

[Report 1949] / Medical Officer of Health, Surrey County Council.

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Surrey (England). County Council.

Publication/Creation

1949

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Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1949

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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 1949.

In the past it has been the practice in the first instance to present my Reports as County Medical Officer and as School Medical Officer separately to the Health and Education Committees respectively. This year, I present the two Reports in one volume, since I believe that the activities of the two Committees in the sphere of health are intimately inter-dependent and that each Committee will find the information of the work of the other both valuable and interesting. The Reports, however, remain separate within the same volume.

The items of special interest in the County's vital statistics for 1949 are the increase of population by 12,360 to the highest ever figure of 1,337,260, of which 53 per cent was due to immigration, and 47 per cent to the excess of births over deaths; a further drop in the live birth rate of 14.71, the lowest since 1941; and the fall in the death rates from pulmonary tuberculosis and maternal mortality to the lowest rates ever recorded in Surrey, of 0.27 per 1,000 population, and 0.65 per 1,000 live and still births respectively. The infant mortality rate representing the number of deaths of infants under one year per 1,000 live births increased slightly to 24.05 compared with 23.94 in 1948, which was a record low figure for the County. The death rate also increased slightly from 9.70 in 1948 to 10.38 in 1949.

The National Health Service Act, which came into force in the middle of 1948, made the South West Metropolitan Regional Hospital Board responsible for providing the hospital and specialist services in a large area containing a quarter of London, the whole of Surrey, and extending southwards to Hove and westwards to the outskirts of Lyme Regis: made the Surrey Executive Council responsible for providing, by arrangement, general medical and dental services, pharmaceutical services and supplementary ophthalmic services in the County: and made the Surrey County Council, as Local Health Authority, responsible in the County for duties in relation to the prevention of illness and the maintenance of health, to the care of persons suffering from certain long standing and permanent illnesses or defects, and to the provision of certain medical auxiliary services.

As the new services have developed, it has become very apparent that close and constant consultation at all levels between these three bodies is vital. Their functions, responsibilities and objectives are so interlocked that policy decisions by any one of them is bound to reflect on the practices of the other two: and in many instances no one of them can properly formulate a policy without taking cognizance of the views on their own policy of the others. For example, all three bodies have functions to perform in respect of the anti-tuberculosis service, the maternity services, and geriatric service, and so on.

The essential need which is in danger of being overlooked is for the three bodies to define the policy which they are jointly going to pursue. In the last few years a great deal of attention has been focused on medical treatment and the care of the sick. Improvement of the standard of medical treatment and care is very important and the problem is one of urgency; but as a measure of long term planning, the true interests of the community are best served by maximum attention to the promotion of health in the community and to providing social and environmental conditions conducive to health and hostile to disease, and in so doing and in consequence, to limit the need to provide facilities for treating disease. Similarly, when disease does occur, in view of the great difficulty in providing hospital beds and staff only those who essentially need hospitalisation should be admitted: and as regards other cases, every effort should be made to cope with them in their own homes through the general practitioner and domiciliary services. On financial grounds, too, this is sound practice, since hospital treatment is the most expensive method to the community of dealing with a sick person.

In view of the need for co-ordination of policy of the three bodies, it is satisfactory to note that the first meeting of a small liaison committee between the Regional Hospital Board and the County Health Committee took place early in 1950. That is the only meeting so far, but the machine for liaison has, by it, been set up, and further meetings can be arranged as necessary. I would emphasise, however, that this is not to be regarded as a solution of the problem of liaison with the Hospital and Specialist services. There are in the County 26 hospital management committees, of whom seven are general hospital groups, three are special hospital groups, and 16 are mental and mental deficiency groups. All of them have a considerable degree of autonomy, and a steady and permanent scheme of liaison, particularly with the seven general hospital groups, both at committee and at officer level, is vitally necessary for the proper co-ordination of the services provided by the management committees and by the County Health Committee.

In conclusion, I would like to express my very great appreciation of the work done by the staff of the department, both in the office and in the field: both in volume and in quality this has maintained its usual high standard.

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

Your obedient Servant,

K. A. SOUTAR,

*County Medical Officer and
School Medical Officer.*

STAFF OF COUNTY HEALTH DEPARTMENT.

County Medical Officer.

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

Deputy County Medical Officer.

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

Senior Administrative Medical Officer (Tuberculosis).

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

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.

D. M. McClelland, L.D.S., R.F.P. & S. Glasgow.

County Ophthalmic Surgeon.

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

M.D. Medical Officers.

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

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

Divisional Medical Officers (See Table on Page 6).**Principal Administrative Assistant.**

T. Chalmers.

Chief Ambulance Officer.

T. G. Mullen.

County Health Inspector.

P. D. Scott, A.R.I.C.S., A.M.I.Struct.E., M.R.San.I.

Superintendent Health Visitor.

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

Supervisor of Midwives (Non-Medical).

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

County Nursing Superintendent.

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

Tuberculosis Care Organiser.

Miss A. L. Hill, A.I.H.A.

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	5½	1	76
Mid-Eastern ...	2	3	2½ (approx)	1	13	2	½	34
North-Central ...	1	6	4	1	23	4	1	70
North-Eastern ...	2	6	4½ (approx)	1	25	5	1	170
Northern ...	1	1	2	1	10	2	½	30
North-Western ...	1	5	5	1	22	5	1	62
South-Eastern ...	1	2	2	1	11	2	½	40
Southern ...	1	5	4	1	16	4	—	39
South Western ...	2	5	5	1	21	5	1	54
Total ...	12	37	†34	9	163	‡34½	6.75	575

* Equivalent whole-time service.

† Plus two orthodontists.

‡ Plus two dental orderlies.

HEALTH DIVISIONS.

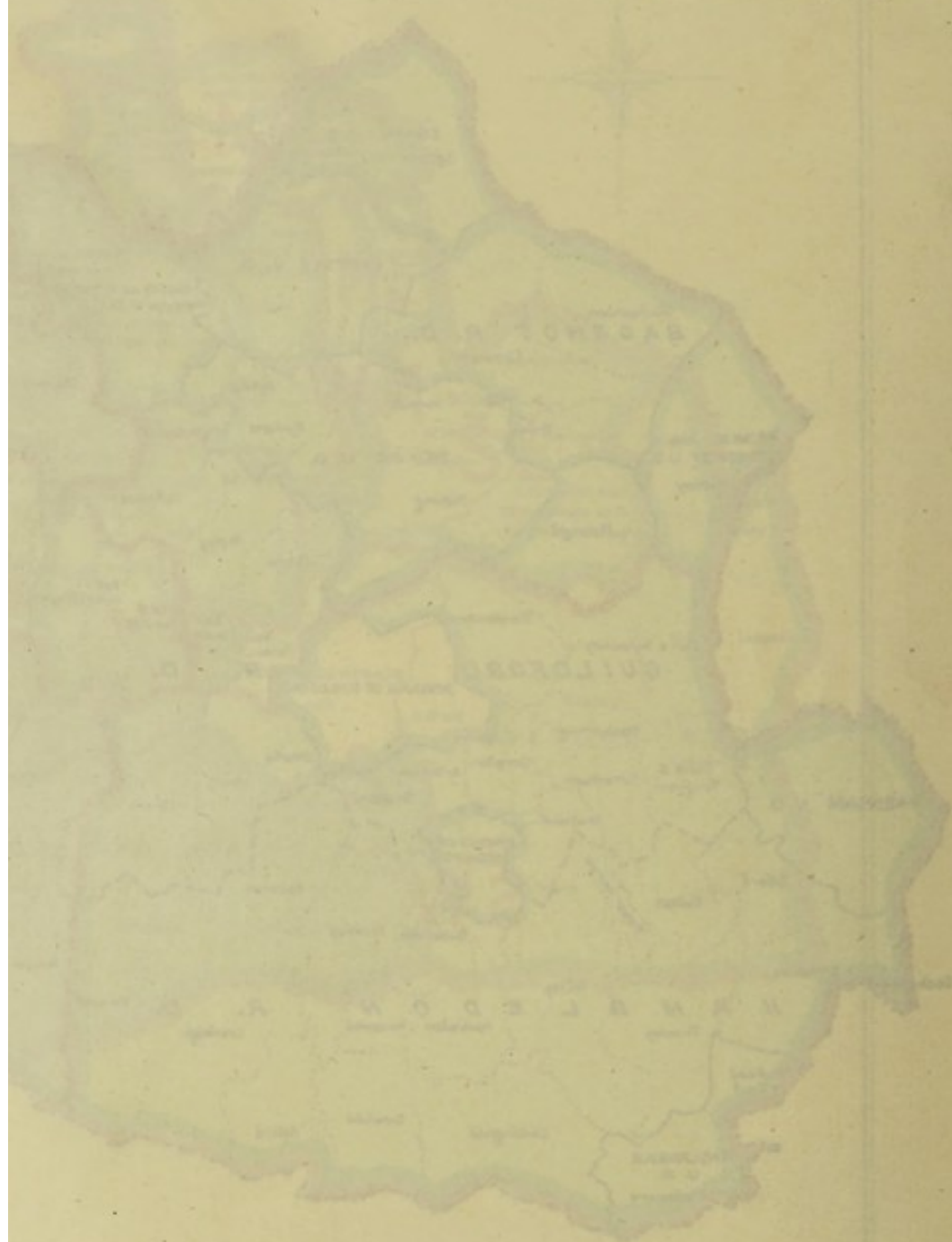
Division.	County Districts comprising Division.	Divisional Medical Officer.	Medical Officer of Health for Sanitary Services.
N.	Barnes M.B.	Dr. E. Pereira, Municipal Offices, Parkshot, Richmond	Dr. R. Hill, Municipal Offices, Sheen Lane, Mortlake.
	Richmond M.B.		Dr. E. Pereira, Municipal Offices, Parkshot, Richmond.
N.E.	Merton and Morden U.D. ...	Dr. A. W. Johns, Morden Hall, Morden, S.W.19	Dr. A. W. Johns, Morden Hall, Morden, S.W.19.
	Mitcham M.B.	Dr. A. W. Johns, Town Hall, Mitcham	Dr. A. R. Graham, 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, 115, Brighton Road, 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, 115, Brighton Road, 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, Caberfeigh, Hatchlands Road, 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, Lismore, Heathside Road, Woking	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. F. A. Belam, "Branksome," Filmer Grove, Godalming.
	Farnham U.D.	Dr. A. B. R. Finn, Old Technical College, Park Street, Guildford	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.
	Hambledon R.D.		do.
	Haslemere U.D.		do.

MEDICAL OFFICERS RESPONSIBLE
FOR THE
DIVISIONAL COUNTY HEALTH SERVICES



- RED BORDER - Boundaries of Health Divisions.
- GREEN BORDER - Medical Officers of Health's Areas.
- YELLOW AREAS - Medical Officer of Health is also Divisional Medical Officer
- BLUE AREAS - Medical Officer of Health of the County District coloured yellow is also Divisional Medical Officer
- GREEN AREAS - Divisional Medical Officer is a whole-time member of the County Staff.

DIVISIONAL COUNTY HEALTH SERVICES FOR THE MEDICAL OFFICERS RESPONSIBLE



RED BORDER - Boundary of State
GREEN BORDER - Medical Officer Jurisdiction
YELLOW AREA - Medical Officer Jurisdiction
BLUE AREA - Medical Officer Jurisdiction
GREEN AREA - Medical Officer Jurisdiction
COUNTY NAME

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 1949 was 1,337,260, an increase of 12,360 over the comparable figure for mid-year 1948. 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 1945-1949 is shown in the following table :—

	1945.	1946.	1947.	1948.	1949
Urban Districts...	1,036,960	1,135,850	1,167,410	1,182,520	1,192,800
Rural Districts ...	128,120	133,400	136,720	142,380	144,460
Administrative County	1,165,080	1,269,250	1,304,130	1,324,900	1,337,260
Increase or decrease over previous year ...	+ 24,010	+ 104,170	+ 34,880	+ 20,770	+ 12,360

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 1948 and 1949 :—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1921.	1931.	1948.	1949.
M.B. and Urban.					
1. Banstead	12,821	12,468	18,734	32,650	32,610
2. Barnes	2,519	34,299	42,440	40,560	40,960
3. Beddington and Wallington	3,045	16,451	26,328	32,800	32,890
4. Carshalton	3,346	13,873	28,586	62,020	62,260
5. Caterham and Warlingham	8,233	17,108	21,774	28,510	29,090
6. Chertsey	9,983	14,939	16,988	29,480	30,100
7. Coulsdon and Purley	11,142	23,115	39,795	62,730	64,030
8. Dorking	9,511	13,207	15,204	19,610	19,640
9. Egham	9,350	14,496	17,196	24,080	24,630
10. Epsom and Ewell	8,427	22,953	35,231	67,940	68,140
11. Esher	14,847	27,540	32,407	50,790	51,280
12. Farnham	9,039	17,360	19,005	24,120	24,120
13. Frimley and Camberley	7,766	13,676	16,532	17,040	17,250
14. Godalming	2,393	10,856	10,940	14,840	14,770
15. Guildford	7,184	27,734	34,237	45,820	46,350
16. Haslemere... ..	5,751	8,195	9,168	11,930	11,850
17. Kingston-on-Thames	1,408	39,514	39,825	40,780	40,660
18. Leatherhead	11,187	11,233	16,483	27,100	27,710
19. Malden and Coombe	3,164	14,495	23,350	44,490	44,580
20. Merton and Morden	3,237	17,532	41,227	75,220	75,470
21. Mitcham	2,932	35,122	56,872	66,230	67,060
22. Reigate	10,255	31,733	34,547	41,770	42,150
23. Richmond... ..	4,109	37,105	39,276	41,480	42,060
24. Surbiton	4,709	20,149	30,178	58,870	59,720
25. Sutton and Cheam	4,338	29,733	48,363	81,320	81,180
26. Walton and Weybridge	9,056	21,634	25,671	37,070	37,770
27. Wimbledon	3,212	61,405	59,515	57,940	58,340
28. Woking	15,704	31,693	35,987	45,930	46,130
Total	198,668	639,618	835,859	1,182,520	1,192,800
Rural.					
1. Bagshot	16,085	9,878	11,080	13,810	14,120
2. Dorking and Horley	53,943	16,042	18,485	24,600	25,140
3. Godstone	52,507	23,196	25,866	31,190	31,510
4. Guildford	59,782	27,674	31,554	41,290	41,810
5. Hambledon	68,175	22,310	24,926	31,490	31,880
Total	250,492	99,000	111,911	142,380	144,460
Administrative County	449,160	738,618	947,770	1,324,900	1,337,260

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 1949, 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, 1949. 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 31/12/1949.
	Houses erected during year 1949.	Houses in course of erection at end of 1949.		Houses erected during year 1949.	Houses in course of erection at end of 1949.	Houses erected during year 1949.	Houses in course of erection at end of 1949.	Houses erected during year 1949.	Houses in course of erection at end of 1949.	
URBAN										
1 Banstead	56	168	—	43	42	—	—	99	210	8,990
2 Barnes (M.B.)	71	63	—	39	21	—	—	110	84	11,000
3 Beddington and Wallington (M.B.)	69	26	—	16	12	—	—	85	38	9,706
4 Carshalton	24	125	—	4	1	—	—	28	126	16,250
5 Caterham and Warlingham	94	90	—	32	14	—	—	126	104	7,525
6 Chertsey	142	62	—	33	18	—	—	175	80	7,250
7 Coulsdon and Purley	135	94	—	158	93	—	—	293	187	17,707
8 Dorking	94	49	1	24	59	—	—	119	108	5,265
9 Egham	84	76	—	11	17	—	—	95	93	6,366
10 Epsom and Ewell (M.B.)	180	41	—	64	59	—	—	244	100	17,374
11 Esher... ..	46	167	—	106	46	—	—	152	213	14,921
12 Farnham	46	66	—	21	30	—	—	67	96	6,600
13 Frimley and Camberley	98	44	—	11	16	—	—	109	60	4,350
14 Godalming (M.B.)	49	49	—	12	16	—	—	61	65	4,038
15 Guildford (M.B.)	244	264	—	61	32	—	—	305	296	12,450
16 Haslemere	62	44	—	15	8	—	—	77	52	2,889
17 Kingston-on-Thames (M.B.)	206	126	—	43	11	—	—	249	137	11,430
18 Leatherhead	134	112	—	60	36	—	—	194	148	7,450
19 Malden and Coombe (M.B.)	119	140	—	29	35	—	—	148	175	12,500
20 Merton and Morden	46	125	—	25	8	—	—	71	133	22,005
21 Mitcham (M.B.)	38	210	—	—	—	—	—	38	210	18,587
22 Reigate (M.B.)	150	102	—	83	42	—	—	233	144	11,598
23 Richmond (M.B.)	58	60	—	152	70	—	—	210	130	11,087
24 Surbiton (M.B.)	112	98	49	34	61	2	18	197	177	16,915
25 Sutton and Cheam (M.B.)	26	77	—	53	33	—	—	79	110	22,951
26 Walton and Weybridge	103	108	—	54	38	—	—	157	146	10,600
27 Wimbledon (M.B.)	69	23	—	143	64	—	—	212	87	18,398
28 Woking	100	84	—	76	62	—	—	176	146	11,557
Totals	2,655	2,693	50	1,402	944	2	18	4,109	3,655	327,759
RURAL.										
1 Bagshot	114	40	—	39	34	—	—	153	74	3,880
2 Dorking and Horley	140	38	—	52	20	—	—	192	58	7,504
3 Godstone	178	108	—	43	30	—	—	221	138	8,900
4 Guildford	190	190	90	65	40	—	7	345	237	12,266
5 Hambledon	88	130	—	49	36	—	—	137	166	8,367
Totals	710	506	90	248	160	—	7	1,048	673	40,917
Administrative County	3,365	3,199	140	1,650	1,104	2	25	5,157*	4,328†	368,676

* Includes 307 dwellings provided for agricultural workers.

† Includes 67 dwellings in course of erection for agricultural workers.

HOUSING PROVIDED BY LOCAL AUTHORITIES AT THE 31ST MARCH, 1950.

The following table is extracted from the County Treasurer's Annual Review for 1950/51 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	151	372	—	—	609
2	Beddington and Wallington ...	353	156	509	4	—	4	94	30	637
3	Epsom and Ewell	595	461	1,056	70	—	70	204	—	1,330
4	Godalming	505	154	659	—	—	—	3	—	662
5	Guildford	1,284	588	1,872	160	66	226	100	—	2,198
6	Kingston... ..	770	253	1,023	66	279	345	202	121	1,691
7	Malden and Coombe	242	233	475	114	—	114	198	—	787
8	Mitcham	1,236	608	1,844	190	22	212	345	291	2,692
9	Reigate	522	405	927	52	24	76	100	—	1,103
10	Richmond	824	226	1,050	142	78	220	179	—	1,449
11	Surbiton	313	406	719	—	—	—	90	—	809
12	Sutton and Cheam	345	22	367	36	47	83	115	35	600
13	Wimbledon	86	19	105	48	88	136	71	—	312
14	Totals	7,312	3,531	10,843	1,103	755	1,858	1,701	477	14,879
Urban Districts.										
15	Banstead	294	204	498	15	1	16	300	32	846
16	Carshalton	535	164	699	89	24	113	103	—	915
17	Caterham and Warlingham ...	236	251	487	24	206	230	—	—	717
18	Chertsey	382	438	820	—	40	40	100	—	960
19	Coulsdon and Purley	362	462	824	—	26	26	105	—	955
20	Dorking	354	147	501	—	4	4	52	—	557
21	Egham	401	509	910	—	—	—	—	—	910
22	Esher	690	512	1,202	6	60	66	166	—	1,434
23	Farnham... ..	543	222	765	—	20	20	100	—	885
24	Frimley and Camberley	348	159	507	—	27	27	48	—	582
25	Haslemere	264	110	374	4	31	35	100	—	509
26	Leatherhead	411	446	857	—	26	26	50	—	933
27	Merton and Morden	540	293	833	—	188	188	—	—	1,021
28	Walton and Weybridge	591	318	909	—	—	—	100	—	1,009
29	Woking	782	247	1,029	—	16	16	101	—	1,146
30	Totals	6,733	4,482	11,215	138	669	807	1,325	32	13,379
Rural Districts.										
31	Bagshot	147	153	300	14	76	90	—	—	390
32	Dorking and Horley	186	287	473	24	24	48	—	—	521
33	Godstone	670	492	1,162	47	20	67	85	—	1,314
34	Guildford	608	426	1,034	—	252	252	158	—	1,444
35	Hambleton	358	319	677	—	48	48	43	—	768
36	Totals	1,969	1,677	3,646	85	420	505	286	—	4,437
37	Administrative County.	16,014	9,690	25,704	1,326	1,844	3,170	3,312	509	32,695

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

RURAL HOUSING.

