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Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1948

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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present my Report for the year 1948.

The report, which has been prepared in accordance with Ministry of Health Circular 3/49, falls into two parts, one dealing with Statistics and Social Conditions in the County and the other with the work of the Health Department.

The items of special interest in the County's vital statistics for 1948 are the increase in population by 20,770, of which 60 per cent was due to immigration and 40 per cent to the excess of births over deaths; the rather sharp drop in the birth rate to 15.79, the lowest since 1941; the fall in the death rate to 9.70, the lowest since 1938; and the continued fall in the number of deaths of infants under one year per thousand births to the record low figure of just below 24.

Four Acts affecting the work of the Department have come into operation during the year—the National Health Service Act, 1946, the National Assistance Act, 1948, the Children Act, 1948, and the Nurseries and Child-Minders Regulation Act, 1948.

The most important changes are those associated with the National Health Service Act: this Act aims at establishing a comprehensive Health Service which shall be available to all, and in so doing entirely alters the framework of the Health Services of the country as a whole by setting up new bodies and redistributing the much augmented Health Services between them and the bodies already discharging Health functions.

The responsibility for providing the general public with health services under the new Act—which does not alter the County District Councils' responsibility for housing and environmental hygiene—rests in each area on three different bodies, namely:—

- (1) on Regional Hospital Boards to provide the Hospital and Specialist services,
- (2) on Executive Councils to provide, by arrangement, general medical and dental services, pharmaceutical services and supplementary ophthalmic services, and
- (3) on Counties and County Boroughs, acting as Local Health Authorities, to provide Health Services directed to
 - (a) the prevention of illness and maintenance of health (Care of Mothers and Young Children, Midwifery, Health Visiting, Immunisation and Vaccination, Prevention of Illness, Care and After Care of the Sick),
 - (b) the care of persons suffering from certain long standing or permanent illnesses or defects (Tuberculosis, Mental Disease and Mental Deficiency). This duty is supplemented by the power of County Councils or County Borough Councils under the National Assistance Act to provide for the welfare of the blind, the deaf or dumb and other persons substantially and permanently handicapped by illness, injury or congenital deformity.
 - (c) the supplying of medical auxiliary services (Ambulance Service, Home Nursing and Home Helps).

Thus, of the three bodies charged with the provision of services under the Act, the Local Health Authority is the one specifically charged to provide for the prevention of disease and the maintenance of health; and this provision includes, in general terms:—

- (i) the duty to provide protection against certain infectious disease by means of vaccination and immunisation and to advise as to measures to prevent the spread of infection.
- (ii) the duty to provide for the priority care and supervision of special groups of the community which by reason of age or circumstance are particularly liable to disease and particularly in need of skilled attention, both to preserve health and to ensure a high survival rate (expectant mothers, women in the puerperium, young children, and so on). An additional group under this head are the children deprived for a part of the day of the care and attention of their mother and who have, in consequence, to be accommodated in a day nursery or with child-minders; such of these children as are accommodated in voluntary day nurseries and with child-minders are provided for under the Nurseries and Child-Minders Regulation Act.
- (iii) the power, and to such extent as the Minister may direct, the duty to make arrangements for the purpose of prevention of illness in general. So far the Minister has given directions under this section only in respect of tuberculosis, but he suggests that Local Health Authorities should consider the desirability also of making arrangements with regard to any other kind of illness.

The Act came into operation on 5th July, 1948. On that date, the hospitals for which Councils of Counties and County Boroughs had been responsible were transferred, along with the voluntary and other hospitals, to the Regional Hospital Boards. The loss of the hospitals by these Authorities

was balanced by the unification under them, in their capacity as Local Health Authorities, of the personal health services (as outlined above) which had hitherto been the responsibility in some areas of County Councils and in some of County District Councils, or had been organised on a voluntary basis; and by the augmentation of these services in accordance with the widening concept and changing ideas of the Health provision needed in a modern community.

Thus, two separate authorities—the Local Health Authority and the Regional Hospital Board—will henceforth deal with the preventive services on the one hand and the hospital and specialist services on the other, and it may be that, in the long run, it will be found that the greater advantage lay in making one Authority (namely, the Local Health Authority) responsible for the prevention of illness and in making that its main responsibility. Nevertheless, the two services are interdependent, since the extent of the provision of facilities for treatment of the sick is dependent—amongst other things—on the morbidity rates in the community: and such morbidity rates are, in part, dependent on the state of development and on the efficiency of the preventive services. While much has already been done to develop the preventive side of medicine, it may be that true economy—not only financial, but also in human life and suffering—would best be served by a further development of the preventive side of the Health services as a long term policy, based on a careful and critical consideration of the part played by the social circumstances—economic, environmental and familial—of a community, and of the habits of life and the human contacts of the individuals composing it, in influencing the diseases from which that community will suffer, its morbidity rates, its longevity and its causes of death.

In view of the importance of the developments which are taking place and which may be expected to take place as a result of the Act, I have described in some detail the present position with regard to the new and the enlarged services for which the County Council is now responsible.

I should remark on the willing and helpful co-operation we have received from the various voluntary bodies who assist the County Council in providing part of some of the services: and whose work has been most valuable and, in many cases, most strenuous.

I commend to your notice the loyal and unsparing efforts of the staff of the Department, and, in particular, that of the central office: the task of organising the new services has been onerous and the progress which has been made is attributable to their constant careful work.

I am, Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient Servant,

K. A. SOUTAR,

County Medical Officer.

STAFF OF COUNTY HEALTH DEPARTMENT.

County Medical Officer of Health.

K. A. Soutar, B.Sc., M.B., B.S., M.R.C.P., D.P.H.

Deputy County Medical Officer of Health.

J. Fanning, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Principal Assistant Medical Officer.

W. E. Greenwood, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

County Dental Surgeon.

B. Peacock, L.D.S.

Divisional Medical Officers (see Table on page 5).**Superintendent Health Visitor.**

Bargman, Mrs. E. E. A., S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent Health Visitor.

Penney, Miss A. O., S.R.N., S.C.M., H.V. Cert.

Supervisor of Midwives (Non-Medical).

Hollingworth, Miss M. E., S.R.N., S.C.M., Midwife Teacher's Cert., Gas and Air Cert.

Assistant Supervisor of Midwives (Non-Medical).

Watson, Miss V., S.R.N., S.C.M.

County Nursing Superintendent.

Deeley, Miss W. E., S.R.N., S.C.M., H.V. Cert., Q.N.

Deputy County Nursing Superintendent.

McClements, Miss M. A., S.R.N., S.C.M., H.V. Cert., Q.N.

DIVISIONAL ADMINISTRATIVE AND FIELD ESTABLISHMENTS.

Division.	D.M.Os.	A.M.Os.	Dental Officers.	Divisional Health Visitor.	Health Visitors.	Dental Attendants.	Divisional Home Help Supervisor.	Home* Helps.
Central ...	1	4	5	1	22	5	1	76
Mid-Eastern ...	2	3	3	1	13	3	—	34
North-Central ...	1	6	4	1	23	4	1	70
North-Eastern ...	3	6	5	1	25	5	1	170
Northern ...	1	1	2	1	10	2	—	30
North-Western ...	1	5	5	1	22	5	1	62
South-Eastern ...	1	2	2	1	11	2	$\frac{1}{2}$	40
Southern ...	1	5	4	1	16	4	—	39
South Western ...	2	5	5	1	21	5	1	54
Total ...	13	37	35	9	163	35	5.75	575

* Equivalent whole-time service.

In addition, staff are employed in services which are not divisionalised as follows :—

Child Guidance.

Psychiatrist—Sonenscher, L., M.B., Ch.B.

School Ophthalmic Service.

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

V.D. and M.D. Medical Officers.

Gordon, C., M.B., Ch.B., L.M., D.P.H.

Watterson, D., M.B., Ch.B., D.P.H.

HEALTH DIVISIONS.

Division.	County Districts comprising Division.	Divisional Medical Officer.	Medical Officer of Health for Sanitary Services.
N.	Barnes M.B.	Dr. E. Pereira, Municipal Offices, Parkshot, Richmond	Dr. R. Hill, Municipal Offices, Sheen Lane, Mortlake.
	Richmond M.B.		Dr. E. Pereira, Municipal Offices, Parkshot, Richmond.
N.E.	Merton and Morden U.D. ...	Dr. A. W. Johns, Morden Hall, Morden	Dr. A. W. Johns, Morden Hall, Morden.
	Mitcham M.B.	Dr. A. Ashworth, Town Hall, Mitcham	Dr. A. Ashworth, Town Hall, Mitcham.
	Wimbledon M.B.	Dr. H. Ellis, Town Hall, Wimbledon, S.W.19	Dr. H. Ellis, Town Hall, Wimbledon, S.W.19.
M.E.	Beddington and Wallington M.B.	Dr. P. J. O'Connell, Town Hall, Wallington	Dr. P. J. O'Connell, Town Hall, Wallington.
	Carshalton U.D.	Dr. F. L. Smith, The Lodge, Honeywood Walk, Carshalton	Dr. F. L. Smith, The Lodge, Honeywood Walk, Carshalton.
S.E.	Banstead—Part, i.e., Parishes of Chipstead and Woodmansterne	Dr. F. R. Edbrooke, Council Offices, Purley	Dr. E. J. MacIntyre, Holly Grove, Chipstead Road, Banstead.
	Caterham and Warlingham U.D.		Dr. F. R. Edbrooke, Pelham House, 54, Harestone Valley Road, Caterham.
	Coulsdon and Purley U.D. ...		Dr. F. R. Edbrooke, Council Offices, Purley.
N.C.	Esher U.D.	Dr. J. W. Starkey, Guildhall, Kingston-on-Thames	Dr. J. B. Morwood, Council Offices, Esher.
	Kingston-on-Thames M.B. ...		Dr. J. W. Starkey, Guildhall, Kingston-on-Thames.
	Malden and Coombe M.B. ...		Dr. J. B. Morwood, Council Offices, New Malden.
	Surbiton M.B.		Dr. N. H. Linzee, 2, Shalston Villas, Ewell Road, Surbiton.
C.	Banstead U.D.—Part, i.e., excluding the Parishes of Chipstead and Woodmansterne	Dr. P. H. R. Anderson, Ashley House, Ashley Road, Epsom	Dr. E. J. MacIntyre, Holly Grove, Chipstead Road, Banstead.
	Dorking and Horley R.D.—Part, i.e., Parish of Headley		Dr. C. Ive, West Hill House, West Hill, Epsom.
	Epsom and Ewell M.B.		do.
	Guildford R.D.—Part, i.e., Parishes of East Horsley, West Horsley and Effingham		Dr. J. E. Haine, Millmead House, Guildford.
	Leatherhead U.D.		Dr. C. Ive, West Hill House, West Hill, Epsom.
	Sutton and Cheam M.B.		Dr. E. J. MacIntyre, Manor Park House, Manor Park Road, Sutton.
S.	Dorking U.D.	Dr. T. H. Bingham, Town Hall, Reigate	Dr. C. Ive, West Hill House, West Hill, Epsom.
	Dorking and Horley R.D.—Part, i.e., excluding the Parish of Headley		do.
	Godstone R.D.		Dr. T. H. Bingham, Council Offices, Oxted.
	Guildford R.D.—Part, i.e. Holmbury St. Mary in the Parish of Shere		Dr. J. E. Haine, Millmead House, Guildford.
	Reigate M.B.		Dr. T. H. Bingham, Town Hall, Reigate.
N.W.	Bagshot R.D.	Dr. C. A. MacPherson, Old Technical College, Park Street, Guildford	Dr. D. P. MacIver, Council Offices, Weybridge.
	Chertsey U.D.		do.
	Egham U.D.		Dr. A. G. Wilkinson, 156, High Street, Egham.
	Frimley and Camberley U.D. ...		Dr. F. Churchill Davidson, Municipal Offices, Camberley.
	Guildford R.D.—Part, i.e. Parishes of East Clandon, Ockham, Pirbright, Ripley, Send, West Clandon, Wisley		Dr. J. E. Haine, Millmead House, Guildford.
	Walton and Weybridge U.D. ...		Dr. D. P. MacIver, Council Offices, Weybridge.
	Woking U.D.		Dr. N. H. Linzee, Council Offices, Woking.
S.W.	Guildford M.B.	Dr. F. A. Belam, Municipal Offices, High Street, Guildford	Dr. F. A. Belam, Municipal Offices, High Street, Guildford.
	Godalming M.B.	Dr. A. B. R. Finn, Old Technical College, Park Street, Guildford	Dr. F. A. Belam, "Branksome," Filmer Grove, Godalming.
	Farnham U.D.		Dr. F. Bedo Hobbs, Brightwell House, East Street, Farnham.
	Guildford R.D.—Part, i.e., excluding the Parishes of East Horsley, West Horsley, Effingham, Send, Ripley, Ockham, East Clandon, West Clandon, Pirbright, Wisley and Holmbury St. Mary in the Parish of Shere		Dr. J. E. Haine, Millmead House, Guildford.
	Hambleton R.D.		do.
	Haslemere U.D.		do.

GENERAL STATISTICS AND SOCIAL CONDITIONS.

Area.

No changes affecting the area of the Administrative County or the boundaries of the County Districts took place during the year.

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 1948 was 1,324,900, an increase of 377,130 in seventeen years. There has been considerable fluctuation in the population since the beginning of the war, the population at mid-year 1939 being 1,207,700.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1944-1948 is shown in the following table :—

	1944.	1945.	1946.	1947.	1948.
Urban Districts...	1,010,100	1,036,960	1,135,850	1,167,410	1,182,520
Rural Districts ...	130,970	128,120	133,400	136,720	142,380
Administrative County	1,141,070	1,165,080	1,269,250	1,304,130	1,324,900
Increase or decrease over previous year ...	—37,230	+24,010	+104,170	+34,880	+20,770

The following table shows the population of each Sanitary District at the censuses of 1921 and 1931, and the Registrar-General's mid-year estimates for 1947 and 1948 :—

DISTRICTS.		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1921.	1931.	1947.	1948.
M.B. and Urban.						
1.	Banstead	12,821	12,468	18,734	31,000	32,650
2.	Barnes	2,519	34,299	42,440	40,930	40,560
3.	Beddington and Wallington	3,045	16,451	26,328	32,400	32,800
4.	Carshalton	3,346	13,873	28,586	61,270	62,020
5.	Caterham and Warlingham	8,233	17,108	21,774	27,830	28,510
6.	Chertsey	9,983	14,939	16,988	28,570	29,480
7.	Coulsdon and Purley	11,142	23,115	39,795	62,440	62,730
8.	Dorking	9,511	13,207	15,204	20,460	19,610
9.	Egham	9,350	14,496	17,196	22,650	24,080
10.	Epsom and Ewell	8,427	22,953	35,231	68,330	67,940
11.	Esher	14,847	27,540	32,407	49,610	50,790
12.	Farnham	9,039	17,360	19,005	23,450	24,120
13.	Frimley and Camberley	7,766	13,676	16,532	17,180	17,040
14.	Godalming	2,393	10,856	10,940	14,260	14,840
15.	Guildford	7,184	27,734	34,237	47,020	45,820
16.	Haslemere... ..	5,751	8,195	9,168	11,240	11,930
17.	Kingston-on-Thames	1,408	39,514	39,825	40,780	40,780
18.	Leatherhead	11,187	11,233	16,483	25,810	27,100
19.	Malden and Coombe	3,164	14,495	23,350	44,450	44,490
20.	Merton and Morden	3,237	17,532	41,227	75,290	75,220
21.	Mitcham	2,932	35,122	56,872	64,180	66,230
22.	Reigate	10,255	31,733	34,547	40,480	41,770
23.	Richmond... ..	4,109	37,105	39,276	41,100	41,480
24.	Surbiton	4,709	20,149	30,178	58,110	58,870
25.	Sutton and Cheam	4,338	29,733	48,363	80,590	81,320
26.	Walton and Weybridge	9,056	21,634	25,671	36,690	37,070
27.	Wimbledon	3,212	61,405	59,515	57,170	57,940
28.	Woking	15,704	31,693	35,987	44,120	45,930
Total ...		198,668	639,618	835,859	1,167,410	1,182,520
Rural.						
1.	Bagshot	16,085	9,878	11,080	13,400	13,810
2.	Dorking and Horley	53,943	16,042	18,485	23,230	24,600
3.	Godstone	52,507	23,196	25,866	30,380	31,190
4.	Guildford	59,782	27,574	31,554	38,730	41,290
5.	Hambledon	68,175	22,310	24,926	30,980	31,490
Total ...		250,492	99,000	111,911	136,720	142,380
Administrative County		449,160	738,618	947,770	1,304,130	1,324,900

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.

Housing.

NEW HOUSES.

I am indebted to the Clerks of the Local Authorities for the information contained in the following table regarding the number of houses erected in each sanitary district during 1948, 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, 1948. Included in these figures are prefabricated temporary dwellings, houses re-erected after destruction by enemy action and buildings converted into flats.

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 31/12/1948.
	Houses erected during year 1948.	Houses in course of erection at end of 1948.		Houses erected during year 1948.	Houses in course of erection at end of 1948.	Houses erected during year 1948.	Houses in course of erection at end of 1948.	Houses erected during year 1948.	Houses in course of erection at end of 1948.	
URBAN										
1 Banstead	161	54	—	14	20	—	—	175	74	8,928
2 Barnes (M.B.)	49	54	2	133	59	—	—	184	113	11,000
3 Beddington and Wallington (M.B.)	90	54	—	27	1	—	—	117	55	9,626
4 Carshalton	137	24	215	64	4	—	—	416	28	16,600
5 Caterham and Warlingham	193	93	—	25	17	—	—	218	110	7,366
6 Chertsey	165	125	—	46	20	—	—	211	145	7,330
7 Coulsdon and Purley ...	246	86	—	152	123	—	—	398	209	17,203
8 Dorking	68	91	—	56	40	—	—	124	131	5,128
9 Egham	236	68	—	25	4	—	—	261	72	6,263
10 Epsom and Ewell (M.B.) ...	172	97	—	134	37	—	—	306	134	17,407
11 Esher... ..	254	76	10	156	58	—	—	420	134	14,551
12 Farnham	121	36	—	35	15	—	—	156	51	6,614
13 Frimley and Camberley ...	64	50	—	10	7	—	—	74	57	4,678
14 Godalming (M.B.)	66	28	—	26	6	—	—	92	34	3,941
15 Guildford (M.B.)	133	155	—	37	16	—	—	170	171	12,400
16 Haslemere	44	76	—	18	6	—	—	62	82	2,845
17 Kingston-on-Thames (M.B.)	83	222	—	39	42	—	—	122	264	11,175
18 Leatherhead	129	78	—	80	38	—	—	209	116	7,250
19 Malden and Coombe (M.B.)	84	97	—	18	17	—	—	102	114	11,000
20 Merton and Morden	300	47	—	64	1	19	—	383	48	21,721
21 Mitcham (M.B.)	191	66	—	243	40	—	—	434	106	18,379
22 Reigate (M.B.)	149	113	—	126	53	—	—	275	166	11,300
23 Richmond (M.B.)	181	48	—	68	181	—	—	249	229	10,710
24 Surbiton (M.B.)	220	65	48	91	40	—	—	359	105	17,000
25 Sutton and Cheam (M.B.) ...	45	43	—	176	59	—	—	221	102	22,858
26 Walton and Weybridge ...	173	87	—	124	17	—	—	297	104	11,300
27 Wimbledon (M.B.)	169	63	—	93	57	—	—	262	120	15,003
28 Woking	101	146	—	62	17	—	—	163	163	11,370
Totals	4,024	2,242	275	2,142	995	19	—	6,460	3,237	320,946
RURAL.										
1 Bagshot	61	54	—	47	14	—	—	108	68	3,676
2 Dorking and Horley	88	118	—	138	46	—	—	226	164	7,245
3 Godstone	118	74	—	29	18	—	—	147	92	8,646
4 Guildford	324	134	46	70	49	—	—	440	183	11,800
5 Hambledon	113	96	—	46	27	—	—	159	123	8,240
Totals	704	476	46	330	154	—	—	1,080	630	39,607
Administrative County	4,728	2,718	321	2,472	1,149	19	—	7,540*	3,867†	360,553

* Includes 167 dwellings provided for agricultural workers.

† Includes 154 dwellings in course of erection for agricultural workers.

HOUSING PROVIDED BY LOCAL AUTHORITIES AT THE 31ST MARCH, 1949.

The following table is extracted from the County Treasurer's Annual Review for 1948/49 and is repeated here for convenience of reference.

Ref.	Name of Authority.	PERMANENT DWELLINGS.						Temporary Houses.	Temporary Huts. *	Total (Cols. 5, 8, 9 & 10).
		Houses.			Flats.					
		Pre-War.	Post-War.	Total	Pre-War.	Post-War.	Total			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Boroughs.										
1	Barnes	237	—	237	221	90	320	—	—	557
2	Beddington and Wallington ...	353	134	487	4	—	4	94	30	615
3	Epsom and Ewell	595	211	806	70	—	70	204	—	1,080
4	Godalming	524	122	646	—	25	25	3	—	674
5	Guildford	1,284	409	1,693	160	28	188	100	—	1,981
6	Kingston... ..	770	105	875	66	132	198	202	121	1,396
7	Malden and Coombe	242	107	349	114	—	114	198	—	661
8	Mitcham	1,199	573	1,772	202	22	224	345	291	2,632
9	Reigate	522	264	786	52	24	76	100	—	962
10	Richmond	824	170	994	142	78	220	179	—	1,393
11	Surbiton	313	276	589	—	—	—	90	—	679
12	Sutton and Cheam	345	22	367	36	23	59	115	35	576
13	Wimbledon	86	—	86	48	70	118	71	—	275
14	Totals	7,294	2,393	9,687	1,115	501	1,616	1,701	477	13,481
Urban Districts.										
15	Banstead	294	142	436	15	1	16	300	30	782
16	Carshalton	535	164	699	89	24	113	103	—	915
17	Caterham and Warlingham ...	236	221	457	24	170	194	—	—	651
18	Chertsey	382	301	683	—	10	10	100	—	793
19	Coulsdon and Purley	362	319	681	—	6	6	105	—	792
20	Dorking	354	105	459	—	—	—	—	—	459
21	Egham	401	406	807	—	—	—	—	—	807
22	Esher	690	438	1,128	6	60	66	166	—	1,360
23	Farnham... ..	544	184	728	—	16	16	100	—	844
24	Frimley and Camberley	347	101	448	—	27	27	48	—	523
25	Haslemere	264	68	332	4	9	13	100	—	445
26	Leatherhead	404	342	746	—	—	—	50	—	796
27	Merton and Morden	540	251	791	—	188	188	—	—	979
28	Walton and Weybridge	591	221	812	—	—	—	100	—	912
29	Woking	782	155	937	—	16	16	101	—	1,054
30	Totals	6,726	3,418	10,144	138	527	665	1,273	30	12,112
Rural Districts.										
31	Bagshot	154	105	259	16	—	16	—	—	275
32	Dorking and Horley	186	204	390	24	—	24	—	—	414
33	Godstone	670	359	1,029	47	—	47	85	—	1,161
34	Guildford	608	404	1,012	—	136	136	150	—	1,298
35	Hambleton	358	231	589	—	5	5	43	—	637
36	Totals	1,976	1,303	3,279	87	141	228	278	—	3,785
37	Administrative County.	15,996	7,114	23,110	1,340	1,169	2,509	3,252	507	29,378

* In the London Region; programme completed in August, 1946.

RURAL HOUSING.

The housing survey of the Rural Districts was continued during the year. It has been completed in three districts, and is nearing completion in the remaining two districts. The position on the 31st December, 1948 was as follows:—

Rural District.	(a) Total No. of houses included in survey.	(b) No. of houses surveyed and classified.	(c) Classification of Houses in (b).					(d) No. of houses surveyed but not yet classified.
			Satisfactory in all respects.	Minor Defects.	Requiring repair : structural alterations or improvements.	Appropriate for re-conditioning under Housing (Rural Workers) Acts.	Unfit for habitation and beyond repair at a reasonable expense.	
			(1)	(2)	(3)	(4)	(5)	
Bagshot	2,000	1,800	292	360	972	19	157	—
Dorking and Horley	3,910	3,910	745	2,150	713	14	288	—
Godstone	5,000	4,109	1,318	891	1,414	178	308	—
Guildford	6,716	6,716	1,882	3,024	1,135	172	503	—
Hambleton	5,522	5,522	1,410	1,908	1,647	160	397	—
	23,148	22,057	5,647	8,333	5,881	543	1,653	—
		100%	25.6%	37.8%	26.7%	2.4%	7.5%	

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1948, was £13,932,861, and the estimated produce of a 1d. rate for general County purposes for the year 1948-49 was £56,375.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1948 with the previous year and with the mean of the five years 1943-47.

	Per 1000 Population				Maternal Mortality per 1,000 Live and Still Births.	Deaths of Infants under 1 year per 1,000 Live Births.
	Birth Rate	Death Rate	Death Rate from Pulmonary Tuberculosis.	Death Rate from Cancer.		
1943	17.34	11.15	0.43	1.85	1.43	36.70
1944	17.86	11.90	0.42	1.97	1.63	36.90
1945	16.03	10.97	0.42	1.91	1.00	34.05
1946	18.19	10.35	0.32	1.82	1.02	27.85
1947	18.48	10.73	0.33	1.81	0.77	27.68
Mean of 5 years, 1943-47 ...	17.58	11.02	0.38	1.87	1.17	32.64
1948	15.79	9.70	0.34	1.77	1.03	23.94
Increase or decrease in 1948 on :						
5 years' average	-1.79	-1.32	-0.04	-0.10	-0.14	-8.70
Previous year	-2.69	-1.03	+0.01	-0.04	+0.26	-3.74

1. Births and Birth Rate.

The number of live births and the birth rate for the Administrative County fell in 1948 as compared with the unusually high figures for 1946 and 1947 ; indeed, the birth rate was lower than it has been since the first two years of the last war.

The live births registered in or belonging to the County during the year numbered 20,926, as compared with 24,099 in the previous year, showing a reduction of 3,173. The birth rate for the year was 15.79, as compared with 18.48 for the previous year. The birth rate for England and Wales for 1948 was 17.9 and for 1947, 20.5. In addition to the 20,926 live births in Surrey, there were 412 still births and the rate of still births per 1,000 live and still births was 19.31.

Of the 20,926 live births 997 or 4.76 per cent were illegitimate, as compared with 1,102 or 4.57 per cent in 1947.

The incidence of live births, still births and illegitimate births in recent years was as follows :—

Year.	Live births.	Live birth rate.	Still births.	Rate of still births per 1,000 live and still births.	Illegitimate births.	Percentage of total live births.
1931	13,125	13.92	441	32.5	564	4.3
1940	16,445	13.52	482	28.5	710	4.32
1941	16,011	13.47	469	28.5	1,048	6.55
1942	19,706	16.57	562	27.7	1,251	6.35
1943	20,436	17.34	571	27.2	1,420	6.95
1944	20,377	17.86	512	24.5	1,561	7.76
1945	18,676	16.03	400	21.0	1,670	8.94
1946	23,086	18.19	540	22.9	1,381	5.98
1947	24,099	18.48	525	21.3	1,102	4.58
1948	20,926	15.79	412	19.3	997	4.76

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1948 was 12,845, as compared with 13,996 in the year 1947. The crude death rate for 1948 was 9.70, compared with 10.73 for 1947. The death rate for England and Wales was 10.8 compared with 12.0 for 1947.

3. Infant Mortality.

The number of infants under one year who died during 1948 was 501, compared with 667 in 1947. This represents an infant mortality rate of 23.94 per 1,000 live births as compared with a corresponding rate of 27.68 for the year 1947. The comparable figures for England and Wales were 34 in 1948, and 41 in 1947.

The following table gives certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey :—

Year.	England and Wales.			Surrey.		
	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.
1931 ...	66	32	34	43.12	24.84	18.28
1939 ...	50	28.3	21.7	37.61	24.60	13.01
1940 ...	56	29.6	26.4	41.62	24.57	17.05
1941 ...	59	29	30	44.60	26.17	18.43
1942 ...	49	27.2	21.8	38.26	23.09	15.17
1943 ...	49	25.3	23.7	36.70	22.36	14.34
1944 ...	46	24.35	21.5	36.90	22.03	14.87
1945 ...	46	24.76	21.24	34.05	22.06	11.99
1946 ...	43	24.5	18.5	27.85	18.84	9.01
1947 ...	41	22.7	18.3	27.68	18.22	9.46
1948 ...	34	19.7	14.3	23.94	16.06	7.88

The Infant Mortality Rate for Surrey is the lowest recorded and compares with one of 107 at the beginning of the century, since when, with temporary setbacks due largely to the conditions brought about by the first and second world wars, it has fallen to the present figure of 23.94 per 1,000 live births.

The decline in the Infant Mortality Rates in Surrey in the past 15 years is illustrated in the three maps opposite page 10 which show the Infant Mortality Rates in the three Quinquennial periods 1934-38, 1939-43 and 1944-48 in each district in the County. The figures on which the maps are based, namely, total deaths of infants under one year of age in the five-year period per 1000 live births in that period, are as follows :—

DISTRICTS.	1934-38			1939-43			1944-48		
	Total Live Births	Total Deaths of Infants under 1 year.	Quinquennial Infant Mortality.	Total Live Births	Total Deaths of Infants under 1 year.	Quinquennial Infant Mortality.	Total Live Births	Total Deaths of Infants under 1 year.	Quinquennial Infant Mortality.
M.B. and Urban.									
Banstead ...	1,766	61	34.54	2,089	71	33.99	2,222	55	24.75
Barnes ...	1,843	102	55.34	2,134	95	44.52	3,134	109	34.78
Beddington and Wallington	1,883	77	40.89	1,960	70	35.71	2,585	62	23.98
Carshalton ...	4,074	188	46.15	3,842	143	37.22	4,787	113	23.60
Caterham and Warlingham	1,928	61	31.64	2,079	89	42.81	2,496	88	35.26
Chertsey ...	1,649	84	50.94	2,457	116	47.21	2,532	77	30.41
Coulsdon and Purley	3,211	116	36.13	3,715	156	41.99	4,648	127	27.32
Dorking ...	1,235	46	37.25	1,528	49	32.07	1,727	45	26.06
Egham ...	1,220	45	36.89	1,418	49	34.56	1,787	65	36.37
Epsom and Ewell ...	3,483	128	36.75	4,542	164	36.11	4,771	128	26.83
Esher ...	2,804	106	37.80	3,594	126	35.06	4,078	105	25.75
Farnham ...	1,384	57	41.18	1,855	67	36.12	2,129	82	38.52
Frimley and Camberley	1,379	51	36.98	1,594	60	37.64	1,792	53	29.58
Godalming ...	944	38	40.25	1,111	48	43.20	1,264	45	35.60
Guildford ...	2,734	85	31.09	3,413	144	42.19	4,046	149	36.83
Haslemere ...	476	21	44.12	771	18	23.35	1,063	41	38.57
Kingston-on-Thames	2,620	131	50.00	2,750	139	50.55	3,557	113	31.77
Leatherhead ...	1,396	41	29.37	1,891	67	35.43	2,146	49	22.83
Malden and Coombe	2,550	98	38.43	2,920	111	38.01	3,433	95	27.67
Merton and Morden ...	4,082	168	41.16	4,897	158	32.26	5,871	163	27.76
Mitcham ...	4,859	224	46.10	4,508	188	41.70	5,773	173	29.97
Reigate ...	2,313	91	39.34	2,914	134	45.98	3,421	104	30.40
Richmond ...	1,978	97	49.04	2,233	89	39.86	3,401	114	33.52
Surbiton ...	3,658	130	35.54	4,168	166	39.83	4,869	121	24.85
Sutton and Cheam ...	5,584	219	39.22	5,382	214	39.76	6,252	192	30.71
Walton and Weybridge	2,030	72	35.47	2,784	108	38.79	3,172	87	27.43
Wimbledon ...	3,126	170	54.38	3,226	135	41.85	4,594	117	25.47
Woking ...	2,705	104	38.45	4,134	151	36.53	4,021	127	31.58
Total ...	68,945	2,811	40.77	79,909	3,125	39.11	95,571	2,799	29.29
Rural.									
Bagshot ...	900	44	48.89	969	34	35.09	1,110	30	27.03
Dorking and Horley	1,433	67	46.76	1,862	90	48.34	2,086	59	28.28
Godstone ...	1,692	73	43.14	2,317	112	48.34	2,450	90	36.73
Guildford ...	2,677	102	38.10	3,375	132	39.11	3,564	130	36.48
Hambledon ...	1,511	62	41.03	2,021	85	42.06	2,383	91	38.19
Total ...	8,213	348	42.37	10,544	453	42.96	11,593	400	34.50
Administrative County	77,158	3,159	40.94	90,453	3,578	39.56	107,164	3,199	29.85

ADMINISTRATIVE COUNTY OF SURREY — INFANT MORTALITY.

