to this Hospital.

Work of the Hospital.

The Hospital contains 529 beds, of which 53 are for Maternity cases. A steadily increasing demand has been made on all departments of the Hospital ; as compared with 1936 :—

the admissions have risen by 1125 to 6572 ;
the casualty attendances by 534 to 4809 ;
the confinements by 213 to 1022 ; and
the operations by 112 to 1638.

Letters are now sent to the General Practitioners on the discharge of their patients from Hospital, and it is believed that this service has been much appreciated.

GENERAL STATISTICS.

	1935.	1936.	1937.
*1. Number of Beds on December 31st	552	540	529
*2. Number of In-Patients on January 1st	445	463	427
3. Total Number of Admissions	5,184	5,447	6,572
4. Total Number of Discharges	4,532	4,773	5,673
5. Total Number of Deaths	605	710	806
*6. Number of In-Patients on December 31st	463	427	500
7. Average duration of Stay of Patients included in 4 and 5 above :—			
(1) Under 4 weeks	4,101	4,400	5,231
(2) 4 weeks and under 13 weeks	737	750	871
(3) 13 weeks or more	299	333	377
*8. Number of Beds occupied :—			
(a) Average during the Year	469.8	471.15	474.54
(b) Highest and Date	510	510	523
(c) Lowest and Date	23/3/35	18/3/36	10/3/37
9. Number of Surgical Operations under General Anaesthesia (excluding Dental Operations) ...	416	394	427
10. Number of Abdominal Sections	12/8/35	25/12/36	1/1/37
	1,095	1,526	1,638
	396	403	500

* Not including Maternity Cots or Children in Maternity Cots.

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE HOSPITAL DURING THE YEAR.

	Children (under 16 years of Age).		Men and Women.	
	Discharged.	Died.	Discharged.	Died.
A. Acute Infectious Disease	62	1	17	—
B. Influenza	4	—	16	1
C. Tuberculosis :—				
Pulmonary	4	—	73	44
Non-Pulmonary	8	3	17	4
D. Malignant Disease	—	—	58	124
E. Rheumatism :—				
(1) Acute Rheumatism (Rheumatic Fever) together with Subacute Rheumatism and Chorea	14	—	18	—
(2) Non-Articular Manifestations of so-called "Rheumatism" (Muscular Rheumatism, Fibrositis, Lumbago and Sciatica)	3	1	40	—
(3) Chronic Arthritis	1	—	17	1
F. Venereal Disease	2	—	3	—
G. Puerperal Pyrexia	—	—	21	—
H. Puerperal Fever : (a) Women Confined in the Hospital	—	—	—	—
(b) Other Cases	—	—	—	—
I. Other Diseases and Accidents connected with Pregnancy and Childbirth	17	31	430	6
J. Mental Diseases : (a) Senile Dementia	—	—	89	3
(b) Other	14	1	334	1
K. Senile Decay	—	—	69	55
L. Accidental Injury and Violence	97	2	392	62
In respect of Cases not included above :—				
M. Disease of the Nervous System and Sense Organs ...	65	9	114	50
N. Disease of the Respiratory System	107	24	240	111
O. Disease of the Circulatory System	23	3	223	162
P. Disease of the Digestive System	161	8	349	32
Q. Disease of the Genito-Urinary System	39	2	287	58
R. Disease of the Skin	89	1	115	2
S. Other Diseases	78	—	90	2
T. Mothers and Infants Discharged from Maternity Wards and not included in above figures :—				
(a) Mothers	—	—	915	—
(b) Infants	936	—	—	—
U. Any Persons not falling under any of the above headings	13	—	9	2
Totals	1,737	86	3,936	720

SURGERY.

NUMBER OF OPERATIONS PERFORMED IN 1937.

In-Patients.		Casualty and Out-Patients.		Total.
Major.	Minor.	Major.	Minor.	
1,496	231*	—	428	2,155

* Excludes minor operations done in the Wards.

ANAESTHETICS.
NUMBER OF ANAESTHETICS ADMINISTERED DURING THE YEAR.
(Excluding Maternity Anaesthetics)

	In-Patients (general)	Casualties and Out-Patients.	Total.
General	1,149	335	1,484
Local	89	93	182
Spinal	32	—	32

There were 272 local anaesthetics and 457 general anaesthetics administered in the wards during the year. (Not included in above figures).

Radiological Department.

Number of In-Patients investigated	2,419
Number of Out-Patients investigated	1,069
	<hr/> 3,488
Total Number of Radiographs taken	10,464

MESSAGE, ELECTRO-THERAPEUTIC AND LIGHT DEPARTMENTS.

Patients.	Massage.			Electro Therapeutic.			Light.		
	In-Patients.	Out-Patients.	Total.	In-Patients.	Out-Patients.	Total.	In-Patients.	Out-Patients.	Total.
Under Treatment, January 1st, 1937	12	27	39	3	10	13	2	4	6
Commenced Treatment in 1937	147	211	358	60	98	158	23	20	43
Under Treatment, December 31st, 1937	13	22	35	3	14	17	3	1	4
Number of Treatments	—	—	5,660	—	—	2,902	—	—	792

MATERNITY DEPARTMENT.

1. *Ante-Natal Department.*

Number of Sessions held	152
Number of Expectant Mothers examined	1,027
Total Attendances	5,260

2. *Analysis of Admissions due to Complications during Pregnancy.*

	Recovered.	Died.	Totals.
Toxæmia of Pregnancy	80	—	80
Ectopic Gestation	4	—	4
Ante-Partum Hæmorrhage	26	—	26
Pyelitis of Pregnancy	18	—	18
Systemic Diseases Co-incident with Pregnancy	26	—	26
Abortion :—			
(a) Threatened	23	—	23
(b) Incomplete and Complete	106	—	106
(c) With Post-Abortion Infections, etc.	10	1	11
Complications :—			
(a) Breast Abscess	3	—	3
(b) Puerperal Sepsis	3	—	3
(c) Erysipelas	1	—	1
(d) Retroverted Gravid Uterus	1	—	1
(e) Placenta Prævia	3	—	3
(f) Carcous Mole	2	—	2
(g) Pregnant Fibroid Uterus	1	—	1
(h) Diarrhoea and Vomiting	1	—	1
Totals	308	1	309

3. *Confinements.*

Number of Maternity Beds	...	...	...	...	...	53*
Number of Maternity Cases admitted :—						
Via Ante-Natal Clinic	...	...	...	...	...	913
As an Emergency Case	...	...	...	...	...	111
Parous State :—						
Primipara	...	...	...	...	...	520
Multipara	...	...	...	...	...	504
Number of Live Births (including 11 pairs of twins and 1 set of triplets)						956†
Number of Cases Delivered by :						
Midwives	...	...	...	...	...	933
Doctors	...	...	...	...	...	59
Born before Admission	...	...	...	...	...	32
Number of Cases in which Medical Assistance was sought by a Midwife in an Emergency	...	...	...	...	...	363
Number of Maternal Deaths†	...	...	...	...	...	6
Number of Deaths of Infants : Stillborn	...	...	...	...	...	49
Within 10 days of Birth	...	...	...	...	...	22
Number of Deaths of Infants within Four Weeks	...	...	...	...	...	24

* Three of these beds are retained for maternity isolation cases.

† Does not include children born before admission.

‡ Three of these deaths occurred in women who were not confined in the hospital.

INDUCTION OF LABOUR.

Reason for Induction.	Totals.
Maternal Toxæmia	19
Maternal Disease	3
Ante-Partum Hæmorrhage :—	
Accidental	14
Placenta Prævia	12
Uterine Inertia	4
Disproportion	12
Post-Maturity	29
Fœtal Abnormality or Death	2
Total	95

METHOD OF DELIVERY.

Method of Delivery.	Number of Births.	Deaths.		
		Maternal.	Fœtal.	Neo-Natal.
Natural Forces :—				
(a) After spontaneous Onset of Labour	900	1	25	18
(b) After Induction	65	—	9	6
Forceps—Low	43	2	7	—
Cæsarian Section :—				
(a) Of Election	2	—	—	—
(b) After Trial Labour	5	—	—	—
(c) Emergency	1	—	—	—
Other Methods of Delivery :—				
(a) Manual	4	—	4	—
(b) Manual Complicated Breech	2	—	2	—
(c) Decapitation	2	—	2	—
Totals	1,024	3	49	24

Pregnancy and Labour.

Conditions of both Pregnancy and Labour Normal	...	...	...	713
Conditions of either or both Abnormal	...	...	...	310
Multiple Cyesis, Normal and Abnormal	...	...	...	12
Number of Anæsthetics given for Obstetrical Purposes	...	...	...	237

INDICATIONS FOR WHICH CAESARIAN SECTIONS WERE DONE.

Indication.	Number.
Bad Obstetric History	2
Contracted Pelvis and Disproportion	6
Total	8

4. *Puerperium.*

MATERNAL MORBIDITY.

	Total.
Puerperal Pyrexia: Recovered	21
Died	—

5. *Infants.*

LIVE BIRTHS.

(Including Infants Born before Admission).

	Normal Delivery.	Complicated Labour.	Totals.
Full Time	880	65	945
Premature	26	17	43
Total	906	82	988

STILLBIRTHS.

	Normal Delivery.	Complicated Labour.	Totals.
Full Time	7	20	27
Premature	9	13	22
Total	16	33	49

Number of Infants entirely Breast-Fed while in Hospital 860

Number of Infants not entirely Breast-Fed while in Hospital 127

6. *Post-Natal Clinic.*

During 1937 no definite Post-Natal Clinics were held, but the total number of patients who attended for a post-natal examination was 90, and the total number of attendances was 94.

As shown on page 102, there were 6 maternal deaths during the year, and the cause of death in each case was:—

1. Syncope, obstetric shock, twin pregnancy and retained placenta.
2. Syncope, toxæmic vomiting of pregnancy and miscarriage (four months).
3. Syncope, gas gangrene and self induced abortion by syringing.
4. Obstetric shock following forceps delivery accelerated by adherent pericardium.
5. Staphylococcal septicæmia following an abortion which showed no signs of mechanical interference.
6. Shock with acute eversion of uterus following delivery.

There were 22 infants' deaths within 10 days of birth, and the causes of death were:—

Prematurity	12
Prematurity and Atelectasis	2
Congenital Atelectasis	2
Acute Suppurative Sinusitis	1
Erythroblastosis	1
Cerebral Hæmorrhage and Prematurity	1
Anencephalic	1
Pre-eclamptic Toxæmia of Pregnancy of Mother	1
Torn Tentorium Cerebelli	1
	22

PATHOLOGICAL INVESTIGATIONS.

3,425 investigations were carried out during 1937 by:—

Charing Cross Hospital Institute of Pathology.

Dr. D. S. Murray, Visiting Pathologist.

CASUALTY AND OUT-PATIENT DEPARTMENTS.

Number of Patients attending on January 1st, 1937	413
Number of Patients attending on December 31st, 1937	505
Number of new Patients commencing attendance during year ...	4,809
Number of Patients admitted to Hospital Wards through the Out-Patient Department	392
Total Number of Attendances	18,971

ILLNESSES OF NURSING STAFF.

Complement of Nurses on 31st December*	171
Average daily complement of Nurses	175.5
Nurses off Duty during the year	80
Nursing Days lost (sick leave included)	823
Average number of Nursing Days lost per annum :—	
(1) Per Sick Nurse	10.28
(2) Per Nurse of the average daily complement	4.06

* Excluding additional staff, engaged temporarily to deal with excess of numbers of patients over the recognised complement.

ALMONERS' DEPARTMENT.

Before appropriation, admission to the hospital was arranged by the Relieving Officers and the work of the Almoners' Department was confined principally to the Ante-Natal, Maternity and Out-Patients Departments. Following appropriation, however, the method of admission was changed, and the Almoners became responsible for the collection of financial particulars of all admissions to the hospital, although the actual assessments are made by the Finance Department at County Hall for submission to the appropriate Committee.

It was therefore necessary to increase the staff of the Almoners' Department, and two assistant almoners and one clerk were accordingly appointed. There is now a staff of four almoners and three clerks in the department.

Of this staff, two almoners are employed to deal with In-Patients; one almoner is in charge of the Ante-Natal Department, and the Maternity Wards; and the fourth almoner is in charge of the Out-Patient Department and also helps in the Maternity Department when necessary.

Of the clerks, one is allotted to each of the three sections, In-Patients, Maternity and Out-Patients.

(1) *In-Patient Department.* The collection of financial details of In-Patients is extra work undertaken by the Almoners' Department consequent on appropriation. This work has brought the almoners into personal touch with every patient in the hospital and has enabled them to undertake a great deal of social work on behalf of the patients. Moreover, the patients are made to realise that there are officials at the Hospital whose duty it is to help them in any of the difficulties that may arise as a result of their illness.

In addition, the Almoner makes herself familiar with the progress of each patient, so as to ensure that whatever social work or aftercare is required will be arranged with a full knowledge of the case from all aspects.

The year 1937 shows a considerable increase in the total number of cases in which action by the Almoner was required; this increase was from 635 in 1936 to 788 in 1937—an increase of just over 24 per cent.

The following table summarises the work done in the In-Patient section during the past year :—

1. Supplied with Surgical Instruments	149 patients
2. Convalescence arranged	292 "
3. Mental and Psychological Treatment	7 "
4. Referred to Public Assistance Committee for Special Purposes	58 "
5. Tubercular Patients. Referred to :—	
(a) Tuberculosis Care Committees	7 "
(b) Tuberculosis After Care Organiser for Special Supervision and Boarding Out	3 "
(c) Tuberculosis Officer for Supervision at Tuberculosis Clinic	3 "
6. Referred to Invalid Children's Aid Association	28 "
7. Referred to Kingston and Surbiton Central Aid Society	28 "
8. Referred to Wimbledon Guild of Social Welfare	16 "
9. Referred to Surrey Voluntary Association for Care of Cripples	11 "
10. Referred to County Medical Officer and Medical Officers of Autonomous Boroughs	67 "

11. Referred to British Legion and United Services Fund ...	16 patients
12. Referred to Charity Organisation Society	2 "
13. Referred to Toc H.	1 "
14. Referred to Probation Officers	7 "
15. Referred to Moral Welfare Workers	8 "
16. Referred to District Nursing Association for After Care...	38 "
17. Admitted to Residential Hostels on discharge	7 "
18. Placed in Work on Discharge from Hospital	3 "
19. Admitted to Home for the Dying	1 "
20. Admitted to Permanent Home for the Aged on discharge	2 "
21. Special Home Visits paid by Assistant Almoner	6 "
22. Referred to Unemployment Assistance Board for extra Nourishment	3 "
23. Referred to Royal Naval Benevolent Trust for Financial Help	2 "
24. Referred to Surrey Blind Association. Pensions obtained	3 "
25. Referred to N.S.P.C.C. for Supervision on discharge ...	2 "
26. Referred to other Voluntary Associations for General Help	9 "
27. Claims to National Health Insurance Sickness Benefit established	10 "
28. Car Transport arranged for Treatment at Hospital ...	5 "

(2) *Out-Patient Department.* With the appointment of a full-time Almoner to the Casualty Department, it has been possible for nearly every patient to be seen personally and for a closer check to be kept on payments. In addition, the Almoner has been able to give more time to patients needing special help and advice, and has done an increasing amount of follow-up work among defaulters, especially children.

During the year there has been, again, an increase in the number of patients treated in the Casualty Department. The figures are given in the following tables :—

INFORMATION CONCERNING WORK DONE IN THE CASUALTY DEPARTMENT DURING EACH OF THE PAST SEVEN YEARS (1931-37).