The position of the housing survey of the Rural Districts on the 31st December, 1949, 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	1,806	292	360	975	19	160	—
Dorking and Horley	3,910	3,910	745	2,150	713	14	288	—
Godstone	5,000	4,597	1,621	886	1,527	240	323	—
Guildford	6,716	6,716	1,882	3,024	1,135	172	503	—
Hambleton	5,522	5,522	1,436	1,908	1,647	160	371	—
	23,148	22,551	5,976	8,328	5,997	605	1,645	—
		100%	26.5%	36.9%	26.6%	2.7%	7.3%	

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1949, was £14,188,801, and the estimated produce of a 1d. rate for general County purposes for the year 1949-50 was £57,564.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1949 with the previous year and with the mean of the five years 1944-48.

	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.		
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
1948	15.79	9.70	0.34	1.77	1.03	23.94
Mean of 5 years, 1944-48 ...	17.27	10.73	0.37	1.86	1.09	30.08
1949	14.71	10.38	0.27	1.85	0.65	24.05
Increase or decrease in 1949 on :						
5 years' average	-2.56	-0.35	-0.10	-0.01	-0.44	-6.03
Previous year	-1.08	+0.68	-0.07	+0.08	-0.38	+0.11

1. Births and Birth Rate.

The number of live births and the birth rate for the Administrative County in 1946 and 1947 were unusually high ; the figures fell in 1948 and have again fallen in 1949. The rate now compares fairly closely with the comparable pre-war figures.

The live births registered in or belonging to the County during the year numbered 19,668, as compared with 20,926 in the previous year, showing a reduction of 1,258. The birth rate for the year was 14.71, as compared with 15.79 for the previous year. The birth rate for England and Wales for 1949 was 16.7 and for 1948, 17.9. In addition to the 19,668 live births in Surrey, there were 399 still births and the rate of still births per 1,000 live and still births was 19.88.

Of the 19,668 live births 897 or 4.56 per cent were illegitimate, as compared with 997 or 4.76 per cent in 1948.

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
1949	19,668	14.71	399	19.9	897	4.56

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1949 was 13,879, as compared with 12,845 in the year 1948. The crude death rate for 1949 was 10.38, compared with 9.70 for 1948. The death rate for England and Wales was 11.7 compared with 10.8 for 1948.

3. Infant Mortality.

The number of infants under one year who died during 1949 was 473, compared with 501 in 1948. This represents an infant mortality rate of 24.05 per 1,000 live births as compared with a corresponding rate of 23.94 for the year 1948. The comparable figures for England and Wales were 32 in 1949, and 34 in 1948.

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

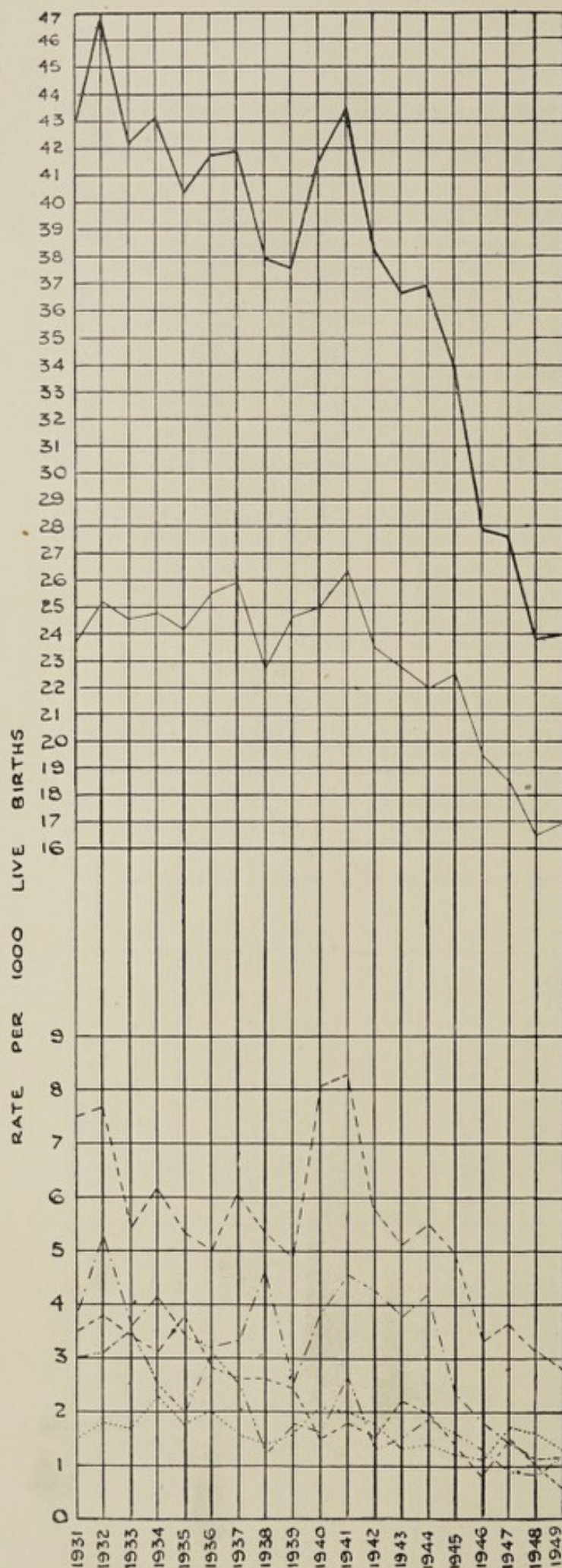
Year.	England and Wales.			Surrey.		
	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.
1931 ...	66	32	34	43.12	24.84	18.28
1939 ...	50	28.3	21.7	37.61	24.60	13.01
1940 ...	56	29.6	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
1949 ...	32	19.3	12.7	24.05	16.07	7.98

The Infant Mortality Rate for Surrey in 1949 is slightly higher than in 1948, in which year the rate was the lowest recorded.

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 slight increase on last year's total rate is due to an increase in the deaths attributable to congenital debility and malformations (including premature births).



The following table gives the births and birth rates, both live and still, the deaths and death rates, both crude and standardized*, the infant mortality and the infant mortality rate in each of the Sanitary Districts and in the Administrative County during 1949 :—

DISTRICTS.	Live births.	Live birth rate.	Still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardized Death Rate.	Excess of births over deaths.	Infants dying under 1 year.	Infant mortality rate.
M.B. and Urban.										
Banstead	404	12.39	13	31.18	296	9.08	8.54	108	9	22.28
Barnes	516	12.60	4	7.69	471	11.50	10.01	45	7	13.57
Beddington and Wallington	435	13.23	7	15.84	382	11.61	10.80	53	4	9.20
Carshalton	825	13.25	16	19.02	521	8.37	10.55	304	24	29.09
Caterham and Warlingham ...	463	15.92	9	19.07	279	9.59	9.78	184	8	17.28
Chertsey	501	16.64	10	19.57	250	8.31	9.31	251	10	19.96
Coulsdon and Purley	834	13.03	20	23.42	622	9.71	9.03	212	21	25.18
Dorking	330	16.80	5	14.93	292	14.87	12.64	38	12	36.36
Egham	359	14.58	4	11.02	209	8.49	8.49	150	10	27.86
Epsom and Ewell	845	12.40	18	20.86	637	9.35	9.07	208	22	26.04
Esher	745	14.53	10	13.25	497	9.69	9.21	248	13	17.45
Farnham	381	15.80	8	20.57	331	13.72	10.84	50	9	23.62
Frimley and Camberley	357	20.70	5	13.81	181	10.49	10.18	176	11	30.81
Godalming	184	12.46	9	46.63	182	12.32	11.09	2	4	21.74
Guildford	802	17.30	15	18.36	508	10.96	10.19	294	21	26.18
Haslemere	206	17.38	4	19.05	148	12.49	10.87	58	7	33.98
Kingston-on-Thames	729	17.93	10	13.53	500	12.30	10.95	229	15	20.58
Leatherhead	395	14.25	5	12.50	265	9.56	8.80	130	7	17.72
Malden and Coombe	548	12.29	19	33.51	433	9.71	10.10	115	14	25.55
Merton and Morden	985	13.05	14	14.01	678	8.98	10.33	307	24	24.37
Mitcham	1,064	15.87	26	23.85	615	9.17	10.73	449	27	25.38
Reigate	624	14.80	18	28.04	518	12.29	9.95	106	23	36.86
Richmond	710	16.88	9	12.52	508	12.08	9.91	202	15	21.13
Surbiton	892	14.94	11	12.18	574	9.61	9.80	318	21	23.54
Sutton and Cheam	1,074	13.23	23	20.97	796	9.81	9.61	278	23	21.42
Walton and Weybridge	607	16.07	13	20.97	367	9.72	9.33	240	13	21.42
Wimbledon	875	15.00	23	25.61	754	12.92	10.72	121	22	25.14
Woking	687	14.89	11	15.76	488	10.58	9.73	199	17	24.75
Total	17,377	14.57	339	19.14	12,302	10.31	9.94	5,075	413	23.77
Rural.										
Bagshot	225	15.93	6	25.97	148	10.48	10.06	77	3	13.33
Dorking and Horley	410	16.31	11	26.13	252	10.02	9.22	158	8	19.51
Godstone	468	14.85	7	14.74	371	11.77	10.12	97	15	32.05
Guildford	698	16.69	21	29.21	461	11.03	10.04	237	21	30.09
Hambleton	490	15.37	15	29.70	345	10.82	9.63	145	13	26.53
Total	2,291	15.86	60	25.52	1,577	10.92	9.81	714	60	26.19
Administrative County ...	19,668	14.71	399	19.88	13,879	10.38	9.92	5,789	473	24.05

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

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.		O.		T.	
				Deaths.	Rates.	Deaths.	Rates.	Deaths.	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
1949	0.22	0.76	0.98	4	0.25	8	0.40	12	0.65

P.S.—Puerperal Sepsis.

O.—Other Causes.

T.—Total.

Administrative County during 1949, 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.					
	No.		Rate per 1,000	No.		Rate per 1,000	Pulmonary.		Non-Pulmonary.		Stomach and duodenum.		Breast.		All other sites.	
	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	85	2.61		24	0.74		3	0.09	1	0.03		2	0.06		7	0.21
2 Barnes (M.B.) ...	154	3.76		37	0.90		20	0.49	1	0.02		10	0.24		14	0.34
3 Biddington and Wallington (M.B.)	120	3.65		26	0.79		12	0.36	1	0.03		5	0.15		11	0.33
4 Carshalton	170	2.73		60	0.96		19	0.31	3	0.05		1	0.02		10	0.16
5 Caterham and Warlingham	81	2.78		35	1.20		7	0.24	1	0.03		2	0.07		4	0.14
6 Chertsey	72	2.39		23	0.76		7	0.23	4	0.13		4	0.13		10	0.33
7 Coulsdon and Purley	199	3.11		51	0.80		22	0.34	2	0.03		10	0.16		18	0.28
8 Dorking	88	4.48		25	1.27		4	0.20	—	—		3	0.15		9	0.46
9 Egham	79	3.21		14	0.57		4	0.16	1	0.04		6	0.24		6	0.24
10 Epsom and Ewell (M.B.) ...	197	2.89		55	0.81		25	0.37	2	0.03		7	0.10		22	0.32
11 Esher	168	3.28		44	0.86		16	0.31	—	—		6	0.12		12	0.23
12 Farnham	117	4.85		34	1.41		3	0.12	1	0.04		3	0.12		8	0.23
13 Frimley and Camberley	52	3.01		14	0.81		3	0.17	1	0.06		3	0.17		4	0.23
14 Godalming (M.B.) ...	66	4.47		17	1.15		4	0.27	2	0.14		2	0.14		6	0.41
15 Guildford (M.B.) ...	134	2.89		51	1.10		13	0.28	3	0.06		7	0.15		10	0.22
16 Haslemere	45	3.80		13	1.10		3	0.25	1	0.08		2	0.17		3	0.25
17 Kingston-on-Thames (M.B.)	147	3.62		66	1.62		10	0.25	1	0.02		6	0.15		15	0.37
18 Leatherhead	82	2.96		15	0.54		5	0.18	—	—		2	0.07		3	0.11
19 Malden and Coombe (M.B.)	121	2.71		42	0.92		14	0.31	1	0.02		8	0.18		8	0.18
20 Merton and Morden	196	2.60		59	0.78		24	0.32	6	0.08		11	0.15		26	0.34
21 Mitcham (M.B.) ...	170	2.54		77	1.15		20	0.30	1	0.01		8	0.12		21	0.31
22 Reigate (M.B.) ...	155	3.68		39	0.93		13	0.31	—	—		6	0.14		9	0.21
23 Richmond (M.B.) ...	151	3.59		53	1.26		15	0.36	3	0.07		9	0.21		12	0.29
24 Surbiton (M.B.) ...	180	3.01		57	0.95		12	0.30	2	0.03		8	0.13		13	0.22
25 Sutton and Cheam (M.B.) ...	243	2.99		74	0.91		20	0.25	3	0.04		10	0.12		20	0.25
26 Walton and Weybridge	107	2.83		35	0.93		7	0.19	2	0.05		7	0.19		13	0.34
27 Wimbledon (M.B.)	228	3.91		81	1.39		17	0.29	5	0.09		12	0.21		22	0.38
28 Woking	150	3.25		42	0.91		11	0.24	2	0.04		3	0.07		10	0.22
Total	3,757	3.15		1,163	0.98		333	0.28	50	0.04		163	0.14		326	0.27
RURAL																
1 Bagshot	41	2.90		14	0.99		6	0.42	—	—		2	0.14		5	0.35
2 Dorking and Horley	87	3.46		28	1.11		3	0.12	1	0.04		—	—		4	0.16
3 Godstone	123	3.90		40	1.27		5	0.16	—	—		5	0.16		7	0.22
4 Guildford	122	2.92		42	1.00		7	0.17	—	—		6	0.14		5	0.12
5 Hambledon	108	3.39		33	1.04		9	0.28	2	0.06		7	0.22		10	0.31
Total	481	3.33		157	1.09		30	0.21	3	0.02		20	0.14		31	0.21
Administrative County 1949... ..	4,238 (3,742)	3.17 (2.82)		1,320 (1,128)	0.99 (0.86)		363 (445)	0.27 (0.34)	53 (58)	0.04 (0.04)		183 (204)	0.14 (0.15)		357 (359)	0.27 (0.27)
percentage of total deaths in 1949	30.54			2.62	0.38		2.62		0.38		1.32	2.57	2.13		11.82	

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1949.

The causes of all deaths during 1949 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	5999	238	55	44	406	1606	3650	799	38	7	5	40	177	532
	F	6303	175	35	32	366	1174	4521	778	22	5	5	43	122	581
1. Typhoid and paratyphoid fevers	M	1	—	—	—	—	1	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	1	—	—	—	—	—	—	—
2. Cerebro-spinal fever ...	M	2	—	2	—	—	—	—	1	—	—	—	—	1	—
	F	3	1	2	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet fever ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping cough ...	M	2	2	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	1	1	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria ...	M	1	—	—	—	—	—	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	1	—	1	—	—	—	—
6. Tuberculosis of respiratory system	M	215	1	1	—	77	114	22	20	—	—	—	9	8	3
	F	118	2	—	1	70	30	15	10	—	—	—	7	—	3
7. Other forms of tuberculosis	M	30	1	5	5	14	5	—	1	—	—	—	—	1	—
	F	20	1	1	1	9	5	3	2	—	—	—	—	—	2
8. Syphilitic diseases ...	M	41	1	—	—	1	18	21	3	1	—	—	—	1	1
	F	21	—	—	—	—	8	13	2	—	—	—	—	—	2
9. Influenza ...	M	61	2	—	—	7	12	40	11	1	—	—	—	5	5
	F	84	2	1	—	4	10	67	7	—	—	—	—	—	7
10. Measles ...	M	1	—	1	—	—	—	—	—	—	—	—	—	—	—
	F	4	2	—	2	—	—	—	—	—	—	—	—	—	—
11. Acute poliomyelitis and polioencephalitis	M	19	1	3	4	10	1	—	1	—	—	1	—	—	—
	F	11	1	2	2	6	—	—	2	—	—	1	—	—	—
12. Acute infectious encephalitis	M	2	1	—	—	—	1	—	—	—	—	—	—	—	—
	F	6	—	—	—	2	2	2	—	—	—	—	—	—	—
13. Cancer of buc. cavity and oesophagus (M); uterus (F)	M	61	—	—	—	—	13	48	4	—	—	—	—	—	4
	F	102	—	—	—	6	48	48	16	—	—	—	1	9	6
14. Cancer of stomach and duodenum	M	176	—	—	—	11	57	108	19	—	—	—	3	4	12
	F	150	—	—	—	5	38	107	12	—	—	—	1	3	8
15. Cancer of breast ...	M	3	—	—	—	—	1	2	1	—	—	—	—	1	—
	F	262	—	—	—	29	112	121	30	—	—	—	6	9	15
16. Cancer of all other sites	M	842	2	2	4	50	319	465	101	—	1	1	6	40	53
	F	622	—	—	1	51	201	369	76	—	—	—	5	22	49
17. Diabetes ...	M	13	—	—	—	1	3	9	5	—	1	—	—	—	4
	F	40	—	—	—	2	9	29	7	—	—	—	2	1	4
18. Intra-cranial vascular lesions	M	530	—	—	—	7	113	410	86	—	—	—	—	14	72
	F	872	—	—	—	5	144	723	113	—	—	—	2	17	94
19. Heart diseases...	M	1831	—	—	2	42	433	1354	231	—	—	—	1	37	193
	F	1926	—	—	2	25	212	1687	250	—	—	—	2	17	231
20. Other diseases of circulatory system	M	270	—	—	—	7	44	219	43	—	—	—	—	9	34
	F	340	—	—	—	5	45	290	44	—	—	—	1	8	35
21. Bronchitis ...	M	311	4	—	—	4	95	208	40	—	—	—	—	11	29
	F	214	2	—	—	2	24	186	26	—	—	—	1	3	22
22. Pneumonia ...	M	238	17	6	1	9	53	152	39	6	1	—	—	2	30
	F	260	23	3	2	8	29	195	28	4	1	—	—	7	16
23. Other respiratory diseases	M	83	—	3	2	6	35	37	14	1	—	—	—	5	8
	F	57	—	1	—	8	10	38	10	—	—	—	—	3	7

Continued overleaf

ADMINISTRATIVE COUNTY OF SURREY—continued.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1949—continued.

The causes of all deaths during 1949 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	97	—	—	—	8	46	43	10	—	—	—	—	5	5
	F	38	—	—	—	—	7	31	4	—	—	—	—	1	3
25. Diarrhoea under two years	M	6	5	1	—	—	—	—	1	1	—	—	—	—	—
	F	7	6	1	—	—	—	—	1	1	—	—	—	—	—
26. Appendicitis ...	M	17	1	2	—	4	4	6	3	—	1	—	—	—	2
	F	8	—	—	1	2	2	3	—	—	—	—	—	—	—
27. Other digestive diseases	M	124	4	3	2	11	34	70	18	2	1	—	2	5	8
	F	151	3	1	3	16	41	87	19	—	—	—	—	5	14
28. Nephritis ...	M	129	—	—	—	13	33	83	21	—	—	—	2	7	12
	F	147	—	—	3	7	42	95	15	—	—	—	2	4	9
29. Puerperal and post-abortion sepsis	F	4	—	—	—	4	—	—	1	—	—	—	1	—	—
30. Other maternal causes	F	7	—	—	—	7	—	—	1	—	—	—	1	—	—
31. Premature birth ...	M	64	64	—	—	—	—	—	10	10	—	—	—	—	—
	F	51	51	—	—	—	—	—	6	6	—	—	—	—	—
32. Congenital malformation, birth injury, infantile diseases	M	139	113	4	1	9	10	2	18	14	—	—	2	2	—
	F	106	66	2	4	12	16	6	14	11	—	2	1	—	—
33. Suicide ...	M	75	—	—	—	21	34	20	13	—	—	—	2	3	8
	F	52	—	—	—	19	21	12	5	—	—	—	1	2	2
34. Road traffic accidents	M	74	—	3	5	33	14	19	12	—	—	1	4	5	2
	F	34	—	4	2	9	7	12	4	—	2	1	—	1	—
35. Other violent causes ...	M	105	16	9	9	17	26	28	14	2	1	2	3	1	5
	F	112	10	9	2	5	15	71	11	—	1	—	—	1	9
36. All other causes ...	M	436	3	10	9	44	87	283	59	—	1	—	6	10	42
	F	471	4	7	6	48	96	310	61	—	—	1	9	8	43

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

The following table gives an analysis of the causes of the deaths of the 473 children who died in the first year of life in 1949.