MAPS SHOWING THE VARYING RATES IN THE VARIOUS COUNTY DISTRICTS DURING EACH OF THE LAST THREE QUINQUENNIAL PERIODS.



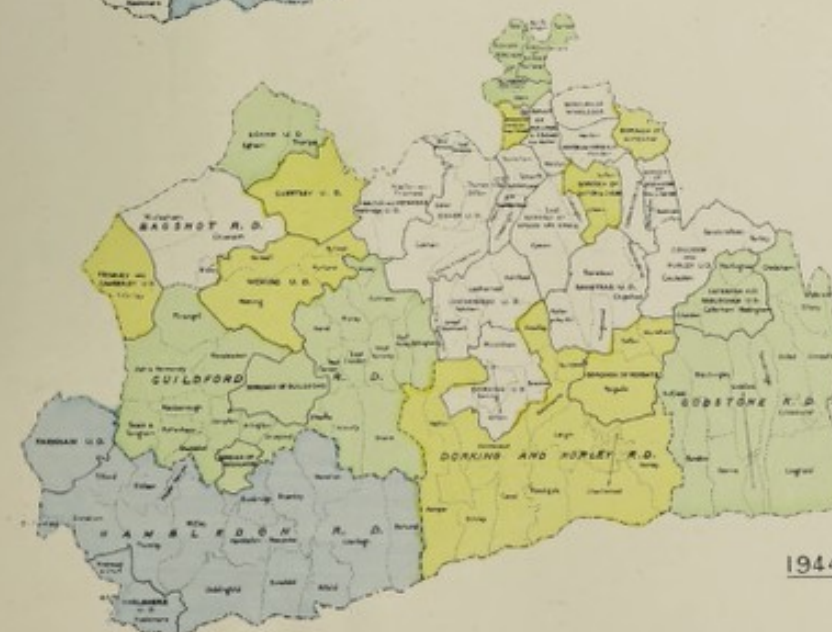
1934 to 1938



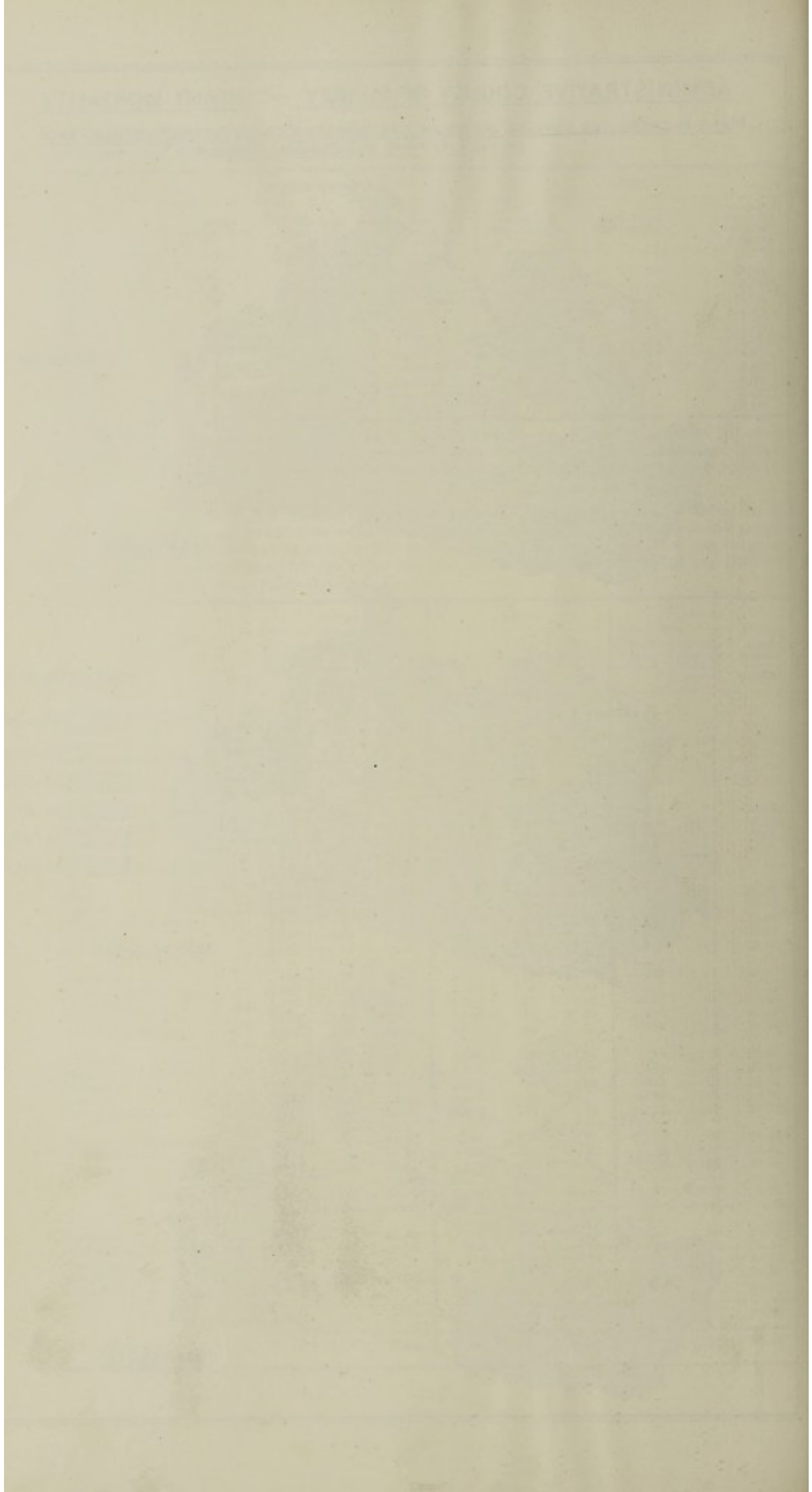
INFANT MORTALITY RATE

- Under 28
- 28 - 32 Incl.
- 33 - 37 Incl.
- 38 - 42 Incl.
- 43 - 47 Incl.
- 48 and over

1939 to 1943



1944 to 1948



Loss of life in the first year has always been—and still is—proportionately extremely heavy as compared with later years of infancy, childhood and early adult life ; and the importance of saving these lives—especially in an ageing population with a low birth rate—is very great. The great advances in public health and in social medicine which have been made since the beginning of the century have nowhere shown more important or more striking results than in the reduction in the infant mortality.

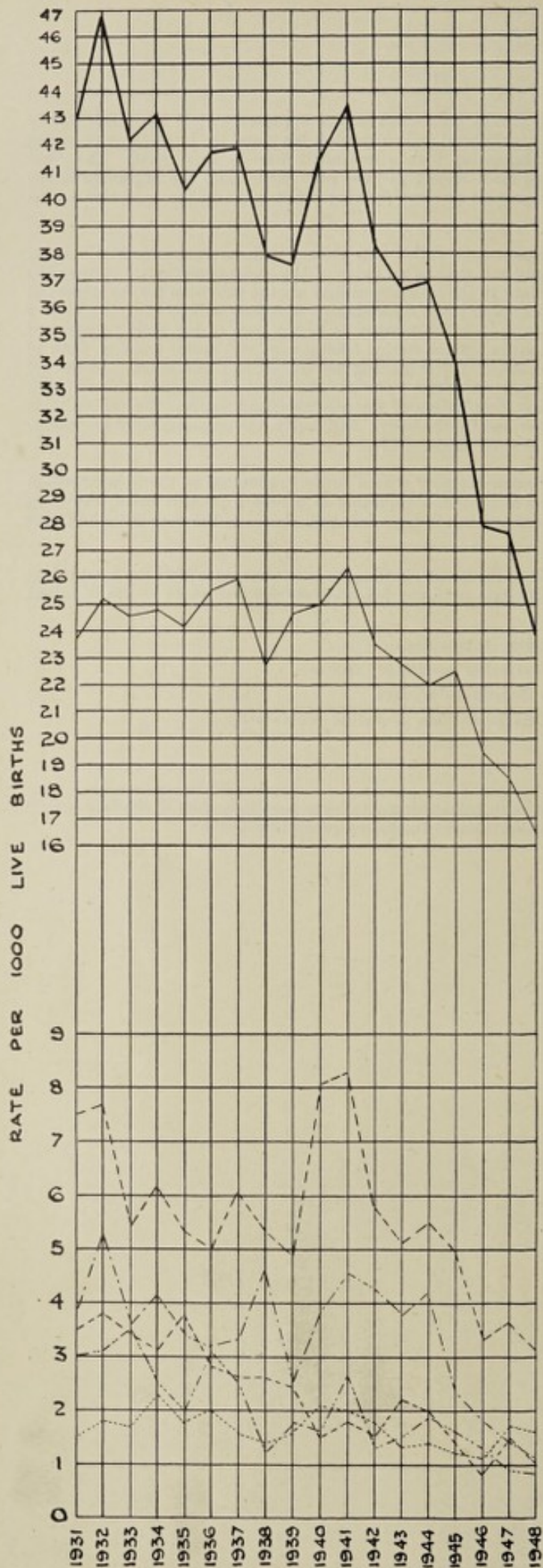
The Infant Mortality rate of a community varies very closely with its environmental circumstances, so much so that it is commonly accepted as an index of the social conditions. Among the many public health measures which relate to the infant mortality are the provision for the improved supervision and care of the expectant mother ; the development of infant welfare centres and of a domiciliary service of health visitors to advise the mother as to the care of her child ; improved and greatly increased hospital provision for women during confinement and better training, both of doctors and midwives, in obstetrical practice ; better housing and sanitation ; and so on. Additional factors which must have played their part in recent years are the effect of rationing and of maintenance of food prices in securing equal distribution of the available food stuffs ; the setting aside of extra rations for the expectant mother and for the baby ; and, lastly, the propagation of knowledge of the principles of dietetics and of a healthy mode of life.

The Royal Commission on Population suggests that a further reduction in the general infant mortality rate for England and Wales is practicable quoting as a reason for this belief, the rates already achieved in some other countries and in the most favoured classes of the population in Great Britain.

In this regard attention is directed to the graph showing for each year since 1931 the total infant mortality rate and the infant mortality rate from the following six grouped main causes of infant deaths :—

- (1) Infectious diseases (including tuberculosis).
- (2) Bronchitis, pneumonia and other respiratory diseases.
- (3) Diarrhoea, enteritis and intestinal disorders.
- (4) Congenital debility and malformations, including prematurity.
- (5) Violence.
- (6) Other.

As will be seen, the main reductions in Infant Mortality have been in respect of the large group comprising congenital debility and malformations (including premature births).



The following table gives the births and birth rate, both live and still, the deaths and death rate, the infant mortality and the infant mortality rate in each of the Sanitary Districts and in the Administrative County during 1948 :—

DISTRICTS.	Number of live births.	Live birth rate.	Number of still births.	Rate per 1,000 live and still births.	Number of deaths.	Crude death rate.	Excess of births over deaths.	Number of infants dying under 1 year.	Infant mortality rate.
M.B. and Urban.									
Banstead	446	13.92	12	26.20	276	8.61	170	5	11.21
Barnes	576	14.20	7	12.01	445	10.97	131	12	20.83
Beddington and Wallington	478	14.57	15	30.43	340	10.37	138	8	16.74
Carshalton	962	15.51	16	16.36	463	7.47	500	14	14.55
Caterham and Warlingham ...	498	17.47	17	33.01	268	9.40	230	12	24.10
Chertsey	507	17.20	10	19.34	236	8.01	271	16	31.56
Coulston and Purley	917	14.62	16	17.15	545	8.69	372	24	26.17
Dorking	318	16.22	11	33.43	218	11.12	100	7	22.01
Egham	397	16.49	10	24.57	236	9.80	161	8	20.15
Epsom and Ewell	838	12.33	15	17.58	578	8.51	260	19	22.67
Esher	816	16.07	20	23.92	480	9.45	336	15	18.38
Farnham	358	14.84	6	16.48	267	11.07	91	10	27.93
Frimley and Camberley ...	401	23.53	7	17.16	185	10.86	216	13	32.42
Godalming	227	15.30	4	17.32	167	11.25	60	6	26.43
Guildford	775	16.91	12	15.25	516	11.26	259	26	33.55
Haslemere	209	17.52	2	9.48	135	11.32	74	7	33.49
Kingston-on-Thames	722	17.70	16	21.68	455	11.16	267	17	23.55
Leatherhead	433	15.98	10	22.57	241	8.89	192	8	18.48
Malden and Coombe	636	14.30	13	20.03	404	9.08	232	16	25.16
Merton and Morden	1,087	14.45	21	18.95	572	7.60	514	27	24.84
Mitcham	1,192	18.00	23	18.93	582	8.79	610	28	23.49
Reigate	652	15.61	18	26.87	453	10.85	199	18	27.61
Richmond	688	16.59	8	11.49	471	11.35	217	18	26.16
Surbiton	915	15.54	18	19.29	554	9.41	361	16	17.49
Sutton and Cheam	1,203	14.79	21	17.16	806	9.91	397	34	28.26
Walton and Weybridge	659	17.78	15	22.26	333	8.98	326	17	25.80
Wimbledon	946	16.33	15	15.61	670	11.56	276	18	19.03
Woking	727	15.83	14	18.89	486	10.58	241	19	26.13
Total	18,583	15.71	372	19.63	11,382	9.63	7,201	438	23.57
Rural.									
Bagshot	226	16.36	9	38.30	147	10.64	79	8	35.40
Dorking and Horley	409	16.63	8	19.18	248	10.08	161	12	29.34
Godstone	492	15.77	7	14.03	323	10.36	169	10	20.33
Guildford	714	17.29	10	13.81	403	9.76	311	17	23.81
Hambleton	502	15.94	6	11.81	342	10.86	160	16	31.87
Total	2,343	16.46	40	16.79	1,463	10.28	880	63	26.89
Administrative County ...	20,926	15.79	412	19.31	12,845	9.70	8,081	501	23.94

4. Maternal Mortality.

The maternal mortality rates due to "Puerperal Sepsis" and to "Other Causes" in England and Wales, and the corresponding figures—together with the corresponding number of maternal deaths—for the County of Surrey, were :—

Year.	England and Wales.			Surrey.					
	P.S. Rates.	O. Rates.	T. Rates.	P.S. Deaths.	P.S. Rates.	O. Deaths.	O. Rates.	T. Deaths.	T. Rates.
1931	1.66	2.45	4.11	18	1.33	40	2.95	58	4.28
1939	0.74	2.08	2.82	7	0.39	31	1.75	38	2.14
1940	0.5	1.64	2.16	7	0.64	31	1.46	38	2.10
1941	0.48	1.75	2.23	9	0.53	30	1.77	39	2.30
1942	0.42	1.59	2.01	11	0.54	25	1.24	36	1.78
1943	0.84	1.45	2.29	11	0.52	19	0.91	30	1.43
1944	0.68	1.25	1.93	10	0.48	24	1.15	34	1.63
1945	0.57	1.22	1.79	5	0.26	14	0.74	19	1.00
1946	0.31	1.12	1.43	7	0.30	17	0.72	24	1.02
1947	0.26	0.91	1.17	5	0.20	14	0.57	19	0.77
1948	0.24	0.78	1.02	4	0.19	18	0.84	22	1.03

P.S.—Puerperal Sepsis.

O.—Other Causes.

T.—Total.

5. Main Causes of Death.

The number of deaths and the death rates per 1,000 population from each of the four main causes of death in each of the sanitary districts and in the Administrative County during 1948, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table:—

DISTRICTS.	Heart disease.		Respiratory diseases, (non-tuberculous).		Tuberculosis.				Cancer.				All other sites.	
	No.		Rate per 1,000		Pulmonary.		Non-Pulmonary.		Buc. cav. and Oesoph. (M.) uterus (F.)		Stomach and duodenum.		Breast.	
	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	No.	Rate per 1,000	No.	Rate per 1,000
URBAN														
1 Banstead	73	2.28	28	0.87	10	0.31	2	0.06	3	0.09	4	0.12	8	0.25
2 Barnes (M.B.)	130	3.21	44	1.08	17	0.42	2	0.05	4	0.10	17	0.42	7	0.17
3 Beedingdon and Wallington (M.B.)	105	3.20	22	0.67	6	0.18	—	—	4	0.12	14	0.43	12	0.37
4 Carshalton	126	2.03	40	0.64	24	0.39	1	0.02	11	0.18	17	0.27	11	0.18
5 Caterham and Warlingham	86	3.02	16	0.56	6	0.21	1	0.04	5	0.18	10	0.35	6	0.21
6 Chertsey	67	2.27	27	0.92	11	0.37	1	0.03	5	0.17	4	0.14	3	0.10
7 Coulsdon and Purley	169	2.69	48	0.77	6	0.10	2	0.03	8	0.13	14	0.22	11	0.18
8 Dorking	72	3.67	12	0.61	7	0.36	2	0.10	3	0.15	2	0.10	8	0.41
9 Egham	76	3.16	19	0.79	9	0.37	2	0.08	4	0.17	7	0.29	5	0.21
10 Epsom and Ewell (M.B.)	165	2.43	39	0.57	21	0.31	2	0.03	5	0.07	19	0.28	12	0.18
11 Esher	136	2.68	46	0.91	7	0.14	6	0.12	12	0.24	7	0.14	8	0.16
12 Farnham	76	3.15	19	0.79	5	0.21	1	0.04	5	0.21	9	0.37	5	0.21
13 Frintley and Camberley	53	3.11	18	1.06	6	0.35	1	0.06	3	0.18	5	0.29	4	0.23
14 Godalming (M.B.)	56	3.77	13	0.88	5	0.34	—	—	1	0.07	4	0.27	2	0.13
15 Guildford (M.B.)	131	2.86	40	0.87	21	0.46	4	0.09	11	0.24	13	0.28	15	0.33
16 Haslemere	37	3.10	10	0.84	2	0.17	1	0.08	1	0.08	5	0.42	4	0.34
17 Kingston-on-Thames (M.B.)	135	3.31	44	1.08	22	0.54	2	0.05	8	0.20	18	0.44	7	0.17
18 Leatherhead	67	2.47	30	1.11	4	0.15	4	0.15	1	0.04	7	0.26	1	0.04
19 Malden and Coombe (M.B.)	112	2.52	21	0.47	13	0.29	1	0.02	10	0.22	15	0.34	11	0.25
20 Merton and Morden	170	2.26	55	0.73	34	0.45	1	0.01	9	0.12	19	0.25	12	0.16
21 Mitcham (M.B.)	149	2.25	74	1.12	38	0.57	4	0.06	9	0.14	22	0.33	11	0.17
22 Reigate (M.B.)	128	3.06	38	0.91	10	0.24	4	0.10	10	0.24	12	0.29	8	0.19
23 Richmond (M.B.)	148	3.57	51	1.23	14	0.34	3	0.07	7	0.17	6	0.14	12	0.29
24 Surbiton (M.B.)	168	2.85	47	0.80	22	0.37	4	0.07	7	0.12	20	0.34	18	0.31
25 Sutton and Cheam (M.B.)	249	3.06	80	0.98	30	0.37	2	0.02	16	0.20	21	0.26	13	0.16
26 Walton and Weybridge	91	2.45	22	0.59	10	0.27	1	0.03	5	0.13	10	0.27	7	0.19
27 Wimbledon (M.B.)	221	3.81	54	0.93	36	0.62	1	0.02	8	0.14	21	0.36	15	0.26
28 Woking	142	3.09	40	0.87	12	0.26	—	—	8	0.17	11	0.24	9	0.20
Total	3,338	2.82	997	0.84	408	0.35	55	0.05	183	0.15	333	0.28	245	0.21
RURAL														
1 Bagshot	41	2.97	14	1.01	3	0.22	1	0.07	5	0.36	3	0.22	3	0.22
2 Dorking and Horley	69	2.80	21	0.85	9	0.37	—	—	4	0.16	5	0.20	5	0.20
3 Godstone	80	2.56	31	0.99	9	0.29	2	0.06	1	0.03	3	0.10	2	0.06
4 Guildford	120	2.91	37	0.90	11	0.27	—	—	6	0.15	6	0.15	11	0.27
5 Hambledon	94	2.99	28	0.89	5	0.16	—	—	5	0.16	9	0.29	3	0.10
Total	404	2.84	131	0.92	37	0.26	3	0.02	21	0.15	26	0.18	24	0.17
Administrative County														
1948	3,742	2.82	1,128	0.85	445	0.34	58	0.04	204	0.15	359	0.27	269	0.20
(4,025)	(3.09)	(1.14)	(1,483)	(1.14)	(426)	(0.33)	(67)	(0.05)	(202)	(0.15)	(303)	(0.23)	(281)	(0.22)
Percentage of total deaths in 1948	29.13	8.78	3.46	0.45	1.59	2.79	2.09	1.13	11.80	1.42	1.26	1.14	1.14	1.21

This figures shows in brackets relate to the year 1947

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1948.

The causes of all deaths during 1948 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
ALL CAUSES ...	M	5609	255	41	45	468	1542	3258	749	37	6	5	46	173	482
	F	5773	183	40	30	410	1070	4040	714	26	6	9	59	120	494
1. Typhoid and paratyphoid fevers	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	1	—	—	2	—	—	—	—	—	—	—
2. Cerebro-spinal fever ...	M	7	3	1	—	2	—	1	—	—	—	—	—	—	—
	F	4	1	3	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet fever ...	M	2	—	1	—	1	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—	—	—
4. Whooping cough ...	M	3	—	2	—	—	1	—	1	—	—	—	—	—	1
	F	7	4	3	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Tuberculosis of respiratory system	M	273	—	2	2	113	124	32	21	—	—	—	10	6	5
	F	135	—	—	1	97	25	12	16	—	—	—	14	1	1
7. Other forms of tuberculosis	M	31	2	3	1	15	7	3	1	—	—	—	—	1	—
	F	24	1	3	7	7	3	3	2	—	—	—	1	—	1
8. Syphilitic diseases ...	M	55	1	—	—	1	21	32	3	—	—	—	—	2	1
	F	26	1	—	—	—	7	18	3	—	—	—	—	1	2
9. Influenza ...	M	16	1	—	—	3	2	10	—	—	—	—	—	—	—
	F	16	—	—	—	—	5	11	2	—	—	—	1	1	—
10. Measles ...	M	1	—	1	—	—	—	—	2	1	—	1	—	—	—
	F	3	1	—	2	—	—	—	1	—	—	1	—	—	—
11. Acute poliomyelitis and polioencephalitis	M	9	—	—	1	8	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	5	—	—	—	—	—	—	—	—	—
12. Acute infectious encephalitis	M	2	—	—	—	1	1	—	2	—	—	—	—	—	2
	F	6	—	—	—	—	2	4	—	—	—	—	—	—	—
13. Cancer of buc. cavity and oesophagus (M); uterus (F)	M	85	—	—	1	1	29	54	8	—	—	—	—	2	6
	F	98	—	—	—	7	46	45	13	—	—	—	1	5	7
14. Cancer of stomach and duodenum	M	175	—	—	—	11	68	96	14	—	—	—	—	6	8
	F	158	—	—	—	4	37	117	12	—	—	—	—	4	8
15. Cancer of breast ...	M	1	—	—	—	—	—	1	—	—	—	—	—	—	—
	F	244	—	—	—	25	112	107	24	—	—	—	2	7	15
16. Cancer of all other sites	M	749	—	—	3	42	276	428	109	—	—	—	7	41	61
	F	588	1	1	2	53	174	357	70	—	—	1	6	24	39
17. Diabetes ...	M	21	—	—	—	1	8	12	5	—	—	—	1	—	4
	F	35	—	—	—	—	8	27	4	—	—	—	—	1	3
18. Intra-cranial vascular lesions	M	526	—	—	—	9	123	394	89	—	—	—	—	21	68
	F	870	—	—	—	6	145	719	121	—	—	—	1	18	102
19. Heart diseases...	M	1627	—	—	—	46	409	1172	195	—	—	—	3	33	159
	F	1711	—	—	1	34	202	1474	209	—	—	—	3	24	182
20. Other diseases of circulatory system	M	244	—	—	—	6	55	183	32	—	—	—	—	6	26
	F	276	—	—	—	5	39	232	30	—	—	—	2	5	23
21. Bronchitis ...	M	269	2	2	—	6	86	173	36	—	—	—	2	12	22
	F	182	1	2	—	12	23	144	14	—	—	—	—	2	12
22. Pneumonia ...	M	212	30	2	2	13	39	126	39	3	1	—	3	5	27
	F	198	23	4	1	12	27	131	22	2	1	—	3	4	12
23. Other respiratory diseases	M	73	1	1	3	3	27	38	11	1	—	—	1	2	7
	F	63	1	1	—	7	16	38	9	—	—	—	2	2	5

Continued overleaf

ADMINISTRATIVE COUNTY OF SURREY—continued.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1948—continued.

The causes of all deaths during 1948 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
24. Ulcer of stomach or duodenum	M	91	—	—	—	12	41	38	12	—	—	—	—	4	8
	F	26	—	—	—	2	5	19	3	—	—	—	—	1	2
25. Diarrhoea under two years	M	10	8	2	—	—	—	—	2	1	1	—	—	—	—
	F	6	6	—	—	—	—	—	2	1	1	—	—	—	—
26. Appendicitis ...	M	22	—	1	3	5	6	7	3	—	—	1	—	1	1
	F	7	—	1	1	1	1	3	3	—	—	1	1	—	1
27. Other digestive diseases	M	92	6	2	1	10	32	41	13	—	—	—	1	4	8
	F	135	1	1	—	15	27	91	17	—	—	1	3	4	9
28. Nephritis ...	M	131	—	—	3	17	40	71	21	—	—	—	—	7	14
	F	111	—	—	1	20	21	69	17	—	—	—	4	3	10
29. Puerperal and post-abortion sepsis	F	4	—	—	—	4	—	—	—	—	—	—	—	—	—
30. Other maternal causes	F	18	—	—	—	17	1	—	1	—	—	—	1	—	—
31. Premature birth ...	M	55	55	—	—	—	—	—	11	11	—	—	—	—	—
	F	45	45	—	—	—	—	—	9	9	—	—	—	—	—
32. Congenital malformation, birth injury, infantile diseases	M	138	117	3	2	6	8	2	21	18	1	1	—	1	—
	F	109	79	7	3	5	7	8	16	10	1	1	2	—	2
33. Suicide ...	M	94	—	—	—	25	30	39	6	—	—	—	1	1	4
	F	66	—	—	—	16	37	13	4	—	—	—	3	1	—
34. Road traffic accidents	M	67	—	2	5	32	14	14	15	—	—	2	8	2	3
	F	29	—	1	1	5	6	16	8	—	—	1	3	2	2
35. Other violent causes ...	M	120	19	5	5	34	27	30	13	1	2	—	3	3	4
	F	109	11	5	3	9	8	73	16	3	3	1	1	—	8
36. All other causes ...	M	408	10	11	13	45	68	261	64	1	1	—	6	13	43
	F	455	7	8	6	41	86	307	66	1	—	2	5	10	48

7. Causes of Deaths in the First Year of Life.

The following table gives an analysis of the causes of the deaths of the 501 children who died in the first year of life in 1948.

Causes of death.	Number of deaths of infants under one year.
Total (all causes)	501
Rate per thousand live births	23.94
Whooping cough	4
Influenza	1
Cerebro-spinal fever	4
Measles	2
Non-pulmonary tuberculosis	3
Bronchitis	3
Pneumonia (all forms)	58
Other respiratory diseases	3
Diarrhoea and enteritis	16
Other digestive disorders	7
Congenital debility and malformation (including premature birth)	344
Cancer	1
Syphilitic diseases	2
Violent causes	34
Other causes	19
TOTAL	501

8. Infectious Diseases: Death Rates and Notifications.

In the following table the death rates for the chief infectious diseases (other than tuberculosis) of the Administrative County for 1947 and 1948 and those of the urban and rural districts of the County are compared with those of England and Wales:—

	1947				1948			
	Surrey Urban Districts.	Surrey Rural Districts.	Administrative County.	†England and Wales.	Surrey Urban Districts.	Surrey Rural Districts.	Administrative County.	†England and Wales.
	Net rate per 1,000 population (Mid-year 1947)				Net rate per 1,000 population (Mid-year 1948)			
Smallpox death rate	—	—	—	0.00	—	—	—	—
Typhoid and paratyphoid fever death rate	0.00	—	0.00	0.00	0.00	—	0.00	0.00
Measles death rate	0.00	0.01	0.00	0.01	0.00	0.02	0.01	†
Scarlet fever death rate	0.00	—	0.00	0.00	0.00	—	0.00	†
Whooping cough death rate	0.01	—	0.01	0.02	0.01	0.01	0.01	0.02
Diphtheria death rate	0.00	—	0.00	0.01	—	—	—	0.00
Influenza death rate	0.08	0.06	0.08	0.09	0.03	0.01	0.03	0.03
*Diarrhoea and enteritis (under 2 years) death rate	1.53	0.40	1.41	5.8	0.86	1.71	0.96	3.3

* Rate per 1,000 births.

† Provisional figures.

‡ Not available.

The following table shows the incidence of infectious disease in the County during the year 1948, giving the number of cases of each disease notified and the attack rate:—

Disease.	1948	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute pneumonia	489	0.37
Acute poliomyelitis	7	0.01
Acute poliomyelitis	70	0.05
Cerebro-spinal fever	22	0.02
Diphtheria	50	0.04
Dysentery	260	0.20
Encephalitis lethargica	1	0.00
Erysipelas	207	0.16
Food poisoning	20	0.02
Malaria (contracted in England and Wales)	2	0.00
Measles	12,502	9.44
*Ophthalmia neonatorum	20	0.96
Paratyphoid fevers	14	0.01
†*Puerperal Pyrexia	142	6.79
Scarlet Fever	1,411	1.06
Smallpox	1	0.00
Tuberculosis—Pulmonary	1,048	0.79
Non-pulmonary	182	0.14
Typhoid fever	5	0.00
Whooping cough	5,089	3.84

* Rate per 1000 births.

† Includes Puerperal Fever.

9. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1948 from the Medical Officers of Health of County Districts shows that 1,048 primary cases of pulmonary tuberculosis and 182 primary cases of non-pulmonary tuberculosis were notified during the year.

The notifications and the case rates, the death and the death rates for pulmonary tuberculosis and for other forms of tuberculosis in 1948 and in certain preceding years were as follows :—

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.
1921	648	0.88	449	0.61	127	0.17	109	0.14
1931	802	0.85	524	0.56	194	0.21	81	0.09
1938	810	0.68	493	0.42	257	0.22	75	0.06
1939	833	0.69	484	0.40	230	0.19	87	0.07
1940	945	0.77	561	0.46	240	0.19	94	0.08
1941	1,049	0.88	566	0.48	280	0.24	116	0.10
1942	1,097	0.92	531	0.45	272	0.23	96	0.08
1943	1,140	0.97	506	0.43	309	0.26	96	0.08
1944	1,218	1.07	474	0.42	261	0.23	75	0.07
1945	1,117	0.96	491	0.42	213	0.18	85	0.07
1946	1,056	0.91	407	0.32	188	0.15	85	0.07
1947	1,192	0.91	426	0.33	178	0.14	67	0.05
1948	1,048	0.79	445	0.34	182	0.14	58	0.04

The table shows that the case rate for pulmonary tuberculosis has fallen considerably in the year and this, taken in conjunction with the case rates of the four preceding years, would seem to indicate that the war-time increase in the incidence of tuberculosis may now be on the wane.