1. SOURCES FROM WHICH PATIENTS COME TO CASUALTY DEPARTMENT.

*	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Relieving Officer and P.A. Department ...	20	19	14	36	17	14	28
Central Relief Institution	98	187	263	228	204	90	53
Transferred In-Patients	291	272	405	408	338	356	326
Private Doctor and other Hospitals ...	294	336	467	527	682	604	872
Police	293	407	501	536	565	674	624
Firms	157	175	197	262	357	418	554
At Own Request	770	820	1,208	1,463	1,544	1,919	2,352
Total Number of Patients who Attended the Casualty Department	1,923	2,216	3,055	3,460	3,707	4,275	4,809

2. TYPES OF CASES DEALT WITH.

	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Vehicular Accidents	383	461	412	440	419	533	397
Work Accidents	227	258	249	382	471	527	593
Other Accidents	401	459	923	864	1,069	1,139	1,323
General Sickness	912	1,038	1,471	1,774	1,748	2,076	2,496
Total Number of Patients who Attended the Casualty Department	1,923	2,216	3,055	3,460	3,707	4,275	4,809

3. TREATMENTS GIVEN.

	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Massage and Electrical	2,275	3,037	3,794	3,973	4,005	4,048	3,505
X-Rays	317	340	402	393	397	706	595
General Dressings	8,753	9,985	9,743	11,765	12,290	14,362	14,590
Minor Operations	131	209	381	342	386	461	281
TOTAL	11,476	13,571	14,320	16,473	17,078	19,567	18,971
Amount Collected	£ s. d. 231 7 2	£ s. d. 228 7 9	£ s. d. 243 14 6	£ s. d. 288 17 8	£ s. d. 325 18 0	£ s. d. 444 14 3	£ s. d. 519 16 6

Average Receipt per Treatment 6½d.

The following figures are those of attendances at Special Consultant Clinics :—

(a) Ophthalmic	152
(b) Orthopaedic	159
(c) Aural	116
(d) Mental	—

(3) *Maternity and Ante-Natal Department.* The interviewing of all applicants for admission to the Maternity Ward, previously was done by the Relieving Officers, but since appropriation has been undertaken by the Almoners. On the information thus obtained the assessment towards the cost of maintenance during the confinement is made.

The work in the department has increased greatly during the year. The number of Ante-Natal sessions has been increased from three to five per week and the number of Maternity Beds in the Hospital has been increased from 40 to 53.

The following figures summarise the work during 1937 :—

1. Total number of Ante-Natal Patients dealt with and subsequently admitted to the Maternity Ward 1,109
This is an increase of 17.6 per cent. over 1936.
2. Total number of attendances at Ante-Natal Clinics 5,260
or a decrease of 2.7 per cent. over 1936.

(This decrease is accounted for by the large number of patients who, living at a distance, were advised to attend at their local clinics, and were only asked to come to the Hospital Clinic for one or two attendances during pregnancy.)

Also in addition to these, 61 patients had an initial interview with the Almoner but the cases were not proceeded with :—

- 51 being subsequently cancelled by the patients themselves, and
- 10 being found unsuitable for admission to hospital.

Social Work.

The increased number of patients has meant a corresponding increase in the amount of social work done, and the following figures give some idea of what has been done in this direction during the year :—

- 128 unmarried mothers were dealt with. Of these 53 were referred to the Moral Welfare Workers; the majority of the remainder were already in touch with a worker, but a few refused assistance. Five girls got married before their babies were born.
- 61 patients were found to need extra nourishment and grants were arranged by the Almoner.
- 80 had dental treatment arranged for them at their local Ante-Natal Clinic.
- 21 patients were helped with the supply of baby clothes.
- 28 patients were sent away for convalescent treatment.
- 6 abdominal belts were supplied.
- 1 pair of elastic stockings was supplied.
- 3 patients were helped with arrangements for the baby on discharge.
- 3 foster mothers were found for babies on discharge.
- 5 patients were helped with arrangements for the other children while the mother was in hospital.
- 3 patients were helped in co-operation with the Probation Officer.
- 2 patients were referred to other hospitals.
- 10 special medical reports were obtained from other hospitals or private doctors.
- 2 medical reports were sent to other hospitals.
- 1 patient was referred to the Mental After-Care Association.
- 2 patients were helped in co-operation with the N.S.P.C.C.
- 2 patients (single girls) were transferred on discharge to a colony for mental defectives.
- 1 married patient was referred to the Moral Welfare Worker.
- 1 patient was referred to the Poor Man's Lawyer.
- 1 patient was referred to the Unemployment Assistance Board for additional help.
- 1 application was made for the King's Bounty for triplets.
- 278 Home Visits were paid by Health Visitors at the request of the Almoner.

APPENDIX III.

REPORT ON THE WORK OF THE EPSOM
COUNTY HOSPITAL DURING THE YEAR 1937.

By Dr. G. F. STONES, Medical Superintendent.

STAFF.

Whole-Time Resident Medical Staff.

*Medical Superintendent.*G. F. Stones, M.B., Ch.B., F.R.C.S.(E.).
(Part-time until 1st December, 1937).*Resident Assistant Medical Officer.*B. Blair, M.B., B.S. (resigned 31/1/38).
A. B. Higginson, M.B., Ch.B. (appointed 1/2/38).
Helen Vivian Bisley, M.R.C.S., L.R.C.P. (appointed 12/5/38).

Part-Time Medical Staff (Non-Resident).

Visiting Physician.

G. M. Kendall, M.B., M.R.C.P.

Visiting Tuberculosis Officer.

A. C. Renwick, M.D., Ch.B., D.P.H.

Radiologist.

S. A. Withers, M.R.C.S., L.R.C.P., D.P.H., D.M.R. & E. (Cantab.).

Nursing Staff—(100).

Matron.

Miss E. M. Taylor.

5 Administrative Sisters.	40 Probationer Nurses.
12 Ward Sisters.	9 Assistant Nurses.
22 Staff Nurses.	7 Male Nurses.
4 Male Attendants.	

Other Staff.

Chaplain.

Rev. Godwin Swift, M.A.

Dentist.

Mr. Willis.

Steward.

Mr. W. E. Steele.

Pharmacist.

Miss V. C. E. Geare, M.P.S.

Almoner.

Miss J. Jordan.

The hospital portion of the buildings was appropriated to the Public Health Committee on April 1st, 1937.

The appropriated buildings lie mainly on the eastern aspect of the site, and comprise the following:—

(1) The main building which consists of two blocks of two storeys each, connected by a corridor from which open the administrative offices and the operating unit and X-Ray room. The male block provides beds for 76 males and 6 children, and the female block provides 42 beds for females (of whom 22 are maternity patients) and 15 children.

(2) A new block of two storeys built in 1928 which provides 54 beds for female patients.

(3) Two temporary wards which will be demolished as soon as alternative accommodation is available, and which in the meantime provide accommodation for 31 cases.

(4) An Observation Block for mental cases, consisting of two wards of four beds each.

(5) In addition, certain wards on the "Institution" portion of the site are used for the chronic sick, and these provide in all 48 male and 42 female beds. This also is a temporary expedient until alternative accommodation is available.

(6) Towards the end of the year, Ewell Park was opened for 64 chronic male patients. This is administered as an Annexe to the Epsom County Hospital, and by its use one ward previously used for the reception of chronic cases became available for acute cases.

At times during 1937 the accommodation of the Hospital was severely taxed and the work has become increasingly acute in character; this is shown by the accompanying statistics. There is no Out-Patient Department in the Hospital; all patients must be treated to a conclusion as In-Patients. In view of the changing character of the work, it became obvious that both the medical and nursing staff would need to be increased.

The medical staff consisted of a Medical Superintendent and one Resident Assistant Medical Officer and these could not deal satisfactorily with the changed numbers and types of admissions. The ratio of nurses to patients at the end of the year was 1 to 3.9 which for dealing with the type of patients now being admitted to Epsom was felt to be too low. A proposal for the appointment of an additional junior resident assistant medical officer and of 10 extra nurses and 7 male nurses or attendants was under consideration at the end of the year. (This scheme has since been adopted and the extra staff engaged.)

The Maternity Department has shown an increase of nearly 100 admissions over 1936, although the number of beds, *viz.*, 22, allocated to this department has not changed. To accommodate the increase in numbers, patients have had to be transferred after delivery to other wards. This is undesirable both from the point of view of the care of the maternity cases and of the resulting diminution of the available accommodation for acute female cases, but no alternative is possible until the contemplated maternity block of 50 beds is completed.

Personal contact with Medical Practitioners is established by letter informing them of the diagnosis, treatment and progress of their patients and "follow up" treatment is thereby facilitated.

It is gratifying to note the success of the probationer nurses in their examinations, as shown in the Table on page 111. These highly satisfactory results are a credit both to the Sister-Tutor and to the Nurses.

I have great pleasure in acknowledging the willing and loyal co-operation of all members of my Staff.

G. F. STONES, *Medical Superintendent.*

TABLE SHEWING THE CLASSIFICATION OF ACCOMMODATION.

Type of Case.	Beds.			
	Men.	Women.	Children.	Total.
Medical and Surgical	69	99	9	177
Chronic	112	42	—	154
Children	—	—	12	12
Tuberculosis	7	6	—	13
Maternity	—	22	—	22
Mental (Short Stay)	4	4	—	8
Totals	192	173	21	386*

* These figures include 64 chronic male patients at Ewell Park.

Nurses' Training School.

The Hospital is a complete training school and the Tutorial Staff consists of one Tutor-Sister. Lectures are also given by the Medical Superintendent and the Resident Assistant Medical Officer.

LECTURES.

	Given by.	Number of Lectures.	Number of Probationers Attending.
Preliminary	Medical Superintendent	30	10
	Resident Assistant Medical Officer	39	10
	Sister-Tutor	182*	17
Final	Medical Superintendent	30	23
	Resident Assistant Medical Officer	42	23
	Sister-Tutor	95	23

* Two Classes.

EXAMINATION RESULTS.

	Passed.	Failed.
<i>State Examination.</i>		
Preliminary	13	2
Final	11	—
<i>County Nurses.</i>		
Preliminary	13	1
Final	12	—

During the year Candidates from this Hospital were successful in gaining the following awards in the County Nurses Examinations, viz. : 1 Gold Medal, 2 Silver Medals and 3 Bronze Medals.

WORK OF THE HOSPITAL.

This is set out in the following statistical tables :—

A. GENERAL STATISTICS FOR THE YEAR 1937 AS COMPARED WITH THE TWO PRECEDING YEARS.

	1935.	1936.	1937.
Number of Beds on December 31st	311	311	386
Total Number of Admissions	2,460	2,753	2,966
Total Number of Discharges	2,151	2,366	2,543
Total Number of Deaths	292	382	350
Number of In-Patients on 31st December	283	288	361
Duration of Stay :—			
Under 4 weeks	1,655	1,839	2,211
Over 4 and under 13 weeks	592	698	519
Over 13 weeks	196	211	163
Number of Beds Occupied :—			
(a) Average during year	293	290	299
(b) Highest and Date	317 (25/6/35)	315 (5/4/36)	361 (31/12/37)
(c) Lowest and Date	278 (12/11/35)	268 (2/11/36)	261 (29/6/37)
Number of Surgical Operations under General Anaesthetic (excluding dental operations)	284	318	348
Number of Abdominal Sections	62	87	117

B. CLASSIFICATION OF THE DISEASES FOR WHICH THOSE PATIENTS WHO WERE DISCHARGED OR DIED DURING THE YEAR WERE PRIMARILY TREATED.

	Children.		Adults.	
	Discharged.	Died.	Discharged.	Died.
Acute Infectious Disease	3	2	8	—
Influenza	3	—	25	4
Tuberculosis :—				
Pulmonary	3	3	56	15
Non-Pulmonary	—	—	1	2
Malignant Disease	—	—	22	43
Rheumatism :—				
Acute	10	—	7	—
Non-Articular	—	—	13	—
Chronic Arthritis	—	—	12	—
Venereal Disease	1	—	3	2
Puerperal Pyrexia	—	—	17	—
Puerperal Fever :—				
Confined in Hospital	—	—	1	—
Other Cases	—	—	—	—
Other Diseases and Accidents connected with Pregnancy and Childbirth	—	18	88	3
Mental Diseases :—				
Senile Dementia	—	—	3	28
Other	5	—	161	—
Senile Decay	—	—	11	—
Accidental Injury and Violence	35	—	145	12
Disease of Nervous System and Sense Organs	22	—	51	2
Disease of Respiratory System	65	3	86	41
Disease of Circulatory System	3	1	68	121
Disease of Digestive System	66	7	165	19
Disease of Genito-Urinary System	21	—	57	18
Disease of Skin	41	—	67	1
Other Diseases	10	1	25	4
Mother and Infants discharged from Maternity Wards not included above	516	—	586	—
Any Other Cases	40	—	19	—
Totals	844	35	1,699	315

C.

ANALYSIS OF OPERATIONS PERFORMED DURING 1937.

Type.	Number.
Appendicectomy	65
Herniotomy	11
Perforated Gastric Ulcers	5
Intestinal Obstruction	10
Colostomy	4
Gastrostomy	1
Sigmoidoscopy	2
Cholecystotomy	1
Pyloric Stenosis	1
Intussusception	2
Salpingo-Oophorectomy	4
Ruptured Ectopic	4
Caesarean Section	7
Obstetrical (Versions, Forceps, Episiotomy, Ruptured Placenta, &c.)	40
Hysterectomy	2
Dilatation and Curettage	30
Cystoscopy	3
Suprapubic Cystotomy	3
Prostatectomy	4
Hydrocele	2
Haemorrhoids	6
Urethral Caruncle	1
Amputation of Breast	2
Amputation of Leg	2
Empyemata	4
Tonsils and Adenoids	21
Mastoidectomy	4
Cerebral Decompression	2
Dermoid Sacrum	1
Skin Grafting	1
Osteomyelitis	2
Reduction of Fractures (Various)	25
Minor Operations (Incisions, Minor Amputations, Circumcisions, &c.)	107
Teeth Extractions	47
Total	426

The increase in this Department is evidenced by the greater number of operations performed and the proportion of abdominal and major operations included in the table.

D.

DENTAL DEPARTMENT.

There is no specially organised Dental Section. Extractions and treatments are given by a Visiting Dentist and during the period under review 47 sets of extractions have been carried out under anaesthesia. Numerous dental treatments were also given to patients in the wards.

E.

RADIOLOGICAL DEPARTMENT.

Number of Patients investigated 446

ANALYSIS OF INVESTIGATIONS MADE DURING THE YEAR.

	Number.
Skull	76
Lungs and Mediastinum	136
Oesophagus, Stomach and Intestines	25
Biliary Passages	6
Urinary System	21
Bones and Joints	193
Miscellaneous	8
Dental	2
Total	467

Special Investigations (included in above table).

Barium Meals	18
Barium Enemata	7
Cholecystograms	3
Urograms	6
Manipulation and Fixation of Fractures	5

The work of this Department has naturally been restricted owing to the lack of facilities at the Hospital's disposal and the limited apparatus available.

F.

MESSAGE AND ELECTRICAL TREATMENTS.

	Massage.	Electrical Treatment.
Under Treatment, January 1st	6	—
Commenced Treatment during Year	115	13
Under Treatment, December 31st	7	2
Number of Cases in which Treatment was completed	114	11
Number of Treatments	1,417	217

There has been a very large increase in the number of patients receiving massage treatment during the year. In view of this and of the notable increase of radiological examinations which have taken place the appointment of a Radiographer-Masseuse has been approved by the Committee.

G.

MATERNITY DEPARTMENT.

The following table gives comparative figures of admissions, births, etc., for the past three years.

	1935.	1936.	1937.
Number of Maternity Beds	22	22	22
Number of Maternity Cases admitted	403	494	589
Number of Live Births (including Twins)	390	482	531
Number of Cases delivered by : Midwives	376	451	529
Doctors	25	38	22
Number of Cases in which Medical Assistance was sought in Emergency	30	105	67
Number of Maternal Deaths	1	—	3
Number of Deaths of Infants : Stillborn	18	18	23
Within 10 days	10	19	13
Within 4 weeks	3	—	2

METHOD OF DELIVERY.