Causes of death.	Number of deaths of infants under one year.
Total (all causes)	473
Rate per thousand live births	24.05
Whooping cough	3
Influenza	5
Cerebro-spinal fever	1
Measles	2
Tuberculosis of respiratory system	3
Other forms of tuberculosis	2
Acute poliomyelitis and polioencephalitis	2
Acute infective encephalitis	1
Syphilitic diseases	2
Bronchitis	6
Pneumonia (all forms)	50
Other respiratory diseases	1
Diarrhoea and enteritis	13
Appendicitis	1
Other digestive disorders	9
Congenital debility and malformation (including premature birth)	335
Cancer	2
Violent causes	28
Other causes	7
TOTAL	473

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 1948 and 1949 and those of the urban and rural districts of the County are compared with those of England and Wales:—

	1948				1949			
	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 1948)				Net rate per 1,000 population (Mid-year 1949)			
Smallpox death rate	—	—	—	—	—	0.01	0.00	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	0.02	0.01	0.01	0.00	—	0.00	†
Scarlet fever death rate	0.00	—	0.00	0.00	—	—	—	†
Whooping cough death rate	0.01	0.01	0.01	0.02	0.00	—	0.00	0.01
Diphtheria death rate	—	—	—	0.00	0.00	0.00	0.00	0.00
Influenza death rate	0.03	0.01	0.03	0.03	0.12	0.13	0.12	0.15
* Diarrhoea and enteritis (under 2 years) death rate	0.86	1.71	0.96	3.3	0.75	0.87	0.76	3.0

* Rate per 1,000 births.

† Provisional figures.

‡ Not available.

The following table shows the incidence of infectious disease in the County during the year 1949, giving the number of cases of each disease notified and the attack rate:—

Disease.	1949	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute pneumonia	506	0.38
Acute polioencephalitis	20	0.01
Acute poliomyelitis	158	0.12
Cerebro-spinal fever	19	0.01
Diphtheria	20	0.01
Dysentery	99	0.07
Encephalitis lethargica	1	0.00
Erysipelas	160	0.12
Food poisoning	157	0.12
Malaria (contracted in England and Wales)	1	0.00
Measles	11,291	8.44
* Ophthalmia neonatorum	21	1.07
Paratyphoid fevers	9	0.01
† Puerperal Pyrexia	140	6.98
Scarlet Fever	1,907	1.43
Smallpox	2	0.00
Tuberculosis—Pulmonary	1,137	0.85
Non-pulmonary	149	0.11
Typhoid fever	9	0.01
Whooping cough	2,810	2.10

* Rate per 1000 live births.

† Rate per 1000 live and still births.

(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 death rate for pulmonary tuberculosis (0.27) was the lowest recorded in Surrey, the previous low record being 0.32 in 1946. The figure in 1948 was 0.34. The death rate from non-pulmonary tuberculosis, namely 0.04, is the same as in 1948.

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 1,734 in 1949. The corresponding figure for 1948 was 1,707, and for 1947 was 1,787.

Of the 416 deaths which occurred during the year 1949, 106 or 25.5 per cent. occurred in non-notified cases. The corresponding figure for the year 1948 was 98 or 19.5 per cent.

Attention is drawn to the maps opposite page 20. These show in the quinquennial periods 1935-39 and 1945-49 the new cases of tuberculosis per thousand population in each county district in Surrey. The map of the quinquennial period 1940-44 is not given since it is felt that the figures—which show a higher rate than either of the two maps given—are not comparable owing to the upheaval of war conditions with shifting population, altered proportions of population in different age groups, etc.

It should be noted that in the maps shown, the rate is in general higher in the 1945-49 period than it was in the quinquennial period immediately before the war. In some instances the change for the worse is quite striking, notably in the spread of the "high incidence" areas in the metropolitan part of the County.

It is unlikely that any single cause has produced this result, but coupled with housing shortages and consequent overcrowding, the presence in the community of large numbers of tuberculous persons for whom institutional accommodation is not available must remain a matter of grave concern. The introduction of B.C.G. vaccination is, therefore—although not to be regarded as a substitute for adequate sanatorium and hospital accommodation for the tuberculous—most timely, and it is to be hoped that this important preventive measure will be accepted readily by the public.

WORK OF THE COUNTY HEALTH DEPARTMENT.

The most important development of the Health Services during the year was the Minister's decision to make B.C.G. vaccine available for use in the prevention of tuberculosis. This scheme is referred to further in the section of the Report dealing with Prevention, Care and After Care. Otherwise no new responsibilities of a major character devolved on the Health Department in 1949: but the Milk and Dairies Act, 1948, by which certain duties hitherto the responsibility of the County Council were transferred to the Minister of Agriculture and Fisheries came into operation on 1st October, 1949. Reference to the resultant changes is made in the section dealing with Milk and Dairies.

Scheme of Divisional Administration.

The development of the scheme of divisional administration, whose main outline was given in my last Report, proceeded in 1949.

The services which it has been decided to administer on a divisional basis are the 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); and Vaccination and Immunisation. The central administration of these services has had to be transferred to a divisional basis and the latter has had to be expanded to take over the functions of the ex-autonomous districts and to meet the increased obligations put on the County Council by the National Health Service Act.

In appointing medical staff to the posts of Divisional Health Medical Officers, the County Council had primarily in mind the need for co-ordinating the care of the pre-school and of the school child; and in every division throughout the County the Divisional Health Medical Officer and the Divisional School Medical Officer are the same person. As explained in my last report, this has resulted in the position—temporary to the present holders of the posts—of there being more than one divisional medical officer in three divisions, but ultimate County policy is to have one divisional medical officer in charge of all County medical services in each division. In addition, however, the County Districts Association had expressed the view that all three health aspects of local government administration, namely the school health service and the personal health service, for both of 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. Several steps became possible during the year to further integration in these two respects :—

(1) The officer holding the post of Medical Officer of Health for the Urban District of Coulsdon and Purley and Divisional Medical Officer for the South-Eastern Division (which comprises the Urban Districts of Coulsdon and Purley and Caterham and Warlingham, plus a small part of the Urban District of Banstead), was appointed to the vacant post of Medical Officer of Health for the Urban District of Caterham and Warlingham; and a post of deputy was created for all of these services, the person appointed to the post being expected to live within or near the Urban District of Caterham and Warlingham. The effect of this arrangement is that there is now one medical officer in charge of all the medical services in the division with the exception of the sanitary services in the two parishes of Banstead Urban District.

(2) The officer holding the post of Medical Officer of Health for the Borough of Reigate and Divisional Medical Officer for the Southern Division, was appointed to the vacant post of Medical Officer of Health for the Rural District of Godstone. (No appointment of deputy in this division has so far been made.) The effect here is to unify all the medical services in about half of the Division under one medical officer who is also responsible for the County Medical services in the rest of the Division.

(3) In the North-Eastern Division, there were three divisional medical officers, each in charge of one of the three County districts in the division (Merton and Morden, Mitcham and Wimbledon) and also Medical Officer of Health of the same district. The post for the Borough of Mitcham fell vacant during the year and the medical officer holding the post of Divisional Medical Officer for the Merton and Morden part of the division and Medical Officer of Health of the same district was appointed Divisional Medical Officer also for the Mitcham part of the Division. The Mitcham Borough Council felt that it was essential to have a medical officer of health for the Borough, but the officer appointed to this post undertakes certain clinical duties for the County Council in that part of his time not devoted to his duties as Medical Officer of Health to the Borough.

The position as regards divisional medical administrative staff, as it now is, is shown in the map on page 6.

One of the principal difficulties in transferring the services to a divisional basis has been lack of accommodation adequate to house all the administrative and clerical staff together. This difficulty is slowly being overcome. Suitable premises were already available in the South-Western Division; premises have been acquired, adapted and put into use in the Southern Division; premises have been acquired, are being adapted and, it is hoped, will come into use in 1950 in the North-Western, South-Eastern and Northern Divisions; in the Central Division it is hoped that it will shortly be possible to take over additional rooms in the same premises; no solution has yet been found for the North Central Division: as regards the Mid-Eastern and South-Western Divisions, as there are in each of these divisions two divisional medical officers, there must for the time being continue to be two divisional offices, each serving part of the division: firstly in the North-Eastern Division, the changes in medical administrative staffing already referred to, will enable improved arrangements to accommodate the administrative staff to be made, but suitable premises for this purpose have not yet been acquired.

The administrative and clerical establishment of each division was agreed during the year, and good progress was made in filling the posts so that responsibility for the services could progressively be delegated to the divisions.

It is still, of course, premature to attempt an assessment of the merits of divisional administration as applied to the health services. While a great deal of work has to be done at divisional level, the volume of work which needs to be referred to the Divisional Sub-Committees is not very great. On the other hand, at officer level it is obviously of great value to have in each area a senior administrative medical officer in close contact with the field staff, who by his experience and with his knowledge of County policy is able to make effective administrative decisions, and I am satisfied that in the past eighteen months more progress has been made in developing the divisionalised services than could have been done if the service had been organised on a centralised basis.

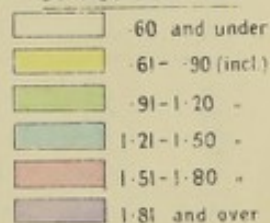
NEW CASES OF TUBERCULOSIS

MAPS SHOWING THE VARYING RATES IN
THE VARIOUS COUNTY DISTRICTS DURING THE
QUINQUENNIAL PERIODS 1935-1939 AND 1945-1949



1935 - 1939

RATE PER 1000
OF POPULATION



1945 - 1949

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 1949, were as follows :—

Division.	County Districts.	Acreage.	Population (Mid-year 1949).			No. of Live Births during 1949.
			Total.	0-4 years.	5-14 years.	
N.	Barnes M.B.	2,519	40,960	2,895	3,877	516
	Richmond M.B.	4,109	42,060	3,268	4,031	710
		6,628	83,020	6,163	7,908	1,226
N.E.	Merton and Morden U.D.	3,237	75,470	5,586	9,126	985
	Mitcham M.B.	2,932	67,060	5,814	8,500	1,064
	Wimbledon M.B.	3,212	58,340	4,547	5,812	875
		9,381	200,870	15,947	23,438	2,924
M.E.	Beddington and Wallington M.B. ...	3,045	32,890	2,585	3,823	435
	Carshalton U.D.	3,346	62,260	4,981	9,288	825
		6,391	95,150	7,566	13,111	1,260
S.E.	Banstead (part)	3,038	5,030	374	669	62
	Caterham and Warlingham U.D. ...	8,233	29,090	2,607	4,075	463
	Coulsdon and Purley U.D.	11,142	64,030	4,929	8,070	834
		22,413	98,150	7,910	12,814	1,359
N.C.	Esher U.D.	14,847	51,280	4,170	6,775	745
	Kingston-on-Thames M.B.	1,408	40,660	3,186	4,442	729
	Malden and Coombe M.B.	3,164	44,580	3,642	6,062	548
	Surbiton M.B.	4,709	59,720	4,970	7,653	892
		24,128	196,240	15,968	24,932	2,914
C.	Banstead U.D. (part)	9,783	27,580	2,049	3,668	342
	Dorking and Horley R.D. (part) ...	1,640	490	40	66	8
	Epsom and Ewell M.B.	8,427	68,140	4,786	8,362	845
	Guildford R.D. (part)	7,466	7,330	584	961	122
	Leatherhead U.D.	11,187	27,710	2,151	3,806	395
	Sutton and Cheam M.B.	4,338	81,180	6,221	10,240	1,074
		42,841	212,430	15,831	27,103	2,786
S.	Dorking U.D.	9,511	19,640	1,608	2,654	330
	Dorking and Horley R.D. (part) ...	52,303	24,650	2,019	3,336	402
	Godstone R.D.	52,507	31,510	2,429	4,126	468
	Guildford R.D. (part)	270	350	28	46	6
	Reigate M.B.	10,255	42,150	3,318	5,754	624
		124,846	118,300	9,402	15,916	1,830
N.W.	Bagshot R.D.	16,085	14,120	1,089	2,427	225
	Chertsey U.D.	9,983	30,100	2,629	5,017	501
	Egham U.D.	9,350	24,630	2,031	3,290	359
	Frimley and Camberley U.D.	7,766	17,250	1,647	2,773	357
	Guildford R.D. (part)	16,648	8,600	685	1,127	144
	Walton and Weybridge U.D.	9,056	37,770	3,196	4,990	607
	Woking U.D.	15,704	46,130	3,808	6,832	687
		84,592	178,600	15,085	26,456	2,880
S.W.	Farnham U.D.	9,039	24,120	1,885	3,341	381
	Godalming M.B.	2,393	14,770	1,131	2,058	184
	Guildford M.B.	7,184	46,350	3,704	6,063	802
	Guildford R.D. (part)	35,398	25,530	2,033	3,347	426
	Hambledon R.D.	68,175	31,880	2,533	4,504	490
	Haslemere U.D.	5,751	11,850	982	1,939	206
		127,940	154,500	12,268	21,252	2,489
	Surrey	449,160	1,337,260	106,140	172,930	19,668

The table on page 6 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.

CARE OF MOTHERS AND YOUNG CHILDREN.

The main features of the Council's scheme for the Care of Mothers and Young Children were set out in my Report for 1948; and development has proceeded steadily throughout the year.

(a) Notification of Births under the Public Health Act, 1936.

The following is an analysis of all births (live and still) notified during 1949, including any births registered but not notified and properly belonging to the County:—

County Sanitary District	No. born in County Sanitary District—									No. born elsewhere in Administrative County but normally resident within the County Sanitary District	No. born outside Administrative County but normally resident therein	No. of live and still births, 1949	
	and normally resident therein			and normally resident elsewhere in Administrative County of Surrey									
	At Home	Nursing Home	Hospital	At Home	Nursing Home	Hospital	At Home	Nursing Home	Hospital				
M.B. and Urban.													
Banstead	112	14	—	—	20	—	—	—	1	—	252	18	417
Barnes	146	47	—	—	12	—	—	—	50	—	223	126	520
Beddington and Wallington	142	—	—	—	—	—	—	—	—	—	257	53	442
Carshalton	288	—	484	—	—	1,582	—	—	—	—	71	15	841
Caterham and Warlingham	180	53	—	—	47	—	—	—	1	—	202	27	472
Chertsey	137	1	1	—	—	—	—	—	—	—	349	9	511
Coulston and Purley	161	63	1	—	27	—	—	—	6	—	568	31	854
Dorking	53	62	187	—	20	150	—	—	2	8	7	5	335
Egham	136	—	—	—	—	—	—	—	—	—	169	50	363
Epsom and Ewell	172	—	523	—	—	772	—	—	—	6	131	21	863
Essex	180	50	2	—	2	—	—	—	4	—	300	198	755
Farnham	130	61	151	1	13	88	4	17	17	52	18	24	389
Frimley and Camberley	70	—	118	1	—	—	—	—	17	76	83	362	83
Godalming	46	49	—	3	46	—	—	—	12	102	102	2	193
Guildford	144	304	342	—	237	502	—	—	35	19	19	29	817
Haslemere	43	7	134	—	6	26	—	—	31	53	53	5	210
Kingston-on-Thames	195	46	360	2	47	1,056	1	8	9	9	35	85	739
Leatherhead	99	68	1	—	42	—	—	—	2	—	209	9	400
Malden and Coombe	134	72	—	—	91	—	—	—	5	—	294	48	567
Merton and Morden	173	—	303	1	10	427	1	33	—	33	512	32	999
Mitcham	279	297	—	2	—	—	3	—	—	—	467	55	1,090
Reigate	112	183	303	1	57	806	3	14	—	47	9	12	642
Richmond	152	45	103	1	20	39	1	17	6	228	228	137	719
Surrey	188	16	227	1	54	59	—	5	5	372	58	903	58
Sutton and Cheam	266	18	173	5	29	116	—	8	8	595	595	28	1,097
Walton and Weybridge	123	32	265	—	13	27	—	9	21	43	43	17	620
Wimbledon	125	63	43	1	31	18	—	49	411	626	626	65	898
Woking	215	—	470	—	—	745	—	—	—	67	34	13	698
Rural.													
Bagshot	66	—	68	—	—	131	—	—	—	45	89	6	231
Dorking and Horley	109	30	—	1	2	—	—	15	—	—	263	22	421
Godstone	190	4	3	1	—	—	—	1	—	2	216	16	475
Guildford	224	—	—	—	—	—	—	—	—	—	375	33	719
Hambleton	129	—	1	2	—	—	—	—	—	—	295	12	505
Total	4,919	1,584	4,263	31	826	6,544	17	298	958	7,459	1,344	20,066	

(f) Ante-Natal and Post-Natal Clinics.

Ante-natal clinics were held at 53 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 1949 at these clinics :—

Division.	Number of Clinics provided at end of year (whether held at Infant Welfare Centres or 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.				
Northern	4	18	895	4,021
North-Central	8	36	1,534	5,920
North-Eastern—				
Wimbledon... ..	1	8	439	1,755
Mitcham	1	12	776	1,758
Merton and Morden	2	16	658	2,407
Central	6	30	880	5,294
South-Eastern	6	27	1,168	3,193
Mid-Eastern—				
Carshalton	5	24	656	2,829
Beddington and Wallington	1	4	254	952
Southern	6	15	382	1,741
South-Western—				
Guildford	1	4	205	448
Excluding Guildford	4	13	531	2,653
North Western	8	49	916	5,496
	53	256	9,294	38,467
Post-Natal Clinics.				
Northern	—	—	(257)†	(257)†
North-Central	—	—	(105)†	(278)†
North-Eastern—				
Wimbledon... ..	—	—	(60)†	(136)†
Mitcham	1	1	98 (—)	104 (—)
Merton and Morden	—	—	(40)†	(48)†
Central	—	—	(134)†	(226)†
South-Eastern	—	—	(225)†	(366)†
Mid-Eastern—				
Carshalton	—	—	(61)†	(68)†
Beddington and Wallington	—	—	(28)†	(34)†
Southern	—	—	(117)†	(151)†
South-Western—				
Guildford	1	4	53 (—)	88 (—)
Excluding Guildford	—	—	(137)†	(174)†
North-Western	—	—	(288)†	(322)†
	2	5	151 (1,452)†	192 (2,060)†
Regional Hospital Board Clinics attached to Hospitals.				
Ante-Natal Clinics	6	80	5,524*	43,216
Post-Natal Clinics	6	28	3,936*	6,525
	67	369	20,457	90,460

* No figures available in respect of Kingston Hospital.

† The figures in brackets relate to the cases seen at Ante-Natal Clinics.

(g) Infant Welfare Centres.

The County Council maintained 156 infant welfare centres in the year as against 153 in 1948. The three additional clinics are at Belmont, Blackdown and Chobham Camp.

The following table shows the attendance at these centres for the year 1949 :—

Division.	Number of centres provided at end of year.	Number of Child Welfare Sessions now held at centres in Col. 2.	Number of children who first attended the centres during the year and who on the date of their first attendance were :		Total number of attendances made by children during the year.	
			Under one year of age.	Over one year of age.	Under one year of age.	Over one year of age.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Northern	5	38	981	144	15,240	4,689
North-Central	13	78	2,542	649	5,334	20,042
North-Eastern—						
Wimbledon	5	24	742	149	13,597	6,454
Mitcham	5	32	882	82	17,705	6,588
Merton and Morden	5	40	811	160	14,799	10,172
Central	18	83	1,956	494	30,658	23,391
South-Eastern	14	58	1,032	249	14,886	10,474
Mid-Eastern—						
Carshalton	5	38	699	28	12,124	5,812
Wallington	4	13	377	82	5,297	3,533
Southern	24	69	1,177	282	16,086	11,897
South-Western—						
Rural	30	80	1,813	781	17,525	15,383
Borough	5	34	693	208	9,804	6,394
North-Western	23	88	1,849	679	28,262	16,618
	156	675	15,554	3,987	201,317	141,447
Voluntary.						
South Western (R)	1	4	31	9	124	362
Southern	5	8	65	18	717	624
North Western*	1	2	12	5	85	39
	7	14	108	32	926	1,025

* Incomplete figures.

(h) Maternal Mortality.

The maternal mortality rate of 0.65 per thousand live and still births, which compares with 0.98 for England and Wales, is the lowest ever recorded in the County. A comparison with previous years will be found under "Vital Statistics" on page 13.

Seven maternal deaths occurred in Hospitals in the County. With the exception of one patient who was admitted from outside the County, none had booked for home confinement. The causes of death were toxæmia (two cases), ectopic gestation (two cases), abortion, and rupture of uterus during labour (old Caesarean scar).

(i) Puerperal Pyrexia.

During 1949, 140 cases of puerperal pyrexia were notified representing an attack rate of 6.98 per thousand births as compared with 6.31 for England and Wales. Of these cases 14 occurred in domiciliary confinements and the remainder in institutional confinements.

(j) Unmarried Mothers and the Care of Illegitimate Children.

In making 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, 113 Surrey cases were admitted to mother and baby homes provided by Voluntary Organisations receiving a grant from the Council and 20 other Surrey cases were sent by the Council 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 employed by the voluntary associations and working in close co-operation with the Health Visitors.

The Home provided by the County Council for the reception of expectant and nursing mothers destitute of accommodation at "Dorincourt," Woking, was opened during the year and accommodated 25 cases.