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

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year ...	3	2	1	1	7
One and under 2 years ...	1	2	1	1	5
2 " " 5 " " ...	13	5	6	6	30
5 " " 10 " " ...	6	12	17	17	52
10 " " 15 " " ...	12	25	11	12	60
15 " " 20 " " ...	63	72	8	7	150
20 " " 25 " " ...	91	81	11	11	194
25 " " 35 " " ...	135	114	18	11	278
35 " " 45 " " ...	109	70	8	15	202
45 " " 55 " " ...	93	26	3	4	126
55 " " 65 " " ...	69	14	5	4	92
65 " " 75 " " ...	22	4	1	2	29
75 and upwards ...	4	—	—	1	5
Totals ... 1948	621	427	90	92	1,230
1947	719	473	88	90	1,370
1946	631	425	92	96	1,244
1945	671	446	102	111	1,330
1944	711	507	123	138	1,479
1943	652	488	136	173	1,449

Apart from the above new notifications during the year, 477 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc., the transfers from other areas being just under 80 per cent. of this group. This figure compares with the figure of 417 for 1947.

Each District Medical Officer keeps a register of the known cases of tuberculosis resident in his sanitary district. The numbers of cases on the district registers on the 31st December, 1948, were as follows :—

					Pulmonary.	Non-Pulmonary
Males ...	...	...	...	...	4,857	1,075
Females ..	...	...	...	...	3,836	1,175
Totals ...					8,693	2,250
Grand Total ...					10,943	

This total compares with the total of 10,885 on the district registers at the end of 1947, and of 10,499 at the end of 1946.

(b) DEATHS.

The deaths and the death rate per thousand of the population from pulmonary tuberculosis and from other forms of tuberculosis are shown in the table on page 18. The lowest death rate for pulmonary tuberculosis ever recorded in Surrey was 0.32 in 1946 and this compares with the figure of 0.34 in 1948. The death rate from non-pulmonary tuberculosis, namely 0.04, is the lowest ever recorded in Surrey.

- The distribution of the deaths and the death rates from tuberculosis in the various sanitary districts of the County are shown on page 14.

(c) NEW CASES AND DEATHS.

The total number of new cases which became known either through formal notification or otherwise, as described above, was 1,707 in 1948. The corresponding figure for 1947 was 1,787, and for 1946 was 1,706.

Of the 503 deaths which occurred during the year 1948, 98 or 19.5 per cent. occurred in non-notified cases. The corresponding figure for the year 1947 was 119 or 24.1 per cent.

WORK OF THE COUNTY HEALTH DEPARTMENT.

The National Health Service Act, 1946, came into force on the "appointed day," namely, July 5th, 1948. This Act has involved a very considerable re-orientation and re-organisation of the work of the Department. Firstly, all the hospitals and all properties and liabilities held by the County Council for hospital purposes were transferred to the Minister of Health: and all staff employed solely or mainly in the hospital service were transferred to the Regional Hospital Board. So far as the County Health Department was concerned this transfer was completed by the appointed day. Responsibility for the parts of the County Council's Anti-Tuberculosis and Anti-Venereal Schemes also became transferable to the Board, but transfer was not completed by July 5th. The division of responsibility for these two Schemes—particularly that dealing with Tuberculosis—has involved careful planning on the part of the officers both of the Board and of the County Council; and will necessitate constant consultation and co-operation in the future.

Secondly, the Act made the County Council the Authority responsible throughout the County for all services set out in Sections 21-29 and Section 51 of the Act, namely Health Centres, the Care of Mothers and Young Children, Midwifery, Health Visiting, Home Nursing, Vaccination and Immunisation, Ambulance Services, Prevention of Illness, Care and After Care, Domestic Help and Mental Health Services. Although some of these services had previously been the responsibility of the County Council and some were new services for which no Local Authority had hitherto been responsible, others had been the responsibility of the County District Councils or had been in some parts of the County the responsibility of the County Council and in other parts of the District Councils. Regulations provided for the transfer of properties and liabilities held or incurred for these purposes by the County District Councils to the County Council and for the transfer of officers employed for these functions to the County Council. These transfers were effected with a minimum of interference with the existing service to the public. This happy result, to which the loyal and public-spirited co-operation of the County District Authorities and of their staffs greatly contributed, was facilitated by the decision of the County Council to set up a scheme of divisional administration. The Divisional Sub-Committees of the County Health Committee which were set up in consequence of this decision are composed largely of members of the County District Councils; all these Sub-Committees had met before the appointed day.

In setting up this divisional scheme, the County Council had particular regard to the need for continuity in the care of the pre-school and the school child, and for making full use of the experience and local knowledge of the medical officers and other staff of the County Districts which had, for many years, been responsible for the services now to be transferred to the County Council. For these reasons, when the scheme of Divisional Executives, under the Education Act, 1944, was being considered in 1945, the County Council had asked the County Districts which were autonomous for Maternity and Child Welfare and allied services to agree that their Medical Officers of Health should act as Divisional School Medical Officers within their own districts. Similarly now, the County Council decided that the Divisional areas for Health purposes should be the same as those of the Local Education Authority and that those Medical Officers of Health of County Districts who had been responsible in their own districts both for the services to be transferred and for the School Medical Service should be asked—with the agreement of their own Councils—to act as Divisional Medical Officers for both the Health and School Medical Services in that part of the division for which they were otherwise responsible. The consequence of this decision has been that one division has three medical officers and two divisions have two medical officers: the County Council has, however, stressed repeatedly that its ultimate aim is to have one divisional medical officer in each division and that the present set-up is to be regarded as personal to the present holders of the posts. In the meantime, the set-up partly meets the expressed desire of the County Districts Association that all three "health" aspects of local government administration, namely, the school medical service and the personal health service for which the County Council is responsible and the sanitary and environmental services for which the County Districts are responsible, should be integrated at officer level.

The geographical areas of the divisions, with their acreages, populations, child populations (divided into age groups 0-4 years, and 5-14 years inclusive) and the number of births in 1948 as supplied by the Registrar-General, were as follows:—

Division.	County Districts.	Acreage.	Population (Mid-year 1948).			No. of Live Births during 1948.
			Total.	0-4 years.	5-14 years.	
N.	Barnes M.B.	2,519	40,560	2,877	3,792	576
	Richmond M.B.	4,109	41,480	3,195	3,864	688
		6,628	82,040	6,072	7,656	1,264
N.E.	Merton and Morden U.D.	3,237	75,220	5,591	8,973	1,087
	Mitcham M.B.	2,932	66,230	5,658	8,314	1,192
	Wimbledon M.B.	3,212	57,940	4,420	5,597	946
		9,381	199,390	15,669	22,884	3,225
M.E.	Beddington and Wallington M.B. ...	3,045	32,800	2,610	3,781	478
	Carshalton U.D.	3,346	62,020	4,923	9,386	962
		6,391	94,820	7,533	13,167	1,440
S.E.	Banstead (part)	3,038	4,880	369	633	68
	Caterham and Warlingham U.D. ...	8,233	28,510	2,531	3,914	498
	Coulsdon and Purley U.D.	11,142	62,730	4,842	7,646	917
		22,413	96,120	7,742	12,193	1,483
N.C.	Esher U.D.	14,847	50,790	4,111	6,494	816
	Kingston-on-Thames M.B.	1,408	40,780	3,192	4,385	722
	Malden and Coombe M.B.	3,164	44,490	3,648	5,856	636
	Surbiton M.B.	4,709	58,870	4,967	7,294	915
		24,128	194,930	15,918	24,029	3,089
C.	Banstead U.D. (part)	9,783	27,170	2,053	3,525	378
	Dorking and Horley R.D. (part) ...	1,649	490	41	63	8
	Epsom and Ewell M.B.	8,427	67,940	4,865	8,163	838
	Guildford R.D. (part)	7,466	6,960	544	895	120
	Leatherhead U.D.	11,187	27,100	2,101	3,665	433
	Sutton and Cheam M.B.	4,338	81,320	6,277	10,110	1,293
		42,841	210,980	15,881	26,421	2,980
S.	Dorking U.D.	9,511	19,610	1,614	2,600	318
	Dorking and Horley R.D. (part) ...	52,303	24,110	2,005	3,115	401
	Godstone R.D.	52,507	31,190	2,433	4,056	492
	Guildford R.D. (part)	270	345	27	44	6
	Reigate M.B.	10,255	41,770	3,313	5,570	652
		124,846	117,025	9,392	15,385	1,869
N.W.	Bagshot R.D.	16,085	13,810	1,092	2,225	226
	Chertsey U.D.	9,983	29,480	2,616	4,840	507
	Egham U.D.	9,350	24,080	1,890	3,209	397
	Frimley and Camberley U.D. ...	7,766	17,040	1,577	2,699	401
	Guildford R.D. (part)	16,648	9,440	737	1,214	163
	Walton and Weybridge U.D. ...	9,056	37,070	3,149	4,727	659
	Woking U.D.	15,704	45,930	3,785	6,664	727
		84,592	176,850	14,846	25,578	3,080
S.W.	Farnham U.D.	9,039	24,120	1,850	3,314	358
	Godalming M.B.	2,393	14,840	1,143	2,005	227
	Guildford M.B.	7,184	45,820	3,593	5,885	775
	Guildford R.D. (part)	35,398	24,545	1,917	3,157	425
	Hambledon R.D.	68,175	31,490	2,458	4,387	502
	Haslemere U.D.	5,751	11,930	965	1,886	209
		127,940	152,745	11,926	20,634	2,496
	Surrey	449,160	1,324,900	104,979	167,947	20,926

The table on page 5 shows the Divisional County Medical Officers together with the County District or Districts for whose environmental hygiene services the Divisional County Medical Officer is responsible.

The schemes which the County Council decided should be administered on a divisional basis as from the appointed day, or as soon as possible thereafter, were the following :—

- Care of Mothers and Young Children.
- Health Visiting (Care of Mothers and Young Children).
- Domestic Help.
- Prevention of Illness, Care and After Care (Public Education in Health).
- Vaccination and Immunisation.

Eleven County Districts had been autonomous for the first three of these before July 5th. The County Districts had been responsible for Public Education in Health and for Immunisation, while the County Council had been responsible for Vaccination. The divisionalisation of this group of services together with the decision to make use of the services of the medical officers of health of County Districts which had been autonomous to administer those services within their own districts ensured in the eleven districts the least possible disturbance to the existing service to the public, and at the same time, during the difficult period of transition, put the minimum additional burden on the new divisional organisation.

It was not possible to divisionalise the services so promptly in the remaining parts of the County since the organisation to deal with the services at divisional level did not exist, but since the appointed day considerable progress has been made; thus all the divisional medical officers have now been appointed, and establishments of divisional administrative staff agreed (although not all staff have yet been recruited). In some divisions, however, divisionalisation is still being held up owing to lack of proper office accommodation.

The County Council was required, in accordance with procedure laid down in the Act, to submit to the Minister statutory schemes for carrying out its duties under the various sections of the Act. These statutory schemes—with the exception of the one relating to Health Centres, the final date for the submission of which was deferred by the Minister—had all been submitted by the end of 1947. The schemes were formally approved by the Minister in the early months of 1948; such modifications as the Minister made were of a minor character and raised no question of principle or policy.

Certain other Acts came into force during the year which affected the work of the Department. These were :—

(1) *The National Assistance Act, 1948.*

The section of this Act which principally concerned the Department is that which gave the County Council the power, and to such extent as the Minister might direct, the duty of promoting the welfare of persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister.

The Minister, in fact, directed that it should be a duty on Local Authorities to make provision for the welfare of the blind, but did not give any similar direction in respect of the other handicapped classes.

The County Council has for many years made provision under the Blind Persons Act—the relevant provisions of which are now repealed—for the welfare of the blind. To comply with the terms of the National Assistance Act, however, a scheme for promoting the welfare of the blind was submitted to the Minister, who has, since the end of the year under review, approved the County Council's proposals with modifications which are purely of a drafting character.

(2) *The Children Act, 1948.*

This Act required the County Council to set up a Children's Committee to deal with all matters relating to the discharge of functions under the Children Act, 1948, the Children and Young Persons Act, 1933 (Parts III and IV), the Public Health Act, 1936, Part VII (Child Life Protection) and the Adoption of Children (Regulation) Act, 1939: and to appoint a Children's Officer for the purposes of these functions. The work in regard to Child Life Protection and the Adoption of Children which had hitherto been the responsibility of the County Health Committee was, accordingly, transferred to the Children's Committee.

(3) *Nurseries and Child-Minders Regulation Act, 1948.*

This Act made the County Council, as Local Health Authority, responsible for the registration and supervision of day nurseries and child-minders.

Day Nurseries are defined as premises (other than premises wholly or mainly used as private dwellings) where children below school-leaving age are received to be looked after for a day or a substantial part thereof or for any longer period not exceeding six days.

Child-Minders are persons who for reward receive into their homes children under the age of five years to be looked after as aforesaid.

The Act made it an offence, after the expiration of three months from the 30th October, 1948, (a) for the occupier to carry on a day nursery in unregistered premises; or (b) for an unregistered child-minder to receive into his home three or more children of whom he is not a relative from more than one household; or (c) to fail to comply with any requirements imposed by the Council.

The Council can impose requirements as to (a) the maximum number of children to be received, (b) precautions against exposure to infectious disease, (c) in the case of day nurseries, numbers and qualifications of staff, maintenance of premises and equipment, provision of adequate and suitable food, arrangements for medical supervision and the keeping of records; and may refuse to register or may cancel registration if not satisfied that persons or employees are fit to have care of children, or, in the case of day nurseries, if the premises are not fit for the reception of children, or for non-compliance with any requirement of the Council or for any reason which would justify refusal of registration.

The County Health Committee's powers and duties under this Act have been entrusted to the Divisional Sub-Committees.

CARE OF MOTHERS AND YOUNG CHILDREN.

SECTION 22, SUB-SECTION 1.—NATIONAL HEALTH SERVICE ACT, 1946.

"It shall be the duty of every local health authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority."

The County Council became responsible on the 5th July for providing the services under the above Section for the whole of the County, and in so doing took over the schemes for Maternity and Child Welfare which had hitherto been administered by the eleven autonomous County Districts, namely Barnes, Beddington and Wallington, Carshalton, Coulsdon and Purley, Guildford, Kingston, Merton and Morden, Mitcham, Reigate, Richmond and Wimbledon. The scheme of divisionalisation which has already been described included the services for the Care of Mothers and Young Children.

The County Council submitted to the Minister a functional scheme for carrying out its duties under this Section, and this was approved by the Minister. In the main, this scheme provided for the continuation of the existing services but certain additions to the existing provision are indicated in the succeeding paragraphs of the section of the Report.

The figures shown in the tables in this section and also the sections referring to Health Visiting, Vaccination and Immunisation and Home Helps are for the whole County and for the whole year, and I am indebted to the Medical Officers of the County Districts which were autonomous up to the 5th July for the information necessary to give the tables in this form.

Notification of Births under the Public Health Act, 1936.

The following births were notified in 1948 :—

Notified by doctors and parents.		Notified by midwives.		Total.
Live Births.	Still Births.	Live Births.	Still Births.	
3,848	471	15,487	278	20,084

Care of Premature Infants.

Babies weighing 5½ lbs. or less at birth, irrespective of period of gestation, are classified as premature infants. Equipment for nursing at home is provided and when necessary cases are admitted to hospitals or other institutions having special arrangements in their maternity departments for dealing with these premature babies.

The following gives details relating to the care of premature infants :—

No. of premature babies notified during 1948 whose mothers are normally resident in the County ... 905

Total number of premature babies notified during 1948 who were born :—

(i) at home ... 239

(ii) in hospital or nursing home ... 646

Number born at home who were nursed entirely at home ... 199

Number of those born at home and nursed entirely at home :—

(i) who died during the first 24 hours ... 10

(ii) who survived at the end of one month ... 184

Number of those born in nursing homes :—

(i) who died during the first 24 hours ... 22

(ii) who survived at the end of one month ... 278

Infant Mortality.

The infant mortality rate in the Administrative County of 23.94, which compares with 34 for England and Wales, is the lowest rate ever recorded in the County. The heaviest incidence of deaths of children under one year continues to fall within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey (and of the causes of death of the 501 children who died in the first year of life in 1948) will be found under "vital statistics" (pages 10 and 17).

Ophthalmia Neonatorum.

In 1948, midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 175 babies and 20 cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

The case rate (i.e. the number of notified cases per thousand births) was 0.96.

Of the 20 cases notified by medical practitioners nine occurred in the practice of midwives. All of these were treated at home and in no case was vision impaired.

Pemphigus Neonatorum.

No cases of pemphigus neonatorum were notified during the year.

Ante-Natal and Post-Natal Clinics.

Ante-natal clinics are held at 57 different centres throughout the County and in some districts ante-natal consultations take place before the Welfare sessions. Patients are also seen at ante-natal clinics held at Dorking, Epsom, Guildford, Kingston, Redhill and St. Helier Hospitals and conducted by the specialist staffs of those hospitals.

The following table shows the number of women who attended and the attendances they made during 1948 at these clinics :—

(1)	Number of Clinics provided at end of year (whether held at Infant Welfare Centres of other premises).	Number of sessions now held per month at clinics included in Col. (2).	Number of women who attended during the year.	Total number of attendances made by women included in Col. (4) during the year.
(1)	(2)	(3)	(4)	(5)
Local Health Authority Clinics.				
Ante-Natal Clinics	57	256	10,606	40,440
Post-Natal Clinics	7	17	1,662	2,058
Regional Hospital Board Clinics attached to Hospitals.				
Ante-Natal Clinics	6	74	7,442	38,232
Post-Natal Clinics	6	28	4,035	6,023
Total	76	375	23,745	86,753

Of the 57 clinics, 10 are taken by specialists of the South-West Metropolitan Regional Hospital Board, 23 by general practitioner obstetricians and 24 by assistant medical officers.

Infant Welfare Centres.

The County Council maintains 153 infant welfare centres including those transferred to the Council under the provisions of the National Health Service Act, 1946.

The following table shows the attendances at these centres for the year 1948 :—

Number of Centres provided at end of year.	Number of Infant Welfare Sessions now held per month at these Centres.	Number of children who first attended the Centres during 1948 and who on the date of their first attendance were :—		Total number of attendances made by these children in 1948.	
		Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.
153	555	16,543	4,802	262,964	147,286

Maternal Mortality.

The maternal mortality rate per thousand live and still births in Surrey in 1948 was 1.03 as compared with 1.02 for England and Wales. A comparison with previous years will be found under "vital statistics" on page 13.

The following table shows the number of women confined either at home or in Nursing Homes who died in or in consequence of childbirth in the County during the year :—

Confinement took place.				Death took place.						Total.
At home.		In Nursing Home.		At home.		In Nursing Home.		In Hospital.		
P.S.	O.	P.S.	O.	P.S.	O.	P.S.	O.	P.S.	O.	
1	7	2	2	1	7	1	2	1	—	12

P.S.—puerperal sepsis.
O.—other causes.

Puerperal Pyrexia.

During 1948, 142 cases of puerperal pyrexia were notified representing an attack rate of 6.79 per thousand births. Of these cases, 22 occurred in domiciliary confinements and the remainder in institutional confinements.

Unmarried Mothers and the Care of Illegitimate Children.

Under Section 22 of the National Health Service Act the County Council makes provision for the care of the unmarried mother and her child.

The County Council relies in the main on voluntary homes for unmarried mothers and particularly on Homes established in the County and receiving grants from the Council.

During the year the County Council and former autonomous welfare authorities were responsible for the admission of 54 women to mother and baby homes provided by Voluntary Organisations receiving a grant from the Council and of 59 women to other Homes payment being made per capitum.

A social worker formerly in the employ of one of the autonomous welfare authorities was transferred to the County Council on the 5th July, 1948. Elsewhere in the County much of the work on behalf of the unmarried mother and her child is undertaken by moral welfare workers working in close co-operation with the Health Visitors.

Voluntary Inspection of Children Under Five Years of Age.

Some years ago the County Council approved a scheme of routine medical inspection and treatment of children under school age. Under this scheme which is voluntary, children are examined at special toddlers clinics or at the welfare centres at the age of two, three and four years. In addition children are regularly medically examined at day and residential nurseries and nursery classes.

Residential Nurseries.

On the appointed day the responsibility for the Residential Nurseries was transferred to the Children's Committee. Pending the setting up of a Children's Department the administration of the Nurseries has, however, remained with the County Health Department.

At the end of the year there were eleven nurseries with accommodation for 260 children.

	Accommodation.	Places occupied.
Aged under 1 year ...	41	34
Aged 1—2 years ...	53	49
Aged 2—5 years ...	166	133
	<u>260</u>	<u>* 216</u>

Day Nurseries.

The provision of day nurseries was continued and at the end of the year 46 full-time day nurseries were open with accommodation for 2,156 children. These figures include 17 nurseries transferred to the County Council on the 5th July, 1948, and 3 nurseries maintained by voluntary organisations.

Emergency Maternity Homes.

In the annual reports for 1939-1947 reference was made to the work done at the emergency maternity homes and ante and post-natal hostels established under the Government Evacuation Scheme. On the 5th July, 1948, the administration of the Homes was transferred to the Regional Hospital Board in accordance with the provisions of the National Health Service Act, 1946.

Nursing Homes (Public Health Act, 1936).

Applications for registration or transfer of registration received during the year numbered 20 and all the applications were approved subject to compliance with certain requirements.

On the 31st December, 1948, there were 99 registered nursing homes and 11 exempted homes. The number of exempted homes was decreased by 31 owing to the transfer of certain hospitals and institutions to the Minister of Health under the National Health Service Act, 1946.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

1. General.

This report is submitted as a separate section on instructions from the Ministry of Health. Fuller and more detailed information has been asked this year than the normal statistics supplied in previous years.

A dental service for expectant and nursing mothers and infants has been established in Surrey since 1929 and Local Authorities in the County Area which were autonomous on Maternity and Child Welfare provided similar facilities. At Barnes, Purley and Coulsdon patients requiring dental treatment were sent to private practitioners by arrangement. All the schemes were designed so that patients could obtain treatment at low cost, or free in necessitous cases.

On the 5th July the County Authority took over responsibility for the services in the previously autonomous areas and dental officers on the County staff undertook the treatment of patients at Barnes, Purley and Coulsdon. After this date the service was free.

At the time of introduction of the National Health Act it was known that the number of dental practitioners was insufficient for the needs of the whole population, so that local authorities were urged to provide adequate services for expectant and nursing mothers and pre-school children who were to be regarded as priority classes.

Unfortunately, due to the attractions of general practice under the Act, many dental surgeons, who were officers of Local Authorities and had been dealing with patients from the Maternity and Child Welfare services, left the service. Though the priority classes are entitled to free treatment by a private practitioner who has entered the Health Scheme they have difficulty in obtaining attention. As the normal M. and C.W. Clinics became understaffed they could not receive attention as before, so that these priority patients receive rather less attention than before the introduction of the Act.

During the year 1948, it was decided that as far as possible all expectant mothers attending ante-natal clinics should be given a dental examination as routine practice. Owing to the scarcity of dental staff this could not be carried out in some areas.

The majority of pre-school children treated at the clinics are first seen at nurseries and, if possible, they are inspected twice a year. Other young children attend the clinics as casual or emergency patients having been brought by mothers attending welfare centres.

2. Staff.

The majority of dental surgeons on the staff treat the patients from M. and C.W. Centres as part of their normal duties and devote approximately one-eleventh of their time to this work. Sessions are rarely held separate from the school service but the time occupied in the treatment of expectant and nursing mothers and pre-school children amounted to approximately 1,242 sessions.

During the year provision was made for the appointment of up to eight additional dental surgeons for this service if and when necessary. Owing to the scarcity of applicants no appointments were made.

3. Inspection and Treatment—Records of Patients.

Including those in Autonomous Areas before 5th July, 1948.

Class of Patient.	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant mothers	1,418	1,227	1,227	929
Nursing mothers	759	759	759	678
Pre-school children	1,341	1,234	1,234	1,148

Records of Operations, etc.—Including those carried out in Autonomous Areas before 5th July, 1948 :—

Total No. of Sessions.	Class of Patient.	No. of Patients.	No. of Attendances.	FILLINGS.		EXTRACTIONS.		Gen. Anesthetics.	No. of Dentures Fitted.
				Perm. Teeth.	Temp. Teeth.	Perm. Teeth.	Temp. Teeth.		
1,242	Expectant mothers	1,418	4,824	1,785	—	3,310	—	686	233
	Nursing mothers...	759	3,218	646	—	1,670	—	377	704
	Pre-school children	1,341	2,432	—	972	—	1,624	676	—

A few patients recommended for treatment refuse it unless in pain, but it is satisfactory to note that more conservative treatment is being given and many patients are now anxious to preserve their

own teeth. Many of the mothers previously attended school clinics and are accustomed to regular attention. Some years ago many patients refused all conservative treatment and were only anxious to be fitted with dentures at low cost. If necessary, temporary appliances are fitted to ensure that a mother can benefit by the proper mastication of food during pregnancy. All dentures, etc., are processed by a contractor. There is no County Dental Laboratory at present. If the number of patients increases the provision of a County Laboratory and staff of technicians will be an economy and a convenience.

Many of the children given attention are first seen at Nurseries. Fortunately the oral condition of the majority of them is very good. The service for pre-school children who do not attend Nurseries should be expanded when staff is available, and every encouragement should be given to parents to bring infants for regular attention before they attend school, as at present very few are seen by private practitioners.

4. Clinical Investigation.

Members of the staff are studying various Dental Caries Control Techniques such as application of Fluorides, Ammonium Phosphate, etc. in dentifrice, and application of Activated Charcoal. Selected patients are being treated and progress noted, but up to the present there is insufficient data on which to make observations.

5. Clinics and Equipment.

Treatment is carried out in the same buildings as for the school service and most clinics are now adequately equipped. The Gas and Oxygen Anaesthetic equipment recently provided is a great asset as operations can usually be completed at one attendance if advisable.

The buildings at Raynes Park and Leatherhead and Godalming are inadequate and the facilities for dealing with expectant mothers in more rural districts, especially in the South-Western Division, are poor. The mobile units used for the treatment of school children are not very suitable for the treatment of adults.

B. PEACOCK,

County Dental Surgeon.

MIDWIFERY AND HOME NURSING

A. Local Supervising Authority (Midwives).

SECTION 23, SUB-SECTION (1) NATIONAL HEALTH SERVICE ACT, 1946.

"The local health authority shall be the local supervising authority for the purposes of the Midwives Acts, 1902 to 1936,"

Before the appointed day, the County Council was the Local Supervising Authority for the whole of the County except the Boroughs of Guildford and Wimbledon. Since that day, the County Council has been responsible for supervising the work of midwives throughout the County. The supervisory staff comprises a medical officer on the Central office staff and three non-medical supervisors, one of whom is also the Superintendent of District Nurses.

(a) NOTIFICATION OF INTENTION TO PRACTICE.

The number of state certified midwives who gave notice of their intention to practice midwifery during 1948 was 588 compared with 534 in 1947.

(b) CASES.

The following table shows the number of maternity cases attended by midwives during the year.

	Number of Maternity Cases in the Administrative County attended by Midwives during 1948.					
	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives. (1)	As Maternity Nurses. (2)	As Midwives. (3)	As Maternity Nurses. (4)	As Midwives. (5)	As Maternity Nurses. (6)
Employed directly by the Authority . . .	3,700	1,472	—	—	3,700	1,472
Employed in private Nursing Homes . . .	—	—	256	478	256	478
Employed by Hospital Management Committees	—	—	8,492	3,066	8,492	3,066
Employed in private domiciliary practice . . .	141	60	227	472	368	532
Total	3,841	1,532	8,975	4,016	12,816	5,548

(c) SUMMONING OF MEDICAL AID.

During the year medical aid was summoned under Section 14 (1) of the Midwives Act, 1918, by a midwife in the following number of cases :—

(i) For domiciliary cases	...	...	2,001
(ii) For cases in institutions...	...	...	828

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Notifications of sending for medical aid	...	...	...	...	2,829
Still births and abortions	...	...	...	...	81
Miscarriages	...	...	...	...	50
Laying out dead body	...	...	...	...	60
Liability to be a source of infection	...	...	...	...	104
Notification of death	...	...	...	...	26
Artificial feeding	...	...	...	...	199
Total	...	...	...	...	3,349

(e) SPECIAL INVESTIGATIONS.

The non-medical supervisors of midwives undertook the following special investigations during the year :—

Notice of sending for medical aid	...	...	...	...	209
Still births, abortions and miscarriages	...	...	...	...	52
Liability to be a source of infection	...	...	...	...	21
Death of mother or baby	...	...	...	...	15
Total	...	...	...	...	297

As a result of these investigations 2 midwives were suspended from duty for varying short periods, one as a contact of a case of typhus and the other suffering from a pneumococcal infection of the nose.

(f) ADMINISTRATION OF ANALGESICS.

During the year 1948, gas and air was given by midwives in 1,785 domiciliary cases.

At the end of the year, the number of midwives in practice in the area who were qualified to administer analgesics in accordance with the requirements of the Central Midwives Board was as follows :—

(i) Domiciliary	...	...	171
(ii) In institutions	...	...	162

(At the time of writing this report (July, 1949) 193 domiciliary midwives in Surrey had been trained in the use of the apparatus, while 122 sets of apparatus had been either provided or ordered).

B. Domiciliary Midwives and Home Nurses.

SECTION 23, SUB-SECTION (2) NATIONAL HEALTH SERVICE ACT, 1946.

"It shall be the duty of every local health authority to secure, whether by making arrangements with Boards of Governors of Teaching hospitals, Hospital Management Committees or voluntary organisations for the employment by those Boards, Committees or organisations of certified midwives or by themselves employing such midwives, that the number of certified midwives so employed who are available in the authority's area for attendance on women in their homes as midwives, or as maternity nurses during childbirth and from time to time thereafter during a period not less than the lying-in period, is adequate for the needs of the area."

SECTION 25.—NATIONAL HEALTH SERVICE ACT, 1946.

"It shall be the duty of every local health authority to make provision in their area, whether by making arrangements with voluntary organisations for the employment by those organisations of nurses or by themselves employing nurses, for securing the attendance of nurses on persons who require nursing in their own homes."

1. ADMINISTRATION.

Under the Midwives Act, 1936, the County Council was required to ensure an adequate service of domiciliary midwives throughout the County and this it had done.

(1) By itself employing 23 whole-time and 2 part-time midwives.

(2) By arranging with certain County Districts, autonomous for Maternity and Child Welfare work, to employ eleven midwives as agents of the County Council.

(3) By arranging with the District Nursing Associations—to which the County Council made grants through the County Nursing Association for the purpose—to employ midwives as follows :—

Domiciliary Midwives —S.R.N., S.C.M.	8
—S.C.M.	9
District Nurse Midwives, S.R.N., S.C.M. District Trained	70
District Nurse Midwives, S.R.N., S.C.M. No District Training	13
Village Nurse Midwives	31

(4) By arranging with the Woking Health Society (which was not affiliated to the County Nursing Association) to employ 2 domiciliary midwives on similar terms.

By these means the whole County was covered. It will be noted that as regards (1), (2) and (4) the midwives employed were engaged in midwifery practice only ; but as regards (3) some whole-time midwives were employed but the majority were engaged in combined general nursing and midwifery duties ; the former were largely employed by the Associations in the more densely populated parts of the County and the latter in the less densely populated parts. The grants to the Associations were, of course, in respect of the midwifery service undertaken by the Associations as the County Council was not responsible for their general nursing service.