Method of Delivery.	Number of Births.	Deaths.		
		Maternal.	Fetal.	Neo-Natal.
Natural Forces	529	1	22	14
Forceps : Middle	1	—	1	—
Low	14	—	—	—
Version	3	—	—	—
Caesarean Section	7	1	—	1
Died before Delivery	—	1	—	—
Totals	554	3	23	15

CONDITIONS FOR WHICH CAESAREAN SECTIONS WERE DONE.

Indication.	Number.
Bad History (Rheumatic Heart)	1
Contracted Pelvis	5
Placenta Praevia	1
Total	7

MATERNAL MORBIDITY.

	Number.
Puerperal Pyrexia (Recovered)	17
Puerperal Fever (Recovered)	1
Total	18

All the 18 patients shown in the preceding table were confined in hospital.

APPENDIX IV.

REPORT ON THE WORK OF THE REDHILL
COUNTY HOSPITAL, DURING THE YEAR, 1937.

By Dr. E. B. BROOKE, Medical Superintendent.

STAFF.

Whole-Time Resident Medical Staff.

Medical Superintendent.

E. B. Brooke, M.A., M.B., M.R.C.P., D.P.H.

Deputy Medical Superintendent.

J. C. Harvey, M.B., B.S., D.C.O.G.

Assistant Medical Officer.

P. J. W. Mills, M.R.C.S., L.R.C.P.

Part-Time Medical Staff (Non-Resident).

Visiting Surgeon.

C. S. Crichton, M.D., Ch.B.

Radiologist.

J. H. Baird, M.B., Ch.B., D.M.R.E.

Visiting Tuberculosis Officer.

A. H. Campbell, B.Sc., M.D., M.R.C.P.(Ed.), D.P.H.

Nursing Staff.—(80)

Matron.

Miss A. S. Payne, S.R.N., S.C.M.

3 Administrative Sisters.	40 Assistant Nurses.
3 Departmental Sisters	1 Female Mental Nurse
8 Ward Sisters	1 Male Mental Nurse.
19 Staff Nurses.	4 Male Attendants.

Other Staff.

Chaplain.

Rev. D. Foulds, B.A.

Steward.

E. J. Marron.

Pharmacist.

Miss W. Smith, M.P.S.

Almoner.

Miss M. Hingston, A.I.H.A.

Radiographer-Masseuse.

Miss M. Halsall, C.S.M.M.G., M.E., L.E.T., M.S.R

INTRODUCTORY.

The planned extensions to the hospital were approaching completion by October 1st, 1936, when the hospital was appropriated to the Public Health Committee, and by January, 1937, the extended hospital accommodation was in full occupation.

The new X-ray Department was opened on January 1st. Progress in the work on the partially completed administrative block enabled the West Wing, comprising Committee Room, Administrative Offices, and Stores, to come into occupation in September, and by the following month the domestic staff was housed in the new East Wing. The Medical Superintendent's and Steward's residences together with the new concrete roadways were completed about the same time and the Contractors left the site on September 18th.

In September the Committee sanctioned the temporary appointment of a second Resident Assistant Medical Officer, necessitated by the increasing acuteness and volume of work in the hospital, and in this capacity Dr. H. Gordon Page commenced duty as Locum Tenens at the end of October.

Accommodation.

The accommodation of the hospital is as follows :—

General medical and surgical wards	...	...	145	beds
Children's Ward	...	...	29	cots
Maternity Unit	...	...	21	beds
Tuberculosis Block	...	...	51	beds
Chronic Infirm Block	...	...	50	beds
Mental Observation Block	...	...	6	beds
			<u>302</u>	<u>beds</u>

To meet increasing demands extra beds have been put up and in occupation in all wards except the Tuberculosis Block, over a great part of the year, and in addition it was necessary to re-open the old Isolation Block in the early part of the year to accommodate chronic patients.

During the year, the General Nursing Council approved the hospital as a complete training school for nurses and in 1938 it is proposed to replace 10 assistant nurses by 16 probationer nurses and to appoint a full-time Sister Tutor to attend to their training.

TABLE SHOWING THE CLASSIFICATION OF ACCOMMODATION.

Classification of Wards.	Number of Wards.	Beds.			
		Men.	Women.	Children under 16 years of age.	Total.
1. Medical	3	21	60	8	89
2. Surgical	1	21	20	—	41
3. Chronic Sick	3	32	33	—	65
4. Children	1	—	—	29	29
5. Venereal	—	—	—	—	—
6. Tuberculosis	2	24	26	1	51
7. Isolation	—	—	—	—	—
8. Maternity	1	—	21	—	21
9. Mental :—					
(a) Lunacy Act, 1890—					
(i) Short Stay	1	3	3	—	6
(ii) Long Stay	—	—	—	—	—
(b) Mental Treatment Act, 1930—					
(i) Voluntary	—	—	—	—	—
(ii) Temporary	—	—	—	—	—
10. Mental Defectives	—	—	—	—	—
11. Other	—	—	—	—	—
Totals	12	101	163	38	302

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE HOSPITAL DURING THE YEAR ENDED 31ST DECEMBER, 1937.

Disease Groups.	Children (under 16 years of age).		Men and Women.	
	Discharged.	Died.	Discharged.	Died.
A. Acute Infectious Disease	56	5	19	—
B. Influenza	5	—	25	1
C. Tuberculosis :—				
Pulmonary	3	—	128	51
Non-Pulmonary	1	4	1	—
D. Malignant Disease	—	—	7	39
E. Rheumatism :—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	7	—	7	—
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	6	—
(3) Chronic arthritis	—	—	12	1
F. Venereal Disease	3	—	8	2
G. Puerperal Pyrexia	—	—	11	1
H. Puerperal Fever :—				
(a) Women confined in the hospital	—	—	1	—
(b) Other cases	—	—	—	—
I. Other Diseases and Accidents connected with Pregnancy and Childbirth	2	7	147	4
J. Mental Diseases :—				
(a) Senile Dementia	—	—	10	4
(b) Other	2	—	83	1
K. Senile Decay	—	—	25	37
L. Accidental Injury and Violence	23	—	44	10
In respect of Cases not included above :—				
M. Disease of the Nervous System and Sense Organs	7	1	61	10
N. Disease of the Respiratory System	23	5	53	9
O. Disease of the Circulatory System	1	—	82	114
P. Disease of the Digestive System	15	3	86	12
Q. Disease of the Genito-Urinary System	15	—	46	7
R. Disease of the Skin	44	1	41	—
S. Other Diseases	83	8	113	7
T. Mothers and Infants discharged from Maternity Wards and not included in above figures :—				
Mothers	—	—	275	—
Infants	290	—	—	—
U. Any Persons not falling under any of the above Headings	19	—	—	—
Total discharges and deaths	599	34	1,291	310
	2,234			

ALMONER'S DEPARTMENT.

During the year 1937 the work in the Almoner's Department has increased substantially, and that side of it connected with the interviewing of patients in connection with the making of assessments, has, with the expansion of the hospital, steadily grown. The work associated with the general welfare of the patients and the after-care of those discharged from hospital has also shown a steady increase throughout the year.

Convalescence has been provided for 32 patients, escorts being arranged and in some cases fares or clothes having to be supplied. In addition arrangements were made for the admission of 12 patients to suitable Homes, and, where necessary, patients have been supplied with such appliances as crutches, calipers, dentures, trusses and spectacles.

Arrangements have been made for the District Nurse to visit after the patients' discharge from hospital in 67 cases, and in 13 others home visits have been paid by Health Visitors or by the Almoner herself.

The co-operation of Relieving Officers, Health Visitors, the Tuberculosis Care Organiser, the Personal Service League, Rescue Workers, Probation Officers and other agencies has been most helpful.

Maternity and Ante-Natal Departments.

Owing to the great increase in the number of patients applying for admission to the Maternity Ward and also in those attending the hospital Ante-Natal Clinic, this work of the Almoner's Department has also grown very much. In nearly every case Health Visitors are asked to visit the homes of prospective patients and give advice where necessary, and to report on the home conditions to the Almoner, steps being taken to remedy any unsatisfactory conditions where possible.

All mothers are given the address of the nearest Infant Welfare Centre with advice to attend with the baby as soon as possible after discharge from hospital. A medical report is sent according to the circumstances of each case to the patient's own doctor, or to the Medical Officer in charge of the nearest Welfare Centre or Post-Natal Clinic. All single girls are referred with their consent to the appropriate Rescue Worker of their district and are thus assisted in finding posts after discharge from hospital, in making application for maintenance grant for the child and in placing the child with a suitable foster-mother or arranging for adoption.

Health Visitors' Reports Received ...	...	...	...	110
Reports Sent to Clinics or Doctors ...	...	...	...	212

WORK OF THE HOSPITAL.

GENERAL STATISTICS FOR THE YEAR 1937 AS COMPARED WITH THE TWO PRECEDING YEARS.

	1935.	1936.	1937.
1. Number of Beds on December 31st ...	141	292	302
2. Total Number of Admissions ...	831	1,555	2,252
3. Total Number of Discharges ...	690	1,198	1,890
4. Total Number of Deaths ...	105	212	344
5. Number of In-Patients on December 31st ...	127	262	280
6. Average Duration of Stay of Patients :—			
(1) Under 4 weeks ...	526	988	1,503
(2) 4 weeks and under 13 weeks ...	225	299	527
(3) 13 weeks or more ...	44	123	204
7. Number of Beds Occupied :—			
(a) Average during the year ...	114	184	280
(b) Highest and date ...	131 (31/12/35)	277 (29/12/36)	304 (30/11/37)
(c) Lowest and date ...	91 (1/1/35)	130 (1/1/36)	253 (7/6/37)
8. Number of Surgical Operations under General Anaesthetic (excluding dental operations) ...	181	234	349
9. Number of Abdominal Sections ...	21	76	91

I. SURGERY.

ANALYSIS OF OPERATIONS PERFORMED IN 1937.

	In-Patients.		Totals.
	Major.	Minor.	
General :—			
On Skin and Superficial Structures ...	9	36	45
On Arteries, Veins and Lymphatics ...	—	—	—
On Nerves ...	—	—	—
On Bones and Joints ...	4	15	19
On Muscles, Tendons, Bursæ and Fasciæ ...	3	3	6
Amputations ...	3	—	3
On Skull, Brain and Spine ...	1	—	1
On Face ...	—	—	—
On Eye ...	2	4	6
On Mouth, Pharynx and Oesophagus ...	—	1	1
On Thyroid, Accessory Glands and Neck ...	—	4	4
On Breast ...	—	2	2
On Thorax ...	6	4	10
On Abdominal Wall and Cavity ...	24	2	26
On Stomach and Duodenum ...	4	—	4
On Intestine, Rectum and Anus ...	42	10	52
On Liver, Gall-bladder, Pancreas and Spleen ...	7	—	7
On Kidney and Urinary Tract ...	15	6	21
On Male Generative Organs ...	—	97	97
On Female Generative Organs ...	12	52	64
Unclassified ...	2	7	9
Special (not included in above) :—			
Obstetric ...	6	15	21
On Ear, Nose and Throat ...	4	18	22
Totals ...	144	276	420

Of the above, 325 operations were performed by the Visiting Surgeon, 3 by an Aural Surgeon and the remaining 92 by the Resident Medical Officers.

Included in the above are 71 minor operations of circumcision performed without anæsthetic

2. ANÆSTHETICS.

ANALYSIS OF ANÆSTHETICS ADMINISTERED DURING THE YEAR.

	In-Patients. (General)	In-Patients (Maternity).	Total.
General Anæsthetics.			
By Chloroform	1	—	1
By Ether	43	30	73
By Mixture of Chloroform and Ether	65	22	87
By Ethyl Chloride	15	—	15
By Nitrous Oxide and Oxygen	82	—	82
By Evipan, etc.	5	—	5
By Nitrous Oxide, Oxygen and Ether	86	—	86
Local Anæsthetic.			
By Freezing with Ethyl Chloride	—	—	—
By Application to Mucous Membranes	5	—	5
By Infiltration	11	—	11
Regional by Infiltration and Nerve Block	—	—	—
Spinal Anæsthesia	1	—	1
Totals ...	314	52	366

In addition 26 anæsthetics were administered for dental extractions.

3. X-RAY DEPARTMENT.

The Department has been in operation since January 1st.

There has been a 20 per cent. greater demand in the first year than was anticipated. The work has been varied and all types of cases have been referred for investigation, the greater proportion being for disease of the lung and for pathological conditions of bones and joints.

Special examinations have been employed with the various dyes including Lipiodol, and it is hoped to use this more frequently in future years.

The total number of cases X-rayed during the year amounts to 733, an average of about 61 per month, and of these 437 were Chest Radiographs.

The Radiologist, Dr. Baird, attends the Department for two sessions a week to report on all films taken and personally to carry out special investigations such as Barium Meals, Pyelograms, etc.

All the cases investigated have been those of in-patients with the exception of 25 members of the hospital staff, 20 Ante-Natal Clinic patients, and 13 cases referred to the hospital for X-ray from other Clinics, Hospitals or Institutions.

Number of In-patients Investigated	700
Number of Out-patients Investigated	33
Total ...	733

ANALYSIS OF INVESTIGATIONS MADE DURING THE YEAR.

	Appearances.		Total.
	Normal.	Abnormal.	
Skull	7	19	26
Lungs and Mediastinum	48	394	442
Oesophagus, Stomach and Intestines	13	32	45
Biliary Passages	2	12	14
Urinary System	2	6	8
Generative System	9	25	34
Bones and Joints	38	126	164
Total ...			733

Total Number of Radiographs taken 2,028

SPECIAL INVESTIGATIONS (INCLUDED IN ABOVE).

	Appearances.		Total.
	Normal.	Abnormal.	
Barium Meals	10	26	36
Barium Enemata	3	6	9
Cholecystograms	1	4	5
Lipiodol Injections	—	5	5
Pyelograms	1	3	4
Total ...			59

Number of General Anæsthetics given for Obstetrical purposes ... 52
(excluding self-administered gas and air).

INDICATIONS FOR WHICH CAESARIAN SECTIONS WERE DONE.

Indication.	Number.
Contracted Pelvis and Disproportion ...	3
Placenta Prævia	2
Total ...	5

(3) *Puerperium.*

MATERNAL MORBIDITY.—PUERPERAL PYREXIA AND FEVER.

	Totals.
Puerperal Pyrexia : Recovered	13
Died	1
Puerperal Fever : Recovered	1
Died	—
Total ...	15

Of the above, 8 patients were confined in the hospital.

(4) *Infants.*

Total Number of Live Births 302

STILL BIRTHS.

	Normal Delivery.	Complicated Labour.	Totals.
Fulltime	—	7	7
Premature	4	5	9
Totals ...	4	12	16

Number of Infants entirely Breast-fed while in Hospital 280

Number of Infants not entirely Breast-fed while in Hospital 22

(5) The Post-Natal Clinic was started during 1937, one weekly session being held at which local cases only were seen. Patients from outlying districts are referred back to their own Clinics.