(k) 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 nurseries and nursery classes.

(l) Convalescent Treatment.

Expectant and nursing mothers and children under five years of age recommended for convalescent treatment are sent to convalescent and holiday homes. Patients sent under this scheme are normally required to pay a standard charge of £1 1s. 0d. per week towards their maintenance.

(m) Day Nurseries.

During the year, a survey of the day nurseries in the County and the circumstances of their use was carried out, with a view to formulating a policy as to the types of cases which should be admitted and, consequentially, as to the number of day nurseries and of places in day nurseries required.

Day nurseries were (with one or two voluntary exceptions, which existed pre-war) established almost entirely during the war to meet the need for more women in industry. By the end of the war, there were in Surrey 47 day nurseries with 2,192 places run by the County Council or by County District Councils.

Owing to certain closures, day nursery provision in the County at mid-year 1949 was as follows :—

Division.	Population Total Mid-1949.	Population under 5 years Mid-1949.	No. of Day Nurseries.	No. of Places in Nurseries.	No. of Children on Registers.	No. on Waiting List.
N.	83,020	6,163	3	165	137	56
N.E.	200,870	15,947	6	366	392	151
M.E.	95,150	7,566	1	74	84	33
S.E.	98,150	7,910	2	48	52	82
N.C.	196,240	15,968	11†	523	513	105
C.	212,430	15,831	6	325	323	104
N.W.	178,600	15,085	11	498	502	105
S.W.	154,500	12,268	3	100	96	15
S.	118,300	9,402	1	40	47	19
	1,337,260	106,140	44	2,139	2,146	670*

* The number of names appearing at mid-year 1949 on the waiting lists of the day nurseries was greatly in excess of this figure, but parents completed the questionnaire which was sent out in respect only of 670 children.

† Includes 1 voluntary day nursery.

The survey showed that of 1,573 mothers who had children in the nurseries, 379 (or 24 per cent) were the sole wage earners necessarily going out to work in order to maintain themselves and their children; 1,194 had husbands of whom 1,093 were working, 44 were in the Forces and 57 were not working; 35 of these mothers were at home owing to illness.

The County Health Committee, after careful investigation, came to the conclusion that the provision of nurseries in certain parts of the County was greater than could be justified. In the matter of day nurseries the primary concern of the County Health Committee must be the health and welfare of the children. The Committee were of the opinion that the child's interests are best served both physically and mentally by being in its own home, looked after by its own parents. There must inevitably be a proportion of mothers who have to go out to work where this ideal is not obtainable; and day nursery provision is primarily required for these mothers. In addition, the Committee were aware of the claims of essential industry, but felt that in respect of these claims many other considerations were involved, and that it was reasonable to provide day nursery accommodation for the children of the poorer families but that a considerable proportion of women in essential industry could make their own arrangements for looking after their children rather than that the cost of such provision should be borne by the ratepayers.

The County Health Committee, therefore, laid down a system of priorities for admission, as follows :—

Priority A.

1. Where the mother is the sole wage earner.
2. Where there is sickness in the family or where home conditions likely seriously to prejudice the health of the child exist.

Children in Priority A to be admitted to nurseries without any enquiry into financial circumstances.

Priority B.

Where mothers, not being sole wage earners, are—

1. Specially trained—teachers, nurses, etc.
2. Domestic in public institutions or home helps.
3. Employed in industry which is classified by the Ministry of Labour as essential in the national interest.

Children in Priority B not to be admitted (i) if the mother is working less than 24 hours per week unless the Divisional Sub-Committee are satisfied that hardship will otherwise be caused, or (ii) if the net wages of the husband (i.e. the money in the pay packet) exceeds £6 per week where the family consists of husband, wife and child, with an addition of 10s. per week for each further dependant in the family. Borderline cases receive special consideration.

A survey of the children in day nurseries throughout the County showed that over 300 children did not fall within these priorities: if admissions were limited to these categories, it would be possible, firstly, to admit children on the waiting lists who did fall within the priorities and, secondly, to close down some of the day nurseries.

The nurseries which were closed down (in 1950) in consequence of this investigation were—The Manse, Hersham; Penlee, Woking; Starlings, Addlestone; Surrey Villa, Kingston-upon-Thames; Elm Lodge, Worcester Park; 2/4, Sheen Gate Gardens, Barnes; and Old Schools Lane, Ewell.

At the end of the year, 46 full-time day nurseries were open with accommodation for 2,236 children. These figures include three nurseries maintained by voluntary organisations.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

In accordance with the instructions of the Ministry of Health, the report by the County Dental Surgeon is submitted as a separate section.

(i) General.

As its statutory scheme under Section 22 of the National Health Service Act the County Council decided to extend the priority service for Mothers and Young Children in accordance with the Minister's suggestion by authorising the appointment of eight additional dental surgeons, making a total establishment of 45. Unfortunately, due to difficulties in obtaining professional staff it has not been possible to fill all of these additional appointments but all the actual dental staff undertake work for mothers and young children for part of their time.

During the early part of 1949, the service to mothers and young children ceased in some areas because of resignations of staff, but in the latter months several dental surgeons were appointed and eventually more patients were seen than in previous years. This was partly due to taking over an extensive dental service for expectant mothers which had been provided at St. Helier Hospital. This had been carried out previously by a Hospital Dental Officer but on his resignation County dental officers took over the work as it was felt that this was a priority service and the responsibility of the Local Authority. At the hospital every expectant mother attending the Ante-Natal Clinic is dentally inspected and between forty and fifty are seen each week.

In some Divisions in the County the dental surgeons see only the expectant mothers referred to them by the Medical Officers, and at present the staff could hardly deal with more. Later it is hoped to begin the routine dental inspection of all mothers attending Ante-Natal Clinics throughout the County.

More pre-school children were seen at the Clinics, many of them referred by private practitioners who have little time or inclination to deal with young patients.

(ii) Staff.

All the dental surgeons on the staff with the exception of the orthodontists devoted part of their time to the treatment of mothers and infants. The total time spent on this was approximately 1,344 sessions. This represents the work of two-and-a-half full-time officers. The proportion of the total establishment which it is estimated should be allocated to work under Section 22 is the equivalent of eleven full-time officers.

(iii) Treatment.

The following tables show the number treated and the type of operations carried out:—

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ..	2,261	2,076*	1,806	1,486
Children under 5	2,039	2,011	2,011	1,833

* 270 referred for treatment at St. Helier Hospital obtained treatment with private practitioners.

(b) *Forms of dental treatment provided.*

	Extractions.	Anaesthetics.		Fillings.	Other Operations (e.g. scalings, gum treatment, silver nitrate treatment, etc.)	Dentures Provided	
		Local.	General.			Complete.	Partial.
Expectant and Nursing Mothers ...	3,316	490	848	2,100	978	288	356
Children under 5 ...	2,296	22	1,177	1,402	339	—	—

During the year X-ray equipment was installed in eight clinics throughout the County area, thus providing additional facilities for diagnosis. Dentures and other dental appliances are processed by an outside contractor, but in future some of this work will be undertaken at the County Laboratory at present nearing completion.

(iv) *Clinics and Equipment.*

The number of centres at which treatment was given used jointly with the school dental service was 48. As previously reported the premises at Raynes Park, Godalming and Haslemere are poor and as is mentioned elsewhere projects are being developed with a view to providing better accommodation.

(v) *Dental Health.*

In general, there was an improvement in dental health, few patients required very extensive treatment. Many of the expectant mothers are in the age groups called up for service in the Forces during the war and received regular dental attention whose value they have appreciated and wish to continue.

So many of the patients appreciate the value of the service offered that I feel it would be most regrettable if the service was to fail owing to lack of professional staff.

B. PEACOCK,

County Dental Surgeon.

MIDWIFERY AND HOME NURSING.

A. *Local Supervising Authority (Midwives).*

The County Council, as the Local Supervising Authority, is 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 1949 was 621 compared with 588 in 1948.

(b) *NO. OF MATERNITY CASES ATTENDED BY MIDWIVES DURING THE YEAR.*

	Number of Maternity Cases in the Administrative County attended by Midwives during 1949.					
	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.
	(1)	(2)	(3)	(4)	(5)	(6)
Employed by the Authority (directly or seconded) ...	2,953 (3,700)	1,691 (1,472)	—	—	2,953 (3,700)	1,691 (1,472)
Employed in private Nursing Homes ...	—	—	560 (256)	279 (478)	560 (256)	279 (478)
Employed by Hospital Management Committees ...	—	—	8,611 (8,492)	2,526 (3,066)	8,611 (8,492)	2,526 (3,066)
Employed in private domiciliary practice ...	73 (141)	52 (60)	145 (227)	394 (472)	218 (368)	446 (532)
Total ...	3,026 (3,841)	1,743 (1,532)	9,316 (8,975)	3,199 (4,016)	12,342 (12,816)	4,942 (5,548)

The figures in parenthesis are the comparable figures for 1948.

(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	...	...	1,571
(ii) For cases in institutions	...	...	639

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Notification of sending for medical aid	...	...	...	...	...	2,210
Stillbirths and abortions	...	...	...	...	...	76
Miscarriages...	...	...	...	...	...	49
Laying out dead body	...	...	...	...	...	20
Liability to be a source of infection	...	...	...	...	...	125
Notification of death	...	...	...	...	...	16
Artificial feeding	...	...	...	...	...	293
Total	...	...	...	...	...	2,789

Most of the figures show a reasonable comparison with those for 1948, but the notifications of substitution of artificial feeding increased from 199 in 1948 to 293 in 1949. Of the latter number 140 were notified by domiciliary midwives and 153 from hospitals or maternity homes.

(e) SPECIAL INVESTIGATIONS.

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

Notice of sending for medical aid	...	...	...	...	...	173
Stillbirths, abortions and miscarriages	...	...	...	...	...	24
Liability to be a source of infection	...	...	...	...	...	36
Death of mother or baby	...	...	...	...	...	12
Total	...	...	...	...	...	245

No midwives had to be suspended from duty as a result of these investigations.

(f) ADMINISTRATION OF ANALGESICS.

During the year 1949, gas and air analgesia was given by midwives in 2,944 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	...	...	...	166
(ii) In institutions	...	...	...	152

At the end of the year 122 sets of apparatus had been provided for their use.

B. Domiciliary Midwives and Home Nurses.

The above services continue so far to be organised on a centralised basis. It will be remembered that the County Nursing Association and the District Nursing Associations organise their affairs on a centralised basis and the County Council felt that the extent and the manner in which the new administrative arrangements in respect of their services could be organised on a divisional basis could better be considered when practical experience had been gained and after full consultation with the various parties concerned.

(a) ESTABLISHMENT AND WORK OF NURSES AND MIDWIVES.

The establishment of nurses and midwives together with the work carried out in 1949 is shown in the following table:—

Division.	Acreage.	Popula- tion Mid- Year 1949.	No. of D.N.A.'s	Present Establishment.*										Cases taken by direct con- trolled Mid- wives.	No. of Mat. Cases taken by seconded District Mid- wives.	Total General Visits by District Nurses.		
				Full-time.				Part-time.				Equiv. P.T.	S.C.C. Direct Con- trolled Mid- wives.				Total Staff available.	
				Supt.	Asst. Supt.	D.N.M.	D.M.	D.N.	V.N.M.	D.M.	D.N.							
Northern...	6,628	83,020	3	—	—	2	2	10	—	—	—	4	1.5	3	18.5	151	155	48,075
North Central ...	24,128	196,240	9	—	—	7	4	14	2	—	—	4	2.3	7	38.3	307	369	80,765
Central ...	42,841	212,430	13	2	—	19	7	10	—	1	—	4	2.5	1	41.5	46	540	100,142
South Eastern ...	22,413	98,150	9	—	—	2	5	6	1	1	—	1	1.0	3	18	90	229	28,836
Southern ...	124,846	118,300	20	1	—	14	2	1	11	—	—	2	1.0	—	30	—	457	{ Reigate 15,146 Remainder 42,715
South Western (excluding Guildford)	120,756	108,150	27	—	—	17	2	4	10	1	—	2	0.75	2	35.75	79	346	{ Godalming 5,579 Remainder 66,628
South Western (Guildford)	7,184	46,350	2	1	2	2	1	5	—	—	—	1	0.25	—	11.25	—	126	36,219
North Western ...	84,592	178,600	17	—	—	14	6	7	5	1	—	1	0.75	3	35.75	88	667	{ Bagshot R.D. 6,473 Remainder 66,403
North Eastern— (a) Wimbledon ...	3,212	58,340	1	1	1	—	2	8	—	—	—	3	1.5	—	13.5	—	118	32,140
(b) Mitcham ...	2,932	67,060	1	—	—	—	—	4	—	—	—	3	2	6	12	255	—	21,167
(c) Merton and Morden	3,237	75,470	1	—	—	—	—	1	—	—	—	—	—	5	6	175	—	2,456
Mid Eastern— (a) Caversham ...	3,346	62,260	2	1	—	1	1	4	—	—	—	4	1	5	13	250	67	19,002
(b) Beddington and Walling- ton	3,045	32,890	1	1	—	—	2	2	—	—	—	2	1	—	6	—	129	9,845
			106	9	3	78	34	76	29	4	31	15.55	35†	35†	279.55	1,441	3,203	582,191

* Excluding County Nursing Superintendent and three Assistants.

† 18 Emergency staff.

The number of visits paid by nurses during the year 1949 was as follows :—

	Number of Visits.						
	Midwifery.	Maternity.	General.	Ante- and Post-Natal.	Casual.	Clinics.	Total
Seconded District Nurse Midwives	38,175 (47,894)	27,306 (24,216)	551,440 (488,136)	31,486 (33,588)	30,751 (32,539)	3,057 (2,874)	682,215 (629,247)
Direct Controlled Midwives	24,849 (36,629)		—	16,109 (15,339)	—	2,956 (2,612)	43,914 (54,580)

The figures in parenthesis are the comparable figures for 1948.

(b) TRANSPORT.

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

	Property of S.C.C.	Property of D.N.A.	Property of Nurse.
Midwives, including District Nurse-Midwives and Village Nurse-Midwives	58 Cars	50 Cars 13 Auto cycles	26 Cars 10 Auto cycles
District Nurses	2 Cars	2 Cars	—

In addition, of the 35 domiciliary midwives in direct employment, eight are provided with motor cars by the County Council and 24 use their privately-owned machines on Council business.

(c) RESIDENTIAL ACCOMMODATION.

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

	Premises.	No. of nurses accommodated.
Owned or rented by the County Council	31	98
Owned or rented by District Associations	35	47
Owned or rented by nurse	79	81

(d) VOLUNTARY NURSING ASSOCIATIONS.

There are 106 district nursing associations in the County, all of which are affiliated to the County Nursing Association.

HEALTH VISITING.

I. (a) Establishment.

The steady growth in the population of the County and in particular of the child population necessitates a constant review of the establishment of Health Visitors. During the war there had been great difficulty in recruiting Health Visitors, even up to the existing establishment, and no general review of the establishment had been undertaken (although local increases had been sanctioned according to need and opportunity.)

In mid-year 1948, the County Council became responsible for the Health Visiting over the whole of the County; in mid-year 1949, the number of Health Visitors actually employed was approaching the full establishment and there seemed good hope of being able to recruit more Health Visitors during the remainder of the year. The time was opportune, therefore, to review the establishment of Health Visitors with a view to setting up the service on a divisional basis. In doing so it was found that the standards of Health Visitors to population, to births and to school population in the various parts of the County differed considerably: and in some areas, shortage of staff was resulting in a lowering of the standard of work. An interim establishment was therefore decided which, while having regard to the reasonable prospects of recruitment during the year would be more in accord with modern health visiting standards. In setting up this interim establishment, regard was had only to the work of the Health Visitors at that time and possible changes which might be required in consequence of the increased responsibilities put on the Health Visitors by the National Health Service Act, were not allowed for. The increase in the volume of work arising from the new responsibilities of visiting of the general sick and of visiting to recommend on measures to prevent the spread of infection has not, so far, been great.

(b) SUPERVISORY STAFF.

The central establishment of Health Visitors consists of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor and one Assistant Superintendent Health Visitor (Mental Health Service).

(c) FIELD STAFF—DIVISIONALISED SERVICES.

The establishment of Health Visitors in the nine Divisions was amended as follows :—

Northern ...	...	1	Divisional Health Visitor	10	Health Visitors..
North-Eastern ...	...	1	" " "	25	" "
Mid-Eastern ...	...	1	" " "	13	" "
South-Eastern ...	...	1	" " "	11	" "
North-Central ...	...	1	" " "	23	" "
Central ...	...	1	" " "	22	" "
North-Western ...	...	1	" " "	22	" "
South-Western ...	...	1	" " "	21	" "
Southern ...	...	1	" " "	16	" "
<hr/>				<hr/>	
		9	" " "	163	General Health Visitors.
<hr/>				<hr/>	

Plus five Health Visitors for reliefs and special duties.

(d) FIELD STAFF—CENTRALISED SERVICES.

An additional full-time Tuberculosis Health Visitor was appointed (making a total establishment of 14 Tuberculosis Health Visitors).

(In the more rural parts of the County the Tuberculosis Visiting is done by the general health visitors.)

II. Work of the Health Visitor.

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

Division.	Population Total Mid-1949	Population under 5 years Mid-1949	Number of Health Visitors employed at end of year.		Equivalent whole- time Health Visitor services provided under Vol. (5) (all classes, including Child Welfare Centres).	Number of visits paid by Health Visitors during the year.							
			Whole- time on health visiting. (4)	Part-time on health visiting. (5)		Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.		Other cases.	
						First Visits. (7)	Total Visits. (8)	First Visits. (9)	Total Visits. (10)	First Visits. (11)	Total Visits. (12)	First Visits. (13)	Total Visits. (14)
N. ...	83,020	6,163	—	11	5.5	884	1,365	1,397	4,679	242	5,524	240	465
N.C. ...	196,240	15,968	1	20	10	1,075	1,430	3,118	13,163	410	21,892	710	3,016
N.E.— Mitcham ...	67,060	5,814	—	8	6	315	412	1,050	5,209	—	9,163	386	884
Merton and Morden ...	75,470	5,586	1	8	6	305	429	1,143	3,104	—	4,808	716	751
Wimbledon ...	58,340	4,547	—	7	3.5	246	437	943	3,282	—	4,868	93	2,021
C. ...	212,430	15,831	—	21	12.6	405	639	2,868	14,088	392	20,739	673	2,770
S.E. ...	98,150	7,910	—	12	14.2	414	587	1,466	6,162	186	9,694	197	763
M.E.— Carshalton ...	62,260	4,981	—	8	5	93	123	829	2,169	336	3,544	249	1,507
Beddington and Wallington ...	32,890	2,585	—	4	2.6	125	219	546	1,986	103	2,339	132	866
S. ...	118,300	9,402	—	16	8	638	983	1,813	8,302	338	14,827	1,330	3,131
S.W.— Borough ...	46,350	3,704	—	6	2.86	376	848	833	1,234	600	5,677	35	212
Rural ...	108,150	8,564	—	14	8	501	761	1,580	7,702	305	10,924	1,087	3,632
N.W. ...	178,600	15,085	—	21	12	676	1,206	2,840	13,120	881	16,434	1,002	5,586
	1,337,260	106,140	2	156	98.06	6,053	9,439	20,426	84,200	3,853	130,433	6,850	25,604
Tuberculosis H.V.'s ...			13	—	—	—	—	—	—	—	—	1,337	14,820
	1,337,260	106,140	15	156	98.06	6,053	9,439	20,426	84,200	3,853	130,433	8,187	40,424

III. 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) CHILD LIFE PROTECTION.

For the greater part of the year, Health Visitors acted as Child Life Protection Visitors and regularly supervised children under compulsory school leaving age placed apart from their parents for reward or promise of reward. On the 1st November, 1949, the Children's Welfare Officers assumed the responsibility for visiting children of five years of age and over but the Health Visitors continue to visit those under five years of age. At the end of the year there were 180 foster mothers and 300 foster children being visited by Health Visitors.

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

The Health Visitors supervised children placed for adoption where a third party was involved until the Adoption Order was made in respect of the child, for all such children under compulsory school leaving age, until the 1st November, 1949, when the Children's Welfare Officers became responsible for visiting these children of five years of age and over. Health Visitors continued to visit such children who are under five years of age and at the end of the year 90 children remained under supervision.

(c) ADOPTION OF CHILDREN ACT, 1949.

This Act came into force on the 1st January, 1950, and as a result children under five years of age placed for adoption irrespective of whether there is a third party involved, came under the supervision of the Health Visitors. This has resulted in a large increase in the children supervised by Health Visitors for adoption.

(d) SCHOOL HEALTH SERVICE.

(e) MENTAL DEFICIENCY.

(f) TUBERCULOSIS.

The Health Visitors' duties under these heads are dealt with in the appropriate sections of the Report.