When formulating its schemes under the above quoted Sections the County Council continued to employ directly midwives who had hitherto been employed either by the County Council or by a County District Authority acting as agent of the County Council and made an arrangement with the Surrey County Nursing Association acting on behalf of all the District Nursing Associations in the County in the following terms :—

(a) That the County Council would be responsible for the salaries and superannuation contributions of all nurses and midwives, whether on the County Council staff or on the staff of the District Nursing Associations.

(b) The County Council would be responsible for all expenses incurred in relation to their work, such as uniform and laundry allowances, telephone accounts, stationery, drugs, dressings and so on.

(c) That the nurses and midwives at present employed by the Associations would be given the option of being transferred to the County staff and would be seconded to the Association.

(d) All new appointments would be made to the County staff but they would be made by the Associations, the County Health Committee being consulted in the preparation of the short list and being represented at the appointments committee.

(e) The County Council would be responsible for the supervision of the work of the district nurses in the same way as it already was for the work of the midwives.

(f) The County Council agreed to purchase or to pay an economic rental on existing nurses' homes according to the wishes of the individual Associations concerned.

(g) The County Council agreed to purchase the cars provided by the Associations for their nurses, or alternatively to pay mileage allowance.

(h) The County Council agreed to pay at least 75 per cent. of the administrative costs of the County Nursing Association but not the administrative costs of the District Associations.

2. SUPERVISION.

The Superintendent and two Assistant Superintendents of the County Nursing Association who had all transferred to the County staff on the Appointed Day, are responsible for the supervision of the work of the District Nurses.

The arrangements for the supervision of midwives have already been outlined on page 26.

3. ESTABLISHMENT.

The staff employed and paid by the Council and seconded to Nursing Associations at the end of the year was as follows :—

	Full-time.	Part-time.
Superintendents of Nurses' Homes	9	—
Assistant Superintendents of Nurses' Homes	8	—
Domiciliary Midwives	27	—
District Nurse-Midwives	81	3
District Nurses	71	25
Village Nurse-Midwives	29	3
Enrolled Assistant Nurses	2	2

In addition there are 35 domiciliary midwives in the direct employment of the County Council.

4. TRANSPORT.

The transport provided for the above staff is as follows :—

	Property of S.C.C.	Property of D.N.A.	Property of Nurse.
Midwives, including District Nurse-Midwives and Village Nurse-Midwives	30 Cars 1 Auto-cycle	87 Cars 17 Auto-cycles	15 Cars
District Nurses	2 Cars	3 Auto-cycles	—

In addition, of the 35 Domiciliary Midwives in direct employment 5 are provided with a motor car by the County Council and 22 use their privately owned machines on Council business.

5. RESIDENTIAL ACCOMMODATION.

The County Health Committee continued their efforts to find suitable accommodation for midwives by making representations to County District Authorities and by other means.

In addition certain of the District Nursing Associations have provided accommodation for their nurses and midwives. There are nine large Nurses' Homes in the County, i.e. homes under the charge of a Superintendent and usually accommodating more than six nurses and these homes are provided by the Beddington and Wallington, Carshalton, Cheam, Guildford, Kingston, Redhill, Surbiton, Sutton and Wimbledon Nursing Associations. Small nurses' homes, i.e., having less than six nurses and no superintendent are maintained by the Banstead, Epsom, Ewell, Malden, Richmond and Worcester Park Nursing Associations.

At the end of the year the position with regard to accommodation was as follows :—

Owned or rented by the County Council ...	27 premises accommodating 79 nurses and midwives.
Owned or rented by District Associations ...	41 premises accommodating 79 nurses and midwives.
Owned or rented by nurse	104 premises accommodating 104 nurses and midwives.

6. VOLUNTARY NURSING ASSOCIATIONS.

There are 108 District Nursing Associations in the County. Of these, 56 Associations employ one nurse and 4 Associations are grouped in pairs, each pair employing one nurse; 17 Associations employ two nurses (in 4 cases one of them is part-time); 11 Associations employ 3 nurses (in 3 cases one of them is part-time) and the remainder of the Associations employ larger numbers.

The District Associations are organised into 16 groups—with from four to nine Associations in each group: each group has two representatives from each of its constituent Associations, and in turn elects a representative to serve on the General Committee of the Surrey County Nursing Association.

All District Associations in the County are now affiliated to the County Nursing Association. The County Association is the body responsible to the County Council for appointing a Nursing Superintendent and Assistant Superintendents whose duties include organising and supervising of the nursing work; for making arrangements for the filling of vacancies; for providing relief nurses; for recruiting and training suitable candidates for midwifery and district training; for assisting and advising the District Associations in regard to any difficulties or any developments in their area.

7. WORK OF THE NURSES AND MIDWIVES.

(a) *Seconded to District Associations.*

The aggregates of the cases nursed and of the visits paid by nurses seconded to Nursing Associations in the year 1948 were as follows :—

Cases Nursed.			Number of Visits.						
Mid-wifery.	Maternity.	General.	Mid-wifery.	Maternity.	General.	Ante-Natal Post-Natal.	Casual.	Clinics.	Total.
2,408	1,259	25,821	47,894	24,216	488,136	33,588	32,539	2,874	629,247

(b) *Directly Employed by the County Council.*

Cases.		Visits.			
Midwifery.	Maternity.	Midwifery and Maternity.	Ante-Natal.	Post-Natal.	Clinic Attendances.
1,214	485	36,629	13,474	1,865	2,612

HEALTH VISITING.

SECTION 24.—NATIONAL HEALTH SERVICE ACT, 1946.

- " (1) It shall be the duty of every local health authority to make provision in their area for the visiting of persons in their homes by visitors, to be called "health visitors," for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.
- " (2) The duty of a local health authority under this section may be discharged by making arrangements with voluntary organisations for the employment by those organisations of health visitors or by themselves employing health visitors."

1. Functions of the Health Visitor.

Health Visitors were first appointed by Welfare Authorities to undertake duties in relation to the care of expectant and nursing mothers and of children who had not attained the age of 5 years and were not attending school; later, Health Visitors have undertaken other duties such as Tuberculosis Health Visiting, Child Life Protection Visiting and acting as school nurse, according to the organisation of the particular local authority which they served. Health Visitors have not hitherto been responsible for advising as to the care of the sick and as to the measures necessary to prevent the spread of infection in the general community; and the National Health Service Act has, therefore, considerably increased the scope and importance of their work.

The Health Visitor is the County Council's principal agent in the field in carrying out its duties in respect of the Health Services, and the standing adviser in the home on the prevention of illness and the maintenance of health. Her position in this respect is of unique importance since, in addition to her own duties to the family, she, knowing the services available through the County Council or otherwise, will be able to put the family in touch with other social workers—whose special knowledge and experience may—as against the more general knowledge and experience of the Health Visitor—be required to deal with the particular problem.

It is not yet possible to assess the additional work which will fall on the Health Visitor as a consequence of the new duties which have to be provided under the Act, namely advising as to the care of the sick and as to measures necessary to prevent the spread of infection: but certain demands are being made on the Health Visitors in both these fields.

(a) CARE OF THE AGED SICK.

The difficulties regarding staffing of the hospitals makes the problem of providing treatment and care for the aged chronic sick a matter of some difficulty, and one which requires a clear appreciation of the responsibilities of the various bodies concerned and close co-operation between them.

The general practitioners in contract to the Executive Council, the Regional Hospital Board (and the Hospital Management Committees), the Local Health Authority and the Local Sanitary Authority all have responsibilities in respect of the aged sick.

- (i) The general practitioner is under contract to provide "general medical services" for any such cases on his list.
- (ii) The Regional Hospital Board and the Hospital Management Committee have to provide out-patient and in-patient treatment as may be required: or consultant and specialist advice.
- (iii) The Local Health Authority must provide Health Visitors to advise as to the care of persons suffering from illness in their own homes, and also must provide home nursing or home help where these are required.
- (iv) The Local Sanitary Authority is responsible for securing the necessary care and attention for persons who are suffering from grave chronic disease, or being aged, infirm or physically incapacitated are living under insanitary conditions by securing an order for their removal to a suitable hospital or other place.

These obligations are all statutory, but it is obviously essential to ensure that each of the participants is aware of the responsibilities and actions of the others; of the help that can be obtained from them: and also to ensure free reference from one to another as the condition of the patient changes.

Thus, for example, the general practitioner may refer a case to the hospital, where it may be decided that the case appears to be one which might be met by domiciliary treatment: it would then, with the agreement of the general practitioner, be referred to the Divisional Medical Officer who will, usually after receiving a report from one of his Health Visitors, if he agrees that the needs of the case can be so met, arrange the appropriate domiciliary services; where he is of the opinion that domiciliary services cannot give reasonable care or when that stage is reached after the provision of such services, the case would then be referred back to the hospital or to the District Medical Officer of Health for appropriate action regarding admission.

(b) MEASURES NECESSARY TO PREVENT THE SPREAD OF INFECTION.

The provision in the Act for a copy of all notifications of infectious disease to be sent to the Medical Officer of the Local Health Authority within 12 hours indicates the increasing part the Health

Visitor is expected to play in visiting homes where infectious disease has been notified. Again there is need for close co-operation between the District Medical Officer of Health and the Divisional Medical Officer; and the practice of District Medical Officers of Health varies widely but, in the main, the duties asked of the Health Visitor are—(i) to advise as to the measures to be taken in cases where the infected person remains at home to prevent infecting others in the household; (ii) to observe the rest of the household (whether the case has gone to hospital or not) with the object of spotting secondary infections; (iii) to watch cases of indefinite ill-health, to give general advice on health matters, and so on.

2. Staff.

On the 5th July, 61 Health Visitors working in the autonomous welfare districts were transferred to the County staff, making a total establishment of 173, including supervising staff.

(The Health Visiting establishment has since the end of the year been revised, and is now :—

- 1 Superintendent Health Visitor.
- 1 Deputy Superintendent Health Visitor.
- 1 Assistant Superintendent Health Visitor for M.D. duties.
- 9 Divisional Health Visitors.
- 163 Health Visitors.
- 14 Tuberculosis Health Visitors.
- 5 Health Visitors for special duties, relief, etc.

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3. Work of the Health Visitor.

The following table shows the work done by the Health Visitors during the year :—

Number of Health Visitors Employed at end of Year.		Equivalent of Whole-Time Services Devoted by Health Visitors Included in columns (2) and (3) to Health Visiting (All Classes, including Attendance at Infant Welfare Centres). (4)	Number of Visits Paid by Health Visitors included in columns (2) and (3) during 1948.							
Whole-Time on Health Visiting	Part-Time on Health Visiting		Expectant Mothers.		Children Under 1 Year of Age.		Children Between the Ages of 1 and 5.		†Other Classes.	
			First Visits.	Total Visits.	First Visits.	Total Visits.	First Visits.	Total Visits.	First Visits.	Total Visits.
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
161	—	161	6,957	10,482	21,912	93,261	5,965	129,417	12,005	44,079

† Includes (a) Foster Children.
(b) Tuberculosis.
(c) Mental Deficiency.

4. Other Duties of Health Visitors.

In addition to the statutory duties imposed on Health Visitors, they undertake certain other duties for which their training makes them eminently suitable.

(a) SCHOOL HEALTH SERVICE.

The work of the Health Visitors acting as school nurses is dealt with in the report on the School Health Service on page 2.

(b) MENTAL DEFICIENCY.

The work of the Health Visitors in respect of mental deficiency is dealt with in the report on the Mental Health Services on page 52.

(c) INFANT LIFE PROTECTION.

Under the Public Health Act, 1936, Health Visitors acting as Child Life Protection Visitors regularly supervised children under the age of 9 years placed apart from their parents for reward or promise of reward. The Children Act, 1948, raised the age limit below which such children must be supervised to compulsory school-leaving age.

At the end of the year there were 317 foster mothers and 556 foster children known to be in the County. During the year, 9,312 visits were made to these foster mothers by Health Visitors.

(d) ADOPTION OF CHILDREN (REGULATION) ACT, 1939.

Under the above Act, the Health Visitors supervise children placed for adoption where a third party is involved until an adoption order made in respect of the child becomes operative. The Children Act, 1948, which became law on 5th July, 1948, extended the provision of this Act to apply to children of compulsory school age who are over the age of 9 years as they apply to children under that age.

At the end of the year 167 persons had given notice as required in respect of 173 children, and 62 children still remained under supervision.

5. Health Visitors' Training Course.

It has been recognised that the shortage of Health Visiting staff has been partly due to the small number of approved training centres, which has prevented suitable candidates from entering this branch of nursing.

During the year, steps were taken to inaugurate a training centre in the County. The course, which has been approved by the Minister of Health, the Minister of Education and the Royal Sanitary Institute, is of six months duration, and commenced at the Guildford Technical College in January, 1949. The training is full time and consists of lectures by specialists in the various fields covered by the syllabus and practical work arranged within the County.

Grants are available through the Education Committee to Surrey residents taking the course, and trainees receiving such grants are required to undertake Health Visiting in the County for one year subsequent to qualifying.

This scheme will provide an additional training centre for this part of the country, and it is hoped that it will be of assistance in recruiting Health Visitors to the County staff from successful candidates.

VACCINATION AND IMMUNISATION

SECTION 26.—NATIONAL HEALTH SERVICE ACT, 1946.

- "(1) Every local health authority shall make arrangements with medical practitioners for the vaccination of persons in the area of the authority against smallpox, and the immunisation of such persons against diphtheria.
- "(2) Any local health authority may with the approval of the Minister, and if directed by the Minister shall, make similar arrangements for vaccination or immunisation against any other disease.
- "(3) In making arrangements under this section a local health authority shall give every medical practitioner providing general medical services in their area under Part IV of this Act an opportunity to provide services under this section.
- "(4) The Minister may, either directly or by entering into arrangements with such persons as he thinks fit, supply free of charge to local health authorities and medical practitioners providing services under this section vaccines, sera or other preparations for vaccinating or immunising persons against any disease.
- "(5) The Vaccination Acts, 1867 to 1907, shall cease to have effect."

The Vaccination Acts, 1867 to 1907, which made vaccination of infants before attaining the age of six months compulsory except where the parent or guardian conscientiously objected, were repealed by the National Health Service Act. The County Council had been the authority responsible for administering the acts, and now became responsible for organising a vaccination service on a voluntary basis.

As regards diphtheria immunisation, before the National Health Service Act came into force responsibility for immunising children of school age rested on the County District Authorities, and for immunising children under school age on the "Welfare Authority," which, in 11 districts of the County was the County District and in the other 22 was the County Council. In respect of the work for which the County Council was responsible, effective working arrangements with the District Councils were in operation to utilise the services of the District Medical Officers of Health and their staffs in regard to the administration of the scheme, although the County Council made available, if needed, the services of their Assistant Medical Officers for the clinical work involved.

The Medical Officers of Health have thus had wide experience of administering schemes of diphtheria immunisation, and in view of this, and of the fact that epidemiological control of infectious diseases remains their responsibility, the County Council, in formulating its scheme under this Section of the Act, asked the County District Authorities to make available the services of their Medical Officers of Health for the administration of the scheme in their own districts, assisted as in the past, when necessary, by the clinical services of the County Council's Assistant Medical Officers. All the County Districts have agreed to this request.

A. Diphtheria Immunisation.

So far as possible, immunisation is undertaken at the following ages:—

- (a) Primary immunisation in the second half of the first year of life.
- (b) First reinforcing doses (i) at Nursery Schools, etc. at 3+ years or (ii) at Primary Schools at 5+ years.
- (c) Subsequent reinforcing doses (i) at 8 years old examination for those reinforced at 3+ years; (ii) at 10-11 years old examination for those reinforced at 5+ years; (iii) at 15-18 years old examination (if desired).

1. IMMUNOLOGICAL STATE.

The following table gives details of immunisation against diphtheria carried out in children 0-4 years during 1948 and the immunised state of the pre-school child population at the 31st December, 1948.

(In interpreting these figures it should be borne in mind that it has been customary not to recommend diphtheria immunisation until the second half of the first year of life):—

Districts.	No. of children immunized during 1948.		Total No. of children who had a complete course of immunization at any time prior to 31st Dec., 1948.		Estimated mid-year child population 1948.		Percentage of children immunized.	
	0-4 yrs.	5-14 yrs.	0-4 yrs.	5-14 yrs.	0-4 yrs.	5-14 yrs.	0-4 yrs.	5-14 yrs.
M.B. and Urban.								
Banstead	218	45	945	3,460	2,422	4,158	39.0	83.2
Barnes	394	13	1,508	2,634	2,877	3,792	52.4	69.5
Beddington and Wallington ...	403	75	1,418	2,525	2,610	3,781	54.3	66.8
Carshalton	924	148	3,149	8,837	4,923	9,386	64.0	94.2
Caterham and Warlingham ...	408	118	1,225	2,994	2,531	3,914	48.4	76.5
Chertsey	442	109	1,484	3,896	2,616	4,840	56.7	80.5
Coulsdon and Purley	738	136	2,569	6,755	4,842	7,646	53.1	88.3
Dorking	261	33	922	2,180	1,614	2,600	57.1	83.9
Egham	446	67	1,214	2,329	1,890	3,209	64.2	72.6
Epsom and Ewell	1,285	51	3,170	6,423	4,865	8,163	65.1	78.7
Esher	618	89	2,881	6,162	4,111	6,494	70.0	94.9
Farnham	356	44	1,184	3,290	1,850	3,314	64.0	99.3
Frimley and Camberley	189	14	585	2,123	1,577	2,699	37.0	78.6
Godalming	206	84	698	1,674	1,143	2,005	61.0	83.5
Guildford	653	125	1,807	4,925	3,593	5,885	50.2	83.6
Haslemere	180	19	420	949	965	1,886	43.5	50.3
Kingston-on-Thames	733	42	2,001	3,792	3,192	4,385	62.6	86.4
Leatherhead	436	28	1,206	2,375	2,101	3,665	57.4	64.8
Malden and Coombe	559	101	1,777	5,407	3,648	5,856	48.7	92.3
Merton and Morden	878	332	3,247	7,462	5,591	8,973	58.0	83.1
Mitcham	1,060	28	3,235	6,292	5,658	8,314	57.1	75.6
Reigate	560	62	2,008	3,910	3,313	5,570	60.6	70.2
Richmond	724	220	2,164	3,825	3,195	3,864	67.7	98.9
Surbiton	762	50	2,453	3,868	4,967	7,294	49.4	53.0
Sutton and Cheam	983	156	2,904	7,047	6,277	10,110	46.3	69.7
Walton and Weybridge	461	89	1,930	3,915	3,149	4,727	61.6	82.8
Wimbledon	686	68	2,644	5,404	4,420	5,597	59.8	96.6
Woking	287	274	1,328	5,084	3,785	6,664	35.1	76.3
Rural.								
Bagshot	82	46	498	1,935	1,092	2,225	45.6	87.0
Woking and Horley	457	43	1,130	2,530	2,046	3,178	55.2	79.6
Godstone	332	73	1,075	1,441	2,433	4,056	44.2	35.5
Guildford	378	120	1,095	3,542	3,225	5,310	33.9	66.7
Hambledon	260	66	720	1,964	3,458	4,387	20.8	44.8
Totals	17,359	2,968	56,594	131,949	105,979	167,947	53.4	78.6

2. DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

The following notifications of diphtheria in children up to the age of 14 years were received:—

Age at date of Notification.	Number of Cases Notified.	Number of Cases Notified in which child had completed full course of immunisation.
Under 1	1	—
1	—	—
2	2	2
3	3	2
4	—	—
5-9	8	3
10-14	9	4
Totals	23*	11

* These figures include 3 patients of Queen Mary's Hospital, Carshalton, whose immunised state was not known.

No deaths from diphtheria were reported during the year.

B. Smallpox Vaccination.

Primary vaccination in infancy, particularly in the first year of life, is encouraged: but in view of the possibilities of the rare, though serious, complication of post vaccinal encephalomyelitis in children primarily vaccinated after infancy, primary vaccination at school age is not pressed unless there is an outbreak in the neighbourhood: in addition, the machinery for rapid mass vaccination if there is danger of a smallpox outbreak must be available.

1. *Before 5th July, 1948.*

The Vaccination Acts, 1867 to 1907, required the vaccination of all infants before attaining the age of six months, except where the parent or guardian conscientiously objected to vaccination. These Acts were repealed on 5th July, but the number of children vaccinated up to that date were as follows:—

Total number of certificates and copies of certificates of successful primary vaccination of children under 14 (irrespective of the year of birth) received during the six months ended 30th June, 1948 (including those of which copies have been sent to Vaccination Officers of other districts) 7,877

Total number of copies of successful primary vaccination received during the six months ended 30th June, 1948, which have been sent to Vaccination Officers of other districts 1,607

2. *Since 5th July, 1948.*

The following table shows the number of persons vaccinated or re-vaccinated during the period 5/7/48 to 31/12/48.

DISTRICTS.	AGE	VACCINATED.					RE-VACCINATED.				
		—1	1—4	5—14	15+	Total.	—1	1—4	5—14	15+	Total.
M.B. and Urban.											
Banstead	106	7	5	—	118	—	—	6	30	36	
Barnes	64	2	2	2	70	10	1	1	24	36	
Beddington and Wallington ...	105	1	2	3	111	—	—	2	10	12	
Carshalton	121	8	5	7	141	4	1	5	9	19	
Caterham and Warlingham ...	51	7	2	1	61	—	1	2	21	24	
Chertsey	71	3	—	—	74	1	—	5	11	17	
Coulsdon and Purley	186	33	14	19	252	10	4	4	48	66	
Dorking	33	1	—	—	34	—	—	1	9	10	
Egham	44	2	3	3	52	3	1	—	14	18	
Epsom and Ewell	160	6	9	13	188	—	1	2	57	60	
Esher	188	4	2	11	205	1	1	7	88	97	
Farnham	55	5	4	4	68	—	—	3	4	7	
Frimley and Camberley	64	5	1	4	74	—	3	1	22	26	
Godalming	31	1	—	5	37	4	—	—	—	4	
Guildford	111	1	4	3	119	1	—	3	16	20	
Haslemere	43	—	—	2	45	—	—	1	13	14	
Kingston-on-Thames	149	8	12	5	174	—	1	1	35	37	
Leatherhead	90	3	4	6	103	1	1	6	43	51	
Malden	95	5	1	4	105	—	1	1	30	32	
Merton and Morden	166	11	4	3	184	3	2	1	29	35	
Mitcham	90	3	6	6	105	—	—	1	12	13	
Reigate	88	18	10	4	120	5	—	3	27	35	
Richmond	149	11	5	1	166	—	2	3	34	39	
Surbiton	136	2	3	4	145	—	2	5	38	45	
Sutton and Cheam	156	11	8	7	182	—	1	10	39	50	
Walton and Weybridge	110	5	2	—	117	—	1	9	17	27	
Wimbledon	139	5	4	6	154	—	3	3	37	43	
Woking	22	1	—	1	24	—	—	1	17	18	
Rural.											
Bagshot	37	4	—	2	43	—	—	—	2	2	
Dorking and Horley	77	10	4	2	93	—	—	5	22	27	
Godstone	65	2	1	—	68	—	—	21	16	37	
Guildford	83	4	1	4	92	—	—	5	15	20	
Hambleton	83	3	1	—	87	—	—	2	20	22	
Totals	3,168	192	119	132	3,611	43	27	120	809	999	

It would appear that there has been a considerable fall in the number of children vaccinated in the latter part of the year as compared with the former.

No cases of generalised vaccinia, post-vaccinal encephalomyelitis or deaths from complications of vaccination were specially reported.

C. **Other Diseases.**

In certain areas of the County children are inoculated against whooping cough if the parents ask for this to be done. No general scheme for immunisation against whooping cough is in being, and no attempt is made to urge parents to have their children inoculated since the degree of immunity conferred varies greatly with the individual, and its efficacy cannot be guaranteed in all cases.

AMBULANCE SERVICE.

SECTION 27.—NATIONAL HEALTH SERVICE ACT, 1946.

- "(1) It shall be the duty of every local health authority to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area.
- "(2) A local health authority may carry out their duty under this section either by themselves providing the necessary ambulances and other means of transport and the necessary staff therefor or by making arrangements with voluntary organisations or other persons for the provision by them of such ambulances, transport and staff."

Before the 5th July, the people of Surrey had been provided with an ambulance service (1) by the County Council as part of its hospital service (10 ambulances and 1 sitting case car), (2) by the County District Councils (43 ambulances and 3 sitting case cars), (3) by the Isolation Hospitals (either as the property of Joint Boards or of individual County District Authorities) for the conveyance of infectious cases (16 vehicles), (4) by the voluntary associations of the St. John Ambulance Brigade and the British Red Cross Society (37 vehicles) and (5) by the Hospital Car Service (approximately 600 cars). The County Council retained the ambulances it had hitherto run as part of its hospital service; took over the ambulances which had belonged to the County District Councils and to the Isolation Hospitals (although the latter remained based on the Isolation Hospitals and were largely manned, by agreement, by the isolation hospital staff); and has made arrangements with the voluntary associations and with the Hospital Car Service to carry on their services on its behalf.

As regards premises, the ambulances maintained directly by the Council have been retained—in some cases, temporarily—at their former bases, which included hospital premises, fire stations, council depots or ad hoc ambulance stations.

Operational personnel of the transferred ambulances were transferred with the vehicles, but the administration of the transferred service had been in the hands of administrative personnel of County District Councils or of Joint Boards who were, in the main, not transferable.

1. Administration.

The Ambulance Section is one of the four sections into which the central County Health Department is divided. The section is in the charge of a Chief Ambulance Officer, with an Assistant Ambulance Officer and appropriate clerical staff. This section deals with the central administration of the County service and with the voluntary services of the St. John and British Red Cross Societies and the Hospital Car Service.

In addition to the central administrative staff there are 3 main Station Superintendents; 21 Station Supervisors and 9 other clerical staff attached to the main stations.

2. Vehicles.

Apart from the Infectious Disease Ambulance Service, the 10 ambulances and 1 sitting case car which formed the County Council fleet before 5th July, plus the 43 ambulances and 3 sitting case cars which were maintained by the County District Councils form the County Ambulance Service. This fleet of vehicles, unfortunately, owing to the impossibility of replacing ambulances during the war years, was composed largely of obsolescent vehicles. Only 4 vehicles were post-war; 4 vehicles were first put into service before 1930, 21 between 1930 and 1935 and 28 between 1935 and 1940. The rapid expansion of the new service, which is free to the public, has put a very severe strain on this limited fleet of old vehicles.

To replace old vehicles and to provide for the expansion of the service the County Council has ordered in all 89 new ambulances, but by the end of the year only five of these had been delivered. In the meantime, 19 vehicles of the fleet as composed on the 5th July had had to be scrapped. Mechanical breakdowns have been frequent and because of them the Service has rarely operated at more than two-thirds strength.

3. Premises.

The vehicles which form the County Ambulance Service operate from 3 Main Stations and 24 Sub-Stations in the County. The three Main Stations are situated in hospitals; the Sub-Stations are in premises used jointly by the Fire Brigade (12), in County District Council Depots (8), ad hoc premises (3), sharing with other County Departments (1). A list of these stations is given in the table on page 36.

4. Personnel.

The operative personnel of the Ambulance Service on the appointed day numbered 132 driver-attendants and 22 attendants. The number which it had been estimated would be required to man the service as from the appointed day was 313 driver-attendants. A serious difficulty, however, confronted the new service. Shortly before the appointed day, the County Council had approved modified ambulance proposals involving a certain degree of amalgamation with the Fire Brigade

and resulting in a considerable economy of personnel due to the fact that firemen are required to do a 60-hour week and ambulance personnel a 48-hour week. The estimated figures for the modified scheme were 124 ambulance personnel and 132 firemen. These proposals were submitted to the Minister, but his decision had not been received by the end of the year. Although the original proposals were nominally put into effect on the appointed day, it was impossible to proceed with the recruitment of personnel until it was known whether the long term development plan would be based on the original or the modified proposals. An interim establishment to avoid unnecessary recruitment and subsequent redundancy was fixed at 166 (based mainly on the number of personnel transferred from County Districts, etc.), pending a decision on one or other of the proposals submitted to the Minister. Because of the rapid increase in work, and other considerations, 30 additional temporary personnel were authorised, but this has still meant that a total staff of 196 has had to cope with the work for which it had been estimated that 313 ambulance personnel or 124 ambulance personnel plus 132 firemen would be necessary, and they have, therefore, had to work a considerable amount of overtime.

5. Maintenance and Repairs.

Before the appointed day, the various County Districts who ran ambulance services had their own arrangements for servicing and repairs, and, where possible, these existing arrangements have had to be carried on as a temporary expedient pending the provision of a more permanent and a more adequate service. For the time being, the greater part of the work has had to be carried out by private contractors, but the County Engineer's vehicle repair depot and certain of the County District Council's depots have given such assistance as their facilities enabled them to undertake.

Nevertheless, the need to develop a repairs and maintenance service became apparent during the year and further consideration has been given to this problem since the end of the year.

6. Operational.

(a) County Ambulance Service; Emergency and General Work.

The County Ambulance Service provides for both emergency and general cases, and it is, therefore, always necessary to retain a proportion of ambulances standing by in reserve for emergency cases, although this reduces the number of vehicles available for general work.

During the first six months of the new service, the monthly totals of emergency cases have remained relatively constant, but the monthly totals for general work have greatly increased and this increase is continuing. The increase has affected not only the work of the County-operated service, but also that of the Voluntary organisations; but, as the amount of extra work which can be undertaken by the Voluntary organisations is, usually, limited by the availability of their volunteer personnel, the major part of the increase has fallen on the County Ambulance Service.

The work of the County Ambulance Service from 5th July to the end of the year is shown in the following tables:—

(i) Number of Journeys, etc., by Stations.