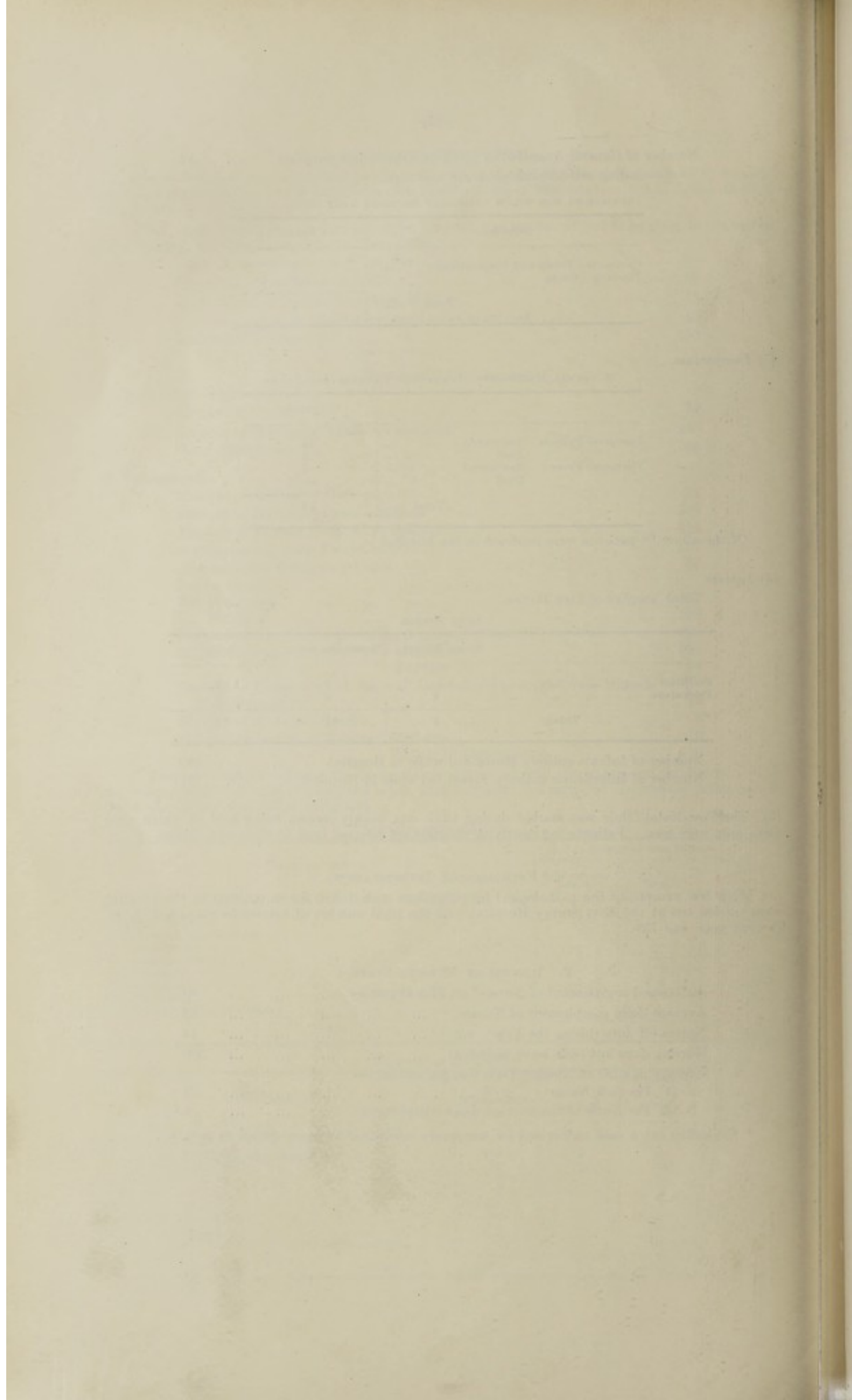
6. PATHOLOGICAL INVESTIGATIONS.

With few exceptions the pathological investigations undertaken for in-patients in the hospital were carried out at the East Surrey Hospital, and the total number of specimens examined in the current year was 739.

7. ILLNESS OF NURSING STAFF.

Authorised complement of Nurses* on 31st December	80
Average daily complement of Nurses	83
Nurses off duty during the Year	14
Nursing days lost (sick leave included)	380
Average number of Nursing Days lost per annum :—	
(1) Per Sick Nurse	27
(2) Per Nurse of the average daily complement	4.6

* Excluding extra staff authorised for temporary additional accommodation of patients.



APPENDIX V.

REPORT ON THE WORK OF THE DORKING
COUNTY HOSPITAL DURING THE YEAR, 1937.

By Dr. A. H. FARDON.

STAFF.

Part-Time Medical Staff (Non-Resident).

Medical Officer.

A. H. Fardon, M.A., M.D., M.R.C.S., L.R.C.P., D.P.H.

Whole-Time Resident Medical Staff.

Edith G. Niven, M.R.C.S., L.R.C.P. (appointed 9/2/38).

Nursing Staff.

Matron.

Miss E. L. Bradbury.

1 Assistant Matron.	10 Staff Nurses.
1 Administrative Sister.	19 Assistant Nurses.
5 Ward Sisters.	5 Male Nurses.

Other Staff.

Chaplain.

Rev. A. C. Nickol, M.A.

Steward.

H. E. Camp.

Almoner.

Miss M. Hingston, A.I.H.A.

The Hospital since October, 1937, has been in the throes of re-construction, in consequence of the intention of the Public Health Committee to use it as a Hospital for the nursing of chronic sick patients of both sexes. To give effect to this policy, considerable alterations were necessary. The dormitories, which formerly accommodated House Inmates were, during the year, converted into wards for the nursing of 90 sick patients. Built out sanitary annexes, with easy access from the wards, service kitchens, and duty rooms were provided. The provision of a lift and central staircase will make all wards easily accessible. The former inmates' dining hall was converted into a Nurses' dining room with servery, and dining rooms are also being provided for Male Nurses, Maids and Cleaners. The original Hospital Block will be somewhat re-organised. The former maternity unit is being converted into an isolation unit of three beds, complete with service kitchen and sanitary annexe. A new mortuary building is in the course of construction and will provide, in addition to accommodation for six trolley biers, a post-mortem room, viewing and waiting rooms. For fire protection up-to-date equipment is being installed throughout the Hospital.

With the re-organising of the internal telephone system, the addition of new boiler plant and other minor additions, the adaptation scheme will be complete.

The general trend is for more medical work to be done by the medical staff. The tuberculosis cases, for which accommodation is being provided temporarily, are especially exacting, as they are all very ill and many hopelessly so. They are in consequence very difficult to deal with, and this difficulty may possibly be one of the reasons why the nursing staff is so difficult to obtain.

A lady House Physician has been appointed since the end of the year and took up duty in February, 1938.

The accommodation of the Hospital will in consequence of adaptations be completely re-organised, the number of beds in each ward being based upon the Ministry of Health's standard. The total number of beds will eventually be 191, of which number 32 beds are being allocated temporarily for male and female tubercular cases, and three beds for patients needing isolated nursing.

The following table shows the classification of accommodation as on the 31st December, 1937 :—

Classification of Wards.	Number of Wards.	Beds.			
		Men.	Women.	Children (under 16 years of Age).	Total.
Medical	—	—	—	—	—
Surgical	—	—	—	—	—
Chronic Sick	19	55	56	—	111
Children	—	—	—	2	2
Venereal	—	—	—	—	—
Tuberculosis	1	8	—	—	8
Isolation	—	—	—	—	—
Maternity	—	—	—	—	—
Mental	—	—	—	—	—
(a) Lunacy Act, 1890 :—					
(i) Short Stay	—	—	—	—	—
(ii) Long Stay	—	—	—	—	—
(b) Mental Treatment Act, 1930 :—					
(i) Voluntary	—	—	—	—	—
(ii) Temporary	—	—	—	—	—
Mental Defectives	—	—	—	—	—
Other	—	—	—	—	—
Totals	20	63	56	2	121

This accommodation has since considerably increased following completion of the adaptations.

ALMONER'S DEPARTMENT.

The Almoner of the Redhill County Hospital visits the Dorking County Hospital on two afternoons each week. She interviews all admissions, and also sees any other patients who may need assistance or advice.

As the Hospital is primarily for chronic cases the work has not varied much, and in addition, was considerably less during the autumn when part of the Hospital was closed for adaptations. Owing to the type of case admitted, comparatively little active social work can be done; there are, however, a large number of patients who need help or advice as regards the payment of rent, insurances, pensions, and so on. As a rule patients in the Tuberculosis Wards make a greater demand on the services of the Almoner than the chronic cases in the other wards, in particular with regard to the payment of relatives' fares to Hospital, extra comforts allowances, and financial help at home; most of these cases are referred to the Tuberculosis Care Organiser.

Three patients were sent for convalescence during the year.

Work of the Hospital.

This is set out in the following statistical tables :—

GENERAL STATISTICS FOR THE YEAR, 1937, AS COMPARED WITH THE TWO PRECEDING YEARS.

	1935.	1936.	1937.
Number of Beds on December 31st	180	163	121
Number of In-Patients on January 1st	87	150	141
Total Number of Admissions	417	397	350
Total Number of Discharges	265	296	254
Total Number of Deaths	91	110	119
Number of In-Patients on December 31st	148	139	116
Average duration of Stay in Days per Patient	111	185	170
Number of Beds occupied :—			
(a) Average during the year	145	144	134
(b) Highest and Date	155	166	157
	9/7/35	21/2/36	21/1/37
(c) Lowest and Date	134	120	112
	5/5/35	17/12/36	19/12/37

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE HOSPITAL DURING THE YEAR ENDED 31ST DECEMBER, 1937.

	Children.		Men and Women.	
	Discharged.	Died.	Discharged.	Died.
A. Acute Infectious Disease	—	—	—	—
B. Influenza	2	—	9	4
C. Tuberculosis :—				
Pulmonary	1	—	26	15
Non-Pulmonary	—	—	1	—
D. Malignant Disease	—	—	6	8
E. Rheumatism :—				
(1) Acute Rheumatism (Rheumatic Fever) together with Sub-Acute Rheumatism and Chorea	—	—	—	—
(2) Non-Articular Manifestations of so-called "Rheumatism" (Muscular Rheumatism, Fibrositis, Lumbago and Sciatica)	—	—	7	—
(3) Chronic Arthritis	—	—	3	—
F. Venereal Disease	—	—	1	—
G. Puerperal Pyrexia	—	—	—	—
H. Puerperal Fever : (a) Women Confined in the Hospital (b) Others Cases	—	—	—	—
I. Other Diseases and Accidents connected with Pregnancy and Childbirth	—	—	2	—
J. Mental Diseases : (a) Senile Dementia	—	—	11	1
(a) Other	—	—	—	—
K. Senile Decay	—	—	28	55
L. Accidental Injury and Violence	—	—	11	—
In respect of Cases not included above :—				
M. Disease of the Nervous System and Sense Organs	—	—	21	2
N. Disease of the Respiratory System	8	—	24	11
O. Disease of the Circulatory System	—	—	17	15
P. Disease of the Digestive System	—	—	5	1
Q. Disease of the Genito-Urinary System	1	—	1	—
R. Disease of the Skin	3	—	16	—
S. Other Diseases	3	—	18	7
T. Mothers and Infants discharged from Maternity Wards and not included in above figures :—				
(a) Mothers	—	—	12	—
(b) Infants	8	—	—	—
U. Any Persons not Falling under any of the above Headings	4	—	5	—
Totals	30	—	224	119

Classification of cases which were discharged from or died in the Hospital during 1937 :—

	Males.	Females.	Totals.
Under 3 Years	10	8	18
Between the Ages 3—16 Years	5	9	14
Over 16 Years of Age	195	146	341
Totals	210	163	373

Table showing area to which the above cases belonged :—

	Public Health Cases.	Public Assistance.	Totals.
North-Eastern Area	39	—	39
Mid-Eastern Area	67	6	73
South-Eastern Area	231	11	242
North-Western Area	2	—	2
South-Western Area	5	1	6
Extra County	9	2	11
Totals	353	20	373

Table showing the results of Treatment or the Termination :—

Cured	78
Improved	90
No Material Improvement	86
Died	119

Analysis of deaths in Age Groups :—

Ages.	Males.	Females.	Totals.
Under 1 Year	—	—	—
1	—	—	—
2	—	—	—
5	—	—	—
15	1	—	1
25	2	1	3
35	4	1	5
45	7	3	10
55	12	5	17
65	20	11	31
Over 75	25	27	52
Totals	71	48	119

DENTAL DEPARTMENT.

Dental treatment is undertaken by a visiting dentist.

During the year 12 patients received dental treatment and in all 53 teeth were extracted.

RADIOLOGICAL DEPARTMENT.

Radiological investigations of patients in Dorking County Hospital are undertaken at the Redhill County Hospital.

Analysis of Investigations made during the Year :—

Lungs and Mediastinum	2
Oesophagus, Stomach and Intestines	1
Bones and Joints	2
Total	5

MESSAGE, ELECTRO-THERAPEUTIC AND LIGHT DEPARTMENTS.

These departments are in the charge of a Visiting Masseuse. The following table summarises the treatments given during the year (all patients treated were in-patients) :—

	Massage.	Electro-Therapeutic.	Light (infra-red).
Under Treatment, January 1st, 1937	—	—	—
Commenced Treatment in 1937	13	7	3
Under Treatment, December 31st, 1937	2	—	1
Number of Cases in which Treatment was completed	11	7	2
Number of Treatments	798	*310	271

*Graduated Faradic Contractions 273

Ionisations 37

310

MATERNITY DEPARTMENT.

The maternity beds were only in use for a part of the year as this block is being adapted to give isolation accommodation. The following table gives details of the admissions during the year:—

Number of Maternity Beds	3
Number of Maternity Cases admitted	10
Number of Live Births	8
Number of Cases delivered by : Midwives	9
Doctors	1
Number of Cases in which Medical Assistance was sought by a Midwife in an Emergency	1
Number of Maternal Deaths	nil
Number of Deaths of Infants : Stillborn	2
Within 10 days of Birth	nil
Number of Deaths of Infants within Four Weeks	nil

The two still-births were of premature infants following normal delivery, while the eight other deliveries were normal full-term deliveries by natural forces.

There were no cases of puerperal fever or pyrexia during the year.

PATHOLOGICAL INVESTIGATIONS.

Thirty-seven bacteriological investigations of in-patients were carried out for the Hospital either at the Charing Cross Hospital or at the Institute of Pathology during the year.

OPHTHALMOLOGICAL DEPARTMENT.

One patient was seen by the Ophthalmic Surgeon, spectacles were advised and supplied to three patients during the year.

ILLNESSES OF NURSING STAFF.

Complement of Nurses on 31st December*	25
Average daily Complement of Nurses	31
Nurses off Duty during the year	26
Nursing Days lost (sick leave included)	589
Average number of Nursing Days lost per annum :—	
(1) Per Sick Nurse	22
(2) Per Nurse of the Average Daily Complement	19

* At the end of the year several of the wards were closed and the staff for the wards which were in use was 25 ; the staffing complement for the whole Hospital, when in use, is 42.

PREFACE.

For the past few years the Reports on the School Medical Service have not contained details of the schemes which have been in operation over a number of years, and the same course has been followed this year. The usual statistical reviews of the medical and dental inspections, and of the results of the treatment of children attending elementary and secondary schools are given in tabular form either in the text or at the end of the Report.

This year again there has been a further increase in the number of school children. On the 31st December, 1937, 92,375 children were on the elementary registers, a net increase of 1,861 over the corresponding period of 1936. For this reason it has been necessary to increase the medical, dental and nursing staffs.

At the routine medical inspections in the elementary schools, 29,149 children were examined, and in the secondary schools, 6,046. There were also 10,509 special examinations of elementary pupils, and 341 of secondary pupils. In addition, the Assistant Medical Officers carried out 15,276 and 1,377 re-examinations of elementary and secondary pupils respectively; these children had been found at routine medical inspections to be suffering from a defect or defects 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, 9.9 per cent. of the total number of children examined were found to be in need of treatment for diseases or defects (excluding uncleanness and dental caries).

Of the defects discovered at medical inspections during the year, 74.6 per cent. had been treated by the end of the year. A survey of the results of following-up shows that 93.43 per cent. of the children received the treatment recommended, before they left school.

In the secondary schools the percentage of children found to be in need of treatment was 8.5; the corresponding figure for 1936 was 8.1.

The Dental Surgeons inspected 84,132 children in elementary schools and dental clinics, of whom 52,615 (or 62.54 per cent.) were referred for treatment. At the end of the year 27,888 (or 53.003 per cent.) had received treatment at the dental clinics, although 4,009 (or 7.6 per cent.) had not fully completed their treatment.