IV. Health Visitors' Training Course.

In 1948 steps were taken to inaugurate a training course 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; a second course was started in September, 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 has provided an additional training centre for this part of the country, and has been of assistance in recruiting Health Visitors to the County staff from successful candidates. In addition, assistance is given to Training Colleges in providing practical instruction to their Student Health Visitors.

The number of trainees for the first course starting in January, 1949, was 13; all of these sat for the Health Visitor's Certificate of the Royal Sanitary Institute and all were successful in obtaining it.

The number of trainees for the second course starting in September, 1949, was 15; of them 15 sat for the Certificate in April, 1950, 14 of whom were successful.

VACCINATION AND IMMUNISATION.

A. Diphtheria Immunisation.

The Council's policy in regard to diphtheria immunisation remained unchanged from the previous year.

(a) IMMUNOLOGICAL STATE.

The following table gives details of immunisation against diphtheria carried out during 1949 and the immunised state of the child population at the 31st December, 1949.

(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 immunised during 1949.		Total No. of children who had a complete course of immunisation at any time prior to 31st Dec., 1949.		Estimated mid-year child population 1949.		Percentage of children immunised.	
	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	363	109	1,060	3,456	2,423	4,337	43.75	79.68
Barnes	486	27	1,493	2,795	2,895	3,877	51.57	72.09
Beddington and Wallington ...	387	70	1,495	2,820	2,585	3,823	57.83	73.76
Carshalton	774	129	3,015	8,484	4,981	9,288	60.53	91.34
Caterham and Warlingham ...	357	35	1,334	3,680	2,607	4,075	51.17	90.30
Chertsey	291	52	1,332	4,032	2,629	5,017	50.67	80.36
Coulsdon and Purley	720	40	2,403	7,155	4,929	8,070	48.75	88.66
Dorking	218	19	906	2,231	1,608	2,654	56.34	84.06
Egham	321	11	1,295	2,481	2,031	3,290	63.76	75.41
Epsom and Ewell	887	91	3,354	6,671	4,786	8,362	70.08	79.77
Esher	591	144	2,729	6,436	4,170	6,775	65.44	94.99
Farnham	267	29	1,237	3,307	1,885	3,341	65.62	98.98
Frimley and Camberley	262	72	717	2,397	1,647	2,773	43.53	86.44
Godalming	182	81	585	1,189	1,131	2,058	51.72	57.77
Guildford	535	87	1,952	4,595	3,704	6,063	52.69	75.78
Haslemere	173	10	648	1,448	982	1,939	65.98	74.67
Kingston-on-Thames	623	49	2,061	3,903	3,186	4,442	64.68	87.86
Leatherhead	397	30	1,323	2,456	2,151	3,806	61.51	64.52
Malden and Coombe	525	99	1,864	5,709	3,642	6,062	51.18	94.17
Merton and Morden	856	213	3,123	7,865	5,586	9,126	55.90	86.18
Mitcham	930	62	3,275	7,689	5,814	8,500	56.32	90.45
Reigate	442	54	2,132	4,723	3,318	5,754	64.25	82.08
Richmond	619	225	2,212	3,793	3,268	4,031	67.68	94.09
Surbiton	626	41	2,590	4,243	4,970	7,653	52.11	55.44
Sutton and Cheam	915	75	3,030	7,220	6,221	10,240	48.70	70.50
Walton and Weybridge	323	109	1,702	4,167	3,196	4,990	53.25	83.50
Wimbledon	767	99	2,864	5,624	4,547	5,812	62.98	96.76
Woking	363	51	1,346	5,265	3,808	6,832	35.34	77.06
Rural.								
Bagshot	167	3	422	1,956	1,089	2,427	38.75	80.59
Dorking and Horley	240	31	1,119	2,558	2,059	3,402	54.34	75.19
Godstone	289	117	1,175	1,963	2,429	4,126	48.37	47.57
Guildford	428	100	1,501	4,151	3,330	5,481	45.07	75.73
Hambleton	288	78	901	2,484	2,533	4,504	35.57	55.15
Totals	15,612	2,442	58,195	138,946	106,140	172,930	54.83	80.35

In addition, 17,322 children were given a secondary or re-inforcing injection (i.e. subsequent to completing full course).

(b) 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	—	—
2	1	—
3	—	—
4	3	1
5—9	5	3
10—14	1	—
Totals	10	4

One child who had not been immunised died from diphtheria.

B. Smallpox Vaccination.

The following table shows the number of persons vaccinated or re-vaccinated during the period 1/1/49 to 31/12/49 :—

DISTRICTS.	AGE	VACCINATED.					RE-VACCINATED.				
		—1	1—4	5—14	15+	Total.	—1	1—4	5—14	15+	Total.
M.B. and Urban.											
Banstead	121	96	25	17	259	—	—	21	86	107	
Barnes	253	13	18	8	292	—	4	4	81	89	
Beddington and Wallington ...	96	69	16	16	197	—	2	11	51	64	
Carshalton	210	178	33	46	467	—	2	17	79	98	
Caterham and Warlingham ...	64	82	13	11	170	—	—	8	40	48	
Chertsey	88	63	18	12	181	3	6	8	37	54	
Coulsdon and Purley ...	136	108	20	22	288	9	7	23	124	163	
Dorking	58	6	—	3	67	—	3	4	18	25	
Egham	84	75	10	11	180	—	10	24	77	111	
Epsom and Ewell	372	43	27	28	470	4	8	43	230	285	
Esher	275	166	20	45	506	1	4	22	185	212	
Farnham	136	85	4	8	233	1	3	12	48	64	
Frimley and Camberley ...	79	75	7	8	169	—	8	23	62	93	
Godalming	46	30	6	13	95	—	1	7	10	18	
Guildford	208	85	11	2	306	44	16	11	58	129	
Haslemere	124	6	9	8	147	—	1	21	28	50	
Kingston-on-Thames ...	225	167	21	19	432	—	6	9	61	76	
Leatherhead	208	19	18	14	259	2	5	32	109	148	
Malden	144	109	15	24	292	—	3	15	66	84	
Merton and Morden	233	244	18	47	552	12	11	7	49	79	
Mitcham	199	229	10	16	454	1	3	4	36	44	
Reigate	131	214	35	18	398	—	—	2	82	84	
Richmond	225	182	33	19	459	—	2	1	161	164	
Surbiton	250	175	20	37	482	—	6	16	87	109	
Sutton and Cheam	228	229	64	51	572	—	13	64	229	306	
Walton and Weybridge ...	178	134	6	15	333	—	4	18	73	95	
Wimbledon	205	172	9	20	406	—	2	14	128	144	
Woking	144	44	3	4	195	1	4	12	69	86	
Rural.											
Bagshot	49	23	6	—	78	1	—	1	13	15	
Dorking and Horley	143	30	2	3	178	1	1	13	43	58	
Godstone	107	100	6	4	217	—	1	3	46	50	
Guildford	239	24	9	—	272	—	3	16	76	95	
Hambledon	173	11	8	6	198	—	1	12	33	46	
Totals	4,917	3,014	459	518	8,908	80	140	498	2,575	3,293	

One case of post-vaccinal encephalomyelitis was 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.

NURSING HOMES (PUBLIC HEALTH ACT, 1936) :

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

On the 31st December, 1949, there were 91 registered nursing homes and 11 exempted homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

This Act, which came into force on the 30th July, 1948, made the County Council, as local health authority, responsible for the registration and supervision of certain nurseries and of persons who for reward receive children into their houses to look after them.

At the end of the year 1949 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1949.	Number of children provided for.
Premises	7	128
Daily Minders	18	164

AMBULANCE SERVICE.

I. Ambulance Provision in Surrey.

The County Ambulance Service in Surrey consists of :—

(1) The County Council ambulances, originally composed of vehicles already belonging to or transferred from County Districts to the County Council on the Appointed Day and manned by paid Council staff.

(2) The ambulances of the Voluntary Associations of the St. John and Red Cross, who act as agents of the County Council and receive grants based on user.

(3) The Infectious Diseases ambulances, transferred to the County Council on the Appointed Day but remaining based on the Infectious Diseases Hospitals, personnel being provided from the hospitals staffs and payments being made to the hospitals by the County Council.

(4) The Hospital Car Service, comprising between 600—700 voluntary drivers using their own cars to transport patients, and paid by the County Council for so doing.

The task of co-ordinating the various units which comprise the Ambulance provision in the County has presented a number of difficulties, some of which have not yet been entirely overcome. The difficulties have been increased by reason of the increasing demand for ambulance services which has been steadily mounting throughout the year. This increase has been partly due to demands which had not previously been catered for, but to a greater extent it has resulted from an increased demand for transport for hospital out-patients. A number of contacts have been made with the hospital authorities with a view to ensuring that the service is properly used, and certain administrative suggestions have been made to them with this object in view. A further cause of difficulty was the necessity of carrying on with a proportion of temporary staff so as to avoid the possibility of redundancies when the permanent scheme came to be implemented. Many of the premises at present being used are inadequate for this greatly developed service, and their replacement presents a major problem for the near future.

Three Fire Brigade emergency ambulances at Walton, Sutton and Kingston were brought into operation towards the end of the year.

Particulars relating to the work of each of the ambulance services is given in paragraph 5 et seq below.

II. Administration and Organisation.

The administration and organisation of the service have continued unchanged. The work of the various component services has been co-ordinated and controlled from the Main Control Stations and from ambulance headquarters.

The Fire Brigade have co-operated within the general framework by reporting the movements of their ambulances to the appropriate Main Control Station.

III. National Health Service (Amendment) Act, 1949.

Under the provisions of Section 24 of this Act, the Council may claim reimbursement for the cost of certain journeys from other Local Health Authorities, who may in turn claim upon Surrey for eligible journeys. The Act did not become law until 15th December, 1949, and I hope to report on this new provision, which has led to a considerable increase in administrative work, in my next Report.

IV. Acceptance of Calls.

(a) Any member of the public may call for an ambulance for a maternity case, for an accident case, or for a case of sudden illness in streets, public places or places of employment.

Requests of this nature have not shown any appreciable tendency to increase.

(b) For all other ambulance and car cases transport is only provided on the recommendation of a medical practitioner.

The continued increase in the work of the ambulance service is due solely to the increases in this type of case (see paragraph XI below).

V. County Health Department Service.

(a) Vehicles.

At the beginning of the year there were 76 ambulances and 10 cars. Thirty ambulances were, however, scheduled to be replaced as soon as possible because of their worn out condition; a further 28 were scheduled to be replaced within three years, and six others (reserves at Infectious Disease hospitals) were scheduled to be withdrawn without replacement.

The average number of ambulances operated each day did not exceed 40 ambulances because of the difficulties with regard to man power already mentioned.

During the year 13 new ambulances and seven new cars were delivered and the position at the end of the year was, therefore, as follows :—

OPERATIONAL.

	Post-war vehicles in service before the beginning of 1949	Vehicles delivered in 1949	Pre-1939 vehicles to be replaced within three years.	Total operational, including reserves
Ambulances ...	12	13	28	53
Cars ...	8	7	—	15

NON-OPERATIONAL.

	Worn-out vehicles.	Vehicles actually disposed of	Balance awaiting disposal.
Ambulances ...	36	16	20
Cars ...	2	2	—

(b) Personnel.

At the beginning of the year the authorised temporary establishment was 196 operational personnel.

Establishment increases by 59 to 255 were authorised during the year as follows :—

One Superintendent, three Telephonists, normal development for " D " area (North-West Surrey) ...	4
Temporary mechanics, pending a full maintenance scheme...	3
Increase of driver-attendants because of 44-hour week ...	20
Increase of driver-attendants to reduce overtime and to provide reliefs for holidays and sickness ...	32
Total ...	59

It is emphasised that the above increases in the establishment are temporary pending a decision as to the permanent scheme. Moreover, in practice, the authorised establishments were never reached ; at the end of the year the actual staff consisted of 229 operational personnel (plus 18 firemen—see paragraph VI below).

(c) Premises.

The service continued to operate from the improvised premises in use before the appointed day, except that premises at Kingston were given up when the Fire Brigade took over the emergency service there, and premises at Walton and Sutton were released to the Fire Brigade for the same reason.

Accommodation at Merton and Wallington was also released to the Fire Brigade in 1948 by merging these stations with Wimbledon and Carshalton respectively, in accordance with the County Council's original proposals approved by the Minister of Health.

Some of the premises in use at the present time are unsuitable and alternative accommodation is being sought.

The general location of stations is given in table (i) in paragraph V (e) below.

(d) Maintenance and Repairs.

The service is still largely without any direct maintenance and repair facilities and has to depend mainly on private contractors. However, as a measure of economy and, pending the County Council's consideration of its overall transport servicing problem, three temporary mechanics for servicing, and minor adjustments and repairs, have been authorised.

(e) *Operational.*

The work of the County Health Department Service is analysed in the following tables :—

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

Station.	Journeys.			Patients.	Mileage.
	Emergency.	General.	Total.		
Kingston Main	536	12,306	12,842	16,426	116,808
Redhill Main	144	1,977	2,121	2,443	31,854
St. Helier Main	494	11,219	11,713	19,365	129,667
Woking Main	75	1,197	1,272	1,291	23,935
Banstead	426	1,770	2,196	2,401	42,787
Barnes	309	1,407	1,716	1,785	13,235
Camberley	210	414	624	626	11,808
Carshalton	541	3,467	4,008	4,522	27,017
Chertsey	300	1,226	1,526	1,515	18,952
Dorking	301	963	1,264	1,352	8,158
Egham	244	1,957	2,201	2,242	27,376
Esher	596	756	1,352	1,514	16,074
Ewell	373	2,474	2,847	3,523	26,840
Haslemere	92	973	1,065	1,093	17,258
Kingston (until 1.12.49)	385	82	467	478	2,144
Leatherhead	147	768	915	1,044	11,201
Malden	253	3,959	4,212	5,036	39,416
Mitcham	504	3,374	3,878	4,632	23,702
Purley	473	3,032	3,505	3,848	54,035
Richmond	580	3,402	3,982	4,220	28,626
Sanderstead	168	1,015	1,183	1,265	14,561
Surbiton	435	3,039	3,474	3,955	20,203
Sutton (until 12.12.49)	534	3,177	3,711	4,660	23,353
Walton (until 3.9.49)	188	920	1,108	1,177	13,864
Wimbledon	1,007	4,952	5,959	6,325	40,013
Contractors	—	3,149	3,149	3,735	79,469
Total	9,315	72,975	82,290	100,473	862,956

(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.				
Accident	5,077	5,399	31,393	54
Illness	2,958	2,962	26,473	179
Total	8,035	8,361	57,866	233
False Alarms	635	—	3,158	—
Total	8,670	8,361	61,024	233
Maternity (including Emergencies)	5,154	5,167	53,392	455
General.				
Hospital	22,177	25,442	286,843	2,195
Out-Patient	42,235	58,655	433,190	544
Infectious Disease	239	251	4,505	63
One Private Address to another	332	341	8,389	12
Conveyance of Patient Upstairs or Downstairs	308	311	869	8
Total	65,291	85,000	733,796	2,822
Special Duty	1,870	1,945	7,715	—
False Alarms	1,305	—	7,029	—
Total	68,466	86,945	748,540	2,822
Grand Total	82,290	100,473	862,956	3,510

(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	65,314	81,008	608,185
Sitting Case Cars	16,976	19,465	254,771
Total	82,290	100,473	862,956

(iv.) *Incidence of Calls.*

The total number 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 ...	451	505	1,871	2,625	2,422	1,441	9,315
General ...	1,569	1,535	27,599	27,757	11,008	3,507	72,975
Total ...	2,020	2,040	29,470	30,382	13,430	4,948	82,290

(v.) *Miscellaneous Information.*

Average number of journeys per Sunday	75
" " " " " Saturday	166
" " " " " Weekday	267
Highest number of journeys on a single weekday :—	
Emergency ...	69
General ...	298
All types ...	320
Lowest number of journeys on a single weekday :—	
Emergency ...	12
General ...	90
All types ...	108
Average miles per journey :—	
Emergency ...	7.3
General ...	11.0
All types ...	10.5

VI. *The Fire Brigade Emergency Ambulance Service.*

Towards the end of the year three new ambulances (out of the total of 13 referred to in paragraph V (a) above) were transferred to the Fire Brigade.

As a temporary measure, the fire stations concerned co-operated in the existing control arrangements, in that the operational movements of their ambulances were reported to the appropriate Main Control Station. These Fire Brigade services also became part of the resources of their respective ambulance areas so far as emergency work only was concerned.

The ambulance work done by the Fire Brigade is shown in the following table :—

Fire Station.	No. of Ambulances.	No. of Firemen.	Date Commenced.	Journeys.	Patients.	Mileage.
Walton ...	1	6	3rd September, 1949	143	144	1,641
Kingston ...	1	6	28th November, 1949	56	56	218
Sutton ...	1	6	12th December, 1949	39	37	226
Totals ...	3	18		238	237	2,085

VII. *Infectious Disease Hospitals.*

Due partly to the closure of certain Infectious Disease Hospitals as such, and to staffing difficulties at others, there has been an increasing tendency for infectious disease work to be absorbed by the County Health Department Ambulance Service.

As the result of circumstances outlined above, County Council ambulances were withdrawn from Barnes, Bletchingley, Dorking and Wimbledon.

The number of journeys, etc. carried out by the ambulances based on each Isolation Hospital were as follows :—

Hospital.	Journeys.	Patients.	Mileage.
Barnes ...	4	4	43
Cuddington ...	514	560	6,746
Dorking ...	1	1	34
Farnham ...	350	411	5,926
Ottershaw ...	476	527	7,118
Reigate ...	328	381	7,133
Tolworth ...	383	402	3,028
Wandle Valley ...	932	1,006	9,577
Wimbledon ...	6	6	35
Millford Sanatorium ...	166	293	5,059
*Total ...	3,160	3,591	44,699

* In addition 239 journeys, 251 patients and 4,505 miles in respect of infectious diseases cases are included in table (ii) of para. V(c) above.

VIII. Voluntary Organisation Ambulance Services.

Under agency arrangements the Voluntary Organisations have continued to provide a valuable and economic service, without which the County area could not be covered, except by considerable expansion of the County Health Department service.

(a) *The St. John Ambulance Brigade.*

(Sixteen stations with a total of 28 ambulances and five cars). Nine of these stations, including Guildford main station, which are in the southern part of the County have continued to provide a 24-hour emergency service, plus general work.

At the remaining seven stations (including an additional station at Felbridge) a supplementary service, including some emergency work, has been provided. In addition, the Brigade provide voluntary nurses for escort duties and a rota of ambulance attendants for the Council's station at Haslemere.

(b) *The British Red Cross Society.*

(Five stations with a total of six ambulances.) The Surbiton station has had to withdraw from the scheme owing to staffing difficulties. At two of the remaining stations in the Southern part of the County, and at Woking, a full 24-hour emergency service, plus general work, has been provided.

At the remaining two stations in the northern part of the County a useful supplementary service has been provided.

(c) *Operational.*

The work of the voluntary organisations ambulance services is analysed in the following tables :—

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

Station.	Journeys.			Patients.	Mileage.
	Emergency.	General.	Total.		
St. John Ambulance Brigade.					
Guildford	782	7,477	8,259	8,748	96,669
Ash Vale	174	647	821	903	16,419
Bagshot	19	169	188	194	4,734
Caterham	329	1,988	2,317	2,370	36,776
Chertsey	2	115	117	124	5,271
Cobham	35	310	345	348	9,242
Cranleigh	187	472	659	677	14,997
Dorking	67	236	303	315	6,600
Farnham... ..	419	2,761	3,180	3,581	54,949
Felbridge	49	91	140	136	3,520
Godstone	210	402	612	616	12,809
Horley	144	1,597	1,741	1,761	28,359
Kingston... ..	220	2,436	2,656	3,215	39,025
Reigate	288	1,375	1,663	1,724	34,124
Warlingham	217	682	899	891	20,704
Woodham	46	63	109	111	3,549
Total	3,188	20,821	24,009	25,714	387,747
British Red Cross Society.					
Dorking	51	191	242	242	5,802
Godalming	160	1,135	1,295	1,588	28,518
Oxted	27	252	279	279	3,466
Surbiton	10	510	520	747	4,659
Wimbledon	13	632	645	653	23,175
Woking	160	724	884	931	12,196
Total	421	3,444	3,865	4,440	77,816
Grand Total	3,609	24,265	27,874	30,154	465,563

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

	Journeys.	Patients.	Mileage.
Ambulances	22,582	24,334	380,289
Sitting Case Cars	5,292	5,820	85,274
Total	27,874	30,154	465,563

IX. The Hospital Car Service.

The Hospital Car Service, under agency arrangements, provides transport for the majority of sitting cases requiring out-patient treatment.

Under the Surrey County Headquarters there are now 13 areas (late in the year, Walton, Bagshot and Chertsey were combined into one area).

Under the Metropolitan Surrey Headquarters there are two large areas covering Kingston and district (area office at Surbiton) and St. Helier and district (area office at Malden), respectively.