Station.	Journeys.			Patients.	Mileage.
	Emergency.	General.	Total.		
Kingston Main	225	5,099	5,324	6,538	48,359
Redhill Main	80	506	586	631	10,260
St. Helier Main	115	4,093	4,208	7,309	37,391
Banstead	161	699	860	957	13,426
Barnes	141	574	715	737	6,110
Camberley	85	179	264	264	5,226
Carshalton	249	1,220	1,469	1,587	12,217
Chertsey	82	431	513	507	6,625
Dorking	110	149	259	279	1,959
Egham	126	628	754	769	10,752
Esher	256	263	519	520	6,574
Ewell	201	1,052	1,253	1,628	13,159
Haslemere	39	593	632	645	10,788
Kingston	303	88	391	410	1,992
Leatherhead	78	292	370	496	4,809
Malden	145	1,074	1,219	1,325	14,902
Merton	100	464	564	572	4,849
Mitcham	314	1,014	1,328	1,371	10,312
Purley	213	1,041	1,254	1,343	17,908
Richmond	289	1,742	2,031	2,153	12,298
Sanderstead	84	388	472	482	6,508
Surbiton	194	769	963	1,022	7,279
Sutton	215	961	1,176	1,198	10,265
Wallington	28	89	117	117	884
Walton	177	552	729	741	10,465
Wimbledon	317	1,617	1,934	1,886	15,796
Woking	25	354	379	340	6,481
Contractors	—	132	132	154	7,095
Total	4,352	26,063	30,415	35,981	314,689

(ii) *Classification.*

The journeys given in the table above were classified as follows :—

Type.	No. of Journeys.	No. of Patients.	Total Mileage.	No. of Cases accompanied by Nurse or Midwife.
EMERGENCY.				
Accidents	2,183	2,284	13,655	56
Illness	1,483	1,467	13,811	146
Maternity	467	467	5,237	129
Total	4,133	4,218	32,703	331
False Alarms	219	—	1,332	—
Total	4,352	4,218	34,035	331
GENERAL.				
Maternity	1,829	1,839	20,357	149
To Hospital	6,324	6,398	77,383	713
From Hospital	1,821	2,039	22,174	129
Out-Patients	13,125	18,287	118,819	368
Hospital to Hospital	1,291	2,031	26,764	455
Infectious Disease	15	16	271	2
One Private Address to another	186	190	6,553	33
Conveyance of Patient in own home upstairs, downstairs, etc.	202	208	635	7
Total	24,793	31,008	272,956	1,856
Special Duty	866	755	5,639	—
False Alarms	404	—	2,059	—
Total	26,063	31,763	280,654	1,856
Grand Total	30,415	35,981	314,689	2,187

(iii) *Ambulances and Sitting Case Cars.*

The journeys given in the above tables were divided between Ambulances and Cars as follows :—

	Journeys.	Patients.	Mileage.
Ambulances	26,507	31,132	265,085
Sitting Case Cars	3,908	4,849	49,604
Total	30,415	35,981	314,689

(iv) *Incidence of Calls.*

The total numbers of journeys for each day of the week were as follows :—

Day.	Emergency.	General.	Total.
Mondays	591	4,375	4,966
Tuesdays	628	4,432	5,060
Wednesdays	660	4,176	4,836
Thursdays	613	4,283	4,896
Fridays	629	4,546	5,175
Saturdays	716	2,786	3,502
Sundays	515	1,465	1,980
Total	4,352	26,063	30,415

(v) The total numbers of journeys for periods of the day shown were as follows :—

	12 midnight to 4 a.m.	4 a.m. to 8 a.m.	8 a.m. to 12 noon.	12 noon to 4 p.m.	4 p.m. to 8 p.m.	8 p.m. to 12 midnight.	Total.
Emergency	257	219	886	1,187	1,116	687	4,352
General	629	670	9,538	9,671	4,226	1,329	26,063
Total	886	889	10,424	10,858	5,342	2,016	30,415

(vi) *Miscellaneous Information.*

Average number of journeys per Sunday	...	...	...	...	79
" " " " " Saturday	...	...	...	...	140
" " " " " Weekday	...	...	...	...	192
Highest number of journeys on a single weekday :—					
Emergency	...	...	...	...	39
General...	...	...	...	...	214
All types	...	...	...	...	247
Lowest number of journeys on a single weekday :—					
Emergency	...	...	...	...	12
General...	...	...	...	...	138
All types	...	...	...	...	166
Average miles per journey :—					
Emergency	...	...	...	...	7.8
General...	...	...	...	...	10.8
All types	...	...	...	...	10.3

(b) *Infectious Disease Cases.*

Ambulances for the conveyance of cases of infectious diseases continue to be based on the infectious diseases hospitals, although the vehicles were transferred to the County Council under the Act.

Staff is largely provided by the hospitals, but since the 5th July it has been found necessary to send some patients to other than the nearest isolation hospital and, in consequence, the County Council has had to provide some extra ambulance staff.

Generally, an isolation hospital is only willing to provide a service for patients who are being admitted to or discharged from that hospital.

Moreover, patients are sometimes sent from addresses in Surrey by the Emergency Bed Service to hospitals outside the Administrative County. The isolation hospitals cannot normally provide personnel for the transport for these cases, and the County Ambulance Service has to provide the transport required.

The numbers of journeys, etc., carried out by the ambulances based on each isolation hospital were as follows :—

Hospital.	Journeys.	Patients.	Mileage.
Barnes...	59	69	723
Betchingley ...	1	1	20
Cuddington ...	307	336	3,568
Dorking ...	5	7	77
Farnham ...	142	166	2,594
Ottershaw ...	194	211	2,531
Reigate ...	104	125	2,118
Tolworth ...	118	127	616
Wandle Valley ...	351	384	2,935
Wimbledon ...	84	90	597
Milford Sanatorium ...	125	302	6,507
*Total ...	1,490	1,818	22,286

* In addition 15 journeys, 16 patients and 271 miles are included in table (ii) of para. 6(a) above, showing the work of the County ambulance stations, for infectious disease cases carried by the County Ambulance Service.

Smallpox and Typhus.

An agreement has been reached with the London County Council for the London Ambulance Service to provide transport for these cases because of the special facilities which they have available. No cases occurred during the year.

(c) *Voluntary Organisations.*

Under agency arrangements the Voluntary organisations have provided a valuable and economical service, as follows :—

St. John Ambulance Brigade.

15 Stations with 27 ambulances and 4 sitting case cars.

At nine of these Stations in the southern part of the County, including Guildford, where the Brigade has provided an excellent Main Station, a combined emergency and general service has operated. At the remaining six Stations in the northern part of the County a very useful supplementary service, which has included some emergency work, has been provided.

British Red Cross Society.

6 Stations with 7 ambulances.

At two of these Stations in the southern part of the County a full emergency and general service has been maintained. The remaining four Stations in the northern part of the County have provided a useful supplementary service, again with some emergency work.

General.

In addition to providing the services outlined above, the Voluntary organisations have provided ambulances and other facilities for stand-by at public functions when asked to do so. The St. John Ambulance Brigade also provides all attendants for the County Council's ambulances at Haslemere on a part-time basis at a small fee.

Apart from organised bodies, other volunteers have given valuable assistance and, in particular, six voluntary nurses at Chertsey have given their services free on a rota basis to the Ambulance Station there. During the year they were in attendance on the Chertsey Ambulance for a total of nearly 400 cases.

The ambulance work done by the Voluntary organisations from 5th July to the end of the year is shown in the following tables :—

(i) Journeys, etc., carried out by Stations.

Station.	Journeys.			Patients.	Mileage.
	Emergency.	General.	Total.		
ST. JOHN AMBULANCE BRIGADE.					
Guildford	359	2,491	2,850	2,610	34,271
Ash Vale	69	290	359	403	6,118
Bagshot	26	135	161	171	3,878
Caterham	135	520	655	717	14,452
Chertsey	13	7	20	20	413
Cobham	22	103	125	127	3,537
Cranleigh	56	117	173	179	4,261
Dorking	28	67	95	119	1,994
Farnham	220	874	1,094	1,131	17,298
Godstone... ..	89	116	205	198	4,367
Horley	74	515	589	607	10,091
Kingston... ..	125	694	819	914	15,589
Reigate	152	560	712	724	14,391
Warlingham	83	193	276	283	6,206
Woodham	7	14	21	38	1,647
Total	1,458	6,696	8,154	8,241	138,513
BRITISH RED CROSS SOCIETY.					
Dorking	50	93	143	162	3,205
Godalming	89	444	533	623	13,370
Oxted	27	110	137	135	2,134
Surbiton	71	486	557	693	8,979
Wimbledon	8	193	201	225	10,423
Woking	70	397	467	469	6,410
Total	315	1,723	2,038	2,307	44,521
Grand Total	1,773	8,419	10,192	10,548	183,034

(ii) Journeys, etc., in the above table were divided between Cars and Ambulances as follows :—

	Journeys.	Patients.	Mileage.
Ambulances	9,002	9,310	161,780
Sitting Case Cars	1,190	1,238	21,254
Total	10,192	10,548	183,034

(d) Hospital Car Service.

The Hospital Car Service, as agents of the County Council, have provided transport for the very great majority of sitting cases requiring out-patient treatment and consultation.

Under the two County Headquarters (i.e., Surrey and Metropolitan Surrey) the service is organised into 18 transport areas, each in charge of a voluntary Area Transport Officer. The total number of voluntary drivers in these areas is approximately 620.

The Hospital Car Service, except in special cases, only accepts requests for transport direct from hospitals, and the demand from the hospitals, both as regards number of cases and mileages, continues to increase with the increase in the number of patients attending the hospital out-patient departments.

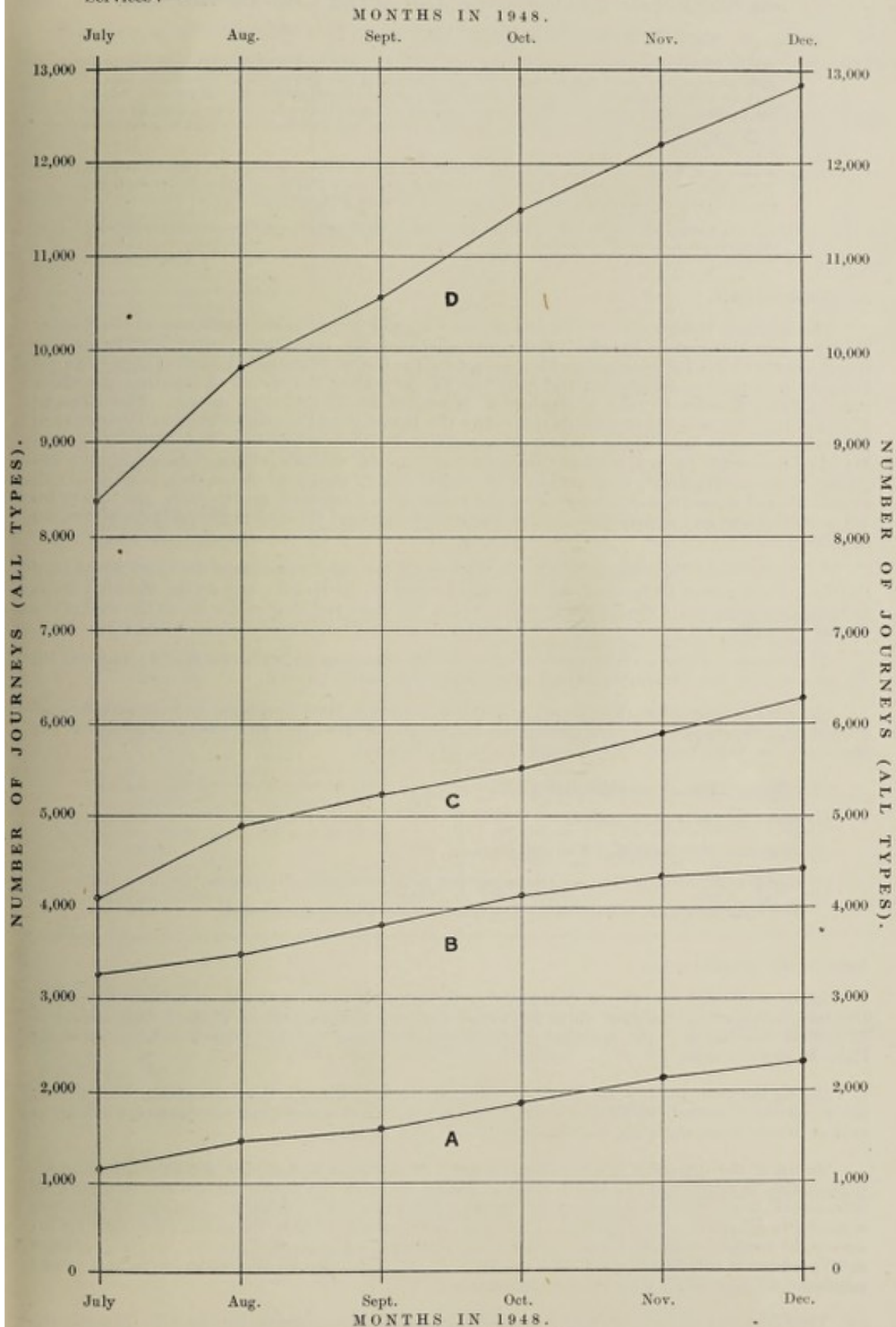
The work done by the Hospital Car Service is as follows :—

Area.	Journeys.	Patients.	Mileage.
METROPOLITAN SURREY.			
Carshalton	3,119	6,732	110,720
Surbiton	5,674	8,704	129,621
SURREY.			
Bagshot	382	28,000 (estimated)	9,700
Chertsey	1,074		38,053
Dorking	439		15,371
Egham	237		5,143
Farnham	924		16,209
Frimley and Camberley ...	443		9,574
Godalming	1,223		23,618
Guildford	5,298		111,455
Haslemere	503		17,784
Leatherhead	646		6,877
Lingfield	282		10,023
Oxted	154		5,094
Reigate	1,257		38,040
Walton	590		15,169
Woking	1,046		26,847
Total	23,291	33,436	589,298

(e) *Summary of all Journeys, etc.*

	Journeys.			Patients.			Mileage.		
	Amb.	Car.	Total.	Amb.	Car.	Total.	Amb.	Car.	Total.
County Service	26,507	3,908	30,415	31,132	4,849	35,981	265,085	49,604	314,689
Infectious Disease Hospitals	1,341	149	1,490	1,588	230	1,818	19,621	2,665	22,286
Voluntary Organisations—									
S.J.A.B.	6,964	1,190	8,154	7,003	1,238	8,241	117,259	21,254	138,513
B.R.C.S.	2,038	—	2,038	2,307	—	2,307	44,521	—	44,521
Hospital Car Service ...	—	23,291	23,291	—	33,436	33,436	—	589,298	589,298
Totals	36,850	28,538	65,388	42,030	39,753	81,783	446,486	662,821	1,109,307

(f) The following graph shows the increase each month from 5th July to 31st December 1948 in the work of the County Ambulance Service, the Voluntary Organisation and the Hospital Car Services :—



A—Voluntary Organisation Services.
 B—Hospital Car Service.
 C—County Council's Service.
 D—Combined Totals of A, B and C.

NOTE.—The number of emergency journeys included in above totals remained constant, except for small fluctuations, at an average figure of 1,020 per month, (County Service 725, Voluntary Organisations Service 295).

PREVENTION OF ILLNESS, CARE AND AFTER CARE OF THE SICK.

SECTION 28.—NATIONAL HEALTH SERVICE ACT, 1946.

- " (1) A local health authority may with the approval of the Minister, and to such extent as the Minister may direct shall, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons, but no such arrangements shall provide for the payment of money to such persons, except in so far as they may provide for the remuneration of such persons engaged in suitable work in accordance with the arrangements.
- " (2) A local health authority may, with the approval of the Minister, recover from persons availing themselves of the services provided under this section such charges (if any) as the authority consider reasonable, having regard to the means of those persons.
- " (3) A local health authority may, with the approval of the Minister, contribute to any voluntary organisation formed for any such purpose as aforesaid."

A.—Tuberculosis.

The National Health Service Act has resulted in very considerable alterations in the County Council's Anti-Tuberculosis Scheme. Before the appointed day, the County Council were responsible for all aspects of the Tuberculosis problem except for the duties which rested on the County District Councils in respect of notification and measures for preventing the spread of infection, for which every County District Council is responsible in respect of all infectious disease. The Regional Hospital Board is now responsible for providing the Hospital and Specialist services in relation to Tuberculosis, while the County Council is responsible for Prevention, Care and After Care. The Board is responsible for providing institutional treatment for the tuberculous. As regards the dispensary organisation which is concerned with diagnosis and treatment (other than in institutions), examination of contacts, domiciliary visiting of tuberculous households and the care and after care of the tuberculous and their families, the responsibility is divided between Board and County Council as follows:—

(1) *Staff*.—(a) The Board and the County Council each pay a portion of the Chest Physicians' salaries; (b) the Chest Physicians' clerks are on the staff of the Board; and (c) the Health Visitors (who also act as nurses to the Chest Clinics), the Care Almoners and their clerks are on the staff of the County Council.

(2) *Premises*.—Premises used solely as Chest Clinics were transferred to the Board; those which are used also for other County purposes remain with the County Council.

(3) *Mass Radiography*.—The Board is responsible for the Mass Radiography Unit and its staff (except that responsibility for publicising the movements of the Units and collecting groups of the population for examination remains with the County Council).

The County Council is responsible for—

- (4) *Boarding out of child contacts.*
- (5) *Domiciliary Occupational Therapy Scheme.*
- (6) *Grants to the Tuberculosis Care Committee and to their Standing Conference.*

The responsibilities of the County District Councils remain unchanged.

DISPENSARY ORGANISATION.

Surrey is divided into eleven dispensary areas, seven of them in charge of a Chest Physician, three in charge of an Assistant Chest Physician and one in charge of the Medical Superintendent of Milford Sanatorium; the Assistant Chest Physicians' areas are each linked with an adjoining Chest Physicians' area.

During the year, the new ad hoc Chest Clinic at Keeldar, Queen's Road, Kingston, was opened: this serves the Kingston, Surbiton, Malden and Esher area, and replaces the two chest clinics hitherto held at South Place, Surbiton, and Presburg Road, New Malden.

Owing to the difficulty in obtaining vacancies in sanatoria or hospitals for tuberculosis cases, considerable development has taken place in recent years in the active domiciliary treatment of tuberculosis cases who are awaiting institutional treatment. For example, numbers of cases are admitted to hospitals, where the Chest Physicians are in charge of beds, for about a fortnight for induction of Artificial Pneumothorax and are then discharged again to their homes. In many of these cases progress is sufficiently good that the stay in sanatoria can be shortened or in some cases admission to sanatorium may become unnecessary.

The Chest Physicians and Assistant Chest Physicians are responsible for the A.P. Clinics in the County, and in addition Milford Sanatorium runs large Out-Patient A.P. Clinics. The number of refills given at these Clinics during the year was 15,988 at 525 sessions, which gives a sessional average of just over 30.

WORK OF CHEST CLINICS.

The following tables show the work of the Chest Clinics, which number 20 :—

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 ...	610	402	53	51	48	45	26	35	658	447	79	86	1,270	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	90	71	22	9	192	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	1,740	2,033	573	504	4,850	
B.—Contacts examined during the year :														
(a) Definitely tuberculous ...	30	43	18	15	—	1	—	1	30	44	18	16	108	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	11	12	1	3	27	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	553	973	773	761	3,060	
C.—Cases written off the Clinic Register as :—														
(a) Recovered ...	72	71	5	5	6	11	8	8	78	82	13	13	186	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Clinic Register as tuberculous) ...	—	—	—	—	—	—	—	—	2,359	3,095	1,382	1,305	8,141	
D.—Number of Cases on Clinic Register on December 31st :—														
(a) Definitely tuberculous ...	3,449	2,648	263	231	233	275	211	177	3,682	2,923	474	408	7,487	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	101	83	23	12	219	

1. Number of cases on Clinic Register on January 1st ...	7,128	6. Number of consultations with medical practitioners :—	
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	582	(a) Personal ...	597
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	808	(b) Other... ...	11,678
4. Cases written off during the year as Dead (all causes) ...	376	7. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	2,205
5. Number of attendances at the Clinic (including Contacts) ...	34,323	8. Number of visits by Nurses or Health Visitors to homes for Clinic purposes ...	18,824
		9. Number of "Recovered" cases restored to Clinic Register, and included in A(a) and A(b) above ...	5
		10. Number of "T.B. plus" cases on Clinic Register on December 31st ...	2,807

MASS RADIOGRAPHY.

On 5th July the Mass Radiography Unit which had been operating in Surrey and Croydon since 27th November, 1944 was transferred to the Regional Hospital Board. The unit, however, throughout the rest of the year continued to operate in Surrey and Croydon. The Unit remained based at St. Helier Hospital.

The following information is extracted from the report of the Medical Director of the Unit.

1. TOTAL NUMBERS EXAMINED.

During the period under review, the examination of volunteers and mental patients has proceeded without interruption. The total number of examinees was as follows :—

January 1st to 4th July ...	20,699
July 5th to 31st December ...	15,935
Total ...	36,634

Of these 3,176 were mental patients.

2. GROUPS EXAMINED.

(a) *Factory and Office Workers.*

It is becoming increasingly more difficult to find employers who are readily agreeable for the Unit to function on the factory premises. Objections are raised on the following grounds :—

- (i) previously empty premises are now in daily use for business purposes ;
- (ii) firms working the five-day week are very reluctant to permit employees being X-rayed during business hours at the management's expense ;

When publicity arrangements are given full scope the response is normally between 75 and 90 per cent. of the total number employed. Where facilities for full publicity are not given, the response falls to between 35 and 40 per cent.

(b) *General Public.*

Afternoon and evening sessions are frequently arranged for members of the General Public, with most encouraging results. In view of the increased resistance to the Mass Radiography Scheme by Works Managements, it becomes even more important that General Public Sessions be held more frequently. The provision of suitable premises, especially in thickly populated districts, presents many problems and limits the areas in which the Unit may operate.

(c) *School Children.*

Children are X-rayed only with the parents' consent and if they are over 14 years of age. It is not possible to offer X-ray facilities during "factory sessions," therefore every effort is made to include them during the General Public sessions. The response from schools is always high ; about 90 per cent. request X-ray examination.

Full details of surveys are given in paragraph 7 of this report.

3. PUBLICITY.

As it is intended to increase the number of General Public Sessions, a detailed study has been made of the most efficient method of bringing to the notice of the public, the place and times when they may be X-rayed. The best results are obtained from advertisements in local papers, handbills distributed from door to door and handbills taken home by school children.

Display of slides in cinemas has been found unsatisfactory and abandoned.

4. ANALYSIS OF AGE GROUPS OF VOLUNTEERS.

Period.			14 years.	15-24 years.	25-34 years.	35-44 years.	45-59 years.	60+ years.	Total.
January to July ...	Surrey ...	M.	753	1,223	1,062	1,071	1,022	237	5,368
		F.	395	1,774	998	969	724	124	4,984
	Croydon ...	M.	831	1,325	736	566	425	117	4,000
		F.	778	1,282	659	494	343	74	3,630
July to December	S.W. Region ...	M.	695	2,059	2,182	1,825	1,623	430	8,814
		F.	594	2,440	1,286	1,191	987	164	6,662
Total ...		M.	2,279	4,607	3,980	3,462	3,070	784	18,182
		F.	1,767	5,496	2,943	2,654	2,054	362	15,276

5. NUMBER RECALLED FOR FURTHER INVESTIGATION.

Period.		No. recalled for Large Films. (2)	%	No. who failed to attend for large film appointment. (4)		No. of cases in Col. 2 recalled for clinical examination.* (5)	%
(1)				M.	F.		
January to July ...	Surrey ...	751	5.7	1	2	252	2.4
	Croydon ...	485	6.3	—	—	163	2.1
July to December ...	S.W. Region ...	952	5.9	6	10	284	1.8
Total ...		2,188	5.95	7	12	699	2.1

* Includes volunteers only.

6. (a) *ABNORMALITIES REVEALED (NON-TUBERCULOUS).*

Nature of Lesion.	Jan.-July.		July-Dec.	Total.
	Surrey.	Croydon.	S. W. Region.	
Congenital abnormalities of bony thorax and lungs	111	62	187	360
Chronic bronchitis and emphysema	30	74	57	161
Pneumonia, lobar (non-tuberculous)	2	—	1	3
Bronchopneumonia (non-tuberculous)	—	3	—	3
Consolidation of unknown cause	—	—	1	1
Bronchiectasis	15	7	33	55
Pulmonary fibrosis (non-tuberculous)	4	7	1	12
Pneumokoniosis	2	—	3	5
Basal fibrosis	99	21	192	312
Pleural thickening... ..	24	62	46	132
Pleural and interlobar effusion (non-tuberculous)	2	—	—	2
Spontaneous pneumothorax (non-tuberculous)	—	—	1	1
Intrathoracic new growth	3	2	7	12
Cardiovascular lesions—congenital	9	5	10	24
Cardiovascular—acquired	39	34	42	115
Miscellaneous	27	15	16	58
Abscess of lung	—	1	1	2

(b) *ABNORMALITIES REVEALED (cases with evidence of pulmonary tuberculosis).*

		Jan.-July.		July-Dec.	Total Inactive.	Total Active.
		Surrey.	Croydon.	S.W.M.R.H.B.		
Previously known cases	Active	1	2	—	—	3
	Inactive	2	13	2	17	—
Newly discovered cases	Active Primary	1	—	5	—	6
	Healed Primary	146	246	114	506	—
	Active Post Primary	36	27	29	—	92
	Healed Post Primary	139	117	172	428	—
Totals					951	101

(c) *CASES OF ACTIVE PULMONARY TUBERCULOSIS (newly discovered) to Show Extent of Lesion and Presence or Absence of Symptoms.*

		Jan.-July.		July-Dec.	Total.
		Surrey.	Croydon.	S.W.M.R.H.B.	
Unilateral	With Symptoms	9	11	11	31
	Without Symptoms	16	10	8	34
Bilateral	With Symptoms	3	1	11	15
	Without Symptoms	10	7	4	21

7. DETAILS OF SURVEYS CARRIED OUT DURING 1948.

Dates.	Location.	Groups Examined.	No. of Examinees.	
			Males.	Females.
5th Jan. to 19th Feb. ...	Chest Clinic, Katherine Street, Croydon	General Public, Factory Hands, Schools	4,000	3,630
23rd Feb. to 27th Feb. ...	N.A.A.F.I., Horley Towers, Claygate	Staff ...	285	467
1st Mar. to 12th Mar. ...	Leyland Motors, Kingston-on-Thames	Factory Hands, General Public, Schools	654	583
15th Mar. to 25th Mar. ...	Admiralty Establish- ment, Haslemere, Surrey	Staff, General Staff...	769	322
30th Mar. to 19th April	Public Hall, Sutton...	General Public, Factory Hands, Schools	1,535	2,041
3rd May to 28th May ...	"The Poplars," Camberley	General Public, Factory Hands, Schools	1,353	1,357
1st June to 11th June ...	Brookwood Hospital, Woking	Staff, Patients, General Public	898	489
14th June to 15th June	Mitcham County School (Boys)	School ...	359	7
16th June to 29th June	Netherne Hospital ...	Staff, Patients ...	615	1,335
	Holiday and transfer of Unit to South West Metro. Region.			
5th Aug. to 26th Aug. ...	Educational Institute, Park Street, Guildford	General Public, Factory Hands, Schools	1,189	1,345
30th Aug. to 10th Sept.	Dennis Motors, Guildford, Surrey	Factory Hands ...	930	121
27th Sept. to 15th Oct. ...	Powers-Samos Ltd., Aurelia Road, Thornton Heath	Factory Staff ...	1,916	508
18th Oct. to 4th Nov. ...	Messrs. Bentalls Ltd., Clarence Street, Kingston	Staff, General Public	1,004	1,239
5th Nov. to 26th Nov. ...	Old County School, Godstone Road, Purley	General Public, Factory Hands, Schools	1,674	2,040
29th Nov. to 3rd Dec. ...	Decca Record Co., Burlington Road, New Malden	General Public, Factory Hands	620	365
6th Dec. to 17th Dec. ...	Church Hall, Ewell Road, Surbiton	General Public, Factory Hands, Schools	1,006	917
18th Dec. to 28th Dec. ...	The Hall, Lingfield Colony, Lingfield, Surrey	Staff, Patients ...	379	191
30th Dec. to 31st Dec. ...	*The Youth Annexe, Mortlake High Street, Barnes, S.W.	General Public, Factory Hands, Schools	422	69
	Grand Total ...		19,608	17,026

* This survey continued until mid-January. Only 1948 figures are shown.

CARE ORGANISATION.

The Chest Physician is in charge of all aspects of the tuberculosis problem in his area, in respect of diagnosis and treatment to the Regional Hospital Board, in respect of prevention and care of the patient and his family to the County Council; and he is responsible for directing the work of the Tuberculosis Health Visitors, Care Almoners and Clerks on the staff of the County Council in their work on the domiciliary part of the service. In this way the essential integration of the various aspects

of the work of the Anti-Tuberculosis service, whether the responsibility of the Regional Hospital Board or of the County Council, is secured.

The Tuberculosis Health Visitor and the Care Almoner both attend at all clinic sessions (save that in the more sparsely populated parts of the County it has not been possible to provide Health Visitors for tuberculosis work alone and one of the general Health Visitors for the area attends at the clinic sessions): and their knowledge of the family circumstances are thereby made available to the Chest Physician, who, in his turn, keeps them informed of the line of treatment he proposes to take with regard to the case.

The work of the Tuberculosis Health Visitor has not changed as a result of recent legislation. She is still responsible for medico-social work for the tuberculous family, in particular for the management of the patient in the home, for the arrangement for the examination and continuing supervision of contacts, especially Mantoux negative and child contacts, and for the measures necessary to prevent the spread of infection.

On the other hand, with the incorporation of Treatment Allowances into the machinery of the National Assistance Board, the work of the Care Almoner has considerably changed, and it is worth stating briefly the duties for which she is now responsible.

Firstly, as already stated, she attends at all clinic sessions in order to ensure close liaison with the Chest Physician; at the sessions she sees all patients who require her services and advice.

Secondly, although the main regular visiting of the home is the duty of the Health Visitor, she visits the tuberculous home whenever it is necessary to do so, and it is usual to visit the home of each new case of tuberculosis attending the chest clinic at least once.

Thirdly, her main task is in assisting the tuberculous family to solve the social problems which arise as a result of the presence of a tuberculous person in the household. The Care Almoner's problems are made much more complex owing to the continuing shortage of hospital or sanatorium beds for the tuberculous since, firstly, in order to make the best use of the available beds the Chest Physicians have to screen most carefully the cases recommended for admission, and, secondly, those recommended for admission have to wait for very long periods before a bed is available. Thus, the Chest Physicians are finding it more and more necessary to undertake treatment in the patients' own homes. While the final decision as to the undertaking of domiciliary treatment rests with the Chest Physician, that decision is often dependent on the work of the Care Almoner in solving social problems which would otherwise prevent patients from carrying out treatment in their homes. The main headings under which this work falls are:—

- (a) To make arrangements for boarding out child contacts.
- (b) To help the family to adjust its income to meet the changed needs, and in particular to advise as to applications to the appropriate statutory or voluntary funds, such as National Assistance Board, Care Committee, etc.
- (c) To arrange for the provision of beds and bedding and other household items for purposes of isolation and prevention of the spread of infection.
- (d) To put the family in touch with the appropriate officers for the supply of district nurses, home helps and so on: and for the supply of nursing requisites and invalid comforts.
- (e) To arrange for the provision of meals to bedridden patients who are necessarily left unattended by their families during the day.
- (f) To take such steps as may be necessary to help the patient to take his place once more as a working and self-supporting member of the community; in particular, to co-operate with the Rehabilitation Officer of the Ministry of Labour in arranging training courses, in advising as to suitable jobs, and so on.
- (g) To arrange for the supplying of free milk to necessitous cases.

Fourthly, the Care Almoner acts as adviser to the Care Committee and is available to act as its honorary secretary if required to do so. Of the 20 Care Committees in the County, 10 use the Almoner as secretary or joint secretary. This arrangement is most useful in securing a smooth working arrangement between the official and the voluntary effort.

The work of the Care Almoners is co-ordinated by the Care Organiser, who is responsible, also, for the work in association with the Council's scheme for boarding out child contacts, and who also acts as Honorary Secretary to the Standing Conference of Surrey Tuberculosis Care Committees. She takes charge, in addition, of a small area of the County.

TREATMENT ALLOWANCES.

The treatment allowance payments up to 5th July, when responsibility was taken over by the National Assistance Board, were:—

	£
Maintenance Allowances	21,396
Discretionary Allowances	2,304
Special Payments	649
	<hr/>
	£24,349
	<hr/>

BOARDING-OUT OF CHILD CONTACTS.

The number of child contacts who were boarded out during the year was 176; 111 new cases were boarded-out and 96 cases returned to their own homes during the year. The average duration of stay of the cases returning to their homes during the year was 38 weeks, and the average number boarded-out at any one time was 69; 110 contacts were boarded out with foster parents in private homes and 66 were placed in various forms of residential accommodation, such as residential nurseries, children's homes, and so on.

Considerable difficulty is experienced in finding homes which are suitable and foster parents who are willing to accept these children: the standard asked for in foster homes is necessarily high, and rather than accept any lowering of this standard it is considered preferable—especially with the younger children, i.e. in the first two years of life—to accommodate them in residential nurseries where, under the skilled supervision of trained staff, their physical development can take place under correct principles of infant feeding and personal hygiene. Incidentally, the group for whom it is most difficult to find foster homes are the children in the first two years of life.

All child contacts are boarded out on the recommendation of the Chest Physicians, and the types of cases which it is particularly desirable to deal with in this way are (a) where the home conditions are poor; (b) where there is particularly close contact with an open case of tuberculosis, e.g. when the tuberculous case is the mother; (c) babies and very young children who are Mantoux negative (this group is particularly important since the majority of deaths from acute tuberculosis occur among the very young; and it is most important to delay uncontrolled Mantoux conversion to as late as possible, since by so doing the risks of severe or fatal illness are much diminished); and (d) where the presence of a child or children in the home prevents acceptance of institutional treatment by the patient.