There were also 11,074 secondary schools pupils inspected by the Dental Surgeons, of whom 5,772 (or 52.121 per cent.) were referred for treatment. At the end of the year 2,321 (or 40.21 per cent.) had received treatment at the dental clinics, and the treatment was not completed in the case of 488 pupils (or 8.45 per cent.)

At the routine medical inspections at elementary schools, the parents of 66.78 per cent. of the children accepted the invitation to be present, as compared with 65 per cent. in 1936. As in previous years there was a larger attendance of parents at the "entrants" inspection, as shown by the fact that of the 10,331 children examined in this group, the parents of 8,814 (or 85.3 per cent.) were present. There were 134 refusals from parents to allow their children to be medically examined, but of this number 57 were subsequently withdrawn, or the inspection schedule completed by the private doctor.

Towards the end of the year the Committee considered the arrangements to be made for medical inspection of school children consequent upon the raising of the school leaving age which comes into force on the 1st September, 1939. The Committee approved the provision of the routine medical inspection of an additional age group at eleven years and the substitution of a routine examination at approximately thirteen and a half years, for the present twelve year old group. It is proposed, subject to the approval of the Board of Education, to bring the revised scheme into operation at the 1st January, 1939.

As a result of a recent enquiry which was carried out, it was ascertained that out of 448 departments there were 420 departments of the elementary schools obtaining milk under the Milk Marketing Board's Scheme, an increase of 32 over the previous year.

During the year children with speech defects continued to attend the special Speech Training Classes established by the Part III Education Authorities of the Boroughs of Guildford, Reigate and Wimbledon.

The Committee's special classes held at Malden and Sutton were augmented in the autumn of the year by the opening of a new Speech Training Centre at Woking; with this addition the number of weekly sessions was increased to seven, and the number of part-time teachers to three.

The Assistant Medical Officers have specially examined, during the course of the year, over 2,000 children, in order to ascertain their fitness to take 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.
30th May, 1938.

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 1937 was 1,161,000, being an increase of 33,939 during the year, and that of the Elementary Education area was 948,680, an increase since last year of 32,719.

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.

During the year one additional Assistant Medical Officer, two additional Dental Surgeons and two Dental Attendants were appointed. One of the new posts was that of a Senior Dental Surgeon to which one of the Dental Surgeons on the staff was appointed. At the end of the year the staff included one whole-time and one part-time Ophthalmic Surgeon, 20 Assistant Medical Officers, one Senior Dental Surgeon and 16 full-time and one part-time Dental Surgeons, and 10 Dental Attendants.

The Health Visiting staff was increased by the appointment of two full-time Health Visitors.

The increases in the medical, dental and health visiting staff were made necessary owing to the continued growth of the population, chiefly in the mid-eastern area of the County, and to increased work as a result of the introduction in 1936 of the scheme for the voluntary medical inspection of pre-school children at the ages of 2, 3 and 4 years.

ELEMENTARY EDUCATION.

(a) *Numbers and Attendances.*—At the end of the year there were in the elementary area of the County, 321 public elementary schools, having 448 departments, an increase of 10 schools with 10 departments since 1936. Of these, 183 schools were provided and 138 were non-provided. On the 31st March, 1937, the number of children on the registers of the elementary schools was 90,477, of whom 33 were children under five years of age. The average attendance for the year was 79,276 (or 88.32 per cent.). The number of children on the registers on the 31st December, 1937, was 92,375, an increase of 1,861 over the corresponding period of 1936.

(b) *School Hygiene.*—When visiting schools for medical inspection, the Assistant Medical Officers have carried out a general survey of the school premises, and any conditions which appear to need attention have been reported to the Chief Education Officer.

MEDICAL INSPECTION.

As in past years, the routine medical inspections have been carried out 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 age groups are: (a) Entrants (children who have entered school for the first time); (b) Intermediates (8 years old); and (c) Leavers (12 years old). The latter group includes also children about to leave school at 14 who missed the examination during the year in which they attained the age of twelve.

At the end of the year the Committee considered the arrangements to be made for the medical inspection of school children consequent upon the raising of the school leaving age which comes into force on the 1st September, 1939. Subject to the approval of the Board of Education, the Committee decided to make provision for the routine medical inspection of an additional age group at 11 years and to substitute an inspection at thirteen and a half years for that now carried out at 12 years. It is proposed that the revised arrangements shall take effect on the 1st January, 1939.

There was an increase of 499 in the number of children inspected in these age groups over the year 1936. 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 inspection of the "entrants" age group. Similar information is forwarded to the County Medical Officer by the Medical Officers of Health of areas autonomous for Maternity and Child Welfare, when children in attendance at their Welfare Centres reach school age.

The scheme for the voluntary medical inspection of children of pre-school age is in operation throughout the Council's Maternity and Child Welfare area. The results of these examinations are also available at the inspection of the "entrants" age group. When more children take advantage of this voluntary scheme, an appreciable decrease in the number of defects found to require treatment at the first routine medical inspection may be expected.

Parents are always invited to attend the routine medical inspections and during the year 19,468 parents were present. The response by parents when the younger children are being examined is specially noteworthy; actually 8,814 parents attended the routine inspection of the 10,331 children in the 5-year old group.

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

DISEASES AND DEFECTS.

Of the 29,149 elementary school children examined at routine medical inspections, 2,883 (or 9.9 per cent.) were found to be suffering from diseases or defects (excluding dental caries and uncleanness) sufficiently serious to require some form of treatment.

The following table gives the percentage figures for the years since 1928, in Surrey and England and Wales, respectively. Whilst in Surrey the total number of defects discovered at routine medical inspection to be in need of treatment has remained at a consistently low level since 1932, the percentage figure again shows a slight upward trend this year.

Year.	County of Surrey.				England and Wales.			
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	..	..	..	17.1	..	..	..
1937	9.9	..	..	..	—	..	..	..

Table II shows the diseases and defects found at routine and special inspections. At the routine inspections 2,883 children were found with 3,077 defects which required treatment. Of these defects, 1,991 (or 64.7 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" age group was 355 (or 3.7 per cent.) and in the "leavers" age group 579 (or 6.3 per cent.) of those examined.

The number of children examined as "entrants" and found to be in need of treatment for chronic tonsillitis and/or adenoids was 437 (or 4.22 per cent.) as compared with 350 (or 3.6 per cent.) in the "intermediates" group and 119 (or 1.3 per cent.) in the "leavers" group.

The following table gives for each of the past 10 years 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
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	1057	11.32	136	1.53	545	6.15
1937	437	4.22	1464	14.17	350	3.6	1075	11.08	119	1.3	601	6.57

There is no material change in the percentage number of cases of chronic tonsillitis and/or adenoids recommended for operative treatment. Unless there are clear indications to the contrary, the practice is to defer operation in favour of other methods of treatment.

During the year the Committee decided that, in view of the requirements of the Board of Education and the changed conditions since the scheme for the operative treatment of enlarged tonsils and adenoids in children was first established many years ago, new arrangements should be made with the various hospitals in the County undertaking this work. The revised scheme is based on the principles laid down by the Board of Education, and provides that the operations shall be performed by specialists in nose and throat surgery wherever the services of such specialists can be secured. If specialists cannot be made available, the operations are to be performed by one of the practitioners on the staff of the Hospital, with special experience in nose and throat surgery. The anaesthetics are to be given either by a specialist or a practitioner experienced in this branch of medicine. Each Hospital will also nominate a Deputy for the Surgeon and Anaesthetist respectively and the names of the Surgeons and Anaesthetists will be submitted for the approval of the Board of Education. The Hospitals will undertake to notify any changes in the staff which may effect the arrangements made under the Scheme. It is a condition of the Scheme that each patient shall be kept in hospital for at least one night following the operation and on as many subsequent nights as may be found necessary. A fee of £2 2s. in respect of each case is paid to those hospitals which have agreed to enter the scheme.

At the end of the year several of the larger hospitals were already operating or had signified their willingness to adopt the revised scheme, and negotiations with the remaining hospitals were still in progress.

FOLLOWING UP.

The arrangements for the following up of children recommended to obtain treatment for defects discovered at medical inspections continue to give satisfactory results. When at the schools the Assistant Medical Officers take the opportunity to carry out re-examination of the children found previously to need treatment or observation and the Health Visitors interview the parents of children in those cases where the advice given by the school doctor has not been followed.

During the year the Assistant Medical Officers carried out 15,276 re-examinations whilst 6,165 visits were paid by Health Visitors to the homes of children regarding recommendations made at medical inspections.

Of the 10,950 defects in need of treatment discovered during the year, 8,174 (or 74.65 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 in the 10 years from 1927 to 1936 shows that 92,063 (or 93.43 per cent.) had been satisfactorily treated by the end of December, 1937, out of a total of 98,531 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.
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	10,720	9,862
1937		†1,490

† The figure refers only to defects treated during 1937, but which were discovered during the previous years.

MALNUTRITION.

As desired by 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	10,331	1,586	15.35	7,880	76.28	835	8.08	30	0.29
Second Age Group	9,698	972	10.02	7,867	81.12	847	8.73	12	0.12
Third Age Group	9,120	1,120	12.28	7,412	81.27	582	6.38	6	0.07
Total	29,149	3,678	12.62	23,159	79.45	2,264	7.77	48	0.16

The percentage figures for children placed in Groups "C" and "D" are slightly higher than the percentage figures of 1936, but it is felt that no special significance should be attached to it.

In another section of the report, reference is made to the provision of meals and to the voluntary arrangements for the supply of milk in schools.

Secondary School Nutrition in a Special Area.

The following account relates to an investigation carried out by the Board of Education during the year and may appropriately be included under this heading.

In the course of a debate on the Board's Supplementary Estimates, Mr. Chuter Ede, M.P., stated that whilst visiting the Alderman Wraith Secondary School, Spennymoor, a short time previously, he had been impressed by the apparently poor physique and general retardation (representing, he considered, at least two years retardation), in physical development of the pupils as compared with those whom he was accustomed to see in schools of similar type in Surrey. The President, therefore, directed that one of the Board's medical officers should visit the Spennymoor School and carry out a survey of the nutrition and physique of the pupils. This survey was made by Dr. R. Weaver, a medical officer of the Board, in February, 1937, who immediately afterwards examined an approximately equal number of secondary school pupils in Surrey. The secondary schools selected in Surrey after consultation with the County Medical Officer were Surbiton for the boys, and Woking for the girls. It is only possible here to draw attention to the salient features of the report.

The total number of pupils seen was as follows: At Spennymoor, 207 boys and 189 girls, in all 396 pupils; at Surbiton 218 boys, at Woking 186 girls, in all 404 Surrey pupils.

Each child was weighed and measured. It was found that the weight: height ratio was fairly consistently lower for the Spennymoor pupils and that the nutritional assessment (as shewn by the following table) gave distinctly better results for Surrey pupils than for Durham pupils.

			Total.	A (excellent)		B (normal)		C (slightly subnormal)		D (bad)	
				No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Boys.											
Spennymoor	...	...	207	5	2.4	177	85.5	23	11.1	2	1
Surbiton	...	...	218	26	11.9	187	85.8	5	2.3	0	—
Girls											
Spennymoor	...	...	189	7	3.7	157	83.1	24	12.7	1	0.5
Woking	...	...	186	27	14.5	155	83.3	4	2.2	0	—
Both sexes											
Spennymoor	...	...	396	12	3.0	334	84.4	47	11.9	3	0.8
Surrey	...	...	404	53	13.1	342	84.7	9	2.2	0	—

As Dr. Weaver observes, lower heights and weights by themselves might indicate merely a difference of racial type, but the above findings indicate the presence of another factor. Unemployment did not appear to be a deciding factor. Out of 380 fathers of pupils at Spennymoor only 17 per cent. were said not to be at work.

In both areas school dinners are provided and are satisfactory meals. At Spennymoor the Local Education Authority did not provide free dinners for necessitous pupils, but about 8 pupils were obtaining free dinners through the agency of the United Services Fund. In Surrey the Local Education Authority were providing free dinners for 42 pupils. The "Milk in Schools Scheme" was in operation at Spennymoor and Woking but not at Surbiton.

The older Spennymoor girls were found to compare more unfavourably with Surrey pupils of the same age and sex than did the older Spennymoor boys; the 16 year old Durham girl did not compare so well with the Surrey girl of 16 years, as did the 16 year old Durham boy with his opposite number. There is some evidence from other areas that either greater conscientiousness over school work or the burden of household cares and duties in addition to school work depresses the nutrition of the older secondary school girl compared with that of the more carefree boy. This may operate more strongly in Durham than in Surrey. It is difficult to lay down any general principles from comparative investigations of this character, however ably done. In addition to the circumstances carefully evaluated by Dr. Weaver other factors, such as heredity, inferior housing, overcrowding, and the earlier incidence in childhood of infectious diseases have probably all had their influence.

Dr. Weaver's conclusions may be summarised as follows: (a) the Spennymoor pupils were approximately one year behind the Surrey pupils in physique; (b) there was an appreciable difference between the nutritional condition of the Spennymoor and Surrey pupils; (c) it is probable that the diet of a considerable proportion of Spennymoor pupils is below the level of that attained in two secondary schools in Surrey.

CLEANLINESS.

The systematic inspection of the person and clothing of children in elementary schools is carried out by the Health Visitors at the beginning of each term and subsequent visits are paid to ascertain whether there has been an improvement in the condition of any children found to be dirty or verminous. During the year the Health Visitors reported 3,765 children (or 4.075 per cent.) of the number on the roll as having verminous heads or bodies or nits in the hair. The following table gives the comparable figures for the ten year, 1928-1937:—

	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
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	12,234
Cases with nits in the hair ..	21,935	21,723	20,877	24,866	20,467	20,040	18,670	17,361	15,598	14,402
Cases with lice in the hair ..	2,688	2,210	2,291	2,062	1,549	1,748	1,471	1,199	1,423	941
Cases with verminous bodies	168	148	245	98	76	51	42	26	56	112
Exclusions—										
1st time	1,040	1,213	1,557	1,388	1,294	1,271	1,071	1,221	1,316	996
2nd time	401	380	409	327	409	336	342	451	473	264
3rd time	198	162	159	123	220	159	247	243	294	139

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

Sixteen parents were prosecuted whose children had been excluded from school on account of the dirty or verminous condition of the person or clothing. In six cases the parents were fined, four were discharged with a caution or dismissed, and three cases were either withdrawn or adjourned in consequence of an improvement having been effected.

MEDICAL TREATMENT.

When defects are discovered at medical inspections which, in the opinion of the Assistant Medical Officers, appear to need treatment, the parents are advised to consult their own doctors in the first instance. If for any reason parents are unable to obtain treatment, arrangements are made for the child to attend a school clinic, a hospital or an orthopaedic centre.

There were fifteen clinics owned by the County Council and used for County health services at the end of the year. No new clinics were built but two new dental clinics were opened, one at Mitcham and the other at St. Helier.

Carshalton, St. Helier.—The Carshalton Urban District Council have intimated their intention to erect a Welfare Centre at the junction of Middleton Road and Green Wrythe Lane, St. Helier, and have asked the County Council to make use of the building if they so desire for school clinic purposes. This centre would afford facilities for all clinic purposes and the dental clinic which is at present held at Hill House, Carshalton, could be moved there when the new premises are completed.

Hook and Chessington.—During the year premises were acquired at No. 1, Gosbury Hill, Hook, for use as a school clinic. The use of the present hired building will be discontinued when the necessary adaptations have been carried out and it will then be possible to provide increased services for this district.

Malden Road, Cheam.—The County Council purchased a site in Malden Road, Cheam, from the Sutton and Cheam Borough Council for the erection of a combined clinic and welfare centre which should be completed during 1938.

The County Council clinics are rented by two District Councils for their Maternity and Child Welfare services. In three districts the premises owned by Welfare Councils are used also in connection with the school medical service. Clinics are held in school premises in nine districts and in hired buildings in 68 districts.