The Hospital Car Service is not a general public service since it only accepts requests for transport to and from hospitals, but there is close co-ordination with the Ambulance Services both at Main Control Station and Ambulance Headquarter levels.

The work done by the service is shown below :—

Area.	Journeys.	Patients.	Mileage.
Metropolitan Surrey.			
St. Helier	11,576	19,782	331,917
Kingston	19,850	27,851	381,906
Ex-Metropolitan Surrey.			
Bagshot	355	443	10,394
Chertsey	6,239	8,576	172,788
Dorking	1,213	1,417	35,973
Egham	665	886	16,425
Farnham	1,793	2,169	38,678
Frimley and Camberley ...	1,658	2,120	35,055
Godalming	3,038	4,076	77,717
Guildford	12,439	17,521	280,125
Haslemere	1,755	3,116	41,014
Leatherhead	1,502	2,621	35,478
Lingfield	908	1,392	26,752
Oxted	664	826	21,516
Reigate	3,673	5,029	102,485
Walton	296	346	9,538
Woking	2,970	3,871	77,309
Total	70,594	102,042	1,695,070

X. Total Volume of Work.

The total volume of all ambulance work is shown below :—

	Journeys.			Patients.			Mileage.		
	Amb.	Car.	Total.	Amb.	Car.	Total.	Amb.	Car.	Total.
County Service	65,314	16,976	82,290	81,008	19,465	100,473	608,185	254,771	862,956
Surrey Fire Brigade	238	—	238	237	—	237	2,085	—	2,085
Infectious Disease Hospitals	3,160	—	3,160	3,591	—	3,591	44,699	—	44,699
Voluntary Organisations—									
S.J.A.B.	18,717	5,292	24,009	19,894	5,820	25,714	302,473	85,274	387,747
B.R.C.S.	3,865	—	3,865	4,440	—	4,440	77,816	—	77,816
Hospital Car Service	—	70,594	70,594	—	102,042	102,042	—	1,695,070	1,695,070
Totals	91,294	92,862	184,156	109,170	127,327	236,497	1,035,258	2,035,115	3,070,373

XI. Increase of Work.

The increase of work compared with the previous year is shown in the following tables.

(a) By reference to work done by each Service in six monthly periods :—

Service.	1948			1949					
	July-December.			January-June.			July-December.		
	Journeys.	Patients.	Miles.	Journeys.	Patients.	Miles.	Journeys.	Patients.	Miles.
County Service	30,415	35,981	314,689	37,909	45,720	412,440	44,381	54,753	450,516
Fire Brigade	—	—	—	—	—	—	238	237	2,085
Isolation Hospitals	1,490	1,818	22,286	1,662	1,940	23,157	1,498	1,651	21,542
St. John Ambulance Brigade	8,154	8,241	138,513	11,209	11,697	184,424	12,800	14,017	203,323
British Red Cross Society ...	2,038	2,307	44,521	2,194	2,720	44,420	1,671	1,720	33,396
Hospital Car Service	23,291	33,436	589,289	32,164	48,232	820,450	38,430	53,810	874,620
Total	65,388	81,783	1,109,307	85,138	110,309	1,484,891	99,018	126,188	1,585,482

The percentage increase or decrease in mileage in the period July-December, 1949, over the corresponding period for 1948 is therefore as follows :—

Service.

County	}	...	...	...	...	...	...	Increase of 43.8 per cent.
Fire Brigade		...	...	...	...	...	...
Infectious Disease Hospitals...		...	...	...	...	...	...	Decrease of 3.3 per cent.
St. John Ambulance Brigade		...	...	...	...	...	...	Increase of 46.8 per cent.
British Red Cross Society		...	...	...	...	...	...	Decrease of 24.9 per cent.
Hospital Car Service		...	...	...	...	...	...	Increase of 48.4 per cent.
Mileage for all Services		...	...	...	...	...	...	Increase of 42.9 per cent.

(b) By reference to the increased mileage for each type of transport :—

Type of Transport.	1948	1949		Percentage Increase July-December, 1949 over the corresponding period for 1948.
	July-December.	January-June.	July-December.	
Ambulance	446,486	515,912	519,346	16.3
Car	662,821	968,979	1,066,136	60.8
Total	1,109,307	1,484,891	1,585,482	42.9

(c) By reference to the increased or decreased mileage for each type of journey during July-December each year :—

Type of Journey.	1948	1949		Percentage Increase or decrease July-December 1949 over the corresponding period for 1948.
	July-December.	January-June.	July-December.	
Emergency	55,433	52,776	59,535	Increase of 7.4%
General	1,031,317	1,408,958	1,504,405	Increase of 45.9%
Infectious Disease ...	22,557	23,157	21,542	Decrease of 4.5%
Total	1,109,307	1,484,891	1,585,482	Increase of 42.9%

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

A. Tuberculosis.

The main changes in the anti-tuberculosis scheme in Surrey resulting from the transfer of certain duties to the Regional Hospital Boards were set out in my Report for 1948 ; no major changes in the administration of the service have taken place during the year, but the Minister's decision to introduce the use of B.C.G. vaccine represents a major development in the provision for the prevention of tuberculosis.

DISPENSARY ORGANISATION.

The establishment of Chest Physicians was revised by the Regional Hospital Board during the year, and was put into operation in January, 1950. The effect of it was to create eight dispensary areas each in charge of a Chest Physician (seven being consultants and one a senior hospital officer), one of whom was also in charge of the Mass Radiography Units, plus a small area around Milford Sanatorium under the charge of its Medical Superintendent : three of these areas have, between them, the assistance of four Assistant Chest Physicians (of senior registrar status).

WORK OF THE CHEST CLINICS.

The following table shows the work of the 20 chest clinics in the year :—

		Respiratory (R)						Non-Respiratory (NR)						Totals						Grand Total.
		Adult.			Child.			Adult.			Child.			Adult.			Child.			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
1	Cases on Clinic Register on January 1st	3,449	2,648	263	231	—	—	233	275	211	177	—	—	3,682	2,923	474	408	7,487	219	
2	New Cases (Excluding Contacts)	299	277	30	29	—	—	15	29	17	14	—	—	314	306	47	43	710	—	1,256
	(a) Definitely Tuberculous	264	163	1	1	—	—	8	8	1	4	—	—	272	171	2	5	450	—	
	(b) Diagnosis not completed	39	15	1	—	—	—	—	—	—	—	—	—	39	15	1	—	55	—	
	(c) Left County	21	17	2	—	—	—	—	1	—	—	—	—	21	18	2	—	41	—	
	(d) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	153	102	24	9	288	—	
	(e) Non-Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	1,734	1,971	605	579	4,889	—	
3	New Contacts	12	17	18	12	—	—	—	—	—	—	—	—	12	17	18	13	60	—	77
	(a) Definitely Tuberculous	6	5	1	—	—	—	—	—	—	—	—	—	6	5	1	—	12	—	
	(b) Remaining on Register	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	
	(c) Left County	1	1	1	—	—	—	—	—	—	—	—	—	1	1	1	—	3	—	
	(d) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	6	14	6	7	33	—	
	(e) Non-Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	438	736	486	455	2,115	—	
4	Old Contacts...	9	18	2	3	—	—	—	—	—	—	—	—	9	18	2	3	32	—	41
	(a) Definitely Tuberculous	3	4	—	—	—	—	—	—	—	—	—	—	3	4	—	—	7	—	
	(b) Remaining on Register	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	
	(c) Died	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(d) Left County	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(e) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	2	4	2	2	10	—	
	(f) Non-Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	136	301	228	268	923	—	
5	Transferred Cases ...	73	50	6	4	—	—	2	12	4	2	—	—	75	62	10	6	153	—	323
	(a) From other Areas	109	59	—	—	—	—	—	2	—	—	—	—	109	61	—	—	170	—	
	(b) To other Areas (other than 2 (c), 3 (c) and 4 (c))	175	150	12	8	—	—	4	18	5	1	—	—	179	168	17	9	373	—	
6	Cases Written Off Register (Old Cases only)	81	59	4	2	—	—	7	11	7	3	—	—	88	70	11	5	174	—	
	(a) Recovered	151	79	2	1	—	—	6	1	—	—	—	—	157	80	2	1	240	—	
	(b) Died	173	92	15	15	—	—	34	50	25	19	—	—	207	142	40	34	423	—	
	(c) Lost sight of	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	Cases Lost Sight of Returned to Register	26	26	3	—	—	—	4	13	2	1	—	—	30	39	5	1	75	—	131
	(a) Personal	23	27	—	—	—	—	2	4	—	—	—	—	25	31	—	—	56	—	
8	Cases on Register on 31st December	1,790	1,677	244	206	—	—	167	202	164	144	—	—	1,957	1,879	408	350	4,594	—	8,333
	(a) Definitely Tuberculous	1,946	1,278	8	7	—	—	52	71	24	22	—	—	1,998	1,349	32	29	3,408	—	
	(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	161	120	32	18	331	—	

Cases from Heading 1 (b) have been absorbed under Heading 2.

* "A" cases = sputum negative.

* "B" cases = sputum positive.

No. of attendances at Chest Clinics (including Contacts) ... 36,549

No. of consultations with medical practitioners :—

(a) Personal ... 693

(b) Other ... 13,774

No. of visits by Chest Physicians to homes (including personal consultations) ... 2,709

No. of visits by Health Visitors to homes of T.B. patients ... 18,414

No. of referrals given at A.P. Clinics ... 19,526

(seasonal average 35+)

at 557 sessions.

B.C.G. VACCINATION.

The most important development directed to the prevention of tuberculosis during the year was the Minister's announcement that arrangements had been made for the use, within certain limitations and under controlled conditions, of B.C.G. (*Bacillus Calmette—Guerin*) vaccination.

The vaccine is available to individual chest physicians who wish to use it on their own medical responsibility. While the Regional Hospital Board is responsible for B.C.G. vaccination so far as its own staff is concerned, the County Council is responsible for B.C.G. vaccination of contacts and others among the general public whom the chest physicians consider it desirable and suitable to vaccinate. It is not intended to provide facilities for general or indiscriminate B.C.G. vaccination among the community at large.

All the Chest Physicians and Assistant Chest Physicians working in Surrey have now been approved for the administration of B.C.G. Vaccine.

Segregation of B.C.G. vaccinees.

It is recommended that all cases for vaccination should be segregated from any known case of tuberculosis for six weeks before and six weeks after vaccination since it is believed to be undesirable to superimpose B.C.G. vaccination on a person already infected with tuberculosis (but who has not yet become Mantoux positive) or to add infection by virulent tubercle bacilli in a person who has been vaccinated (but has not yet become Mantoux positive). The segregation can be achieved either by removing the known case of tuberculosis from the home where he is in contact with the vaccinee, or by removing the vaccinee from the home: in the latter case, the vaccinee may be able to stay with relatives or otherwise have private arrangements made for him, but it is certain that in a proportion of cases the County Council will have to arrange his segregation. The County Council has decided to do this by an extension of its boarding out scheme, and this provision is further dealt with under that head.

BOARDING OUT OF CHILD CONTACTS.

The number of child contacts boarded out during the year was 199 (176): 128 (111) new cases were boarded out and 85 (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 29 (38) weeks, and the average number boarded out at any one time was 88 (69). 112 (110) contacts were boarded out with foster parents in private homes and 87 (66) were placed in various forms of residential accommodation, such as residential nurseries, children's homes, etc. (the figures in parenthesis are the comparable figures for 1948).

Hostel for Child Contacts.

It has proved difficult in recent years to find sufficient foster mothers to take the number of children who need to be boarded out to prevent the spread of tuberculosis, and a number of the children have had to be accommodated in children's homes and residential nurseries; moreover, a proportion of such children are better dealt with in hostels than in private houses.

The children at present accommodated in the children's homes and nurseries are causing some difficulty to the Children's Committee since, owing to their presence, other short-stay children with whom the Children's Committee should be dealing may have to be refused.

For this reason and, as mentioned earlier, for the segregation of child contacts, the County Council sought—and has now obtained—the sanction of the Minister to the purchase of a property known as Sendhurst Grange, Send, near Guildford, standing in its own grounds and suitable for use as a hostel for tuberculosis contacts. It will accommodate up to 45 children who should be mainly aged 0—5 (but might on occasion take in some aged 0—8), with the requisite number of nursing and domestic staff.

CARE ORGANISATION.

The general framework of the Care Organisation in the County as altered by the National Health Service Act was set out in detail in my Report for 1948. The establishment of one Tuberculosis Care Organiser and eight Tuberculosis Care Almoners was increased by one Assistant Care Almoner during the year.

Voluntary Associations.

(a) Care Committees.

(The following figures submitted by the 20 District Tuberculosis Care Committees cover a period of 15 months as the Committees, for administrative purposes, have decided in future to adopt the period 1st April—31st March as their financial year.)

The total amount raised by the Care Committees was £8,038. In addition to this sum, they received grants amounting to £935 from the County Council on the basis of £1 for each £1 raised by voluntary effort to a maximum of £50.

The total sum spent was £8,089. The principal items of this expenditure were for bedding and clothing (£1,823), extra nourishment (£783), pocket money to patients in sanatoria (£1,009), and fares for their relatives to visit (£922).

(b) The Standing Conference of Surrey Tuberculosis Care Committees.

The Standing Conference acts as the central body co-ordinating the work of the 20 District Care Committees, and normally receives a grant of £200 per annum from the County Council in addition to the amounts it raises by voluntary effort. This year the Standing Conference waived the Council's grant as it had raised ample funds by its own efforts.

The main item of expenditure throughout the year was £1,128 to send 182 child contacts to summer holiday camps. Expenditure on film entertainments for patients in hospital was discontinued as the various Hospital Management Committees took over responsibility for the cost.

Art Therapy has been developed in two Surrey hospitals throughout the year by the Standing Conference with the full co-operation of the Hospital Management Committee concerned, and the cost of fees for a visiting art teacher and materials for drawing and painting have been met by the Conference.

Provision of Free Milk.

The cost of the provision of milk free of charge according to an approved income scale to needy tuberculous cases was £7,120 during the financial year. The scheme is worked through the machinery of the Care Committees but is financed by the County Council.

OCCUPATIONAL THERAPY.

The scheme for the provision of Occupational Therapy for the tuberculous was described in my Report for 1948.

The staff, which is unaltered from last year, consists of a Head Occupational Therapist, three Assistant Occupational Therapists and a Clerk Storekeeper.

No material changes in the organisation have been made during the year. Two Exhibitions have been held, one in conjunction with the Annual Meeting of the Standing Conference of Surrey T.B. Care Committees, the other in conjunction with the Second Commonwealth and Empire Health and Tuberculosis Conference. The invitation was extended to the Department by the N.A.P.T. and was held at Central Hall, Westminster, for four days. A complete lay-out of the scheme was shown and large numbers of visitors attended the stand and showed a real interest in the domiciliary scheme generally. The result of this has been that enquiries from numerous authorities have been received for details of the scheme. The stand was provided by the Standing Conference and this forms a permanent stand for future exhibitions.

A sale was organised in December by the B.R.C.S., Guildford, and articles were forwarded for sale. The results of this sale were very encouraging. Entries have been forwarded regularly and prizes have been gained in the N.A.P.T. sponsored Art Competitions.

The number of domiciliary patients is about the same on average as in 1948. Materials are still being sent to the T.B. patients in Kingston Hospital via the W.V.S., who are giving considerable help in this direction.

The table below shows the number of patients receiving Occupational Therapy on 31st December, 1949:—

Section.	Number.
St. Helier	20
Redhill	20
Dorking	15
Cumberland House	40
Broom Close	20
Comeragh Court	20
Out-Patient Centres	90
Home Visiting	550
Postal	150
Total	1,025

The amount spent on material for the year was £1,795 12s. 4d. As previously, the Care Committees have paid for the initial cost of materials in many necessitous cases. Again the amount spent on materials is less than in the previous year. There is a general settling toward a pre-war level with the same high standard being maintained.

MASS RADIOGRAPHY.

I am indebted to the Medical Director of the Mass Radiography Units which function in Surrey as part of their field of operations for the following report:—

(It will be appreciated that not all the figures relate to Surrey residents.)

1. During the year under review, the Unit has been increased by the addition of a second mobile Mass Miniature Radiography Apparatus. This second Unit commenced to operate in June and primarily covers the more rural districts.

The area now covered by the Units is as follows :—

- (i) County of Surrey.
- (ii) County of Hampshire (Northern Districts only).
- (iii) County of Sussex (Northern Districts only).
- (iv) County Borough of Croydon.

It is now possible for a Unit to visit each locality once every fifteen months, provided suitable accommodation is available.

The Unit Administrative Headquarters were transferred from St. Helier Hospital on the 24th June, 1949, to the new premises at Manor Farm, Worcester Park.

Facilities exist in this building whereby Mass X-ray examination may be offered to the general public.

2. The total number of persons examined was 54,707, an increase of 18,073 over the figure for 1948.

3. The total number of cases of active pulmonary tuberculosis discovered during the year under review was 208 (3.9 per 1,000 persons examined). This figure does not include Mental Patients.

The incidence of active pulmonary tuberculosis shows an increase over the figures for 1948 (2.8 per 1,000 persons examined).

The details of each survey are given in Appendix "A" to this report, and the analysis of abnormalities is given in Appendix "B."

4. Groups examined included members of the general public, factory employees and school-children of fourteen years of age and over. Whenever facilities are offered to the public, the sessions are extremely well attended and on one occasion, over 900 persons attended on one day. Notice of these surveys continue to be advertised in the press, on posters and handbills freely distributed within the locality under survey.

The number of persons from factories and business houses permitted to attend the Units during working hours increased, and on some occasions the employer hired transport to convey workpeople from factory to Unit in order to minimise dislocation of production.

5. Facilities are now offered to General Practitioners, whereby they may send any patient for chest x-ray examination whilst the Unit is in close proximity to their district. A report is sent to the doctor concerned.

6. Difficulty in finding suitable premises to carry out surveys both in factories and for the general public continues and this limits the districts where the Units may function. The hiring charges for some halls is exceedingly high but every effort is made to effect economy in this sphere.

F. J. H. WALTERS,

Medical Director.

Mass Radiography Centre,
Manor Farm,
Church Road,
Worcester Park, Surrey.

APPENDIX A.

Survey No.	Location.	*Type of Survey.	Number of persons examined on miniature films.		Total.	Number of persons recalled for large film examinations.		Abnormalities.				Number of cases awaiting final diagnosis.	
			Males.	Females.		Active P.T.		Inactive P.T.		Males.	Females.		
						Males.	Females.	Males.	Females.				
1	Barnes and Mortlake Districts	A.	844	801	1,645	72	3	3	4	23	27	22	†
2	New Malden Factory Group	B.	581	464	1,045	71	1	3	6	22	18	9	—
3	Inland Revenue, Hinchley Wood	B.	862	625	1,487	88	3	—	2	21	10	9	—
4	Morden Factory Group	B.	745	876	1,621	88	1	3	8	40	27	22	—
5	Mitcham Factory Group	B.	339	618	957	60	1	1	3	11	22	24	—
6	Kingston Girls' School	C.	2	634	636	32	—	—	2	1	7	8	—
7	Wimbledon and Raynes Park District	A.	2,010	2,936	4,946	277	6	13	14	59	73	82	—
8	Banstead District	A.	731	914	1,645	65	2	—	5	23	22	29	—
9	Mitcham District	A.	2,882	2,615	5,497	298	6	15	6	90	92	66	—
10	Croydon Factory Group	B.	282	187	469	56	—	—	—	3	1	2	—
11	Roehampton College	C.	4	519	523	16	—	—	2	1	6	12	—
12	Ministry of Supply, Chessington	B.	930	399	1,329	67	1	4	3	30	15	48	—
13	Redhill and Salfords Factory Group	B.	1,001	424	1,425	68	1	2	2	22	8	35	—
14	Tolworth Factory Group	B.	679	471	1,150	80	2	3	—	27	17	30	—
15	Godalming and Milford Districts	A.	861	943	1,804	94	4	2	1	18	29	30	3
16	Aldershot and Ash Districts	A.	344	447	791	48	—	3	—	17	19	14	—
17	Woking and Byfleet Districts	A.	939	1,111	2,050	132	8	3	1	23	30	44	—
18	Dorking and Betchworth Districts	A.	761	499	1,260	78	1	1	—	27	12	46	—
19	Sutton and Cheam Districts	A.	1,046	1,379	2,425	118	2	4	4	34	44	19	1
20	Royal Aircraft Establishment, Farnborough, Hants.	B.	2,870	476	3,346	164	1	3	6	48	19	58	2
21	Morden and St. Helier Districts	A.	1,962	2,362	4,324	239	3	5	7	89	97	86	5
22	Farnham District	A.	1,056	1,393	2,449	167	3	1	10	45	67	52	2
23	Kingston Factory Group	B.	1,939	396	2,335	114	1	18	3	78	15	73	1
24	Leatherhead and Ashted Factory Group	B.	599	332	931	37	1	2	—	22	8	22	—
25	New Malden and Worcester Park District	A.	1,544	1,374	2,918	119	—	1	2	31	34	37	2
26	Richmond and Kew Districts	A.	1,081	1,149	2,230	105	2	9	8	31	38	23	2
27	Park Prewett Hospital. (Staff)	D.	102	60	162	6	—	—	—	3	1	3	—
28	Basingstoke, Hants. (Patients)	D.	578	428	1,006	63	—	21	—	30	13	11	2
29	Kew Factory Group	B.	339	102	441	26	—	4	1	13	4	9	1
29	N.A.A.F.I. Headquarters, Claygate	B.	219	286	505	10	—	—	2	7	2	3	1
30	Raynes Park Factory Group	B.	96	172	268	13	—	1	—	4	12	4	2
31	Kingston and Ham Districts	A.	313	257	570	24	—	—	—	8	3	16	4
32	Leatherhead and Fetcham Districts	A.	288	229	517	23	—	1	—	9	8	14	5
Totals ...			28,829	25,878	54,707	2,918	53	127	102	910	800	1,101	712
													22

* Type of Survey : A—General Public, Factory Workers, Clerical Staff and School Children.
 B—Factory Workers, Clerical Staffs only.
 C—Students and School Children only.
 D—Hospital Staff and Patients only.