Boarding-out of child contacts is a most valuable preventive measure and every effort is made to find accommodation, so that parents may be encouraged to agree to the boarding-out of their children.

OCCUPATIONAL THERAPY.

The occupational therapy scheme was started by the Standing Conference of Surrey Tuberculosis Care Committees in 1936, and grew to such an extent that its staff was taken over by the County Council in 1939; the purchase of materials remains the responsibility of the Executive Committee of the Standing Conference, which recoups itself by selling the materials to the patients at cost price plus a small percentage to cover administrative costs.

The staff consists of a Head Occupational Therapist and three assistants, and the headquarters of the unit is in premises which are provided by the County Council at Elmhurst, Penrhyn Road, Kingston-upon-Thames.

In addition to visits to the hospitals enumerated in the table below and to the out-patient centres at Redhill, Mitcham, Hook and Guildford, one of the occupational therapists has visited Comeragh Court once a fortnight since April, 1948. Although no visiting is being carried out at the Kingston Hospital, materials are being sent via the W.V.S. to tuberculous patients there. The number of homebound patients registered during the year (and visited) was 474.

Three exhibitions of the work of the patients have been held during the year. The first in conjunction with the Annual Meeting of the Standing Conference of Surrey Tuberculosis Care Committees; the second at County Hall; and the third at Epsom Hospital in conjunction with a general health and nursing exhibition. Several patients have entered for N.A.P.T. sponsored Art Therapy, and several prizes were won by Surrey patients.

The table below shows the number of patients receiving occupational therapy on 31st December, 1948.

					Number.
St. Helier	...	...	...	...	20
Redhill	...	...	...	...	20
Dorking	...	...	...	...	10
Cumberland House	...	...	...	...	40
Broom Close	...	...	...	...	20
Comeragh Court	...	...	...	...	18
Out-patient Centres	...	...	...	...	100
Home visiting	...	...	...	...	485
Postal	...	...	...	...	200
Total	...	...	...	...	913

The amount spent on materials for the year was £2,599. This is less than in the previous year. The commercial outlet tends to be less apparent and, in consequence, the standard of work is very much higher. As in previous years, the Care Committees have paid for the initial cost of materials in many necessitous cases; and in addition the County Council provided the Executive Committee with a "float" of £400 to enable that Committee to tide over the delay in recouping its outlay owing to the inability of some of the patients to pay for their materials until they had sold the finished article.

PROVISION OF FREE MILK.

The scheme for the provision of milk, free, or at reduced prices according to an approved income scale, to needy tuberculous cases through the machinery of the Care Committees but financed by the County Council continues to provide a valuable service in helping to maintain good nutrition in the patient.

The cost of this provision for the twelve months up to the end of March, 1949, was £7,464.

VOLUNTARY ASSOCIATIONS.

(a) The excellent work done by the twenty Care Committees continued during the year. Each Care Committee is closely associated with a Chest Clinic, dealing with cases from the same area and having as members the Chest Physician, Care Almoner and Health Visitors. As already mentioned, in 10 Committees the Care Almoner is secretary or joint secretary to the Committee.

After the 5th July, Area Officers of the National Assistance Board were invited to become members of the District Care Committees, and, as a result, there has been close co-operation between the Board and the voluntary committees.

The County Council makes grants to the Care Committees on the basis of £1 for each £1 raised by voluntary effort, to a maximum of £50. The total amount of money raised by the 20 Care Committees in the year was £6,420. Of this sum, £482 was by way of contributions from the County Council, the rest being raised by voluntary effort.

The total sum spent was £6,110. The principal items of this expenditure were for bedding and clothing (£869), food and general assistance (£2,237), fares for relatives to visit in-patients and pocket money to in-patients (£1,426) and holidays for patients and families (£96).

(b) The work of the Care Committees is co-ordinated by the Standing Conference of Surrey Tuberculosis Care Committees, which includes two representatives from each Care Committee and two representatives from the County Council. The conference appoints an Executive Committee which undertakes certain schemes on a voluntary basis. The Conference attracts an annual grant of £200 from the County Council, the remainder of its funds being raised by voluntary efforts. The schemes for which it is responsible include :—

- (i) Holiday Camps for children from tuberculous households. In 1948, 120 children from tuberculous households who were individually recommended by the Chest Physicians were sent to holiday camps for a fortnight.
- (ii) Provision of materials for occupational therapy (as previously described).
- (iii) Provision of film shows, art therapy, etc., for the benefit of tuberculous patients in hospitals and sanatoria.
- (iv) Reception and distribution of grants from and to Care Committees so that the amount raised throughout the County by the Care Committees as a whole can be used where the need is greatest.
- (v) Holding of an annual conference and other meetings for the discussion of subjects of importance relating to tuberculosis care work.

B.—Recuperative Holidays.

Concurrently with the transfer of hospitals to the Minister of Health certain convalescent homes were also transferred. The Minister classified convalescent homes into two groups: (1) those providing organised medical and nursing care and (2) those not providing such care and which might more properly be classed as "holiday homes." Homes coming within the former definition were either taken over by the Minister on the appointed day or disclaimed; and to these only the Regional Hospital Boards may send patients. It remains open to Local Health Authorities to send cases for which they are responsible to homes in the second category: but these, in fact, may also be used by the Regional Hospital Boards.

The Regional Hospital Boards cannot, by the terms of the National Health Service Act, accept responsibility for providing convalescence for patients who on discharge from hospital need a recuperative holiday only, and the responsibility for making such provision rests with the County Council under Section 28 of the National Health Service Act.

From the information that was available, it appeared that the "holiday homes" accommodation was limited, and accordingly the Council decided to accept financial responsibility for cases resident in Surrey which, following hospital treatment, required a holiday not exceeding three weeks' duration, extendable in exceptional cases to four weeks. Special provision was made in regard to certain groups towards whom the County Council has special responsibilities (e.g. the tuberculous, cases of mental illness, mental defectives) where it was recognised the duration of stay might have to be fairly prolonged.

All patients except those suffering from tuberculosis sent to "holiday homes" under the scheme are required to pay a standard charge of £1 1s. 0d. per week towards their maintenance; if they claim to be unable to do so they are required to submit a statement of their financial circumstances, on which the amount they will be asked to pay is assessed.

Particulars of the cases dealt with up to the 31st December, 1948, are as follows :—

Total number of patients sent to " holiday homes "	...	...	91
Total cost (excluding contributions by patients)	...	...	£634 9s. 9d.
Length of stay 1 week	...	...	7 patients.
2 weeks	...	...	35 "
3 "	...	...	25 "
4 "	...	...	16 "
over 4 "	...	...	8 "

C.—Venereal Diseases.

Responsibility for providing facilities for the diagnosis and treatment of venereal diseases passed as from the " Appointed Day " (5th July, 1948) to the Regional Hospital Boards under the Ministry of Health. The Council's own Clinics at Guildford, Woking, Redhill, St. Helier and Kingston were accordingly due to be taken over from that date, but at the end of the year 1948 the Council were continuing to administer such clinics on behalf of the South-West Metropolitan Regional Hospital Board.

For 31½ years the County Council had participated in the London and Home Counties Venereal Disease Scheme under which the facilities provided by a considerable number of voluntary hospitals and hostels, as well as the clinics belonging to the London County Council, were available to Surrey residents for the diagnosis and treatment of venereal diseases. This scheme came to an end on the 5th July, 1948.

The duty of persuading defaulters to resume attendance and of securing the attendance of persons exposed to infection remains with the County Council and very valuable work, demanding a great deal of tact and understanding of the frailties of human nature, was carried out by the two Special Services Visitors during the year.

Information as to Surrey residents having been treated at Clinics is obtained from the annual return which is made by the Medical Officer of the Clinic to the Ministry of Health, who is also required to send a copy of the return to the Medical Officer of Health of each County and County Borough in which patients treated at the clinic resided.

The following summarizes the information received :—

1948	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis	27	9	13	45	11	25	62	192
	(49)	(9)	(11)	(57)	(10)	(25)	(94)	(255)
Soft Chancre	1	—	—	—	—	—	1	2
	(—)	(—)	(—)	(3)	(—)	(—)	(2)	(5)
Gonorrhoea	48	5	9	53	4	22	150	291
	(51)	(7)	(19)	(87)	(17)	(42)	(192)	(415)
Conditions other than Venereal ...	261	40	90	674	161	170	846	2,242
	(264)	(22)	(82)	(541)	(153)	(173)	(828)	(2,063)
Totals	337	54	112	772	176	217	1,059	2,727
	(364)	(38)	(112)	(688)	(180)	(240)	(1,116)	(2,738)
All Cases (Surrey).								
Total number of attendances ...	3,325	1,170	1,109	9,515	1,262	3,929	11,568	31,878
	(3,525)	(1,064)	(1,212)	(7,634)	(1,803)	(4,690)	(13,875)	(33,803)

The figures shown in brackets relate to the year 1947.

D.—Public Education in Health.

The County Health Committee decided that health education was a matter which should be delegated to Divisional Health Sub-Committees, and these Sub-Committees became responsible from the appointed day for deciding as to the need for further education on health matters in their respective areas and as to the steps to meet this need.

In the first three months of the year the Central Council for Health Education completed the programme of anti-V.D. propaganda in Surrey which the Public Health Committee had approved for the financial year. On the 31st March, the Central Council closed down its area organisation and ceased to maintain its panel of part-time lecturers, but some 17 lectures which had been arranged to men and women co-operative guilds, women's institutes, parents' associations, etc. were proceeded with, and further lectures to these organisations and others were given during the year.

HOME HELPS.

SECTION 29. NATIONAL HEALTH SERVICE ACT, 1946.

- "(1) A local health authority may make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age within the meaning of the Education Act, 1944.
- "(2) A local health authority may, with the approval of the Minister, recover from persons availing themselves of the domestic help so provided such charges (if any) as the authority consider reasonable, having regard to the means of those persons."

Before 5th July, 1948, domestic help schemes (that is schemes to provide households with domestic help in certain defined cases of general illness, mainly related to illness of the housewife) and home help schemes (that is schemes to provide domestic help to expectant mothers or to women who were being confined in their own homes) were organised by the welfare authorities, except that so far as the County Council's welfare area was concerned, there was no power to extend the scheme of domestic helps to rural areas. The above section of the Act involved the amalgamation of these many schemes into one County scheme for the provision of home helps under the conditions defined in sub-section (1).

Although the above section does not impose a duty to provide a service of Home Helps, the Minister strongly urged Local Health Authorities to use their powers under the section, and the County Council accordingly submitted a scheme which in due course received the Minister's approval. This scheme envisaged the provision of a complete service of home helps throughout the County in accordance with the terms of the section: the appointment of a County Home Help Organiser, the enrolment of full time and part-time home helps up to an immediate target of the equivalent of 100 full time workers and an eventual target of one full time home help per 3,000 population (giving an approximate establishment of 400 full time equivalent home helps on the estimated population at that time); the recovery of charges assessed according to the means of users of the service; the provision of uniforms; and special arrangements, particularly with regard to transport, for rural areas.

The County Health Committee decided to administer the scheme on a divisional basis, and the Divisional Health Sub-Committees are, therefore, responsible for its day-to-day administration within the division.

A. Organisation.

The County Home Help Organiser was appointed and took up her duties in the latter part of the year. She is required, in collaboration with the Divisional Medical Officers and Divisional Supervisors, to advise the County Medical Officer in the organisation, administration and development of the Home Helps scheme in the County; to maintain a county situation report and provide information and advice on the general operation of the scheme; to advise and assist in recruiting; under the general direction of the County Medical Officer to consider and deal with special cases and points of difficulty referred from the Divisions.

In addition to the County Home Help Organiser (who is also responsible for supervising the service in the Northern Division), six full time Home Help Supervisors have been authorised for the six larger divisions in the County (North-Central, Central, North-Western, South-Western, Southern and North-Eastern) and two part-time Home Help Supervisors in the Mid-Eastern and South-Eastern Divisions. Only one of these posts had been filled permanently by the end of the year, but since then all but two of the appointments have been made.

The Divisional Supervisors are required to administer the scheme in the Divisions under the Divisional Medical Officer and in co-operation with the County Organiser; to recruit home helps within the Division; to investigate applications for home helps; to supervise the work of the home helps; to keep a register of applicants for home helps and to be responsible for the proper completion of time sheets and wages sheets.

B. Recruitment of Home Helps.

The numbers of whole time and of part-time home helps on the 5th July were 72 and 271 respectively, and the total equivalent full-time home helps for a 44 hour week was 210.5. By the end of the year the number of equivalent whole-time home helps had increased to 351.

(It must here be mentioned that the number of full-time equivalent home helps increased beyond the establishment figure early in 1949 and that having particularly in mind the Minister's appeal to Local Health Authorities to relieve the growing pressure on hospital beds by doing everything possible to meet the needs of sick persons at home, the County Council decided to increase considerably the establishment and to review the position further in the later months of the year).

The number of households for whom home helps were provided during the year was 3,821.

Home helps are paid at the rate of 2/- per hour for a 44 hour week. Overtime is paid at the usual rates, but no retaining fees are paid to part-time or casual home helps.

It is intended to supply three overalls per annum free of charge to full-time home helps and to part-time home helps working 22 hours per week or more; and one overall per annum to home helps working less than 22 hours per week.

C. Charges.

The County Council has approved a standard hourly charge of 2/3d. representing the actual cost of wages plus 3d. to cover overheads.

Prior to the appointed day a number of differing scales of assessment were operated by the various welfare authorities. Since the end of the year the County Council has adopted a scale of assessment based mainly on National Assistance scales of allowances and which are related to the ability to pay of the person employing the home help. The assessment is to be paid irrespective of the number of hours per week for which the service is given, but in no case will it exceed the full cost of providing the home help: where the illness is prolonged the assessment is reviewed at the end of three weeks.

MENTAL HEALTH SERVICES.

SECTION 51, NATIONAL HEALTH SERVICE ACT, 1946.

- "(1) Section twenty of this Act (which requires local health authorities to submit proposals to the Minister for carrying out their duties under certain provisions of Part III of this Act and to carry out those duties in accordance with the proposals) shall apply with respect to the duties of local health authorities under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938.
- "(2) Where a local health authority makes arrangements with any voluntary organisation for the performance of any services in connection with the duties of the local health authority under the Mental Deficiency Acts, 1913 to 1938, the local health authority may, with the approval of the Minister, contribute to that voluntary organisation."

The functions devolving on the County Council under the above section of the National Health Service Act include responsibility for the initial care and removal to hospital of persons who are dealt with under the Lunacy and Mental Treatment Acts; for the ascertainment and (where necessary) removal to institutions of mental defectives who are subject to be dealt with under the Mental Deficiency Act, 1913, and for the supervision, guardianship, training and occupation of such mental defectives in the community.

Organisation of the Mental Health Services.

1. CONSTITUTION AND MEETINGS OF MENTAL HEALTH SUB-COMMITTEE.

The Mental Health Sub-Committee consists of fourteen members of the County Health Committee, plus the Chairman and the Vice-Chairman (ex officio), and meets approximately eight times during the year. All matters dealing with mental health are referred to this Sub-Committee.

2. CENTRAL STAFF.

The general medical administration of the Mental Health Service devolves on a senior Medical Officer on the central staff of the County Medical Officer, and the day-to-day lay administration on the Mental Health Services Section of the County Health Department under a clerk-in-charge who has a deputy and a clerical staff of three. The two senior lay officers are both Duly Authorised Officers and have had considerable experience in mental health work. There is also on the central staff a Health Visitor who, in addition to being a State Registered Nurse and State Certified Midwife, is a State Registered Mental Nurse, and who ranks as an Assistant Superintendent Health Visitor. Her duties are concerned mainly with the supervision of the care of mental defectives in the community and include the administration of the Occupation and Training Centres. Two Assistant County Medical Officers with special experience in mental deficiency are responsible for the routine medical work in connection with the Mental Deficiency Service.

3. FIELD STAFF.

For purposes of the Mental Health Service, the County is divided into eleven areas, each in the charge of a Duly Authorised Officer, who is responsible for the ascertainment of persons of unsound mind and their initial care, certification and conveyance to hospital; for acting as authorised officers under the Mental Deficiency Acts; for visiting male defectives over the age of 16 years who are under voluntary or statutory supervision or guardianship or on licence; and so on. The office of each of these officers is situated in his own area so as to ensure that they are readily available to deal with problems in relation to mental health arising in the areas.

The visiting of female mental defectives and of male mental defectives under the age of 16 years who are under voluntary or statutory supervision, under guardianship or on licence from institutions is undertaken by the Health Visitors.

4. CO-ORDINATION WITH THE REGIONAL HOSPITAL BOARD AND HOSPITAL MANAGEMENT COMMITTEES.

Close co-ordination with the hospital and specialist services is maintained, and the Physician-Superintendents of the Brookwood and Netherne Hospitals and the Botleys Park Mental Deficiency Colony continue to give the County Medical Officer the same type of help and advice as they have given in the past. Arrangements also exist for the supervision by officers of the County Council of patients on trial, or who are licensed from Institutions for Mental Defectives, and other cases of mental illness. There is close co-ordination and free exchange of information on both sides.

Psychiatric Out-Patient Clinics under the charge of the Physician-Superintendents of Brookwood and Netherne or of senior officers on the staff of these hospitals are held at the following hospitals :—

St. Helier, Carshalton.
 Redhill, Earlswood Common, Redhill.
 Royal Surrey, Guildford.
 Epsom, Dorking Road, Epsom.
 St. Luke's, Warren Road, Guildford.
 Victoria (B.R.C.S. Curative Post), Woking.
 Kingston, Wolverton Avenue, Kingston.

5. DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.

As from the appointed day, the arrangements whereby certain work of supervision and training was carried out by the Surrey Voluntary Association for Mental and Physical Welfare were terminated, and the County Council now takes direct responsibility for all work in connection with the mental health service.

6. TRAINING OF MENTAL HEALTH WORKERS.

A Number of the Authorised Officers have already attended the special revision course organised by the National Association for Mental Health, and it is hoped that all the Authorised Officers will, in time, have similar opportunities to attend these courses.

Work of the Mental Health Service.

A. ASCERTAINMENT, CARE AND DISPOSAL.

I. Work done by Duty Authorised Officers under the Lunacy and Mental Treatment Acts 1890 and 1930 from 5th July, 1948, to the end of the year.

Number of Cases reported to Officers by Doctors, Relatives, etc., for Action as Mental Patients, 1,115.

Dealt with as follows :—

No Lunacy Action after enquiry or referred to other Departments, etc.	Cases examined and dismissed by Justices.	3 Day Order, Sec. 20, L. Act.	14 Day Order, Sec. 21, L. Act.	Voluntary patient, Sec. 1, M.T. Act.	Temporary patient, Sec. 5, M.T. Act.	Urgency Orders, Sec. 17, M.T. Act.	Certified by Justices, Sec. 16, L. Act.
231	80	88	6	160	72	182	296

Voluntary patients admitted direct from their homes per Psychiatric Clinics, 486.

II. Particulars of mental defectives ascertained during the year 1948.

(1) Ascertainment.

	M.	F.	T.
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—			
(i) Under Section 57 (3)	62	58	120
(ii) Under Section 57 (5)	3	2	5
(b) Other cases reported during 1948 and ascertained to be "subject to be dealt with"	16	13	29
Total cases ascertained to be "subject to be dealt with" during the year	81	73	154
(c) Other cases reported during 1948 who are not at present "subject to be dealt with," but for whom the Local Health Authority may subsequently become liable	43	38	81
Total number of cases reported during the year	124	111	235

(2) Disposal of cases reported during the year.

(a) cases ascertained to be "subject to be dealt with" :—

(i) Admitted to Institutions (by Order)	19	13	32
(ii) Placed under Guardianship (by Order)	2	1	3
(iii) Taken to "places of safety"	—	1	1
(iv) Placed under Statutory Supervision	50	46	96
(v) Died or removed from area	1	1	2
(vi) Action not yet taken	6	8	14
(vii) Admitted Institutions (Sec. 3)	3	3	6

(b) Cases not at present subject to be dealt with :—

(i) Placed under Voluntary Supervision	21	21	42
(ii) Found not to be defective	—	—	—
(iii) Died or removed from area	4	1	5
(iv) Action not yet taken	18	14	32
(v) Admitted Institutions (Sec. 3)	—	2	2
Total	124	111	235

III. *Number of Mental Defectives under community care including voluntary supervision or in "Places of Safety" on 1st January, 1948, who have ceased to be under community care or in "Places of Safety" during 1948.*

	M.	F.	T.
(a) Admitted to Institutions	29	25	54
(b) Ceased to be under care	13	4	17
(c) Died or removed from area	19	19	38
Total	61	48	109

IV. *Of the total number of mental defectives known to the Local Health Authority.*

(a) Number who have given birth to children during 1948 :—		
(i) After marriage	—	
(ii) While unmarried	2	
	Males.	Females.
(b) Number who have married during 1948	1	2

V. *Particulars of Mental Defectives as on 31st December, 1948.*

(1) <i>Number of Mental Defectives ascertained to be "Subject to be dealt with" :—</i>	M.	F.	T.
(a) Under Guardianship (under Order) :—			
Under 16 years of age	5	3	8
Aged 16 years and over	67	82	149
(b) In "places of safety"	—	2	2
(c) Under statutory supervision (excluding cases on licence) :—			
Under 16 years of age	120	101	221
Aged 16 years and over	136	106	242
(d) Action not yet taken under any one of the above headings	11	15	26
No. of cases included in (a) to (d) above awaiting removal to an Institution	50	49	99
(2) <i>Number of Mental Defectives not at present "Subject to be dealt with"</i>	438	390	828
Of whom, number under Voluntary Supervision :—			
Under 16 years of age	7	8	15
Aged 16 years and over	96	108	204
(3) <i>Number of Mental Defectives receiving training :—</i>			
(a) In day-training centres { under 16 years of age	47	60	107
{ 16 years and over	13	16	29
(b) At home	1	—	1
Total	61	76	137

B. *OCCUPATION AND TRAINING CENTRES.*

On 5th July, 1948, the control and administration of four Centres was taken over from the Surrey Voluntary Association for Mental and Physical Welfare. They are sited as follows :—

Kingston	...	...	Methodist Church Hall, Victoria Road, Kingston.
Wimbledon	...	...	Trinity Hall, The Broadway, S.W.19.
Carshalton	...	...	St. Peter's Hall, Bishopsford Road, Carshalton.
Guildford	...	...	Community Hall, Foxburrows Avenue, Guildford.

The Centres provide for the day training of defective children excluded from school by reason of mental disability but who are capable of making a reasonable response to training which is suited to their special needs. Each of the Centres is under the charge of an experienced Supervisor, and three of the Supervisors also possess recognised qualifications for the posts.

Arrangements were made with the National Association for Mental Health to send 32 children attending Occupation and Training Centres for a two weeks holiday at the Bognor Regis Holiday Home of the Association during the year.

C. *TRAINING IN THE HOME.*

In appropriate cases defectives not able to attend an Occupation and Training Centre are provided with simple handicraft materials to occupy them in their own homes.

HEALTH CENTRES

SECTION 21—NATIONAL HEALTH SERVICE ACT, 1946.

"(1) It shall be the duty of every local health authority to provide, equip, and maintain to the satisfaction of the Minister premises, which shall be called "health centres," at which facilities shall be available for all or any of the following purposes :—

- (a) for the provision of general medical services under Part IV of this Act by medical practitioners ;
- (b) for the provision of general dental services under Part IV of this Act by dental practitioners ;
- (c) for the provision of pharmaceutical services under Part IV of this Act by registered pharmacists ;
- (d) for the provision or organisation of any of the services which the local health authority are required or empowered to provide ;
- (e) for the provision of the services of specialists or other services provided for out-patients under Part II of this Act ; or
- (f) for the exercise of the powers conferred on the local health authority by section one hundred and seventy-nine of the Public Health Act, 1936, or section two hundred and ninety-eight of the Public Health (London) Act, 1936, for the publication of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures or cinematograph films in which such questions are dealt with."

"(2) A local health authority shall to the satisfaction of the Minister provide staff for any health centre provided by them :—

Provided that a local health authority shall not employ medical or dental practitioners at health centres for the purpose of providing general medical services or general dental services under Part IV of this Act."

In respect of this section of the Act, the final date for the submission of a statutory scheme for the provision of Health Centres has been indefinitely postponed by the Minister as the building situation makes it impossible to undertake for some time to come any general programme for such provision ; but the Minister emphasises that it is not intended entirely to rule out of consideration proposals which, despite the building stringency, are regarded as being particularly urgent. It will, therefore, not be possible to embark on an extensive building programme at present : but, nevertheless, there is a great deal of preliminary planning work which can be done in the meantime and which, if undertaken now, will speed up progress when the time comes to give effect to the Health Centre concept. In addition, it may be possible—if Ministerial consent can be obtained—to proceed with certain urgent projects in areas where the existing provision is deficient. Considerable progress was made in 1948 with this preliminary planning work.

As the Regional Hospital Board will, in a compact area such as Surrey where hospitals are relatively thick on the ground, prefer to develop specialist out-patient clinics in association with the hospitals, the services to be provided in Health Centres in Surrey fall under two main heads, namely, (1) services for which the County Council as Local Health Authority is responsible, that is (d) and (f) in the section quoted above, and (2) services for which the Executive Council for the County is responsible, that is (a), (b) and (c) of the section.

To ensure proper regard to both aspects of this dual purpose in surveying the needs of the County, regular meetings have been held between representatives of the County Health Committee and the Executive Council. In regard to the County services, a wide network of clinics, centres, etc. already exists, and the survey has involved a review of the existing provision in order to ascertain where and to what extent the present facilities have become deficient either by the development of new communities or by the growth of existing communities. In regard to the Executive Council's services, no services such as are envisaged in a Health Centre exist at the moment, the present service to the public being provided from the private surgeries of the general medical or dental practitioners ; and the Executive Council has been faced with the difficult task of endeavouring to ascertain whether such provision is, in any area, inadequate, and if so, whether it is inadequate to such an extent as to demand the development of Health Centre facilities as a matter of urgency in the area.

The Health Centre idea is still in an early stage of development and any general principles must be elastic and capable of modification in the light of growing experience : nevertheless, before undertaking the survey it was necessary to lay down empirically certain general principles. Firstly, sites chosen should be easy of access and well served by various forms of transport from all parts of the area which the centre is expected to serve : secondly, sites should be so situated as to serve a population large enough and of such character as to ensure full use of the centre (the figure which has been suggested is that each centre should serve a population of about 20,000 and that a large proportion of the community served should not have more than a mile to go to reach the centre ; but this general principle will have to be considerably modified in the more sparsely populated parts of the County where the emphasis will have to be on good transport facilities) : thirdly, the area of the site will vary with the circumstances of the district served, but in general the range might be between 1.2½ acres : lastly, while it is premature to decide details, a Health Centre should provide (a) general medical and dental services for the general public, (b) services for which the County Council is responsible, such as welfare centres, ante and post-natal clinics, school medical clinics, dental clinics, ophthalmic clinics, child guidance and speech therapy, and so on, (c) provision for medical investigation and auxiliary medical services, (d) accommodation for staff based on the Centre and working in the district and for the staff of the Centre, and (e) in the main divisional Centre, accommodation for the divisional administrative staff.

With these general principles as a background, the survey indicated that development ought to proceed in three stages :—

(1) As a long term policy, to consider the distribution of Health Centres throughout the County ; this was felt to be an essential preliminary step so as to ensure that any provision made as a short term or immediate policy would fit in with the ultimate general lay-out. In deciding the long term policy, it would only be necessary at this stage to indicate in general terms the location of the proposed centres and not to reserve actual sites, since in the interval which must elapse before development on the sites could start, circumstances might change in any particular area so as to necessitate re-consideration of the project in that area.

(2) As a short term policy, to reserve certain sites where there is obvious need to develop Health Centres, either for County Council services or for Executive Council services, or both ; in this part of the general plan to include, so far as seems reasonable in regard to the need, one Health Centre in each Division and to make provision in this Divisional Health Centre for divisional offices. It would be the intention to proceed with the development of facilities at these sites when circumstances become such that the Minister is prepared to approve such projects.

(3) As an immediate policy, to seek Ministry sanction, and if this is obtained, to proceed forthwith to build in areas where the need is urgent, bearing in mind that the urgency of the need for the services provided by the Executive Council may not be so great as for those provided by the County Council and that it may, therefore, be necessary to build in two stages, (a) to provide facilities for County Council services, and (b) at a later date, as the need develops, to enlarge the building to provide for the Executive Council's services. It may be that in some areas the need of the Executive Council for facilities for its services may predominate, but so far as the survey has gone it would appear that in a number of areas the need for better provision for County services is very urgent while the need for Health Centre facilities for general medical and dental practitioners does not appear to be so great.

Work on the survey on these general lines was proceeding at the end of the year, and I hope to report definite projects in regard to the immediate and the short term policy in my next Annual Report.

WELFARE SERVICES.

SECTION 29 OF THE NATIONAL ASSISTANCE ACT, 1948.

" (1) A local authority shall have power to make arrangements for promoting the welfare of persons to whom this section applies, that is to say persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister.

" (4) Without prejudice to the generality of the provisions of sub-section (1) of this section, arrangements may be made thereunder :—

- (a) for informing persons to whom arrangements under that sub-section relate of the services available for them thereunder ;
- (b) for giving such persons instruction in their own homes or elsewhere in methods of overcoming the effects of their disabilities ;
- (c) for providing workshops where such persons may be engaged (whether under a contract of service or otherwise) in suitable work, and hostels where persons engaged in the workshops, and other persons to whom arrangements under sub-section (1) of this section relate and for whom work or training is being provided in pursuance of the Disabled Persons (Employment) Act, 1944, may live ;
- (d) for providing persons to whom arrangements under sub-section (1) of this section relate with suitable work (whether under a contract of service or otherwise) in their own homes or elsewhere ;
- (e) for helping such persons in disposing of the produce of their work ;
- (f) for providing such persons with recreational facilities in their own homes or elsewhere ;
- (g) for compiling and maintaining classified registers of the persons to whom arrangements under sub-section (1) of this section relate."

A. Blind Welfare.

As has previously been mentioned in this report, there was already a comprehensive scheme of Blind Welfare in being in the County under the Blind Persons Act. The scheme submitted to the Minister in accordance with his directions under the Act did not alter the main features of this scheme. Certain new developments, however, took place during the year, and these are commented on hereafter.

The arrangement by which the Surrey Voluntary Association for the Blind acted as the County Council's agent in connection with the administration of the Domiciliary Allowances to blind persons and their dependents ended during the year when the National Assistance Board, on 5th July, took over the responsibility for assisting persons in need.