There are 84 minor ailments clinics: in the more rural parts of the County, 48 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.

Table IV, Group I, includes a return of the minor ailments treatment at general medical clinics.

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

Disease.	First Attendance.	Second and Subsequent Attendances.
Ringworm, head	22	42
Ringworm, body	40	51
Scabies	218	389
Impetigo	1,398	2,929
Minor injuries	1,516	1,675
Other skin diseases	2,092	2,072
Ear disease	873	1,358
Eye disease	1,434	466
All other minor ailments	9,593	4,868
	17,186	13,850
Total	31,036	

These figures show a total increased attendance of 1,631 over the total attendances for the previous year which were 29,405.

(i) *Chronic Tonsillitis and Adenoids.*—Under the Education Committee's Scheme operative treatment is undertaken at 33 general and cottage hospitals.

Table IV, Group III, records the number of cases of chronic tonsillitis and adenoids undertaken during the year both under the Education Committee's Scheme and privately.

Of the 1,789 operations performed, 91.5 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 13 years under the scheme and the percentage of children, based on the average attendance at school, in which operation was performed. It will be observed that the percentage of cases treated by operation again shows a slight increase, as in each of the three previous years.

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
1936—1937	79,276	1,684	2.12

(ii) *Defective Vision.*—Table IV, Group II, gives an analysis of the treatment provided for visual defects. The total number of attendances at the Eye Clinics during the year was 12,065; the number of attendances during the previous year was 10,013.

During the year the Committee entered into arrangements with the Sutton and Cheam Hospital for the orthoptic treatment of cases of squint in children recommended by the Council's ophthalmic surgeons for this form of treatment.

The Committee also continued for another year their grant to the Royal Surrey County Hospital, Guildford, in respect of the orthoptic clinic established there. Eight children made 61 attendances at Sutton and five children made 83 attendances at Guildford.

(iii) *Dental Defects*.—During the year arrangements were made for the Dental Board of the United Kingdom to give lecture demonstrations extending over one month at the under-mentioned schools in the County. The propaganda work undertaken by the Dental Board is designed to stimulate and develop the interest of the children in the care of their teeth. As the lectures were held in November, it is too early to estimate the value of the demonstrations.

Epsom and Ewell	...	Epsom Central C. Boys' and Girls'.
"	"	Hook Road C. Boys' and Girls'.
"	"	Stoneleigh East Central C.
Maldens and Coombe	...	Beverley Central C. Boys'.
"	"	New Malden C. of E. Junior Boys' and Girls'.
"	"	New Malden West Central C. Mixed.
"	"	New Malden East Central C. Girls'.
Merton and Morden	...	Bushey Central C. Boys'.
"	"	Bushey C. Junior Mixed.
"	"	Raynes Park C. Junior Mixed.
Sutton and Cheam	...	Cheam Common C. Junior Mixed.
"	"	Cheam Central C. Boys' and Girls'.
"	"	Cheam C. Junior Mixed and Infants'.
"	"	Sutton West Central C. Boys' and Girls'.
"	"	Cuddington C. of E. Junior Boys'.
"	"	Ridge Road C. Junior Mixed.
"	"	West Street C. Junior Mixed.
"	"	West C. Junior Mixed.
"	"	Benhillon C. of E. Junior Mixed.

The Dental Surgeons also take every opportunity when meeting parents at dental inspections and treatment clinics to stress the importance of the proper care of the teeth and advise them in all matters affecting dental hygiene.

Of the 84,132 children who were examined at routine and special inspections during the year, 52,615 (or 62.54 per cent.) were referred for treatment. Of this number 27,888 (or 53.0 per cent.) had been treated at the clinics by the end of the year as compared with 26,825 (or 55.3 per cent.) in 1936. There was an increase of 1,691 in the number of teeth filled and 2,362 in the number of extractions over the corresponding figures for 1936.

During the year the Committee authorised the appointment of two additional Dental Surgeons; one of them a senior Dental Surgeon to devote part of his time to administrative work. It became evident towards the end of the year that further staff would be necessary to meet the continued growth of population, and the Committee has accordingly recommended that one full-time Dental Surgeon should be added to the staff in the next financial year.

The work in the dental areas is so arranged that approximately two sessions per week are available for inspections, the remaining nine sessions being allotted to treatment.

(iv) *Tuberculosis*.—Table VII shows the number of children who received treatment under the Tuberculosis Scheme of the Council. These children, numbering 144, all showed definite signs of tuberculosis, and were maintained in sanatoria by the Public Health Committee.

(v) *Ringworm*.—During the year, four children with ringworm of the scalp were treated by means of X-Rays. No change was made during the year in the arrangements for X-Ray treatment.

(vi) *Heart Disease*.—During the year 210 cases of organic heart disease were found at routine medical inspections: six of these (or .02 per cent. of those examined) were referred for treatment and 204 (or .69 per cent. of those examined) were kept under observation.

The corresponding percentage figures for the whole country during the year 1936 were:—

Referred for treatment	...	...	...	...	...	.16 per cent.
Referred for observation	...	...	...	...	...	.35 per cent.

There were 49 children resident in special schools during the year on account of serious heart lesions and eight children attended day special schools. Children with serious heart lesions if able to attend the ordinary elementary schools are medically examined from time to time and school games and exercises regulated according to their fitness.

(vii) *Rheumatism*.—In the course of routine medical inspection, 187 children were found to be suffering from rheumatism. Eight children were referred for treatment and 179 were kept under observation.

Fifteen children affected with rheumatism in whom there was a danger of the heart becoming involved were admitted to residential special schools.

EXCEPTIONAL CHILDREN.

At the Central Office a register is kept of all children ascertained to be blind, deaf, epileptic, and physically or mentally defective. New cases are discovered both in the course of medical inspection and by Health Visitors, School Officers, and Private Medical Practitioners. These cases are examined and reported on by the Assistant Medical Officers before their names are added to the registers.

(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 Aldershot and Farnborough Orthopaedic Clinic was closed during the year and, in consequence, arrangements were made with the Aldershot Borough Council for the use of the Borough Orthopaedic Clinic for the treatment of Surrey cases.

The following table gives the number of Orthopaedic Centres approved by the Board of Education and the number of children treated in the year.

Centres.	Orthopaedic Surgeon	Number of	
		Children Treated.	Treatments.
Croydon, The General Hospital ..	Mr. Alan H. Todd, M.S., F.R.C.S. ..	125	1211
East Grinstead .. .. .	.. .. .	4	15
Guildford, Royal Surrey County Hospital	Mr. St. J. Dudley Buxton, F.R.C.S. ..	62	298
Kingston, British Red Cross Curative Post	Mr. Philip Wiles, F.R.C.S. ..	322	6,599
	Mr. D. McCrae-Aitken, F.R.C.S. ..		
Merton, The Nelson Hospital	Mr. A. T. Frupp, F.R.C.S. ..	102	1,301
	Mr. W. D. Coltart, F.R.C.S. ..		
Woking, British Red Cross Curative Post, Boundary Road	Mr. R. Y. Paton, F.R.C.S. ..	142	2,385
	Mr. L. H. F. Walton, M.R.C.S. ..		
Weybridge, Locke-King Clinic	Mr. Ronald Furlong, F.R.C.S. ..	100	624
Aldershot	Mr. H. H. Langston, M.B., F.R.C.S. ..	4	8
Farnborough	Mr. P. Maynard Heath, F.R.C.S. ..	3	4
Farnham .. .. .	.. .. .	6	157
Totals		870	12,602

The number of children attending the orthopaedic centres as out-patients has increased by 72, but the total attendances are fewer by 2,333 than in the year 1936. Thirteen children were admitted for short periods to the Croydon, Guildford and Nelson Hospitals, for minor operative treatment.

At the end of the year there were 73 children in residence at certified schools for cripples, whilst nine were attending day special schools, a total of 82, as compared with a total of 74 on the 31st December, 1936.

The Surrey Voluntary Association for the Care of Cripples, formed in 1936, now has branches in various districts of the County and acts as a co-ordinating body for all the agencies interested in the welfare and care of cripples.

(ii) *Blind*.—At the end of the year, 13 blind and 23 partially sighted children were in special schools, an increase of five over the number in special schools on the 31st December, 1936.

The following table shows the number of blind and partially sighted children attending special schools at the end of each year from 1923-1937, 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
1937	13	23	36

(iii) *Deaf*.—At the end of the year 31 deaf or deaf and dumb and 13 partially deaf children were at residential special schools. This is an increase of two over the number at the end of the previous year.

The Education (Deaf Children) Act, 1937, which comes into operation in April, 1938, provides for the admission of deaf children to special schools at an earlier age than seven years. The fact of a child under seven years of age being deaf shall not of itself be a reasonable excuse for neglect to provide efficient elementary instruction for the child.

(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 209 children who had been certified as feeble minded under the Education Act, 1921: of these 116 (an increase of three over the corresponding period of 1936) were in day or special schools.

The following table gives the numbers of children between the ages of seven and sixteen whose names were notified to the Mental Hospitals Committee under the Mental Deficiency (Notification of Children) Regulations, 1928.

Diagnosis.	Boys.	Girls.
Idiots	1	—
Imbeciles	9	6
Others	9	3
Feeble-minded—Children notified on leaving special schools	8	5
Total	27	14

The St. Christopher's Day Special School has been 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 report indicated that many of the children had made improvement both in their mental and physical condition.

As in past years, the children attending Occupation Centres maintained by the Surrey Voluntary Association for Mental and Physical Welfare were examined medically. Seventy-four pupils were examined (49 boys and 25 girls) of whom 12 were referred for treatment and 36 were found to have defects which needed to be kept under observation.

SUNLIGHT TREATMENT.

Artificial light treatment is available at Croydon General Hospital, Locke-King Clinic, Weybridge, and the Farnham Clinic. The following attendances were made:—

Centre.	No. of Children.	No. of Attendances.
Croydon General Hospital	13	329
Weybridge, Locke-King Clinic	43	757
Farnham Clinic	20	479
	76	1565

The following table gives a brief summary of the results of the treatment at the Locke-King Clinic, 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 ...	—	1	1	—	—	—	—	—	1
Rheumatism	—	4	4	—	—	2	1	1	—
Cervical Adenitis ...	—	2	2	—	1	—	1	—	1
Bronchitis ...	1	10	11	—	2	7	3	—	1
Asthma ...	—	1	1	—	—	1	—	—	—
Malnutrition and Debility	4	25	29	2	10	17	5	1	6

Twenty children made 479 attendances at the Farnham Sunlight Clinic. The following is an analysis of the cases treated :—

Bronchitis and Bronchial Catarrh	...	...	...	...	10
Asthma	...	...	...	...	1
Debility	...	...	...	...	9

With the exception of three children suffering from bronchial catarrh the condition of all the patients improved under treatment.

At Croydon 13 children made 329 attendances for treatment for the following conditions :—

Debility	...	...	...	...	...	4
Malnutrition	...	...	...	...	...	1
Bronchial Catarrh	...	...	...	...	...	2
Anaemia	...	...	...	...	...	1
Asthma	...	...	...	...	...	1
Cervical Adenitis	...	...	...	...	...	1
Chronic Sinusitis	...	...	...	...	...	1
Enlarged Abdominal Glands	...	...	...	...	...	1
Alopecia Areata	...	...	...	...	...	1

The condition of eight of the children was improved, two children had gained no benefit, whilst the remainder had not been under treatment long enough to assess the results.

SPEECH DEFECTS.

During the year arrangements were continued for the attendance of children for speech training at the classes established by three Part III Authorities, namely, the Boroughs of Guildford, Reigate and Wimbledon. The special classes at Malden and Sutton which were established by the Committee in the Autumn of 1936 were continued during the year with an additional weekly session at Sutton.

In September a new Special Class was established at Woking : at first two weekly sessions were held but subsequently it was found necessary to increase the number to four sessions per week.

The attendances at all the speech clinics have been good and the results satisfactory.

Children who attend these centres are examined by the medical staff both prior to attendance and before discharge.

On the 31st December, 1937, 58 children were attending these classes, and the work done during the year is summarised in the following table :—

Speech Clinic.	Total Number of Cases.		Stammerers.		Lalling Cases.		Undeveloped Speech.		Miscellaneous.	
	Treated.	Discharged	Treated	Discharged	Treated	Discharged	Treated	Discharged	Treated	Discharged
Guildford	14	5	9	3	—	—	—	—	5	2
New Malden	26	9	13	4	4	2	2	—	7	3
Reigate	5	1	5	1	—	—	—	—	—	—
Sutton	33	24	19	13	9	7	4	3	1	1
Wimbledon	7	4	4	1	2	2	—	—	1	1
Woking	18	2	6	—	7	1	1	—	4	1

CHILD GUIDANCE.

An increasing number of children have been referred on the recommendation of the Assistant Medical Officers to Child Guidance Clinics in London, and where necessary the Committee have assisted the parents in the payment of travelling expenses.

During the year two children were admitted to the Northamptonshire Home for Maladjusted Girls and one child was boarded out with foster parents in order that he might attend a child guidance clinic for treatment. The Committee also agreed to accept responsibility for the in-patient hospital treatment of a special case in which other means of treatment were felt to be unsuitable.

INFECTIOUS DISEASE.

No change has been made in the procedure in connection with the notification of cases on infectious and contagious disease from schools.

Table V gives a summary of the notifications of cases by Head Teachers during the year whilst Table VI shows the schools which were closed during the year, and the duration of and reason for closure.

There were 110 certificates issued during the year in respect of 52 schools or departments 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 1931 :—

Exclusions for	1931		1932		1933		1934		1935		1936		1937	
	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	2	872	10	6,953	5	2,674	3	7,915	4	2,619	5	8,664	—	1,479
Whooping Cough	1	1,900	—	1,760	—	1,888	—	2,487	—	1,873	—	1,695	—	1,989
Scarlet Fever ..	—	1,024	1	834	—	1,913	—	2,366	1	1,746	2	1,592	1	1,214
Chicken Pox ..	—	2,700	—	2,993	—	2,669	—	3,212	—	3,063	—	3,419	—	3,847
Diphtheria ..	1	511	—	211	3	526	—	679	—	569	—	665	1	529
Mumps	—	806	1	1,024	—	1,562	—	3,342	1	5,304	—	916	1	2,791

The number of children excluded from school on account of infectious disease shows a decrease of over 4,700 as compared with the previous year; this was mainly due to the considerable drop in the number of cases of measles.

There were 136 fewer cases of diphtheria than during 1936. The following schools had the greatest number of cases of diphtheria:—

Mitcham, Lower Mitcham C.	Junior Girls	...	...	...	9
Dorking, Brockham Council	...	...	...	...	8
Mitcham, Upper Mitcham C.	Junior Girls	...	...	...	8
Esher, Thames Ditton C.	Girls	...	...	...	7
Mitcham, Links C.	Infants	...	...	...	7

SCHICK TESTING AND IMMUNISATION AGAINST DIPHTHERIA.

The majority of the local sanitary authorities now undertake 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.

The following table gives the number of children in Urban and Rural districts who were immunised against diphtheria during the year, either at schools or at clinics:—

District.	No. of Children attending Schools who have been immunised either at Schools or at Clinics.
Banstead—Urban	15
Barnes (M.B.) ..	330
Carshalton—Urban	501
Chertsey—Urban	220
Coulsdon and Purley—Urban	10
Dorking—Urban	169
Egham—Urban ..	135*
Epsom and Ewell (M.B.)	131
Farnham—Urban	156
Haslemere—Urban	112
Leatherhead—Urban	168
Maldens and Coombe (M.B.)	187
Merton and Morden—Urban	423
Mitcham (M.B.) ..	182
Richmond (M.B.) ..	2†
Surbiton (M.B.) ..	218
Sutton and Cheam (M.B.)	359
Walton and Weybridge—Urban	104
Wimbledon—(M.B.) ..	1†
Woking—Urban ..	132
Bagshot—Rural ..	118**
Dorking and Horley—Rural	168
Godstone—Rural	198
Guildford—Rural	366
Hambledon—Rural	200

* Includes 4 children attending private school.