† This survey commenced in December, 1948. Only 1949 figures are shown.
 ‡ These surveys commenced in December, 1949, but continued until January 1950.
 Only 1949 figures are shown.

APPENDIX B.

(a) Abnormalities revealed (non-tuberculous).

	Males.	Females.	Total.
Abnormalities of bony thorax and lungs ...	217	270	487
Chronic bronchitis and emphysema ...	171	41	212
Pneumonia (lobar) ...	1	—	1
Bronchopneumonia ...	3	1	4
Bronchiectasis ...	63	24	87
Pulmonary fibrosis ...	9	4	13
Pneumokoniosis... ..	14	—	14
Pneumokoniosis—accompanied by tubercu- losis	3	—	3
Pleural fibrosis	439	192	631
Pleural and interlobar effusion	—	1	1
Intrathoracic new growth	9	3	12
Cardiovascular lesions—congenital	12	18	30
Cardiovascular lesions—acquired	75	80	155
Miscellaneous	85	78	163

(b) Abnormalities revealed (with evidence of tuberculosis).

	Active.		Inactive.	
	Males.	Females.	Males.	Females.
(i) Primary tuberculosis	7	3	514	500
(ii) Post-primary tuberculosis	120	98	396	300
(iii) Tuberculous pleural effusion	—	1	—	—

(c) Cases of active pulmonary tuberculosis (showing extent of lesion and presence or absence of symptoms).

		Males.	Females.
Unilateral	With symptoms	28	31
	Without symptoms	37	35
Bilateral	With symptoms	33	13
	Without symptoms	29	23

(d) Age Group Analysis (of all persons examined).

Sex	14 and under	15 to 24	25 to 34	35 to 44	45 to 59	60 and over	TOTAL
Males	2,487	6,477	7,476	5,990	5,134	1,265	28,829
Females	2,725	8,893	5,075	4,845	3,709	631	25,878
Totals	5,212	15,370	12,551	10,835	8,843	1,896	54,707

(e) Age Group Analysis (of persons discovered with active pulmonary tuberculosis).

Sex	14 and under	15 to 24	25 to 34	35 to 44	45 to 59	60 and over	TOTAL
Males	4	23	31	26	14	8	106*
Percentage† ...	.16%	.35%	.41%	.43%	.27%	.63%	.37%
Females	3	48	35	10	3	3	102
Percentage† ...	.11%	.54%	.69%	.2%	.08%	.48%	.39%

* Mental Patients are not shown.

† Percentage of active cases found in each sex age group.

(f) General.

Total number of persons recalled for large film examination was 2,918 (5.3%).

Total number of persons recalled for clinical examination was 1,001 (1.8%) of whom 29 failed to attend.

B. Recuperative Holidays.

The scheme approved by the Council to enable persons needing a recuperative holiday following a period of in-patient treatment in hospital, and those suffering from tuberculosis or mental illness who are recommended for such a holiday by the Chest Physician or Psychiatrist, to be sent to Holiday Homes, continued in operation during the year. With the exception of those suffering from tuberculosis, all patients are required to pay a standard charge of £1 1s. 0d. per week towards the cost of their maintenance; those claiming to be unable to do so are required to submit a statement of their financial circumstances on which the amount they are asked to pay is assessed.

Particulars of the cases dealt with during the year ended 31st December, 1949, are as follows:—

Total number of patients sent to Holiday Homes	...	...	204
Total cost (excluding contributions by patients)	...	...	£1,543 11s. 7d.
Length of stay: 1 week	...	...	15 patients.
2 weeks	...	...	86 "
3 weeks	...	...	61 "
4 weeks	...	...	30 "
over 4 weeks	...	...	12 "

C. Nursing Equipment.

(a) LOANS.

Prior to the coming into operation of the National Health Service Act, 1946, the British Red Cross Society had established Medical Loan Depots from which nursing equipment could be hired at a small charge for the use of patients needing them on account of sickness, age, or infirmity. An agreement was entered into by the County Council with the British Red Cross Society whereby as from the 5th July 1948 the medical loan depots belonging to that Society in Surrey numbering approximately 50, would be brought up to an agreed standard and their resources made available for loans up to six months to all persons in Surrey free of charge, except that in the case of the larger and more expensive articles borrowers would be required to pay a deposit which would be returnable. Altogether a total of 6,146 loans of nursing equipment were made during the year.

(b) PURCHASE.

In the event of a patient needing an article of nursing equipment indefinitely, or special equipment such as adjustable bedsteads, rubber mattresses, etc., is needed to be provided before he or she can be discharged from hospital, the County Council have agreed to supply the article subject to an undertaking being given to repay the full cost, if necessary by instalments. In necessitous cases the article is provided and the patient is assessed by the County Treasurer as to the amount, if any, which he is required to contribute.

Both the above services have proved of very great value.

D. Venereal Diseases.

As mentioned in my report for last year, responsibility for providing facilities for the diagnosis and treatment of venereal diseases passed as from the 5th July, 1948, to the Regional Hospital Boards under the Ministry of Health, but at the end of 1948 the County Council were continuing to administer the Clinics at Guildford, Woking, Redhill, Carshalton and Kingston on behalf of the South-West Metropolitan Regional Hospital Board. Early in 1949 the respective Hospital Management Committees took over the administration of these Clinics, and they were continued with little change during the remainder of the year. The duty of persuading defaulters to resume attendance and of securing the attendance of persons exposed to infection continued to be carried out by the Council's two Special Services Visitors.

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, copies of which the Medical Officer is required to send to the Medical Officer of Health of each County and County Borough in which patients treated at the Clinic reside.

The following summarises the information received:—

1949	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis...	13	6	12	38	11	17	51	148
	(27)	(9)	(13)	(45)	(11)	(25)	(62)	(192)
Gonorrhoea ...	20	3	7	33	12	21	122	218
	(48)	(5)	(9)	(53)	(4)	(22)	(150)	(291)
Other conditions ...	194	36	64	689	115	121	700	1,919
	(262)	(40)	(90)	(674)	(161)	(170)	(847)	(2,244)
Totals ...	227	45	83	760	138	159	873	2,285
	(337)	(54)	(112)	(772)	(176)	(217)	(1,059)	(2,727)

A considerable decrease amongst Surrey residents in the number of new cases of venereal disease of all types attending clinics in the County has taken place during the past few years, as the following table shows :—

Year.	Syphilis.	Gonorrhoea	Other Causes.	Total.
1945	128	210	1,337	1,675
1946	143	239	1,216	1,598
1947	114	167	942	1,223
1948	106	119	1,226	1,451
1949	84	75	1,099	1,258

E. Public Education in Health.

The County Council's Scheme under the National Health Service Act provided for the development of a comprehensive health education programme as opportunity permits. This development is largely in the hands of the Divisional Medical Officers and during the year they have promoted a number of activities. These have mainly taken the form of lectures and film exhibitions to selected audiences and the meetings have been on the whole well attended. Many different types of organisations have provided audiences, to mention a few—Men's Guilds, Women's Institutes, Townswomen's Guilds, Youth Clubs, Trade Councils. In addition, a special feature has been a number of meetings with Parents' Associations on the thorny subject of Sex Education. There can be no doubt that approach through the parents is the most satisfactory way of dealing with this matter. Other lectures have been given on such varied subjects as diphtheria immunisation, tuberculosis, child care, food infections, and others. It must be appreciated that, however useful these meetings may be, only a limited proportion of the population is contacted, and those families which are most in need of instruction are usually the most difficult to approach. We must depend on the day to day contacts of the staffs of public health departments with the general public for the major part of our health propaganda, and it is, of course, personal contact of this kind which is most influential in the transfer of knowledge and ideas.

HOME HELPS.

The principal features of the County Council's Scheme for the provision of Home Helps were described in the Scheme itself and also in my Report for the year 1948. Considerable progress has, however, been made in the year 1949 in developing the Scheme.

A. Administration of the Service.

(1) COUNTY ORGANISER.

In 1948, a special Sub-Committee appointed by the County Health Committee to consider the administration of the Home Help Service came to the conclusion that this important service would inevitably develop considerably and that a County Home Help Organiser was essential in its developmental stages in addition to the divisional supervisors, but that they were not in a position to assess whether a County Organiser would be needed when the scheme was fully developed; the Sub-Committee consequently recommended that a full-time Organiser should be appointed for two years in the first instance, subject to review at a later stage in the light of experience.

Towards the end of 1949, it became apparent that, with the appointment of divisional supervisors and increasing divisionalisation of the service, the character of the work hitherto undertaken by the Organiser had changed and was becoming less technical and more administrative. The technical appointment of County Home Help Organiser was therefore withdrawn and replaced by an administrative post.

(2) DIVISIONAL SUPERVISORS.

The establishment provides for a full-time divisional supervisor in each of the six larger divisions and for a part-time supervisor in the Northern, Mid-Eastern and South-Eastern Divisions.

The appointment of full-time divisional supervisors in the North-Central, Central and North-Western Divisions, and of part-time supervisors in the Northern and Mid-Eastern Divisions completes the establishment with the exception of the Southern Division, where no divisional supervisor has yet been appointed.

B. Supervisory Procedure.

During the year, a special investigation was made into the practical working of the scheme to see what steps could be taken to improve the administrative arrangements; a number of cases was selected at random from each division and all the circumstances of each case were examined in detail. As a consequence, it was possible to define the duties of the Divisional Home Help Supervisor and to lay down a uniform procedure, which it was hoped would obviate abuse of the service.

This procedure—which is now being followed—requires (a) that the Supervisor shall visit the home of every applicant for a home help; to interview the applicant; to assess the need and enquire into the circumstances, including the possibility of making satisfactory arrangements for obtaining the necessary assistance privately from relatives, friends or otherwise than through the official scheme; (b) if she is fully satisfied that the application is one that should be accepted, she must then—

- (i) Explain the Scheme fully to the applicant.
- (ii) Fix the number of hours to be worked by the Home Help.
- (iii) Give the applicant a general idea of the probable charge that will be made on the assumption that the financial information given verbally by the applicant proves to be correct on subsequent enquiry by the County Treasurer.
- (iv) Leave the form of financial circumstances to be completed by the applicant and returned to the Supervisor.
- (v) See that a written sanction is obtained to divulge the nature of the disease to the Home Help in all cases of tuberculosis.
- (vi) Arrange for the Home Help to commence work.

C. Establishment of Home Helps.

It was originally estimated that one full-time home help would be required for every 3,000 of the population—representing, on the basis of the mid-year population 1946—a total of 400 whole-time home helps; these were allocated to the various Divisions on a population basis except that the North-Eastern Division had already recruited to considerably above its target based on population, and this had the effect of reducing the relative number of home helps available for each of the other eight Divisions.

In the autumn of 1948 there began a continuing steady increase in the number of home helps employed, particularly in the North-Eastern Division, and by the early months of 1949 the equivalent number of whole time home helps actually employed was in excess of the target figure. Moreover, it was apparent, by comparing the actual numbers of home helps employed in the various Divisions, that the service was not yet uniformly developed in the County, and as the Home Help Supervisors were appointed it was felt that there would naturally be a tendency for the service to be increased in the parts of the County where the scheme was less well developed. At the same time, one of the main functions of the new Supervisors was considered to be to assist the Divisional Medical Officers to ensure that the service was wisely controlled and not misused.

It was decided, therefore, to fix a temporary target for each Division: this target represented a whole-time equivalent of 575 home helps and gave an increase to every Division save the North-Eastern, where it was felt that the service was so much more developed than anywhere else in the County that no increase could, in comparison with the other Divisions, be justified at that time. The figures of the temporary establishment have so far proved adequate to the need and no further change was necessary in the year.

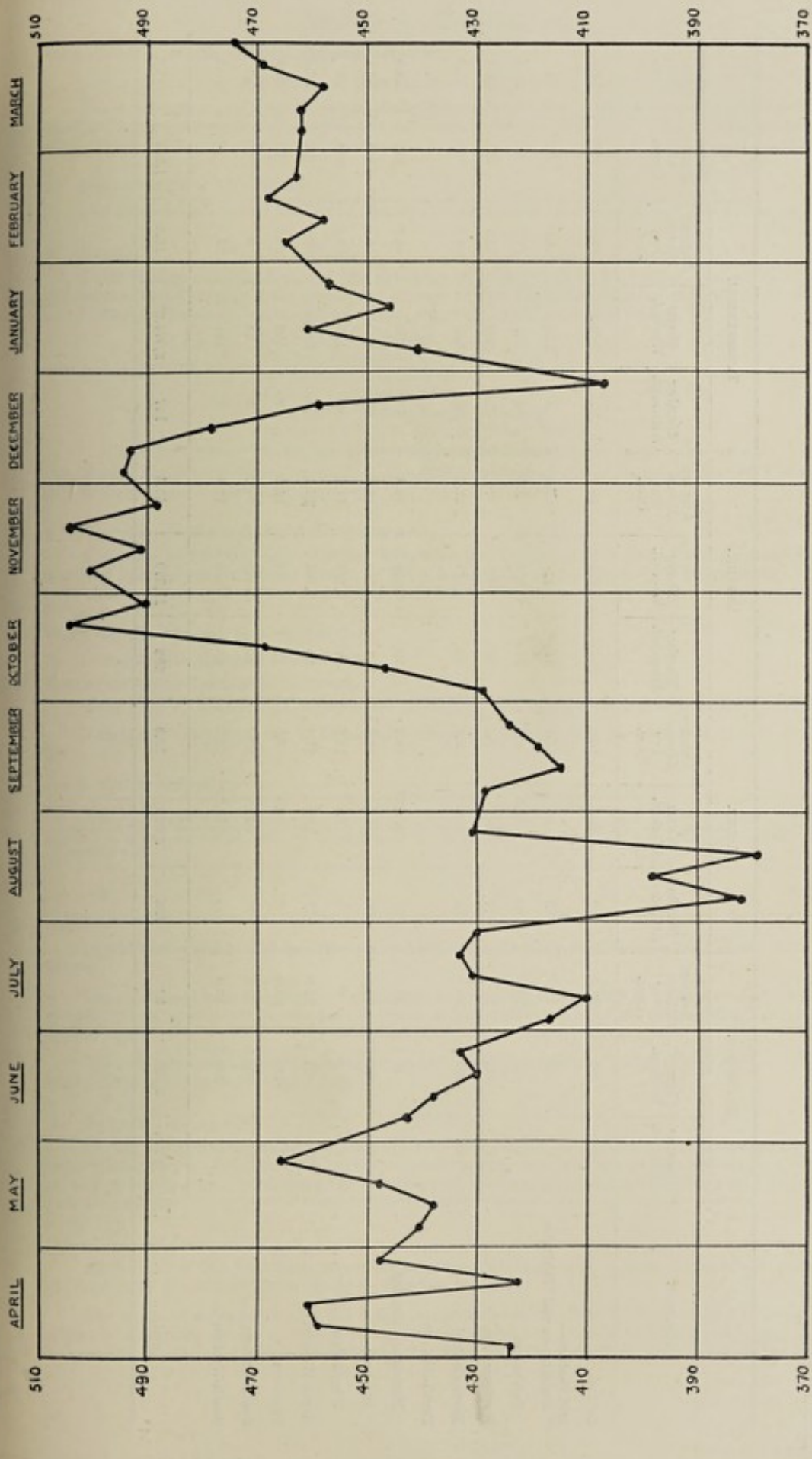
The accompanying graph shows the number of full-time equivalent home helps employed each week during the year ended 31st March, 1950; and the following table gives the original and the increased divisional targets and the average number of full-time equivalent home helps employed each month for the same period:—

Division.	Target 1948-1949.	Target 1949-1950.	Average equivalent number of full- time Home Helps employed monthly for year ended 31/3/50.
Central	48	76	65
Mid-Eastern	23	34	34
Northern	26	30	24
North-Central	44	70	52
North-Eastern	128	170	154
North-Western	39	62	45
Southern	27	39	12
South-Eastern	30	40	28
South-Western	35	54	33
Total	400	575	447

D. Work of the Home Help Service.

There were 49 full-time and 740 part-time Home Helps employed as at 31st March, 1950, making a total full-time equivalent of 474 Home Helps for a full 44-hour week. The following table shows, by Divisions, the number of cases provided with home help during the week ended 1st April, 1950, divided into the various categories of cases and showing the average number of hours service provided for each case as compared with the overall County figure.

1947/48



EQUIVALENT
NUMBER OF
FULL TIME
HOME HELPS

Division.	MATERNITY.			ACUTE.			CHRONIC.			TUBERCULOSIS.			Total Number of Cases.	Average Hours Per Case.
	Number Attended.	Hours Worked.	Average Hours Per Case.	Number Attended.	Hours Worked.	Average Hours Per Case.	Number Attended.	Hours Worked.	Average Hours Per Case.	Number Attended.	Hours Worked.	Average Hours Per Case.		
Central	14	553	39.5	36	517	14.4	107	1,719	16.1	21	369.5	17.6	178	17.9
Mid-Eastern— Beddington and Wallington	3	52	17.3	13	152	11.7	31	377	12.2	8	133	16.6	55	13
Carshalton	1	21	21	6	55.5	9.3	38	372	9.8	7	131	18.7	52	11.1
Northern... ..	11	341	31	17	64	3.8	86	600	7	17	230	13.5	131	9.4
North-Central	14	434	31	32	756	23.6	66	1,167	17.7	15	348	23.2	127	21.3
North-Eastern—														
Merton and Morden	2	44.5	22.3	31	328.25	10.6	70	1,035.5	14.8	16	239	14.9	119	13.8
Mitcham	6	202.5	33.8	26	354.5	13.6	193	2,316.5	12	20	327.25	16.4	245	13.1
Wimbledon	1	8	8	6	73	12.2	97	1,123	11.6	10	161	16.1	114	12
North-Western	13	461	35.5	18	386	21.4	63	1,204.5	19.1	15	385.5	25.7	109	22.4
Southern	10	353	35.3	7	59.5	8.5	13	184	14.2	9	186	20.7	39	20.1
South-Eastern	12	366.5	30.5	27	627.5	23.2	23	477	20.7	3	24	8	65	23
South-Western	10	368.5	36.9	16	211.75	13.2	65	803.5	12.4	6	141	23.5	97	15.7
Total	97	3,205	33	235	3,585	15.3	852	11,379	13.4	147	2,675.25	18.2	1,331	15.7

MENTAL HEALTH SERVICES.

Organisation of the Mental Health Services.

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

The constitution and responsibilities of the Mental Health Services Sub-Committee of the County Health Committee remains as described in my Report for the year 1948. The Sub-Committee met seven times during the year.

2. ADMINISTRATION AND STAFF.

The administration and staffing of the service remains as described in my Report for 1948.

3. CLINICS.

There is close co-ordination and free exchange of information on both sides. In addition to the Psychiatric Out-Patient Clinics under the charge of the Physician-Superintendents of Brookwood and Netherne Hospitals continued as in the past, 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.

two Mental Deficiency Clinics under the Physician-Superintendents of Royal Earlswood Institution and Botleys Park Hospital are now held.

4. TRAINING OF MENTAL HEALTH WORKERS.

A number of the Authorised Officers have 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 an opportunity to attend a course.

Work of the Mental Health Service.

A. LUNACY AND MENTAL TREATMENT.

ASCERTAINMENT, CARE AND DISPOSAL.

Work done by Authorised Officers under the Lunacy and Mental Treatment Acts during 1949.

Number of cases reported to Officers by doctors, relatives, etc., for action as Mental Patients, 2,234.

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. 10, L. Act.
513	120	162	13	376	97	303	650

In addition, information has been received of 965 voluntary patients admitted direct from their homes.

The catchment scheme provides for patients to be admitted to either the Brookwood or Netherne Hospitals, but special arrangements are made in cases where it appears desirable in the patient's interest.