1. REGISTRATION OF THE BLIND.

At the end of 1948, there were 1,900 registered blind persons in the County as compared with 1,857 at the end of 1947. The following figures of new cases registered in the year and of persons in each age group on the Register were compiled for statistical purposes as at 31st March, 1949 :—

					<i>New cases registered.</i>		
<i>Age Group.</i>					<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
0—1	...	...	...	...	0	0	0
—5	...	...	...	...	4	3	7
—16	...	...	...	...	2	0	2
—21	...	...	...	...	1	0	1
—40	...	...	...	...	5	0	5
—50	...	...	...	...	6	8	14
—65	...	...	...	...	10	15	25
—70	...	...	...	...	5	11	16
70 and over	...	...	...	...	23	54	77
unknown	...	...	...	...	0	0	0
Totals	...	...	...	...	56	91	147

					<i>Registered Blind Persons.</i>		
<i>Age Group.</i>					<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
0—1	...	...	...	...	0	0	0
—5	...	...	...	...	11	8	19
—16	...	...	...	...	17	12	29
—21	...	...	...	...	12	8	20
—40	...	...	...	...	120	85	205
—50	...	...	...	...	83	68	151
—65	...	...	...	...	190	211	401
—70	...	...	...	...	76	125	201
70 and over	...	...	...	...	276	545	821
unknown	...	...	...	...	0	5	5
Totals	...	...	...	...	785	1,067	1,852

Among these registered persons, the ages at which blindness occurred were as follows :—

					<i>New cases registered.</i>		
<i>Age Group.</i>					<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
0—1	...	...	...	...	7	3	10
—5	...	...	...	...	1	1	2
—10	...	...	...	...	0	3	3
—20	...	...	...	...	5	0	5
—30	...	...	...	...	1	1	2
—40	...	...	...	...	2	2	4
—50	...	...	...	...	3	6	9
—60	...	...	...	...	7	12	19
—70	...	...	...	...	10	17	27
70 and over	...	...	...	...	13	34	47
unknown	...	...	...	...	7	12	19
Totals	...	...	...	...	56	91	147

					<i>Registered Blind Persons.</i>		
<i>Age Group.</i>					<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
0—1	...	...	...	...	100	108	208
—5	...	...	...	...	15	25	40
—10	...	...	...	...	22	28	50
—20	...	...	...	...	51	56	107
—30	...	...	...	...	82	38	120
—40	...	...	...	...	73	49	122
—50	...	...	...	...	78	82	160
—60	...	...	...	...	77	150	227
—70	...	...	...	...	106	162	268
70 and over	...	...	...	...	103	249	352
unknown	...	...	...	...	78	120	198
Totals	...	...	...	...	785	1,067	1,852

Registration of an applicant is conditional on medical examination and certification by the County Ophthalmic Surgeon, or by a medical practitioner with special experience in ophthalmology. Doubtful cases are referred to a medical referee.

2. SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.

Close co-operation between the County Council and the Voluntary Association continues, and the arrangement by which the officer in charge of the Blind Welfare Section of the Health Department acts also as Honorary Secretary of the Association is most valuable in securing co-ordination of the work of the two bodies.

3. HOME TEACHERS.

The County Council employs 8 certificated Home Teachers of the Blind, whose duties include the following:—

- (a) To investigate cases prior to registration. To visit periodically incipient blind persons and partially-sighted persons who are not technically blind.
- (b) On being informed that a case has been medically certified, to visit the blind person and advise him as to the special facilities available for the blind.
- (c) To teach Braille and Moon Type to the blind and the Manual Alphabet to the deaf/blind. (The National Library for the Blind keeps a record of readers for each of whom the County Council pays a capitation grant).
- (d) To teach handicrafts. This is at present done in the blind persons' homes, but it is intended also to establish classes.
- (e) To make application to the Surrey Voluntary Association for the Blind for supplementary grants for clothing, holidays, help to purchase businesses or equipment, stock for shops, etc.
- (f) To assist the blind generally and to visit those who are accommodated in Institutions or Hospitals.

4. TRAINING, EMPLOYMENT AND UNEMPLOYMENT.

(a) Children.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. Of the 19 children under school age, 8 are maintained in Sunshine Homes by the County Council: and of the 29 blind children of school age in the County, 14 attend Schools for the Blind (2 of these are also physically defective), 2 attend a School for the Deaf and 13 are not at school (of these, 10 are mentally defective and 1 physically defective).

(b) Workshop Employment.

Blind persons suitable for such employment are sent to workshops for the blind which are managed by other local authorities or by voluntary associations, an annual grant being paid in respect of each person so employed.

The County Council supplements the wages of blind persons employed in "Sheltered Workshops" up to 109 s. per week for men and 81s. 6d. per week for women.

(c) Home Employment.

If a blind person wishes to work at home after completion of training, he is admitted to the Home Workers' Scheme, which is administered on behalf of the County Council by the Home Industries Department of the National Institute of the Blind; this body also undertakes supervision of the work and marketing of the produce.

The County Council is responsible for augmenting the earnings of Home Workers, and the scales were being revised at the end of the year. (For information, the augmentation which the County Council have now agreed is a sum up to £2 per week, governed by the amount of earnings or income; £5 10s. is taken as the average earnings of normal sighted craftsmen, and if the earnings of the blind person exceed that amount no augmentation is payable; but if the earnings are less than that amount, a sum is paid in augmentation sufficient to bring the weekly income up to £5 10s. per week but not, in any circumstances, exceeding £2. Blind Home Workers earning less than £1 per week are referred to the National Assistance Board so that they may receive assistance grants on the scale for blind persons, but receive the usual benefits under the Home Workers' Scheme, including occupation and provision of materials).

The following figures give the training, employment and unemployment of the registered blind aged 16 and over :—

	EMPLOYED.			UNDERGOING TRAINING.			UNEMPLOYED.		
	Workshops.	Home Workers.	Other employed blind.	Industrial.	Secondary.	Professional and University.	Trained but unemployed.	No training but trainable.	Unemployable.
Males	9	55	129	7	14	5	2	3	533
Females	7	17	36	3	3	0	4	2	975
Total	16	72	165	10	17	5	6	5	1,508

5. RESIDENTIAL ACCOMMODATION.

The Surrey Voluntary Association provides residential accommodation for blind persons at Camden House, East Molesey, to accommodate 14 blind persons and 10a, Claremont Gardens, Surbiton, for 10 blind persons. (The latter property has since the end of the year been given up).

6. GENERAL SOCIAL WELFARE.

The Surrey Voluntary Association for the Blind supplements the County Council's service as follows :—

- By providing wireless sets through the " British Wireless for the Blind " Fund, and maintaining these sets.
- By providing embossed literature, special appliances for writing Braille, etc.
- By providing Home Teachers with equipment and materials for teaching purposes.
- By distributing Charity Pensions payable to certain blind persons.
- By assisting blind persons who are in need of special equipment for their own businesses or who require capital to set up a business.
- By arranging and paying for holidays, convalescence, etc.
- By supplying clothing, grants for clothing, white sticks, guide dogs, etc.
- By meeting part of the cost of Social Clubs for the Blind throughout the County. Local Committees in Kingston, Sutton, Wimbledon, Guildford, Godalming, Farnham and Richmond organise fortnightly Socials, Summer Outings, Christmas Parties, etc. Other Local Committees will be formed as required.

B. Other Handicapped Persons.

While the Minister has made it a duty for local authorities to exercise their powers under Section 29 in respect of blind persons, he has not so decided in respect of the deaf and dumb and other handicapped groups. The County Council has not formulated a scheme in respect of these other groups, but it continues to make grants to various voluntary bodies which have for a number of years carried out social welfare work amongst them.

MILK AND DAIRIES.

(a) Milk (Special Designations) Regulations, 1936/48.

The County Council is responsible for the administration of those Sections of the Milk (Special Designations) Regulations, which concern the licensing and supervision of the production of Tuberculin Tested and Accredited milks.

No. of licences in force on 31st December :—

	1948	1947
Tuberculin Tested Milk	264	215
Accredited Milk	221	243
	<u>485</u>	<u>458</u>
New licences granted (included in above figures) :—		
Tuberculin Tested Milk	74	46
Accredited Milk	20	13
	<u>94</u>	<u>59</u>

In addition, extensions and improvements were effected at a number of premises, where licences to produce milk of special designation were already in force at the time when such premises changed

hands, or when a new licence was required, or under other circumstances. In this respect 115 proposed applications for licences were dealt with. At the end of the year there were a number of farms on which improvements were being made but were not completed.

Requests for consultation and advice in respect of new schemes and improved conditions have been continually received, and substantial improvement of the dairy farms in the County has taken place.

The following gives details of the routine sampling of designated milks :—

No. of Milk Samples taken					1948	1947
					2,362	2,751
<i>Unsatisfactory samples :—</i>						
Failed methylene blue test only					69	368
Failed coliform test only					128	104
Failed both tests					102	224
					<hr/> 299	<hr/> 696

The number of unsatisfactory samples represents 12.66 per cent. of the total number of samples taken, compared with 25.30 per cent. in the previous year.

In every case where an unsatisfactory sample of milk was obtained the producer was notified, and where difficulty was experienced in ascertaining the cause, the producer was recommended to seek advice under the Milk Production Advisory Service of the Ministry of Agriculture and Fisheries whose officers co-operated wholeheartedly.

During the year two applications for licences and two applications for renewal of licence were refused, and two licences were suspended. Appeals to the Minister of Health against the decisions of the County Council were lodged in two cases. One of these was allowed in view of subsequent improvements at the farm and one was dismissed.

One of the licences suspended was restored at the end of the year, considerable alterations and improvements having been carried out at the farm.

(b) Tubercle-Infected Milk.

Fourteen reports of samples of milk, which on biological examination had been found to be tubercle-infected, were received from Medical Officers of Health during the year, compared with nine such reports received in 1947. In every case an investigation was made at the farm concerned by a Veterinary Inspector of the Ministry of Agriculture and Fisheries.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following applications from Local Authorities for the Council's recommendation to the Ministry of Health under Section 2(2) of the Act were received during 1948 and reported to the Rivers and Streams Committee, who in each case advised the Council to give the recommendation asked for :—

Sewerage Schemes.

<i>Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost.</i>	<i>Population provided for.</i>
Hambledon R.D.	Ewhurst	£30,900	1,250
Guildford R.D.	Tillingbourne Valley	£164,755	8,500

Water Supply Schemes.

Caterham and Warlingham U.D.	Birchwood Lane, Chaldon	£1,750	12 (No. of Properties).
Dorking and Horley R.D.	17 Schemes in various parts of R.D.	£21,447	299 (No. of Properties).

REFUSE DISPOSAL.

One new application for the depositing of refuse was granted during the year under Section 94 of the Surrey County Council Act, 1931.

The total number of approved refuse dumps in the County now stands at six and each continues to be conducted satisfactorily.

FOOD AND DRUGS ACT, 1938.

I am indebted to the Chief Officer of the Public Control Department for the following report on the work of his department in respect of the above Act.

The Surrey County Council is the Food and Drugs authority for nineteen of the thirty-three county districts in the Administrative County. The following table gives particulars of the samples taken within the Council's Food and Drugs Area during 1948 for examination by the Public Analyst. The comparative figures for 1947 and 1946 are also given.

Year.	Estimated Population at Mid Year.	Milk.				Rationed Food.		Other Food.		Drugs.		Totals.			
		Examined.	Adulterated or Irregular.	Samples per 1,000 population.	Percentage Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Samples per 1,000 population.	Percentage Adulterated or Irregular.
1948	549,410	1,413	141	2.57	9.98	31	—	309	36	55	8	1,808	185	3.29	10.23
1947	535,350	1,395	135	2.60	9.68	47	2	217	20	125	14	1,784	171	3.33	9.59
1946	507,400	1,208	112	2.38	9.35	87	3	196	45	10	3	1,501	163	2.96	10.87

In classifying the samples as either genuine or adulterated or irregular, the Public Analyst has taken into consideration all relevant Regulations and Orders made under the Defence Regulations as well as under the Food and Drugs Act, 1938.

The object of food and drugs sampling is the protection of the purchasing public against adulteration or misdescription—whether intentional or otherwise—of the wide range of articles falling within the scope of the Act and associated Regulations and Orders. Selection of samples of pre-packed articles, often involving close study of the labelling on the container, plays an important part in sampling technique. Some years ago the Ministry of Health laid down as a guide that three samples per 1,000 of population should be taken, and despite the continuing increase in population in Surrey, the sampling quota for 1948, based on this ratio, has been comfortably achieved.

In addition to the samples shown in the above Table, a further 114 samples—with three exceptions, all milk—were taken for chemical analysis outside the Council's Food and Drugs Area at Surrey County Council Schools, institutions and other establishments: only one of these samples, dried milk, which contained some partially burnt particles, was adversely reported upon.

Milk.

Of all foods, milk presents the easiest and most frequent opportunities for adulteration, either by the addition of water, often due to carelessness in the rinsing of churns and bottles, or by the removal of part of the fat content, which, in practice, is frequently caused by failure to ensure that the milk-fat is evenly distributed at the time of sale.

The Sale of Milk Regulations, 1939, prescribe for milk a minimum content of 3 per cent. milk-fat and 8.5 per cent. milk-solids other than milk-fat, and milk which is deficient in either of these constituents is presumed to be not genuine until the contrary is proved.

Of the 141 samples of milk reported by the Public Analyst as below the minimum standard or adulterated, 51 had minor deficiencies in solids-not-fat and/or milk-fat, which may well have been due to natural causes. Added water was reported in 41 samples and 15 of these were traced to one source of supply and a leaking cooler tube. In twelve instances the amount of water was 5 per cent. or under.

Rationed Food (Other Than Milk).

Experience has shown that adulteration in rationed food is seldom met with now. All of the foods forming the "basic rations" were sampled during 1948, and of the 31 samples submitted for examination, not one was adversely reported on by the Public Analyst.

Other Articles of Food.

309 samples of other food were examined and included such articles as meat and fish products, cake and pudding mixtures, fruit drink powders and soft drinks, vinegar, condiments of various sorts, salad cream and sauces, coffee, wine and spirits.

Ten per cent. of the samples were reported as unsatisfactory. These included samples of coffee and chicory extract (fermenting), gelatine (low jelly strength), cake icing (containing washing soda), imported jams (low fruit content), whisky (excess of water), and so on.

The meat content of the samples of sausage and sausage meat examined were, in general, satisfactory: only three of the forty samples purchased were reported to be deficient in meat.

It was observed that the use of mineral oil was prevalent in the preparation of food, and samples of this oil, believed to have been on sale for cooking purposes, were reported by the Public Analyst as unsuitable for human consumption. Representations on behalf of the Council were accordingly made to the Ministry of Food. (The Minister of Food has recently made an Order, which, with a very limited exception, prohibits the use of mineral oil in the composition or preparation of food intended for sale for human consumption).

Drugs.

During the period under review 55 carefully selected samples of drugs were submitted for examination. Amongst the 8 samples reported against, two were of cold and influenza mixture which were deficient in total ammonia, and one of cough linctus deficient in citric acid. A sample of artificial glycerine was deficient in soluble saccharin and contained no chloroform, and one of a nerve sedative and tonic lacked the stated amount of quinine sulphate, whereas a sample of seidlitz powder was found to contain an excess of tartaric acid. The sale of light liquid paraffin as liquid paraffin B.P. resulted in a successful prosecution.

Legal Proceedings.

The following is a summary of legal proceedings instituted during 1948 :—

Sample.	Nature of Offence.	Result of Proceedings.
Milk	Sale of milk containing added water ...	Conviction.
Milk	Sale of milk containing added water ...	Conviction.
Milk	Sale of milk containing added water ...	Conviction.
Milk	Sale of milk containing added water ...	Dismissed under Probation of Offenders Act.
Milk	Sale of milk containing added water ...	Conviction.
Milk	Sale of milk deficient in milk fat ...	Conviction.
Saccharin Tablets ...	False labelling of a food ...	Conviction.
Whisky	Sale of whisky containing added water ...	Conviction.
Liquid Paraffin ...	False labelling of a drug ...	Conviction.
—	Wilful obstruction of a Sampling Officer in the execution of his duties (an attempt to procure a sample of milk) ...	Conviction.
—	Wilful obstruction of a Sampling Officer in the execution of his duties (an attempt to procure a sample of milk) ...	Dismissed under Probation of Offenders Act.

In addition to the above, appropriate administrative action was taken in each case where a sample showed an irregularity.

By virtue of the Transfer of Functions (Food and Drugs) Order, 1948, which came into force on the 1st March, 1948, the Ministry of Food instead of the Ministry of Health is now the Government Department primarily concerned with, inter alia, the composition and description of food. The observations and advice given by the Ministry of Food have been of assistance in dealing with many of the problems which have arisen especially in connection with the labelling of food—an aspect of the work which is ever increasing even though the number of samples taken may remain steady.

Surrey Education Committee.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1948.

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PREFACE

As in the past few years, the Report on the School Health Service for the year 1948 is mainly statistical and is arranged in sections followed by an appendix containing in some detail the defects discovered at routine and special inspections.

On the 5th July, 1948, the National Health Service Act, 1946, came into operation and with it some structural and financial changes in the School Health Service and the Special School system. Since the 1st April, 1945, free medical treatment, other than domiciliary, has been available to school children in accordance with the Education Committee's obligations under Section 48 of the Education Act, 1944. From the 5th July, 1948, some of these obligations, e.g. outpatient specialist services for school children, have become the responsibility of the Regional Hospital Boards, whilst other services, such as the treatment of minor ailments and dental defects, speech therapy and child guidance, have remained the responsibility of the Committee.

The Minister of Education has requested Local Education Authorities to indicate their needs in the way of specialist services to Regional Hospital Boards during its process of development but it is noteworthy that the Local Education Authority will still be able to provide any such type of service which appears to be desirable.

The scheme of Divisional Administration made under the Education Act, 1944, set up nine Divisional Executives in the County to whom much of the administration of the School Health Service is now delegated. Each Division is in charge of one or more Divisional Medical Officers.

These same medical officers are also in charge of certain of the personal health services which have been delegated to Divisional Health Sub-Committees under the National Health Service and this results in a close integration of the school health service and the scheme for the care of mothers and young children.

The number of primary and secondary children on the registers of schools in the Education area on the 3rd December, 1948, was 139,055, an increase of 3,915, due mainly to the extension of the school leaving age to 15.

At the routine medical inspections during 1948, 56,783 children in primary and secondary schools were examined. Of these, 12.85 per cent were found to be in need of treatment for diseases or defects—excluding uncleanness or dental disease—the comparable figure for 1947 being 10.55 per cent.

During the year, the dental surgeons inspected 117,888 children, of whom 64,744 (54.9 per cent) were referred for treatment; 45,809 children received treatment at school dental clinics. The steady expansion in the scope of the Dental Service was unfortunately interrupted owing to the depletion of the dental staff due in the main to the attractions of private dental practice under the National Health Service.

Under the National Health Service Act the responsibility for immunization and vaccination is placed on the local health authority, and further information will be found in the Annual Report of the County Medical Officer. It is satisfactory to note that no child is known to have died of diphtheria during last year.

On the 31st December, 1948, 119,605 children were receiving milk free of cost, while 90,293 were having midday meals in school, 9,799 of them being supplied free. New school canteens were opened during the year and now all the 572 departments are being supplied with dinners. The quality of the milk supplied to schools continues to maintain a satisfactory standard as regards safety and methods of supply. Nearly all schools receive pasteurised, heat-treated or tuberculin-tested milk with delivery in $\frac{1}{2}$ pint bottles with straws.

The Child Guidance Clinics, which were first established in 1941, continued during the year. The premises in Sutton, purchased by the Council mainly for Child Guidance clinic purposes, offer excellent accommodation for this purpose. The appointment in the Autumn of a full time psychiatrist enabled the Sutton Clinic to be open almost every day. Plans for the further expansion of this service in 1949 were in course of preparation at the end of the year. There is still great difficulty in recruiting psychiatric social workers. During the year 554 new cases had been seen at all the clinics.

The expansion of the Speech Therapy service continued during the year, new clinics being opened at Purley and Caterham and additional sessions held at existing clinics where the need arose.

Assistant Medical Officers specially examined 1,982 children in connection with applications for part-time employment of whom thirty were considered unfit for the proposed work.

A new boarding special school for educationally subnormal children was opened at Redhill during the year, with accommodation for 100 boys aged 11-16. The Committee also purchased premises near Guildford to accommodate between fifty and sixty delicate pupils and it is hoped to open the school early in 1949.

Finally, I would like to express my very great appreciation of the help I have received from all members of the staff of the central department throughout the year and to acknowledge the work of the Divisional Medical Officers, who have given all possible assistance in the administration of the School Health Service.

K. A. SOUTAR,

County Medical Officer.

September, 1949.

AREA AND POPULATION.

The Surrey Education Committee have been since 1st April, 1945, the Local Education Authority for primary, secondary and further education for the whole of the administrative county.

The estimated population of the area for which the Education Committee is responsible was at mid-year 1948 1,324,900, of whom 139,055 were children on the registers of primary and secondary schools, an increase of 20,770 and 3,915 compared with the respective figures for 1947. The large increase in the school population was mainly due to the raising of the school leaving age in April, 1947.

With the exception of certain centrally administered services the functions of the school health services have been delegated to the nine Divisional Executives.

STAFF.

(a) MEDICAL.

(i) *Assistant Medical Officers*.—At the end of 1948 the establishment of assistant medical officers was 37. This number included nine doctors who were transferred to the County Staff on the 5th July, 1948, the appointed day of the National Health Service Act, 1946. There were nine vacancies which were being filled by part-time general practitioners employed on a sessional basis.

(ii) *Medical Officers on Special Duties*.—These included one full-time County Ophthalmic Surgeon, two Mental Specialists and one Child Psychiatrist.

(b) DENTAL.

On the 31st December, 1948, the establishment of Dental Surgeons consisted of the County Dental Surgeon, two Orthodontists and 34 whole-time Dental Surgeons. There were ten vacancies which it was not possible to fill owing to the poor response to advertisements, many dental surgeons preferring to enter private practice. Steps were being taken at the end of the year to improve the recruitment of staff.

(c) HEALTH VISITORS.

On the 31st December, 1948, there was an establishment of 155 general Health Visitors. This figure includes 59 Health Visitors who, prior to 5th July, 1948, were on the staff of the 11 County district authorities engaged in Maternity and Child Welfare work and who were taken over by the County Council as a consequence of the National Health Service Act, 1946. As a result of this transfer of staff, steps were taken in the Divisions affected to re-arrange the work of the Health Visitors to permit, where possible, of every Health Visitor undertaking combined duties in the school health and in the maternity and child welfare services.

(d) DENTAL ATTENDANTS.

The authorised establishment of Dental Attendants was 36 full-time and one part-time. At the end of 1948 33 of these posts were filled.

PRIMARY AND SECONDARY SCHOOLS.

NUMBERS AND ATTENDANCES.

The following table shows the number of Primary and Secondary Departments in the Administrative County Area and the number of children on the registers on 31st December, 1948 :—

	1947	1948
<i>As at 31st December</i>		
Number of Primary and Secondary Departments ...	567	572
Number of Children on Registers	135,140	139,055

MEDICAL INSPECTION.

Under the Handicapped Pupils and School Health Service Regulations, 1945, the arrangements as regards medical inspection of pupils are that :—

(a) Every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission.

(b) Every pupil attending a maintained Primary school shall be inspected during the last year of his attendance at such a school ;

(c) Every pupil attending a maintained Secondary school shall be inspected during the last year of his attendance at such schools ; and

(d) Every pupil attending a maintained school or county college shall be inspected on such other occasions as the Minister may from time to time direct, or the authority, with the approval of the Ministry, may determine.

In addition to carrying out the requirements of the first three of the above Regulations, routine medical inspection of the children in Surrey schools is carried out, with the Minister's approval, during the year in which the age of eight is reached. Pupils admitted to Secondary Grammar schools are also examined on entry and at 13 years, whilst pupils at Junior Technical, Day Commercial and Art Schools are examined on entry and during the last year of attendance.

The grouping used in compiling the tables in this report is as follows :—

Group.	Age when Inspected.	Schools Concerned.
Entrants	Pupils admitted to maintained schools for first time (normally 5-6 years)	Primary Schools principally.
Second Age Group ...	During year in which age of 11 is reached On entry (approximately 11 years) if not previously seen within one year at Primary School	Primary and Secondary (Modern) Schools. Secondary (Grammar) Schools.
Third Age Group... ..	At 14½ years (approximately) During year in which age of 15 is reached During term prior to leaving school ...	Primary and Secondary (Modern) Schools. Secondary (Grammar) Schools. Secondary (Junior Technical, Day Commercial and Art) Schools.
Other Routine Inspections	(a) At aged 8 (b) At aged 13 (c) On entry (approximately 13½ years)	Primary Schools. Secondary (Grammar) Schools. Secondary (Junior Technical, Day Commercial and Art) Schools.

INDEPENDENT SCHOOLS.

The Committee have agreed in accordance with Section 78 (2) of the Education Act, 1944, to make available to independent schools certain facilities for medical inspection and treatment, and dental inspection of children attending such schools on application being made by the principal and the school itself being considered to be efficient.

DISEASES AND DEFECTS.

The following gives the number of Primary and Secondary school children examined in the routine age groups and found to be suffering from diseases and defects (excluding dental caries and uncleanness) sufficiently serious to require some form of treatment :—

	1948
(i) Number examined	56,783
(ii) Number found to have defects... ..	7,296
(iii) Percentage of children examined in need of treatment	12.85

For the previous four years the percentage figures have been :—

1944	7.99	Former Elementary Schools.
1945	7.94	Primary and Secondary Schools.
1946	9.44	
1947	10.55	

Table II (Page 16) shows the diseases and defects found at routine and special inspections. At the routine inspections 7,296 children were found with 8,945 defects requiring treatment and of these defects 3,868 (or 43.2 per cent) in all age groups were defects either of vision or of the nose and throat.

The following tables give the number of cases of chronic tonsillitis and adenoids recommended for treatment or observation following the medical inspection of the four age groups during 1948.

Entrants.				Second Age Group.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
760	4.9	2,352	15.3	413	2.8	1,226	8.3

Third Age Group.				Other Routine Inspections.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
209	1.8	650	5.6	585	3.9	1,549	10.3

MEDICAL RE-EXAMINATIONS AND FOLLOW-UP VISITS.

During 1948, Assistant Medical Officers re-examined and specially examined 29,339 primary and secondary pupils, while 7,168 visits were paid by Health Visitors to the homes of the children with regard to the treatment of defects or diseases.

18,794 defects in need of treatment were discovered at the routine and special inspections in 1948, and 20,861 defects found in 1948 and in previous years had been treated by the end of the year.

MALNUTRITION.

Prior to the 1st January, 1947, four nutritional categories were used, viz., A—Excellent, B—Normal, C—Slightly Subnormal, D—Bad. These have, however, now been reduced by the Ministry of Education to three categories relating to the general condition of a child, viz.: A—Good, B—Fair, C—Poor. Where the general condition is shown as A it can be said to be better than normal, where shown as B normal or "fair," and C as being below normal or "poor."

A table showing the number and percentage of children placed in each of these three categories for each age group examined during 1948 is given below:—

Age Groups.	No. of Children Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	15,347	5,110	33.2	9,691	63.1	546	3.6
Second Age Group	14,828	4,266	28.8	9,958	67.2	604	4.1
Third Age Group	11,520	3,402	29.5	7,769	67.4	349	3.0
Other Routine Inspections	15,088	3,147	20.9	11,337	75.1	604	4.0
Total	56,783	15,925	28.1	38,755	68.1	2,103	3.6

CLEANLINESS.

During the year 1948 the Health Visitors reported 3,861 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1944-8 are given below:—

	Former County Education Area.				Whole County
	1944	1945	1946	1947	1948
Number of visits to schools by nurses for all purposes	13,431 *(562)	14,495	15,698	16,167	15,638
Cases with nits in the hair	14,144 *(410)	19,128	16,508	13,951	9,989
Cases with lice in the hair	1,267 *(21)	1,409	1,264	1,019	887
Cases with verminous bodies	23 *(3)	33	72	9	17
<i>Exclusions—</i>					
1st Time	1,353 *(26)	1,456	1,422	1,134	1,031
2nd Time	273 *(1)	298	252	213	176
3rd Time	199	146	129	110	92
* Evacuees.					

During the year, 683 children were cleansed at the Cleansing Stations shown in Table IV, Group V (b) (Page 20). In one case a prosecution of the parents resulted in a dismissal under the Probation of Offenders Act.

MEDICAL TREATMENT OF SCHOOL CHILDREN.

Under the provisions of the Education Act, 1944, it is the duty of the Local Education Authority to arrange for the provision of free medical treatment other than domiciliary treatment for all children in attendance at maintained schools.

The attendances at the minor ailments clinics during 1948 together with those for 1947 and the principal ailments for which treatment was sought are shown in the following table :—

	1947		1948	
	First attendance.	Second and subsequent attendances.	First attendance.	Second and subsequent attendances.
Ringworm (Head)	62	107	27	30
Ringworm (Body)	139	246	61	123
Scabies	466	410	242	251
Impetigo	1,134	2,190	900	1,273
Minor Injuries	3,446	5,060	*	*
Other Skin Diseases	3,656	5,164	3,360	4,603
Ear Disease	1,502	2,525	1,774	2,851
Eye Disease	2,459	2,449	2,963	2,354
Other Minor Ailments	14,081	14,347	19,142	19,736
	26,945	32,498	28,469	31,221
Totals	59,443		59,690	

* Included under Other Minor Ailments

(i) *Chronic Tonsillitis and Adenoids.*—Before the 5th July, 1948, the County Council had arrangements with a number of County and Voluntary Hospitals to undertake on its behalf operative treatment for the removal of tonsils and adenoids.

On this date these hospitals were transferred to the Regional Hospital Board under the National Health Service Act, 1946, and responsibility for making such provision fell on the Board, whose hospitals continue to accept cases for treatment on the recommendation of Medical Officers of the County Council.

Table IV (Group III) (Page 19) records the number of cases of chronic tonsillitis and adenoids treated during the year.

Of the 3,396 operations performed during the year, 98 per cent were for the removal of both tonsils and adenoids.

(ii) *Defective Vision.*—Table IV (Group II) (Page 19) gives an analysis of the treatment provided for visual defects.

(iii) *Orthoptic Treatment.*—The arrangements for orthoptic treatment at certain Voluntary Hospitals continued until the 5th July, 1948, when the service became the responsibility of the Regional Hospital Board.

(iv) *Dental Defects.*—The following table shows the number of children who were examined by Dental Surgeons at routine and special inspections and the number referred for treatment.

	1947	1948
Number inspected at routine and special inspections	113,487	117,888
Number referred for treatment (and percentage)	60,512 (53.3%)	64,744 (54.9%)

During 1948, 45,809 Primary and Secondary school children received dental treatment at school clinics.

Further information concerning the School Dental Service will be found in the County Dental Surgeon's report on page 11.

(v) *Ringworm.*—Six children suffering from ringworm of the scalp were treated in hospital by means of X-ray.

The arrangement existing in one of the former Part III areas for X-ray treatment by two local doctors was continued.

(vi) *Heart Disease*.—In the course of routine medical inspection, 251 children were found to have organic heart disease of whom 21 were referred for treatment.

(vii) *Rheumatism*.—In the course of routine medical inspection during 1948, 190 children were found to be suffering from rheumatism, and of these 44 were referred for treatment and the remainder kept under observation.

(viii) *Ear, Nose and Throat Clinics*.—The arrangements made by two former Part III authorities for the services of a part-time aural consultant at their school clinics were continued during the year.

(ix) *Orthopaedic Treatment*.—Prior to 5th July, 1948, much of the orthopaedic outpatient treatment of school children was provided under arrangements made by the Education Committee with County and Voluntary Hospitals and Red Cross Centres. With the transfer of their functions to the Regional Hospital Board on that date, the Committee ceased to be financially responsible for treatment except at one centre which was not taken over.

The clinics provided by the Committee at Guildford and Wimbledon continued to be held during the year and the following table shows the number of children treated :—

Clinic.	No. of Children Treated.	No. of Children Treated by Orthopaedic Surgeons.
Guildford, Stoke Road	170	194
Guildford, Stoughton	121	156
Wimbledon, Pelham Road	233	443

Remedial treatment clinics were also held by the full-time physiotherapist at Purley, Horley, Caterham and Guildford (two clinics) and by part-time physiotherapists at Leatherhead and Oxted.

The following table shows the work undertaken at these clinics during the year. The defects treated by the physiotherapists were mainly flat feet, knock knees and postural defects.

Clinic.	No. of Sessions During the Year.	No. of New Cases Admitted.	No. of Cases Discharged.
Caterham	34	66	88
Guildford, Stoke Road	37	64	52
Guildford, Stoughton	37	93	68
Horley	77	67	66
Leatherhead	22	60	—
Oxted	20	7	—
Purley	73	118	76

HANDICAPPED PUPILS.