† Secondary School pupils.

** Includes 86 children at the Shaftesbury Homes.

The Assistant Medical Officers and Health Visitors have assisted the District Medical Officers of Health in this work both at the schools and at the clinics.

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 (sixteenth) session for a period of 22 weeks. 476 children and 22 teachers from 35 schools took advantage of the facilities offered. During the 1937 season the average cost of maintenance was 6s. 8d. per head per week.

No case of infectious disease was notified during the season.

A full report by Mr. Lance Rawes, the Chairman of the Management Committee of the Camp, who has always shown keen interest in the work of the Camp, has been submitted to the Education Committee.

The County Medical Officer desires again to record his appreciation of the work done at this school camp.

Each child is examined by an Assistant Medical Officer on the day previous to entering the Camp: the primary object of this examination is to minimise the risk of introducing infection or contagious disease to the camp and to ensure that the children are free from vermin. The children were also under medical supervision by one of the Assistant Medical Officers 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 further consideration to the provision of an Open Air Residential Special School and towards the end of the year acquired a property known as Wentworth Hall, High Ashurst, adjoining Headley Heath. The site is regarded as eminently suitable for a Residential Special School and the Committee have directed that plans should be prepared for adapting and extending the house to accommodate 80 delicate and 20 heart cases.

During the year 292 delicate children were resident in Special Schools and of these 119 were still in residence at the end of the year. Five children attended the Kingston Day Special School during the year, and two were still in attendance at the end of the year.

The schools mainly used were:—

Hambledon, St. Dominic's (Boys).
Ventnor, St. Catherine's (Mixed).
Broadstairs, Holy Cross (Girls).
Ramsgate, Holy Cross (Boys).
St. Leonard's-on-Sea, St. Vincent's (Girls).

Only children classifiable as "delicate"—that is to say, children whose general health makes it desirable that they should be educated in a residential special school are sent to such schools: children requiring short periods of stay in convalescent homes are referred to the voluntary associations which provide this form of treatment.

PHYSICAL TRAINING

This important component part of the curriculum continues to receive adequate attention and its organisation has been benefited by the appointment of two additional organisers to the County Inspecting Staff of the Education Department.

Part of their time is devoted by arrangement to the work of schools in some of the areas for elementary education within the administrative County. The work in the schools of the County is based upon the Syllabus of Physical Training for Schools issued by the Board of Education in 1933. Until a further syllabus is issued this syllabus, which is intended for children up to the age of 12 years, provides some suitable work for children beyond that age.

Physical Training and Country Dance classes have been arranged for teachers of Infants and of older children, both men and women. During 1938, courses for teachers, one for men and one for women each lasting one month, have been arranged. This is a new development, which has been made possible by the appointment of additional organisers in 1937.

Physical Training and Recreation Act, 1937.—The County Council have delegated the major part of their powers under the physical Training and Recreation Act, 1937, to the Education Committee, who, after consultation with the Area Fitness Committee for Surrey and Sussex, have decided to call a conference of all Authorities in the administrative County for discussion of the working of the Act.

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 there were 1,330 children receiving milk free and 364 children at half cost.

A special survey of the children who receive milk, either free or at half cost, during 1937, 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.
1572	10	576	964	22	300	532	533	207

Ten of the children who were absent at the time of re-examination are reported to have benefited in consequence of having milk and in the case of a number of children, the period was too short to allow of a satisfactory estimate of their condition being made.

The existing voluntary schemes for the supply of milk to children continued during the year. As a result of recent enquiry it was ascertained that out of 448 departments in elementary schools there were 420 departments obtaining supplies of milk under the Milk Marketing Board's scheme.

Of the remaining departments 17 were supplying one or other of the dried milks and in 11 departments no voluntary scheme was in operation.

On the 30th September, 1937, 49,272 children were having milk in school, of whom 46,042 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 District Medical Officer of Health.

Samples of milk supplied to the schools have been taken for chemical and bacteriological examination by officers of the Public Control Department and by the District Medical Officers of Health.

The Education Committee have recently provided canteen accommodation at several schools and it is known that the establishment of canteens at other country schools is being considered, and that interest in the possibilities of this provision is increasing at schools attended by children who live some distance away and are thereby unable to return for their midday meal. The establishment of more canteens in such schools is to be expected. In many schools there are arrangements for the provision of hot drinks or for the warming of food brought by children.

SCHOOL BATHS.

During the year, the Committee purchased a swimming bath at Cranleigh for use of the schools in that district.

The existing arrangements for swimming have been continued and extended and during the summer months 16,634 children from 299 schools attended swimming baths in the vicinity of the schools.

It is intended to provide a two-year course of 24 lessons for as many children as possible between the ages of 10 and 12 years, preference being given to children who have not yet learned to swim.

CO-OPERATION OF PARENTS AND TEACHERS.

During the year 66.78 per cent. of the parents accepted the invitation to be present at routine medical inspection. Of the 10,331 children examined in the entrants group the parents of 8,814 were present, representing a percentage attendance of 85.31 per cent.

The attendance of parents at the first school examination of their children affords an excellent opportunity to Assistant Medical Officers to discuss with them any conditions which may be affecting the health of their children.

The school teachers give great assistance in the work of the school medical service, not only in the preparation for inspections, but also by their keen interest in the well-being of the children under their care. Their personal knowledge of many parents and of home circumstances of the children is often very valuable in securing prompt treatment. The friendliest relations have always existed in Surrey between the teachers and the medical, dental and nursing staffs.

CO-OPERATION OF SCHOOL OFFICERS.

During the year under review the school officers continued to co-operate with the school medical service with the greatest mutual advantage. 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 some of the 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 the School Care Committees.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During the year 40 cases were referred to the Society, the chief of which were concerned with neglect to obtain treatment for enlarged tonsils and adenoids, defective vision and dirty or verminous conditions. Of these cases 33 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.

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 it was decided to form a nursery class at the Epsom, Dorking Road Infants' School, subject to there being a satisfactory response on the part of parents and to the approval of estimates for adaptation of buildings and for staff and equipment.

The establishment of nursery classes in certain other areas was considered but deferred until experience had been gained as a result of the proposed formation of the above class.

The Committee agreed to an application from the Thomas Wall Nursery School, Sutton, for the carrying out at regular intervals of routine medical inspection of children attending the school.

SECONDARY SCHOOLS.

The usual medical and dental inspections of pupils in 40 Secondary, Junior Technical and Day Commercial Schools were carried out during the year. Twenty-seven of these schools are provided by the Authority: Seven are aided but not provided and six are Junior Technical and Day Commercial Schools.

Three routine medical examinations of pupils at secondary schools are carried out during their school career at the following ages:—

- (a) On entry to school.
- (b) 12 years of age.
- (c) 15 years of age.

The pupils of Day Commercial and Junior Technical Schools are examined twice during their school life, namely, on admission and immediately prior to leaving school.

In addition, special examinations are made of any pupils brought forward by parents or by Head Masters or Head Mistresses. 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 medical inspection to require treatment was 8.5 as compared with 8.1 in 1936. The comparable figure for the elementary school children was 9.9.

The following table gives 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
1936	8.1
1937	8.5

ORTHOPÆDIC TREATMENT.

Pupils from the secondary schools recommended for Orthopædic treatment may attend the appropriate Orthopædic Clinics under the Education Committee's scheme. Special place pupils secure treatment on the same terms as children attending elementary schools, but fee payers are required to pay the charges included in the scheme directly to the hospital, except where the parents are able to satisfy the Governors that they are unable to bear the full cost of treatment.

During the year 56 secondary school pupils made 1,072 attendances at these clinics; of this number 19 were fee-paying pupils who made 391 attendances. Two children were admitted to hospitals for minor operative treatment.

CONTINUATION SCHOOLS.

There are no continuation schools provided by the Education Authority.

HIGHER EDUCATION FOR THE BLIND, DEAF, DEFECTIVE AND EPILEPTIC.

The Higher Education Committee was responsible during the year for the maintenance and training at residential institutions of 18 blind, 5 epileptic, 1 deaf, 12 physically defective students.

PAYMENTS.

Parents' contributions towards the cost of treatment of minor ailments, defects of the nose and throat, of vision and of teeth, are collected by the Health Visitors and Dental Attendants 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 wished to take up part-time employment.

The examinations are undertaken by the Assistant Medical Officers at the clinics nearest to the homes of the applicants. During the year 2,034 examinations were carried out for this purpose: of this number 21 children were, on medical grounds, considered unfit to undertake part-time employment, and 2 children were limited as to the amount of employment which they were allowed to take up. In addition to the above, 106 children wishing to take part in entertainments were medically examined and certificates issued.

CHILDREN AND YOUNG PERSONS ACT, 1933.

During the year, Banstead Hall, Banstead, a short-term approved school providing accommodation for 100 boys, was opened, and also two new Remand Homes—one for girls at Canon's Court, Fetcham (8 places), and one for boys at "Pentlands," St. George's Road, Mitcham (20 places), the latter replacing the existing Remand Home at Mitcham.

Banstead Hall, Banstead.—Boys who have left school and are under 17 years of age are admitted to Banstead Hall Approved School, when ordered to be sent there by Juvenile Courts sitting in Surrey, Kent, Middlesex and the County Borough of Croydon. Some boys have also been accepted on the application of Courts sitting in other areas. The school is intended to deal with those boys for whom some form of training and discipline under detention is required, but for whom long-term training is neither necessary nor desirable. The period of detention varies from six to twelve months, and if a boy responds to training he is released on licence at the end of it.

The routine inspections and treatment for minor ailments are carried out by the County Medical Staff, whilst the services of a private practitioner are available to deal with cases of illness amongst the boys and resident staff.

Dental inspection and treatment is carried out on the premises by the County Dental Staff.

Fetcham and Mitcham Remand Homes.—Arrangements have been made whereby members of the County Medical Officer's Staff medically inspect all children on admission to these Remand Homes, and also, if necessary, on discharge. An examination is also carried out by the County Mental Specialist or by one of the Certifying Officers when investigation into the mental condition of a case appears to be indicated. Arrangements are also made for attendance at Court of the Assistant Medical Officer where such a course is thought to be desirable.

During the year special reports have been required in respect of 24 children who were to appear at the Juvenile Courts. Of these, 10 were examined by Dr. Steward, the County Mental Specialist, and 14 by the Assistant Medical Officers. The Health Visitors also made reports as to the suitability of homes suggested for the boarding out of children who had been placed in the care of the Education Committee by the Courts. Such cases are kept under supervision by the Health Visitors.

MISCELLANEOUS.

(i) *Examination of Candidates for Special Places.*—During the year 362 boys and 326 girls were medically examined to ascertain their fitness to hold scholarships. Of this number, 39 boys and 31 girls were required to obtain treatment for various defects.

(ii) *Examination of School Teachers.*—Twelve teachers were examined, of whom one was considered to be permanently unfit and 11 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.

(iii) *Examination of Aircraft Apprentices and Boy Entrants—Royal Air Force.*—During the year the Committee agreed to a request of the Air Ministry that arrangements be made for a preliminary examination by the School Medical Staff of candidates nominated for entry into the Royal Air Force.

Of the 17 boys who were nominated for the November Entrance Examination, the parents of 9 accepted the invitation to have a preliminary examination at the school clinic.

This examination is carried out in order to eliminate, as far as possible, the chances of rejection of the candidates on medical grounds.

SURREY EDUCATION COMMITTEE,
 SCHOOL MEDICAL OFFICER'S REPORT, 1937.
 MEDICAL INSPECTION AND TREATMENT OF CHILDREN
 ATTENDING PUBLIC ELEMENTARY SCHOOLS.

TABLE 1.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of children inspected.		
	Boys.	Girls.	Total.
Entrants	5,307	5,024	10,331
Intermediates	5,012	4,686	9,698
Leavers	4,605	4,515	9,120
Totals	14,924	14,225	29,149

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys	5,441	8,177
Girls	5,068	7,099
Totals	10,509	15,276

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1937.

	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	—	3	23	2
" Body	4	3	28	1
Scabies	18	4	113	1
Impetigo	43	13	577	8
Other diseases (non-tubercular)	95	151	959	71
Eye—				
Blepharitis	63	134	166	18
Conjunctivitis	18	9	114	9
Keratitis	—	—	—	1
Corneal opacities	1	4	3	1
Defective vision (excluding squint)	888	1,555	1,737	182
Squint	160	370	132	24
Other conditions	12	43	158	27
Ear—				
Defective hearing	40	160	37	51
Otitis media	48	162	141	29
Other ear disease	40	33	133	32
Nose and Throat—				
Chronic Tonsillitis only	351	2,099	327	278
Adenoids only	48	220	58	55
Chronic Tonsillitis and adenoids	507	821	951	102
Other conditions	37	117	120	69
Enlarged cervical glands (non-tubercular)	11	1,216	48	223
Defective speech	22	168	32	44
Heart and Circulation—				
Heart disease, Organic	6	204	—	45
" Functional	3	308	2	65
Anæmia	55	121	46	24
Lungs—				
Bronchitis	32	414	56	74
Other non-tubercular diseases	10	203	137	199
Tuberculosis—				
Pulmonary definite	—	2	—	—
" suspected	1	25	—	12
Non-Pulmonary—				
Glands	7	23	5	7
Spine	—	3	—	—
Hip	—	—	—	1
Other bones and joints	—	1	—	1
Skin	—	—	—	—
Other forms	2	13	1	1
Nervous system—				
Epilepsy	1	27	3	11
Chorea	4	28	9	26
Other conditions	13	86	49	103
Deformities—				
Rickets	11	132	1	1
Spinal curvature	102	492	22	44
Other forms	244	1,333	95	112
Rheumatism	8	179	42	84
Other diseases and defects	172	850	1,548	845
Totals	3,077	11,729	7,873	2,883

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	10,331	916	8.9
Intermediates	9,698	978	10.0
Leavers	9,120	989	10.9
Totals	29,149	2,883	9.9

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE COUNTY ON THE 31ST DECEMBER, 1937.

			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	6 1 2	3 — 3	9 1 5
Blind (including partially sighted)	(i) Suitable for training in a school for the totally blind	At certified schools for the blind	9	4	13
		At public elementary schools	—	—	—
		At other institutions	—	—	—
		At no school or institution	1	—	1
	(ii) Suitable for training in a school for the partially sighted	At certified schools for the blind or partially sighted	18	5	23
		At public elementary schools	29	20	49
		At other institutions	2	—	2
		At no school or institution	5	5	10
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	18	13	31
		At public elementary schools	—	—	—
		At other institutions	—	—	—
		At no school or institution	1	1	2
	(ii) Suitable for training in a school for the partially deaf	At certified schools for the deaf or partially deaf	8	5	13
		At public elementary schools	3	2	5
		At other institutions	—	2	2
		At no school or institution	—	2	2
Mentally Defective.	Feeble-minded	At certified schools for mentally defective children	75	41	116
		At public elementary schools	24	21	45
		At other institutions	12	3	15
		At no school or institution	19	14	33
Epileptics	Suffering from severe epilepsy	At certified schools for epileptics	7	4	11
		At public elementary schools	1	—	1
		At other institutions	1	—	1
		At no school or institution	4	5	9
Physically Defective.	(i) Suffering from pulmonary tuberculosis (including pleura and intrathoracic glands).	At certified special schools	8	8	16
		At public elementary schools	—	—	—
		At other institutions	3	5	8
		At no school or institution	2	2	4
	(ii) Suffering from non-pulmonary tuberculosis (including tuberculosis of all sites other than those shown in (i) above)	At certified special schools	43	33	76
		At public elementary schools	7	12	19
		At other institutions	—	1	1
		At no school or institution	7	8	15
	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	73	48	121
		At public elementary schools	208	185	393
		At other institutions	4	3	7
		At no school or institution	28	27	55
	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	49	33	82
		At public elementary schools	46	46	92
		At other institutions	3	4	7
		At no school or institution	22	18	40
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	7	18	25	
	At public elementary schools	33	41	74	
	At other institutions	—	2	2	
	At no school or institution	7	10	17	
Totals			796	657	1,453

TABLE IV.
Group 1.—Treatment (other than of Defective Vision and Tonsils and Adenoids) carried out during 1937.