(i) *Physically Handicapped*.—These are children who, by reason of disease or crippling defect, cannot be satisfactorily educated in the ordinary school or cannot be educated in such a school without detriment to their health or physical development. There were 149 such children in special schools at the end of the year.

The Committee have agreed to make a grant to the newly formed British Council for Welfare of Spastics. This Body was appointed to make a special effort to relieve the plight of children suffering from spastic paralysis and to organise intensive research and investigation in cerebral palsy.

(ii) *Blind and Partially Sighted Pupils*.—There were forty-five blind and partially sighted children in special schools at the end of the year.

(iii) *Deaf and Partially Deaf Pupils*.—At the end of 1948, 63 deaf, or deaf and dumb, and 20 partially deaf children were in residential special schools.

The Committee approved in June, 1946, the provision of a gramophone audimeter for the routine testing of school children and the appointment of an additional Health Visitor to carry out this work.

The Committee in 1947 purchased Portley House, Caterham, for adaptation as a residential special school for sixty deaf children. It is hoped that this school will be opened in 1950 with initial accommodation for approximately twenty pupils.

(iv) *Educationally Sub-normal Children*.—The number of children classified as educationally sub-normal within the meaning of the Education Act, 1944, and who were in special schools at the end of the year, is included in Table III (Page 17). Children who have been found to be ineducable are reported to the Local Health Authority.

On the 31st December, 1948 there were 215 educationally sub-normal children on the registers of day and boarding special schools.

During the year, St. Nicholas Residential School, Redhill, was opened with accommodation for 100 boys aged 11-16. At the end of the year 30 boys were in residence.

In addition to St. Nicholas School, Redhill, the Committee established in 1947 a school at Gosden House, Bramley, with accommodation for 80 girls under 16, and 20 boys under ten. At the end of 1948, 36 children were in residence.

In spite of the provision already made by the Committee in providing boarding places for educationally sub-normal children, there remain a considerable number for whom special school places cannot be found.

During 1948, 101 children were recommended to be reported to the Local Authority for Mental Deficiency under Section 57 (3) of the Education Act, 1944. In addition, eight children who had been in residential or day special schools were referred for further supervision on leaving the special schools.

In April, 1946, the Committee approved in principle the establishment in the Woking area of a day special school for approximately eighty educationally sub-normal children from the Guildford and Woking districts.

St. Christopher's Day Special School.—At the end of 1948 there were 69 children on the register of this school. All children are examined by one of the Medical Officers on Special Duties before admission and discharge and are also supervised by the Medical Officer to the school.

(v) *Delicate Pupils*.—This classification refers to those pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school. At the end of 1948, 132 delicate children were receiving special educational treatment in boarding or day open air schools, the schools mainly used being:—

Barbara Edith Open Air School, Bletchingley.
 Castleham Open Air School, St. Leonard's-on-Sea.
 Dedisham Convalescent Nursery School.
 Fairfield House Open Air School, Broadstairs.
 Kingston Day Open Air School.
 Hamilton House Open Air School, Seaford.
 Oak Bank Open Air School, Sevenoaks.
 Port Regis Open Air School, Broadstairs.
 St. Catherine's Open Air School, Ventnor.
 St. Dominic's Open Air School, Hambledon.
 St. Gabriel's Open Air School, Westgate-on-Sea.
 St. John's Open Air School, Brighton.
 St. John's Open Air School, Woodford Bridge.
 St. Vincent's Open Air School, St. Leonard's-on-Sea.

Barbara Edith Boarding Open Air School, Bletchingley.—At the end of the year there were 17 children resident at the Committee's Special School at Bletchingley.

Sunnydown Boarding Open Air School, Guildford.—In November, 1948, the Committee purchased premises, formerly used as a private school and latterly as a nurses home, for adaptation as a residential Open Air School for Delicate Pupils. These premises situated in several acres of beautiful grounds on the Hogs Back, within easy reach of Guildford, will provide an ideal residential school for those children who, by reason of indifferent health, are not fit to stand the rough and tumble of ordinary school. It is intended that the school shall ultimately accommodate between fifty and sixty delicate pupils.

Kingston-upon-Thames Day Open Air School.—Thirty-three delicate pupils were attending this day Special School at the end of 1948.

(vi) *Maladjusted Pupils*.—These are children who show evidence of emotional instability or psychological disturbances and require special educational treatment to effect their personal, social or educational re-adjustment. Information concerning the number of cases dealt with in 1948 will be found under "Child Guidance Treatment" on page 8.

(vii) *Epileptic Pupils*.—Pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to themselves or other pupils are sent to boarding special schools. Fourteen children were being maintained in such schools at the end of the year.

Home Tuition.—On the 31st December, 1948, whole-time and part-time teachers were visiting in their homes 38 handicapped children, some of whom were waiting vacancies in special schools, and 24 children receiving in-patient treatment in hospitals.

CHILD GUIDANCE TREATMENT.

There was no increase in the number of Child Guidance Clinics during the year, but arrangements were made for the Clinics at St. Helier Hospital, Woking Clinic and The Colman Institute, Redhill, to be transferred in the new year to other premises in order to allow of additional sessions being held. The acquisition by the Council of property at 25, Worcester Road, Sutton, provides excellent accommodation for the Sutton Clinic, which by the end of the year had become almost full time. Plans for the further expansion of the Child Guidance Service in 1949 were in course of preparation at the end of 1948.

The following table gives details of the number of cases referred to and seen at the clinics during the past two years :—

Clinic.	Total No. of Cases Referred to Clinics.	New Cases Seen.		
		Court Cases.	Other Cases.	Total.
Guildford				
1947... ..	163	48	66	114
1948... ..	157	43	80	123
Kingston				
1947... ..	42	—	47	47
1948... ..	82	—	64	64
Reigate				
*1947... ..	116	2	65	67
1948... ..	130	—	87	87
Sutton				
†1947... ..	125	12	64	76
1948... ..	208	36	133	169
Wimbledon				
1947... ..	90	2	68	70
1948... ..	48	—	37	37
Woking				
1947... ..	74	22	56	78
1948... ..	107	27	47	74
Total				
1947... ..	610	86	366	452
1948... ..	732	106	448	554

* 1947 figures as for Redhill. † 1947 figures as for St. Helier.

The majority of cases were referred on account of behaviour disorders, enuresis, backwardness, stealing and truancy. There were 106 cases referred for a psychiatric opinion by the Juvenile Courts and 195 cases awaiting appointments at the end of the year; 79 maladjusted children were in boarding special schools and hostels including five boarded out with foster parents on the 31st December.

The appointment of a fourth Psychiatric Social Worker was authorised during the year, but the post could not be filled because of the extreme shortage of this class of personnel.

The Child Guidance work of the type at present undertaken is, in the main, an educational service closely linked with school and home, and the Local Education Authority remains responsible for ensuring that the service is adequate to meet the need. The Ministry of Education has indicated that use should be made of the services of the Regional Hospital Board as far as possible by the Education Authority in carrying out their duties. At the present time all the psychiatrists are employed directly by the Committee but it may be that at a later date the specialist medical staff will be provided by the Board.

SUNLIGHT TREATMENT.

During 1948, 109 children made 1,677 attendances at artificial sunlight treatment clinics held at Stoughton Clinic, Guildford, B.R.C.S. Curative Post at Farnham, and Wallington Solarium.

SPEECH DEFECTS.

There were 16 Speech Clinics in operation at the end of the year, additional clinics having been opened at Purley and Caterham during the year and additional treatment sessions at several others. A new clinic at Wallington authorised during the year was opened early in 1949.

Children are examined by the medical staff both prior to attendance at these clinics and before discharge, whilst consultations are arranged during the period of treatment whenever the Speech Therapist desires medical advice concerning any of the children.

A total of 561 children received treatment at the clinics during the year mainly for stammer, lisp or undeveloped speech. 81 were discharged as cured; 51 much improved and 48 for other reasons.

INFECTIOUS DISEASE.

Table V gives the number of notifications of cases by Head Teachers of schools during 1948. The following table shows the total exclusions on account of the principal infectious diseases each year since 1944 :—

Exclusions for	1944	1945	1946	1947	1948
	No. of children excluded	No. of children excluded	No. of children excluded.	No. of children excluded.	No. of children excluded.
Measles	773	4,434	2,026	3,996	5,073
Whooping Cough	1,113	570	1,257	1,344	2,166
Scarlet Fever	957	701	859	832	985
Chickenpox	2,315	1,333	2,123	1,394	3,988
Diphtheria	72	105	75	35	32
Mumps	385	1,148	2,378	3,409	2,898

DIPHTHERIA IMMUNISATION AND VACCINATION.

The responsibility for immunisation and vaccination is placed on the Local Health Authority by Section 26 of the National Health Service Act, 1946, and the County Council's scheme under the section is described in the County Medical Officer's report.

Seventeen cases of diphtheria in school children were notified during the year; of these seven had had a full course of immunisation. No children died of the disease.

PHYSICAL EDUCATION.

I am indebted to the Chief Education Officer for the following note on physical education :—

Considerable improvement in the work of Physical Education in schools has occurred during the year but the general standard of the work throughout the County cannot yet be regarded as satisfactory. The main reasons for the slow progress are the shortage of well qualified teaching staff, lack of indoor accommodation for physical education and the high cost of gymnastic shoes and clothing.

In an effort to overcome the difficulties raised by the acute shortage of qualified teachers the County Organisers of physical education have arranged a variety of Further Training Courses. These included :—

- (a) Intensive Courses for Secondary School Teachers.
- (b) Demonstration Courses for Junior and Infant Teachers.
- (c) Specialised Courses on
 - (i) Athletics.
 - (ii) Cricket.
 - (iii) Boxing.
 - (iv) Swimming.

In addition, there have been National Dance Parties, Games, Rallies, and Athletic Meetings (for the showing of films, etc.).

Encouraging developments during the year have been the improvement in many playground surfaces; the increased supply of equipment and of suitable clothing and the extension of playing field provision in many districts.

Though many difficulties remain to be solved and many gaps to be filled, it is felt that a start has been made to overcome the unfortunate legacy of the war years, and that there is hope that progress should now be more rapid.

OPEN AIR EDUCATION.

(a) *Summer Camp*.—During 1948 the Henley Fort Camp was opened for 18 weeks, between 1st May and 18th September. During this period no serious illness occurred. The following statistics are given for 1948, together with those for the preceding year :—

	1947 (26th season)	1948 (27th season)
Number of children	467	455
Number of teachers	23	26
Number of schools	8	7
Average cost of food per head per week	9/4	10/2½
Number of weeks	20	18

(b) *Sheephatch Camp School, Tilford*.—Following a successful experimental two years, the Education Committee have leased this Camp for a further three years from 1st January, 1948, so that children might continue to enjoy a period of residential school life beneficial to their physical health and general welfare.

As children now remain in residence for a full school term, additional amenities have been provided which are more suitable for a longer period of stay and the dormitory accommodation has been correspondingly reduced. Approximately 180 boys and girls are admitted each term. They are recruited voluntarily from the 13-15 years age groups, and are drawn from all parts of the county.

The Camp has enjoyed a remarkable immunity from epidemics and the health record has been consistently excellent.

PROVISION OF MEALS AND MILK.

The following table gives statistics as to the number of school children receiving milk and mid-day meals :—

Nos. in Attendance December, 1948.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Free of Cost
139,055	90,293	9,799	119,605

There were 572 departments being supplied with canteen meals at the end of the year.

CO-OPERATION OF PARENTS AND TEACHERS.

During the year 1948, 31,091 parents (or approximately 55 per cent) were present at the routine inspections.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During 1948, 24 cases of neglect in giving proper attention to dirty or verminous conditions and one case where treatment had been refused were referred to the Society. Following a visit by the Society's Inspectors all the cases improved and treatment was obtained.

NURSERY CLASSES.

There were at the end of the year 1,727 places available in 37 Nursery Classes and Schools for children between the ages of three and five years, an increase of 288 places compared with 1947.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

During 1948, the Education Committee was responsible for the maintenance and training at residential institutions of 27 handicapped persons over special school leaving age.

EMPLOYMENT OF CHILDREN.

The examinations are undertaken by the Assistant Medical Officers at the Clinics nearest to the homes of the applicants. During the year, 1,982 children were specially examined for this purpose; 30 children were, on medical grounds, considered unfit to undertake part-time employment.

During the year special licences were applied for in respect of 150 pupils to take part in entertainments; all were examined by Assistant Medical Officers and, with the exception of one child, found to be fit.

REPORT OF THE COUNTY DENTAL SURGEON—1948.

SCHOOL DENTAL SERVICE.

I. GENERAL.

In previous reports since the war I have been able to refer to the steady expansion and increase in the scope of the School Dental Service. Unfortunately during the year 1948 further progress could not be made, and in fact the main problem was to provide a service to which the public have become accustomed. In some areas this could not be done owing to depletion of the staff.

Even before the National Health Service Act, 1946, came into operation it was becoming difficult to maintain the staff of Dental Surgeons up to establishment as there is a general shortage of qualified practitioners. The remuneration offered by Executive Councils to Dental Surgeons in private practice for treatment of the general public after 5th July, 1948, attracted a high proportion of newly qualified dentists to that work. Many members of the staff of Local Authorities left the service for the same reason and no replacements could be found except occasionally on a part-time sessional basis.

Under the provisions of the above Act, school children are entitled to free treatment by private practitioners engaged in the National Health Service. Because of this it was thought that the numbers desiring treatment at the clinics would fall, and it would be possible to carry on the service with a depleted staff.

This has not been the case in actual practice and the clinics are being asked to deal with quite as high a proportion of the children examined as they have done in the past few years. The depletion of the dental staff has, therefore, meant that this class of patient, which the Minister regards as a priority class, is receiving less attention than in the past.

The principal aim of the School Dental Service is regular treatment after routine inspection.

Until nearly the end of the year, when the effect of the resignations of the staff began to be felt, the normal routine inspections and treatment were carried out. After that time it was only possible to provide an emergency service in some areas, and in one division no service could be provided for some weeks. This was most unfortunate as the previous regular care and attention were producing very beneficial results.

Since the end of the year under review, steps have been taken to deal with the position and recruitment of dentists to the service has been improving slowly.

II. STAFF.

The establishment on 31st December, 1948, was :—

- 1 County Dental Surgeon.
- 2 Specialist Orthodontists.
- 34 Dental Officers, full-time.
- 36 Dental Attendants, full-time.
- 1 Dental Attendant, part-time.

The number of Dental Officers actually engaged in the service on 31st December was 24 and two of these were on prolonged sick leave. The staff also undertake Hospital and Maternity and Child Welfare cases. The time devoted to this is approximately 44 sessions per week, which represents the work of four full-time Dental Surgeons.

III. DENTAL INSPECTIONS.

It was not possible to inspect all children during the year but, as shown by the table given below, 106,135 were seen in the schools, and a further 11,753 in the clinics as emergency cases. This is an increase of 4,401 over the previous year, despite staffing difficulties and fewer sessions allotted to inspection.

The number found to require treatment was 64,744 (54.92 per cent), which is very similar to previous post war years.

The percentage of acceptances is 75.2 per cent. This is quite satisfactory as many of the remainder obtain treatment privately. In only a few cases is it necessary to urge parents to accept the treatment for their children—the majority demand it. Some of the refusals are due to difficulties in travelling to clinics. These difficulties are gradually being overcome by the use of the mobile surgeries.

No. of Sessions Devoted to Inspection.	Routine Age Groups.																Specials	Total Routines and Specials.
	5 and under	6	7	8	9	10	11	12	13	14	15	16	17	Over 17	Total.			
1,186	Inspected by Dentists	6,751	9,726	9,010	9,788	10,557	10,866	10,801	10,108	9,880	9,204	5,862	2,176	1,036	370	106,135	11,753	117,888
	Referred for Treatment	2,450	4,151	4,328	5,264	5,888	5,880	5,712	5,192	5,162	5,332	3,442	1,264	642	221	54,928	9,816	64,744

IV. DENTAL TREATMENT.

The staff were able to treat 45,809 patients of the 64,744 requiring attention, and many of the remainder were treated privately.

The average amount of treatment carried out by each officer is more than in 1947. Many of the staff have worked very hard in their efforts to take over additional work from officers who resigned, and in most cases those officers leaving the service made every effort to complete the treatment of all patients they had inspected.

In all, 3,015 more patients were given attention in 1948 than in 1947 and 3,928 more fillings were completed.

No. of Half Days Devoted to Treatment.	No. of Patients	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)
10,816	45,809	92,454	10,293	43,627	46,662	7,757	51,384	23,393	11,383	2,748

V. ORTHODONTIC TREATMENT.

The value of this form of treatment is increasingly realised by parents. The two full-time Specialist Officers undertook the difficult cases and were available to advise other dental officers in treating the simpler defects. The number awaiting treatment by specialist officers is high and as there is only a limited number of years when orthodontic treatment can be effective many children unfortunately lose their chance of treatment. This difficulty is once again the result of the limited number of entrants to this branch of dental work. When staff is available the most valuable expansion of the service would be the provision of better facilities for orthodontic treatment.

The number of completed cases as shown on the table is very satisfactory as this form of treatment is long and often tedious.

Under Care of	No. under treatment.	No. of Removable Appliances.	No. of Fixed Appliances.	No. of Cases Completed.
Dental Officers	693	477	—	316
Dental Officers on special duties ...	1,185	918	267	286
Totals	1,878	1,395	267	602

VI. DENTAL HEALTH.

This compares favourably with that in many parts of England. It is very noticeable that much less treatment is required for each patient, although the number requiring some treatment is much the same as in previous years. This feature is especially marked amongst the school entrants although there is improvement in dental hygiene amongst all age groups.

VII. CLINICS AND EQUIPMENT.

Two new clinics were opened in 1948, one at the Grange, Wallington (Mid-Eastern Division), and the other at Ash (South-Western Division). The former is located in excellent premises and it was possible to provide excellent equipment. The latter is in a temporary building and the equipment adequate until permanent premises are found. It serves a most useful purpose and provides for a large school population which had few facilities before.

The provision during the year of gas and oxygen anaesthetic apparatus has paid handsomely as now, in most cases, surgical treatment can be completed at one attendance, which benefits patients and operators.

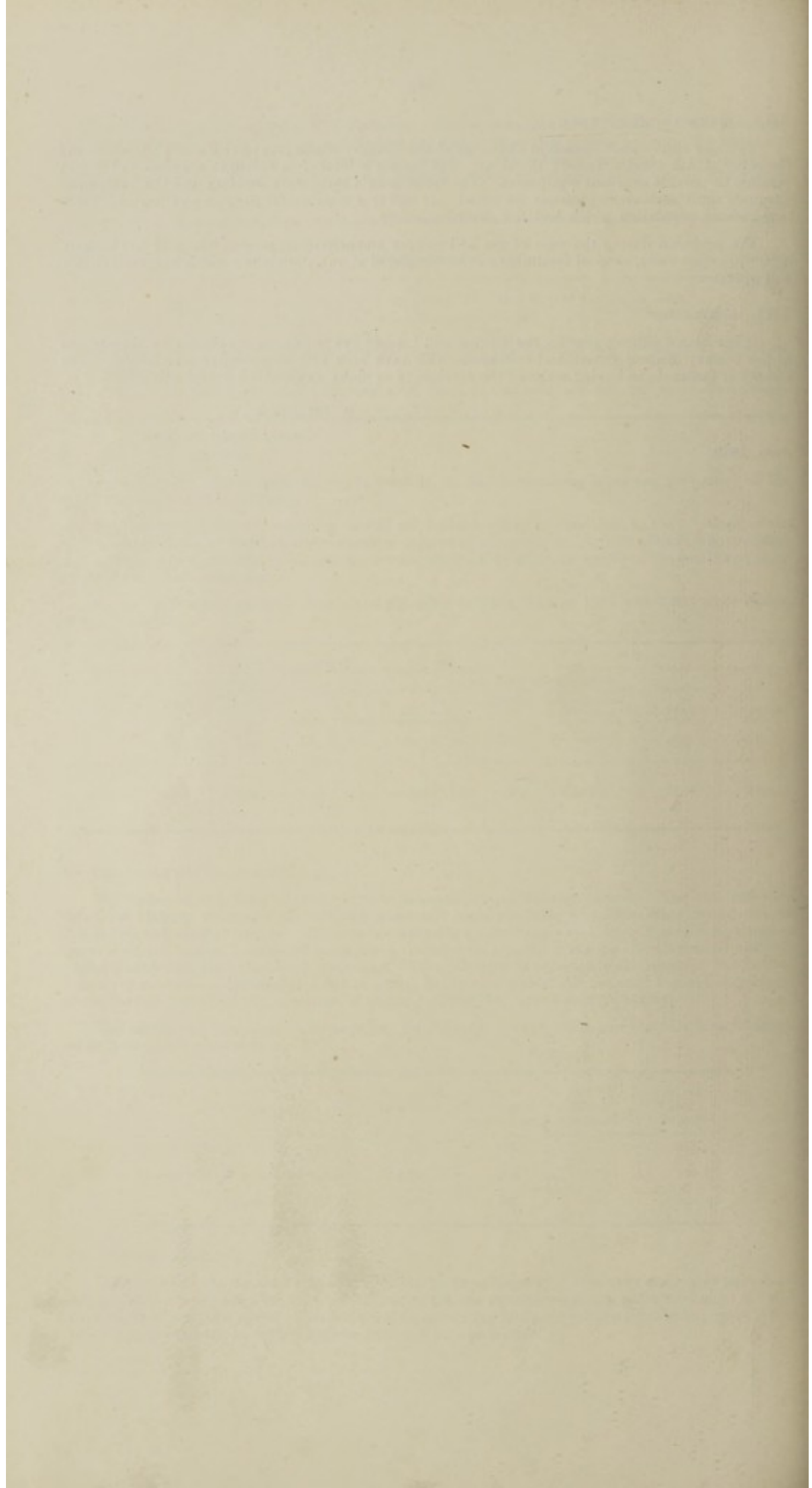
VIII. CONCLUSION.

It has been a difficult year for the Service, and I would like to express my thanks for the support of the County Medical Officer and colleagues, who have been very co-operative and helpful. The County is fortunate in having retained the services of so many experienced dental officers.

B. PEACOCK,

County Dental Surgeon.

July, 1949.



SURREY EDUCATION COMMITTEE

SCHOOL MEDICAL OFFICER'S REPORT, 1948

MEDICAL INSPECTION AND TREATMENT OF CHILDREN ATTENDING SCHOOLS

TABLE I.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of Children Inspected.		Total.
	Boys.	Girls.	
Entrants	7,930	7,417	15,347
Second Age Group	7,843	6,985	14,828
Third Age Group	6,157	5,363	11,520
Other Routine Inspections	8,084	7,004	15,088
Totals	30,014	26,769	56,783

B.—OTHER INSPECTIONS.

	Special Inspections.	Re-examinations.	Total.
Boys	6,202	8,947	15,171
Girls	6,475	8,200	14,653
Totals	12,677	17,147	29,824

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1948.

	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	1	12	—
" Body	4	1	34	2
Scabies	31	11	81	1
Impetigo	34	5	227	2
Other diseases (non-tubercular)	305	486	1,258	123
Eye—				
Blepharitis	123	128	136	13
Conjunctivitis	26	15	141	9
Keratitis	1	—	2	—
Corneal opacities	5	5	4	4
Defective vision (excluding squint)	1,894	1,902	1,796	559
Squint	407	466	206	56
Other conditions	63	88	241	111
Ear—				
Defective hearing	75	244	104	57
Otitis media	94	325	113	30
Other ear disease	142	113	259	84
Nose and Throat—				
Chronic Tonsilitis only	302	2,417	193	231
Adenoids only	115	295	38	26
Chronic Tonsilitis and adenoids	895	1,170	1,218	154
Other conditions	255	515	326	197
Enlarged cervical glands (non-tubercular)	416	1,780	97	177
Defective speech	124	252	202	38
Heart and Circulation—				
Heart disease, Organic	21	230	19	28
" " Functional	14	416	10	41
Anemia	362	291	143	30
Lungs—				
Bronchitis	71	386	43	42
Other non-tubercular diseases	111	606	121	142
Tuberculosis—				
Pulmonary definite	7	27	1	1
" suspected	19	109	23	28
Other Tuberculous diseases	8	51	5	6
Nervous system—				
Epilepsy	12	37	7	17
Chorea	8	36	10	11
Other conditions	44	143	50	41
Orthopaedic—				
Posture	650	1,108	144	120
Flat Feet	771	1,383	172	121
Other forms	610	1,652	285	175
Rheumatism	44	146	32	32
Mental Condition	—	—	—	—
Psychological (a) Development	63	313	66	55
(b) Stability	54	225	88	58
Developmental (a) Hernia	36	70	10	4
(b) Other	39	380	18	21
Other diseases and Defects	687	1,168	2,118	877
Totals	8,945	18,996	10,053	3,724

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	15,347	1,923	12.53
Second Age Group	14,828	2,128	14.28
Third Age Group	11,520	1,302	11.30
Other Routine Inspections	15,088	1,943	12.81
Totals	56,783	7,296	12.38

TABLE III.

RETURN OF ALL HANDICAPPED PUPILS IN THE COUNTY, IN SPECIAL SCHOOLS AND HOSTELS,
ON 31ST DECEMBER, 1948.

Category	Boys	Girls	Total
(a) Blind Pupils , <i>i.e.</i> , pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight	10	7	17
(b) Partially-sighted Pupils , <i>i.e.</i> , pupils who, by reason of defective vision, cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight	20	8	28
(c) Deaf Pupils , <i>i.e.</i> , pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language	40	23	63
(d) Partially-deaf Pupils , <i>i.e.</i> , pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils	10	10	20
(e) Delicate Pupils , <i>i.e.</i> , pupils who, by reason of impaired physical condition, cannot without risk to their health, be educated under the normal regime of an ordinary school	75	57	132
(f) Diabetic Pupils , <i>i.e.</i> , pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care	2	—	2
(g) Educationally Subnormal Pupils , <i>i.e.</i> , pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools	137	78	215
(h) Epileptic Pupils , <i>i.e.</i> , pupils who, by reason of epilepsy, cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils	9	5	14
(i) Maladjusted Pupils , <i>i.e.</i> , pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment	56	18	74
(j) Physically Handicapped Pupils , <i>i.e.</i> , pupils not being pupils suffering solely from a defect of sight or hearing who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development	81	68	149
(k) Speech Defect —pupils who, on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment	—	—	—
(l) Pupils with Multiple Disabilities	5	8	13
Totals	445	282	727

TABLE IV.

GROUP I.—TREATMENT (OTHER THAN DEFECTIVE VISION AND TONSILS AND ADENOIDS) CARRIED OUT DURING 1948.

	Treatment of defects during 1948.		Total defects treated during 1948.
	Routine cases.	Special cases.	
	Defects treated.	Defects treated.	
Skin—			
Ringworm, Head	—	18	18
" Body	2	43	45
Scabies	14	145	159
Impetigo	14	278	292
Other Diseases (non-Tubercular) ...	123	1,463	1,586
Eye—			
Blepharitis	59	275	334
Conjunctivitis	17	200	217
Keratitis	1	—	1
Corneal Opacities	3	3	6
Defective Vision	} See Table IV Group II.		
Squint			
Other Conditions	25	283	308
Ear—			
Defective Hearing	29	74	103
Otitis Media	46	116	162
Other Ear Disease	55	331	386
Nose and Throat—			
Chronic Tonsillitis only	} See Table IV Group III.		
Adenoids only			
Chronic Tonsillitis and Adenoids ...			
Other Conditions			
Enlarged Cervical Glands (non-Tubercular)	31	64	95
Defective Speech	114	208	322
Heart and Circulation—			
Heart Disease, Organic	8	15	23
" " Functional	9	4	13
Anæmia	117	121	238
Lungs—			
Bronchitis	31	41	72
Other non-Tubercular Diseases ...	40	96	136
Tuberculosis—			
Pulmonary, Definite	3	3	6
" Suspected	14	22	36
Other Tuberculous Diseases ...	4	5	9
Nervous System—			
Epilepsy	9	6	15
Chorea	3	9	12
Other Conditions	9	62	71
Orthopaedic—			
Posture	305	109	414
Flat Foot	360	159	519
Other Forms	334	322	656
Rheumatism	21	36	57
Mental Condition	—	—	—
Psychological (a) Development ...	20	106	126
(b) Stability	15	187	202
Developmental—			
(a) Hernia	14	4	18
(b) Other	21	9	30
Other Diseases and Defects	235	1,761	1,996
Totals	2,105	6,578	8,683

TABLE IV.—Contd.

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1948.

Number of defects dealt with,	Number of children.				For whom no treatment was considered necessary.
	For whom spectacles were prescribed.	Recommended for treatment other than by spectacles.	Received other forms of treatment.		
8,357	5,102	629	612		1,357

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1948.

Number of defects.									
Received operative treatment.									
Tonsils.	Adenoids.	Tonsils and Adenoids.	Other Conditions.			Received other forms of treatment.			Total number treated.
			Tons.	Adm.	T. & A's.	Tons.	Adm.	T. & A's.	
33	27	3,336			247	3	2	76	344

TABLE IV.—Contd.

GROUP IV.—TREATMENT OF DENTAL DEFECTS.

(a) NUMBER OF CHILDREN DEALT WITH.

	Routine age groups.															Specials	Total routines and specials.	No. of Sessions devoted to inspection.
	5 and under	6	7	8	9	10	11	12	13	14	15	16	17	Over 17	Total.			
Inspected by Dentists ...	6,751	9,726	9,010	9,788	10,557	10,866	10,801	10,108	9,880	9,204	5,862	2,176	1,036	370	106,135	11,753	117,888	1,186
Referred for Treatment ...	2,450	4,151	4,328	5,264	5,888	5,880	5,712	5,192	5,162	5,332	3,442	1,264	642	221	54,928	9,816	64,744	—

(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 anesthetics 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)
1,186	10,816	92,454	10,293	43,627	46,662	7,757	51,384	23,393	11,383	2,748

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(a) WORK OF HEALTH VISITORS.

Total number of visits to schools.	Average number of visits per school.	Total number of examinations of children in schools.	Number of instances of uncleanness.					Action taken.								
			Clothing filthy.	Nits.	Lice.	Bodies verminous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecutions.	No. fined.	Adjourned or withdrawn on improvement.	Discharged with a caution or dismissed.
										1st time	2nd time	3rd time				
6,371	11.1	396,279	255	10,164	887	17	11,323	3,861	1,436	1,031	176	92	1	—	—	1

(b) CHILDREN CLEANSED AT CLEANSING STATIONS DURING 1948.

Number of children cleansed.				Prosecutions.		
Cleansing Station.	Verminous heads.	Verminous bodies.	Total.	Number.	Result.	
					Dismissed Probation of Offenders Act.	Withdrawn on improvement
Addlestone	19	—	19	1	1	—
Banstead...	6	—	6			
Barnes ...	22	—	22			
Camberley	7	—	7			
Carshalton	55	—	55			
Chertsey ...	10	—	10			
Epsom ...	17	—	17			
Esher ...	14	—	14			
Farnham...	11	—	11			
Guildford	124	—	124			
Kingston...	30	—	30			
Malden ...	96	—	96			
Merton ...	148	—	148			
Mitcham...	63	—	63			
Sutton ...	11	—	11			
Wallington	11	—	11			
Walton ...	39	—	39			
Totals ...	683	—	683			

TABLE V.

NOTIFICATION OF COMMUNICABLE DISEASES BY HEAD TEACHERS DURING 1948

(a) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	8	4	20	32
Scarlet fever	612	21	377	1,010
Enteric fever	2	—	3	5
Measles	4,856	80	333	5,269
Whooping Cough	2,063	94	104	2,261
German measles	167	7	20	194
Chicken-pox	3,932	33	196	4,161
Mumps	2,622	58	102	2,782
Jaundice	54	1	2	57
Other	35	4	37	76
Totals	14,351	302	1,194	15,847

(b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	29	4	33
Impetigo	75	8	83
Scabies	61	1	62
Other... ..	38	7	45
Totals	203	20	223