	Treatment of defects found prior to 1937.							Treatment of defects found during 1937.												Total defects treated during the year, whether found during 1937 or previously.		
	Routine cases.			Special cases.			Total defects treated—routine and special.	Routine cases.				Special cases.				Total defects treated—Routine and special.						
	Defects treated.			Defects treated.				Defects treated.				Defects treated.										
	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.		Referred for treatment.	Under scheme of Local Education Authority.	Otherwise.	Total.	Referred for treatment.	Under scheme of Local Education Authority.	Otherwise.	Total.							
Skin—																						
Ringworm, Head	—	—	—	2	—	2	—	—	—	—	23	13	9	22	22	15	9	24				
.. .. . Body	1	—	1	2	—	2	1	4	—	4	28	23	1	24	25	25	2	27				
Scabies	—	—	—	3	—	3	18	10	1	11	113	97	9	106	117	110	10	120				
Impetigo	16	1	17	14	—	14	31	43	21	5	26	577	532	5	537	563	583	11	594			
Other Diseases (non-Tubercular)	18	5	23	27	5	32	55	95	43	8	51	959	867	27	894	945	955	45	1,000			
Eye—																						
Blepharitis	13	3	16	8	1	9	25	63	31	4	35	166	147	6	153	188	199	14	213			
Conjunctivitis	2	2	4	—	—	—	4	18	9	1	10	114	109	2	102	112	111	5	116			
Keratitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1			
Cornual Opacities	—	—	—	—	—	—	—	1	—	—	—	—	3	1	2	3	3	1	2	3		
Defective Vision	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Squint	—	—	—	—	—	—	—	—	See Table IV (Group II)													
Other Conditions	1	1	2	8	—	8	10	12	1	1	2	158	139	5	144	146	149	7	156			
See Table IV (Group II)																						
Ear—																						
Defective Hearing	2	1	3	—	—	—	3	40	10	20	37	30	4	34	54	42	15	57				
Otitis Media	5	3	8	3	3	6	14	48	16	8	24	141	107	17	124	148	131	31	162			
Other Ear Disease	2	3	5	2	—	2	7	40	17	2	19	133	114	8	122	141	135	13	148			
Nose and Throat—																						
Chronic Tonsillitis only	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Adenoids only	—	—	—	—	—	—	—	—	See Table IV (Group III)													
Chronic Tonsillitis and Adenoids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other Conditions	3	—	3	—	2	2	5	11	—	3	3	48	25	6	31	34	28	11	39			
Enlarged Cervical Glands (non-Tubercular)	3	—	3	—	2	2	5	11	—	3	3	48	25	6	31	34	28	11	39			
Defective Speech	3	—	3	6	1	7	10	22	7	—	7	32	8	2	10	17	24	3	27			
Heart and Circulation—																						
Heart Disease, Organic	—	—	—	—	—	—	—	6	1	3	4	—	—	—	—	4	1	3	4			
.. .. . Functional	—	2	2	—	—	—	—	2	3	—	2	2	—	1	1	3	—	5	5			
Anæmia	17	3	20	8	2	10	30	55	22	8	30	46	24	5	29	59	71	18	89			
Lungs—																						
Bronchitis	2	6	8	5	—	5	13	32	4	8	12	56	36	9	45	57	47	23	70			
Other non-Tubercular Diseases	—	2	2	3	1	4	6	10	2	5	7	137	102	14	116	123	107	22	129			
Tuberculosis—																						
Pulmonary, Definite	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
.. .. . Suspected	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	1	—	1	—			
Non-Pulmonary—																						
Glands	—	—	—	—	—	—	—	7	—	2	2	5	1	2	3	5	1	4	5			
Spine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Hip	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other Bones and Joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other Forms	—	—	—	—	—	—	—	2	1	—	1	—	1	1	2	1	1	1	2			
Nervous System—																						
Epilepsy	—	—	—	—	—	—	—	1	—	—	3	—	1	1	1	—	—	1	1			
Chorea	—	1	1	—	—	—	—	4	—	1	1	9	4	—	4	5	4	2	6			
Other Conditions	2	1	3	2	—	2	5	13	5	2	7	49	29	3	32	39	38	6	44			
Deformities—																						
Rickets	2	1	3	—	—	—	3	11	5	—	5	1	1	—	1	6	8	1	9			
Spinal Curvature	21	2	23	1	—	1	34	102	52	7	59	22	15	2	17	76	89	11	100			
Other Forms	57	6	63	17	2	19	82	244	104	9	113	35	64	5	69	182	242	22	264			
Rheumatism	—	2	2	—	—	—	2	8	—	4	4	42	16	12	28	32	16	18	34			
Other Diseases and Defects	14	18	32	38	20	58	90	172	34	33	67	1,548	1,203	174	1,377	1,444	1,289	245	1,534			
Totals	181	63	244	148	37	185	629	1,086	395	129	524	4,548	3,699	332	4,031	4,355	4,423	561	4,984			

TABLE IV.—*Contd.*

	Number of defects dealt with.				Number of children.														
	Defects referred for treatment.	Under the authority's scheme.	By private practitioner or hospital.	Otherwise.	Total.	For whom spectacles were prescribed.				Who obtained spectacles.			Recommended for treatment other than by spectacles.			Received other forms of treatment.			For whom no treatment was considered necessary.
						Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.		
During 1937...	2,917	2,166	52	32	2,250	1,360	76	1,436	1,344	76	1,420	45	—	45	45	—	45	769	
Outstanding from previous years ...	—	375	19	26	420	259	33	292	260	33	293	5	4	9	5	4	9	119	
Total defects treated during 1937 ...	—	2,541	71	58	2,670	1,619	109	1,728	1,604	109	1,713	50	4	54	50	4	54	888	

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1937.

Number of defects.																				
Defects referred for treatment.	Received operative treatment.												Received other forms of treatment.					Total number treated.		
	Under local authority's scheme.				By private practitioner or hospital apart from authority's scheme.															
	Tons.	Aden.	T. & A's	Other Cond.	Tons.	Aden.	T. & A's	Other Cond.	Tons.	Aden.	T. & A's	Other Cond.	Tons.	Aden.	T. & A's	Other Cond.	Tons.	Aden.	T. & A's	Other Cond.
During 1937...	54	11	1064	8	15	2	30	1	69	13	1094	9	54	9	6	115	123	22	1,100	124
Outstanding from previous years ...	55	8	511	—	7	—	32	—	62	8	543	—	10	1	5	12	72	9	548	12
Total defects treated during 1937 ...	109	19	1,575	8	22	2	62	1	131	21	1,637	9	64	10	11	127	195	31	1,648	136

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 ...	3,978	8,303	8,876	9,009	9,241	8,884	8,429	8,292	7,796	5,220	404	78,432	5,700	84,132
Referred for treatment ...	2,054	4,354	5,011	5,494	5,684	5,712	5,560	5,328	5,103	3,436	237	47,973	4,642	52,615
Treatment completed ...	1,072	2,667	3,041	2,947	2,846	2,844	2,664	2,231	2,001	1,420	146	23,879	—	23,879
„ not completed ...	161	297	291	420	414	432	469	480	581	411	53	4,009	—	4,009

(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	1,088	5,934	44,743	9,104	22,226	37,905	1,177	23,403	12,391	5,867	659
Secondary	129	169	4,541	883	3,977	329	2	3,979	416	1,136	7

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(a) WORK OF HEALTH VISITORS.

Total number visits to schools.	Average number of visits per school.	Total number of examinations of children in schools	Number of instances of uncleanness.					Action taken.								
			Clothing filthy.	Nits.	Lice.	Bodies verminous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecutions.	No. fined.	Adjourned or withdrawn on improvement.	Discharged with a caution or dismissed.
										1st time	2nd time	3rd time				
6,196	13.83	318,211	520	14,402	941	112	15,975	5,228	2,540	996	264	139	16	6	3	4

(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 1937.

(a) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	197	26	306	529
Scarlet fever	687	38	489	1,214
Enteric fever	2	2	6	10
Measles	1,172	66	241	1,479
Whooping Cough	1,499	335	155	1,989
German measles	135	3	100	238
Chicken-pox	2,937	116	794	3,847
Mumps	2,578	112	101	2,791
Jaundice	104	8	56	168
Other	824	40	16	880
Totals	10,135	746	2,264	13,145

(b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	37	1	38
Impetigo	136	8	144
Scabies	49	8	57
Ophthalmia	21	1	22
Other	17	2	19
Totals	260	20	280

TABLE VI.

SCHOOL CLOSURE ON ACCOUNT OF INFECTIOUS DISEASE IN 1937.

Name of school.	School closed on account of infectious disease.		Reason for closure.
	From	To (inclusive)	
Chiddingfold C. E.	27- 9-37	6 -10-37	Diphtheria
Dorking R. C.	20-12-37	22-12-37	Mumps
Frensham, Churt St. Johns C. E.	17- 6-37	25- 6-37	Scarlet Fever

TABLE VII.

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

Institution.	Male.	Female.
Alton, Lord Mayor Treloar's	7	4
Brompton Hospital	1	1
Clandon, Alexandra Hospital for Children	1	—
Croydon General Hospital	1	—
East Anglian Sanatorium, Nayland	1	3
Frimley, Burrow Hill Sanatorium	2	—
Great Ormond St. Hospital for Sick Children	—	1
Harpenden, National Children's Home Sanatorium	6	7
Highwood (L.C.C.) Hospital	1	—
Haslemere, Holy Cross Sanatorium	—	3
Holy Cross, Ramsgate	1	—
Holt Sanatorium	1	2
Margate, Royal Sea-Bathing Hospital	14	10
Margate, Victoria Home	14	11
Milford, Surrey County Sanatorium	2	2
Pinner, St. Vincents	3	—
Pyrford, St. Nicholas Hospital	16	12
Royal Chest Hospital	1	—
Royal National Orthopaedic Hospital (Stanmore Country Branch)	4	3
St. Thomas's Hospital, S.E.1	1	1
Seven Oaks, Children's Hospital for Hip Disease	1	4
University College Hospital	1	—
Woking Hospital	1	—
Total	80	64

TABLE VIII.

CASES REFERRED TO THE N.S.P.C.C. DURING 1937.

Condition.	No. of cases.	Result.		Still under supervision
		Treatment provided.	Condition improved.	
Defective vision	9	7	1	1
Dirty and neglected	15	—	12	3
Enlarged tonsils & adenoids	7	5	—	2
Extensive dental caries	5	4	1	—
Miscellaneous	4	—	3	1
Totals	40	16	17	7

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY SCHOOLS.

TABLE IX.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of pupils inspected.		
	Boys.	Girls.	Total.
Entrants	1,542	1,081	2,623
Intermediates	712	540	1,252
Leavers	1,215	956	2,171
Totals	3,469	2,577	6,046

B.—OTHER INSPECTIONS.

	Number of special inspections.	Number of re-examinations.
Boys	135	782
Girls	206	595
Totals	341	1,377

TABLE X.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1937.

	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	—	—	—	—
" Body	2	—	1	—
Scabies	—	—	—	—
Impetigo	4	—	1	—
Other diseases (non-tubercular)	27	40	2	2
Eye—				
Blepharitis	7	30	2	1
Conjunctivitis	1	2	—	—
Keratitis	—	—	—	—
Corneal opacities	—	—	—	—
Defective vision (excluding squint)	295	839	112	29
Squint... ..	4	37	1	1
Colour sense	—	9	—	1
Other conditions	1	1	—	—
Ear—				
Defective hearing	5	47	1	1
Otitis media	3	9	—	2
Other ear disease	5	5	1	—
Nose and Throat—				
Chronic Tonsillitis only ...	10	150	3	2
Adenoids only	1	10	—	—
Chronic Tonsillitis and adenoids	8	14	2	2
Other conditions	4	22	3	2
Enlarged cervical glands (non-tubercular)	—	86	—	1
Defective speech	2	18	1	1
Heart and Circulation—				
Heart disease, Organic ...	1	37	—	1
" Functional	2	55	—	2
Anæmia	7	23	2	4
Lungs—				
Bronchitis	2	23	—	1
Other non-tubercular diseases	1	30	—	7
Tuberculosis—				
Pulmonary definite	—	—	—	—
" suspected	—	4	—	1
Non-Pulmonary—				
Glands... ..	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other bones and joints ...	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous system—				
Epilepsy	—	—	—	—
Chorea... ..	1	2	—	—
Choreiform movements ...	—	7	—	—
Headaches	1	2	—	1
Other conditions	1	12	1	3
Deformities—				
Rickets	—	—	—	—
Spinal curvature	38	301	2	7
Flatfoot	67	455	1	6
Other diseases and defects	24	217	13	50
Rheumatism	1	12	—	2
Thorax	—	10	—	—
Overstrain	1	1	—	—
Digestion	1	1	—	—
Constipation	2	6	—	—
Catamenia—				
Amenorrhœa	1	2	—	—
Menorrhagia	—	3	—	1
Dysmenorrhœa	—	4	—	1
Totals	530	2,526	149	132

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	2,623	249	9.5
Intermediates	1,252	87	6.9
Leavers	2,171	179	8.2
Totals	6,046	515	8.5

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	—	—	—	1	1
Scabies	2	—	—	—	2
Impetigo	—	1	1	1	3
Other diseases (non-tubercular) ...	2	1	7	4	14
Eye—					
Blepharitis	—	—	—	5	5
Conjunctivitis	—	—	—	—	—
Keratitis	—	—	—	—	—
Corneal opacities	—	—	—	—	—
Defective vision	15	43	43	211	312
Squint... ..	—	—	—	4	4
Other conditions	—	—	—	—	—
Ear—					
Defective hearing	—	2	2	—	4
Otitis media	1	2	—	1	4
Other ear disease	—	—	2	1	3
Nose and Throat—					
Chronic Tonsillitis only	2	1	—	3	6
Adenoids only	—	—	1	—	1
Chronic Tonsillitis and adenoids ...	—	2	—	4	6
Other conditions	—	2	6	—	8
Enlarged cervical glands (non-tubercular)	—	—	—	—	—
Defective speech	—	—	1	1	2
Heart and Circulation—					
Heart disease, Organic	—	—	—	—	—
" Functional	—	2	—	—	2
Anæmia	—	—	1	2	3
Lungs—					
Bronchitis	—	—	1	—	1
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	2	2	15	20
Flat foot	1	5	4	19	29
Other diseases and defects	2	5	6	9	22
Digestion	—	—	—	—	—
Constipation	—	1	—	—	1
Catamenia—					
Amenorrhœa	—	—	—	—	—
Menorrhagia	—	—	—	—	—
Dysmenorrhœa	—	—	—	—	—
Totals	26	70	77	281	454

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.
211	58	43	312	183	89		272	183	90		273

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
3	—	4	1	—	2	2	—	—	6	—	6	—	1	—	6	1	6

GROUP IV.—DENTAL INSPECTION.

	Routine age groups.									Total.	Specials	Total.	No. of sessions devoted to inspection.
	10	11	12	13	14	15	16	17	Over 17				
Inspected by dentist ...	362	1,084	1,654	1,899	1,969	2,078	1,380	534	106	11,066	8	11,074	129
Referred for treatment ...	152	523	837	1,045	1,099	1,140	728	221	25	5,770	2	5,772	—
Treatment completed ...	35	115	281	353	386	350	220	81	7	1,833	—	1,833	—
Treatment not completed ...	5	41	73	92	95	89	76	14	3	488	—	488	—