The only accommodation available at present for "observation" cases is at Kingston Hospital where there are 6 beds for males only.

B. MENTAL DEFICIENCY.

During 1949, the Council have continued to provide for mental defectives living in the community statutory and voluntary supervision, guardianship care and occupation and training centres, as well as taking steps for securing the admission of defectives to institutions, where such action was found necessary.

Occupation and Training Centres.

At the end of the year there were four centres providing daily training for mentally defective children, and plans were being made to develop others.

The hours of attendance and the holidays approximate to those of the Primary Schools. The object of a training centre is, firstly, to equip the defective to occupy as useful and happy a place as possible in the home and in the community, and, secondly, to afford some relief to the parents

by giving them a respite from the continuous care and supervision of the child. Both of these objectives are being attained in no small measure in the Surrey centres, and the way in which the latent potentialities of the defective emerge and develop by suitable training is in many cases most striking. The defective child can, of course, never become normal, but by adequate care and training many can be made to fit into the social structure.

The existing centres are sited in church halls which are rented for daytime use and are used for other purposes in the evenings. None is entirely satisfactory for the purpose of a training centre, but until ad hoc centres can be developed, they represent the best accommodation which is available. There is a general shortage in the country of staff suitably trained, but the County has been fortunate in attracting a good proportion of qualified staff, and each of the centres is in charge of an experienced supervisor.

The existing centres are sited as follows :—

Kingston	...	...	Methodist Church Hall, Victoria Road, Kingston.
Wimbledon	...	...	Trinity Hall, the Broadway, South Wimbledon.
Carshalton	...	...	St. Peter's Hall, Bishopsford Road, Carshalton.
Guildford	...	...	St. Francis Hall, Foxborough Avenue, Guildford.

In addition, four defectives from the Redhill-Reigate-Horley area have, during the year, been attending the Royal Earlswood Institution daily, the Council being responsible for their conveyance to and from their homes. This arrangement works satisfactorily.

Case Work.

During 1949, 79 petitions were presented for Orders sending defectives to institutions or placing patients under guardianship and Orders were obtained in all these cases. In addition, in 35 cases assistance was given to relatives of defectives in completing the necessary formalities under Section 3 of the Mental Deficiency Act, 1913, and 14 cases were admitted to institutions on the authority of Orders made by Courts under Section 8 of the Act. Two Surrey mental defectives were sent to institutions on Orders made by the Secretary of State under Section 9 of the Mental Deficiency Act.

The year 1949 has seen little decrease in the number of mental defectives on the waiting list for admission to mental deficiency institutions, the number of cases on 31st December, 1949, being 97 as compared with 99 twelve months before. Surrey mental defectives continue to be received mainly at the following institutions :—

The Manor Hospital, Epsom.
The Royal Earlswood Institution, Redhill.
The Fountain Hospital, Tooting.
Botleys Park Hospital, Chertsey.

The following table gives particulars of mental defectives on the Council's register on 31st December 1949 and of all new cases coming to the notice of the Council and shows how these cases were dealt with :—

I. Particulars of Mental Defectives as on 31st December, 1949.

	M.	F.	T.	
(1) Number of Ascertained Mental Defectives Found to be " Subject to be dealt with " :—				
(a) In Institutions (including cases on licence therefrom) { under 16 years of age	154	93	247	
{ aged 16 years and over	624	621	1,245	
(b) Under Guardianship (including cases on licence therefrom) { under 16 years of age	4	3	7	
{ aged 16 years and over	43	53	96	
(c) In " places of safety "	2	1	3	
(d) Under Statutory Supervision (excluding cases on licence) { Under 16 years of age	146	128	274	
{ aged 16 years and over	134	110	244	
(e) Action not yet taken under any one of the above headings	18	8	26	
Total ascertained cases found to be " subject to be dealt with "	1,125	1,017	2,142	
	M.	F.	C.	T.
No. of cases in (b) to (e) above awaiting removal to an Institution	19	17	61	97
(2) Number of Mental Defectives not at present " Subject to be dealt with," but over whom some form of voluntary supervision is maintained :—				
Under 16 years of age	7	5	12	
Aged 16 years and over	111	153	264	
(3) No action cases (not subject to be dealt with)	342	292	634	
Total number of mental defectives (1) plus (2) plus (3)	1,585	1,467	3,052	
(4) Number of Mental Defectives Receiving Training :—				
(a) In day-training centres { Under 16 years of age	61	62	123	
{ Aged 16 years and over	15	25	40	
(b) At home	—	—	—	
Total	76	87	163	

II. *Particulars of Cases Reported During the Year 1949.*

	M.	F.	T.
(1) <i>Ascertainment.</i>			
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—			
(i) Under Section 57 (3)	80	58	138
(ii) Under Section 57 (5) :—			
On leaving special schools	5	5	10
On leaving ordinary schools	3	3	6
(b) Other ascertained defectives reported during 1949 and found to be "subject to be dealt with"	23	22	45
Total ascertained defectives found to be "subject to be dealt with" during the year	111	88	199
(c) Other reported cases ascertained during 1949 who are not at present "subject to be dealt with"	35	53	88
Total number of cases reported during the year	146	141	287
(2) <i>Disposal of cases reported during the year :—</i>			
(a) Ascertained defectives found to be "subject to be dealt with" :—			
(i) Admitted to Institutions	43	31	74
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "places of safety"	2	1	3
(iv) Placed under Statutory Supervision	56	50	106
(v) Died or removed from area	—	2	2
(vi) Action not yet taken	10	4	14
Total ascertained defectives found to be "subject to be dealt with" (to agree with the total of (1) (a) and (1) (b) above)	111	88	199
(b) Cases not at present subject to be dealt with :—			
(i) Placed under Voluntary Supervision	17	33	50
(ii) Later found not to be defective	—	—	—
(iii) Died or removed from area	7	5	12
(iv) Action unnecessary	—	—	—
(v) Action not yet taken	11	15	26
Total cases not at present "subject to be dealt with" (to agree with the numbers entered under (1) (c) above)	35	53	88

III. *Number of Mental Defectives under Community Care Including Voluntary Supervision or in "Places of Safety" on 1st January, 1949, who have ceased to be under any of these forms of care during 1949.*

	M.	F.	T.
(a) Ceased to be under care	15	5	20
(b) Died, removed from area, or lost sight of	23	15	38
Total	38	20	58

IV. *Of the Total Number of Mental Defectives known to the Local Health Authority.*

(a) Number who have given birth to children during 1949 :—		
(i) After marriage	4	
(ii) While unmarried	—	
(b) Number who have married during 1949	Males.	Females.
	—	5

HEALTH CENTRES.

The survey of the County which was referred to in my Report for 1948 proceeded during the year. This survey aims at forming an ordered plan of development of Health Centres and Welfare Clinics throughout the County. For this purpose the various projects have been divided into three priorities, as outlined in my Report for 1948. It is felt that under circumstances as they exist in Surrey with, in general, well established communities well provided with services and new development not, usually, on a large scale in any one area it would be impossible at the present time to justify the provision of complete Health Centre facilities including facilities for group practice; and that the immediate policy should concentrate on making adequate provision for County Health services in areas where either by growth of population, development of new communities or other causes these have become inadequate, always bearing in mind when acquiring new sites or developing new projects the need ultimately to expand so as to provide facilities for group practice.

Briefly the three priorities are as follows :—

Priority A.

In areas where existing facilities for County Health services are inadequate to the present need, to acquire buildings or sites capable in due course of expansion to provide complete Health Centre

facilities and to adapt the existing buildings or as soon as possible to erect new buildings, so as to provide adequate County Health facilities for the area.

Priority B.

In areas where existing facilities for County Health services are likely to require to be expanded in the course of the next ten years to choose sites and to take the necessary steps to secure their "designation" by the County Planning Committee: such sites would be acquired and developed either with complete Health Centre facilities or with facilities for County Health services as the need arises and as the opportunity offers.

Priority C.

In areas where a Health Centre is at some future date likely to be required, to ask the County Planning Committee to indicate the intention in the development plan for the County. In most of these areas it will not be possible to indicate sites although it may be possible in a small number of areas where, for example, development or re-development schemes are being undertaken by County District Authorities.

Priority A.

There were originally seven proposals in Priority A. (Since the end of the year these have been increased to nine.) Approval in principle has been obtained from the Ministry in regard to five of these; the others are still under consideration.

These proposals involve:—

- (i) The acquisition of land with existing buildings at Richmond. The existing buildings can be immediately adapted for a Welfare Clinic, Divisional Health Offices and an Ambulance Sub-Station; they would, in due course, with expanding user be replaced by new buildings incorporating—if needed—a full scale Health Centre. (It became necessary in this proposal to seek approval for compulsory purchase, and after public inquiry this was obtained.)
- (ii) The acquisition of large private houses and their grounds at Sutton, Haslemere and Godalming, for immediate adaptation to provide Welfare Clinic facilities, the grounds in each case being sufficiently large to allow for subsequent expansion to Health Centres, and in two cases (Sutton and Haslemere) Ambulance Sub-Stations.
- (iii) The appropriation of a large house and grounds in Addlestone from another County Council department to provide immediate Welfare Clinic facilities and an Ambulance Sub-Station with subsequent extension to a Health Centre.
- (iv) The acquisition of vacant sites at Carshalton and Morden. Suitable sites have been found and negotiations are at present proceeding.
- (v) The acquisition either of vacant sites or of sites with existing buildings at Malden and Molesey. Sites in these districts have not yet definitely been decided.

Priority B.

There are 11 proposals in Priority B. The Minister has been asked to agree to the "designation" of sites in these areas under the provisions of the Town and Country Planning Act, 1947.

The districts involved in these projects are:—

Division.	Site.
North-Eastern	North Mitcham; Central Mitcham; Merton Park.
Mid-Eastern	Central Carshalton.
South-Eastern	Caterham-on-the-Hill.
North-Central	Worcester Park; Central Surbiton.
Central	Epsom; Leatherhead; Banstead.
Southern	Horley.

Priority C.

The relevant action in regard to these 46 proposals is now being taken by the County Planning Committee. The districts involved are:—

Division.	Site.
North-Eastern	South East Mitcham; Central Wimbledon; West Wimbledon; Morden (St. Helier); Central Morden.
Mid-Eastern	West Carshalton; South Carshalton; Central Beddington; Hackbridge.
South-Eastern	Purley; Caterham Valley; Coulsdon; Old Coulsdon; Upper Sanderstead.
Northern	Ham; Kew; Castlenau; Sheen and Mortlake.
North-Central	North Kingston; Central Kingston; North Surbiton; Chessington; Dittons and Hinchley Wood; Cobham; Esher and Claygate.
Central	Belmont; North Cheam; Bookham; Effingham; The Horsleys; Cheam.
North-Western	Woking; Knaphill; Camberley; Walton and Hersham; Weybridge; Egham; West Byfleet and Sheerwater.
South-Western	Guildford; Farnham; Ash.
Southern	Redhill; Reigate; Dorking; Oxted; Godstone.

WELFARE SERVICES.

The implementation of the provisions of the National Assistance Act, 1948, in so far as they concern Local Authorities is in the main the function of the County Welfare Committee. The County Welfare Officer is the appropriate executive officer for these duties, which include the provision and control of residential accommodation for certain groups of persons who are in need of care and attention. The County Medical Officer, however, is responsible to the County Welfare Committee for all matters relating to health and medical services generally and, in particular, for services to be provided under Sections 29 (Welfare arrangements for blind, deaf, dumb and crippled persons, etc.), and 30 (Voluntary organisations for disabled persons' welfare) of the National Assistance Act.

A. Blind Welfare.

1. REGISTRATION OF THE BLIND.

The number of blind persons whose names were on the Register at the end of 1949 was 1,899, as compared with 1,900 at the end of 1948.

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, 1950 :—

Age Group.	NEW CASES REGISTERED.		
	Male.	Female.	Total.
Under 1	0	0	0
1	0	0	0
2	0	2	2
3	0	1	1
4	0	0	0
5—10	0	0	0
11—15	0	1	1
16—20	0	4	4
21—30	2	0	2
31—39	4	3	7
40—49	5	4	9
50—59	6	16	22
60—64	4	9	13
65—69	7	9	16
70 and over	36	97	133
Unknown	0	0	0
	64	146	210

Age Group.	REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.
Under 1	0	0	0
1	0	1	1
2	1	4	5
3	5	4	9
4	3	3	6
5—10	9	2	11
11—15	9	9	18
16—20	12	10	22
21—30	39	35	74
31—39	71	45	116
40—49	91	64	155
50—59	114	122	236
60—64	71	91	162
65—69	70	112	182
70 and over	297	608	905
Unknown	1	3	4
	793	1,113	1,906

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

Age Group.	NEW CASES REGISTERED		
	Male.	Female.	Total.
Under 1	0	6	6
1	0	1	1
2	0	0	0
3	0	2	2
4	1	0	1
5—10	0	0	0
11—15	1	1	2
16—20	1	2	3
21—30	3	1	4
31—39	4	4	8
40—49	6	5	11
50—59	3	13	16
60—64	5	10	15
65—69	4	13	17
70 and over	29	70	99
Unknown	7	18	25
	64	146	210

Age Group.	REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.
Under 1	87	96	183
1	11	16	27
2	2	11	13
3	13	21	34
4	4	1	5
5—10	24	32	56
11—15	16	28	44
16—20	41	31	72
21—30	87	32	119
31—39	70	48	118
40—49	84	79	163
50—59	72	150	222
60—64	50	93	143
65—69	48	78	126
70 and over	111	272	383
Unknown	73	125	198
	793	1,113	1,906

During the year, the Minister instructed that a register of the partially sighted should be maintained; and this is now being done.

2. SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.

As in the past, close co-operation exists between the County Council and the Voluntary Association, and the arrangement whereby the officer in charge of the Blind Welfare Section of the Health Department acts also as Honorary Secretary of the Association is able to effect co-ordination to the benefit of the blind.

3. HOME TEACHERS.

The establishment of eight certificated Home Teachers of the Blind remained the same as in 1948. Their duties, which were set out in detail in last year's report, have been increased by the need to perform similar duties in respect of the partially sighted who, as already mentioned, are now registered in the same way as the technically blind. (For information, an increase of establishment from eight to ten due to this cause has since become necessary.)

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 21 children under school age, five 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 (one of these is physically defective), two attend a School for the Deaf and 12 are not at school (of these nine are mentally defective and one physically defective). One child is at the Rudolf Steiner School in Scotland.

(b) Workshop Employment.

Blind persons who are considered suitable for such employment are admitted to approved 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 £5 10s. 0d. per week for men and £4 2s. 6d. per week for women. A scheme for sick pay and holiday pay is in operation.

(c) HOME EMPLOYMENT.

Blind persons who, after completion of training, wish to work at home are admitted to the Home Workers Scheme, which is administered on behalf of the County Council by the Home Industries Department of the National Institute for the Blind; this body also undertakes supervision of the work and marketing of the produce.

The County Council continues to be responsible for augmenting the income of blind Home Workers whose earnings amount to £1 weekly. These earnings are augmented to a ceiling of £5 10s. 0d. weekly with a maximum payment of £2. Blind Home Workers whose earnings are less than £1 per week are referred to the National Assistance Board, but they continue to receive the benefits of the Scheme which includes the provision of materials and occupation. Home Workers receive sick pay up to a maximum of six weeks in any year and a holiday allowance for two weeks annually with a maximum weekly payment of £3 plus augmentation.

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.	For Sheltered Employment.	For Open Employment.	Professional and University.	Trained but unemployed.	No training but trainable.	Unemployable.
Males	8	57	163	9	4	4	2	8	509
Females	7	17	45	2	0	0	3	3	1,011
Total	15	74	208	11	4	4	5	11	1,520

5. GENERAL SOCIAL WELFARE.

The work of the Surrey Voluntary Association for the Blind in respect of the general social welfare of the blind continues on the same lines as last year. Particular attention during the year has been given to developing social activities, including the supply of permits for free admission to cinemas, theatres and concerts. A new social centre was opened in Epsom.

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.

As a consequence of the Food and Drugs (Milk and Dairies) Act, 1944, which came into operation on the 1st October, 1949, the Milk (Special Designations) Regulations, 1936/48, were superseded by the Milk (Special Designation) (Raw Milk) Regulations, 1949, and the administration of those Sections of the Regulations which concern the licensing and supervision of the production of Tuberculin Tested and Accredited milks passed from the County Council to the Ministry of Agriculture and Fisheries. At the same time the County Council took over from local authorities in those districts of the County for which the County Council is the Food and Drugs authority, duties in connection with the licensing and supervision of the pasteurisation or sterilisation of milk under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

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

No. of licences in force :—

	30.9.49	31.12.48
Tuberculin Tested Milk	305	264
Accredited Milk	216	221
	<hr/> 521	<hr/> 485

New licences granted (included in above figures) :—

	1.1.49-30.9.49	1948
Tuberculin Tested Milk	51	74
Accredited Milk	5	20
	<hr/> 56	<hr/> 94

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

	1.1.49-30.9.49	1948
No. of Milk Samples taken	1,431	2,362
<i>Unsatisfactory samples :—</i>		
Failed methylene blue test only	70	69
Failed coliform test only	76	128
Failed both tests	140	102
	<hr/> 286	<hr/> 299

The number of unsatisfactory samples represents 19.99 per cent. of the total number of samples taken, compared with 12.66 per cent. in the previous year.

During the period under review no licences were suspended and no applications for licences or for renewal of licence were refused.

(b) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

When the County Council took over the administration of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations on the 1st October, 1949, fourteen existing pasteurisers licences were in force in the area for which the County Council is the Food and Drugs authority, and during the three months ended the 31st December, 1949, one new licence was granted.

The Councils of County Districts within the area for which the County Council has taken over licensing functions have agreed to allow their Sanitary Inspectors to act as agents of the County Council, both in carrying out the investigations required preliminary to the granting of a new licence and in the taking of milk samples and the making of routine inspections at premises for which a licence is already held. The co-operation of the Sanitary Inspectors of the local authorities, particularly during this initial period of transition, has been most valuable.

Details of routine samples of pasteurised milk taken during the period 1st October to 31st December, 1949 are as follows :—

	Pasteurised	Tuberculin-Tested (Pasteurised)
No. of milk samples taken	101	26
Failed Phosphatase test only	4	—
Failed Methylene Blue test only	1	—
Failed both tests	—	—

There are at present no licences in respect of sterilised milk in force within the area for which the County Council is the Food and Drugs authority.

(c) **Tubercle Infected Milk.**

Fourteen reports of samples of milk, which on biological examination had been found to be infected with the tubercle bacillus, were received from Medical Officers of Health during the year, a similar number to that reported during the previous year. Although the number of infected samples has shown a considerable decline over recent years and the relative incidence of notified cases of non-pulmonary tuberculosis in Surrey residents is lower than it ever has been, there is still an appreciable amount of tuberculosis in which the organism has originally found entry to the body by the alimentary tract and which is essentially preventable; milk is the article of food most likely to serve as a vehicle for such entry. In regard to this last, in a small rural area of the County eleven cases of glandular tuberculosis have been notified since January 1949, the milk supply was the same in every case and when it was investigated it was found that one of the herds from which the dairyman drew his supplies contained an animal/s suffering from tuberculosis. In the prevention of such infections the regular veterinary inspection of cattle is important but cannot always be relied upon, as tubercle bacilli may be present in the milk of a cow which does not show any obvious clinical signs of the disease. The biological testing of milk samples is of value, but is only a limited safeguard, since for practical reasons the number of samples which can be taken is limited and since the test is of such a character that a period of six weeks must elapse before the result is known. An increasing amount of milk in the County is now being sold under the special designation "Pasteurised." Under the provisions of the Milk (Special Designations) Act 1949, the Minister of Food has power to declare a particular area to be a "specified area" in which all milk sold for human consumption must be of a special designation; this has not yet been done in any part of Surrey.

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 1949 and reported to the Rivers and Streams Committee, who in each case advised the Council to give the recommendation asked for:—

Authority.	Scheme.	Estimated Cost.
Sewerage Schemes:		£
Hambledon R.D.C. ...	Milford and Witley Extension	20,500
Dorking and Horley R.D.C. ...	Horley ...	6,489
" " " " " " ...	Buckland ...	15,150
" " " " " " ...	Beare Green ...	4,636
" " " " " " ...	Capel ...	1,160
Guildford R.D.C.	Jacobswell ...	16,979
" " " " " " ...	Peasmarsh ...	19,325
" " " " " " ...	Ash, Tongham and Seale ...	70,641
" " " " " " ...	Ash Vale Area ...	151,515
Water Supply Schemes ...	Nil	

REFUSE DISPOSAL.

Two new applications for the depositing of refuse were granted during the year under Section 94 of the Surrey County Council Act, 1931.

The total number of approved refuse dumps in the county is now seven and all continue 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 1949 for examination by the Public Analyst. The comparative figures for 1948 and 1947 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.
1949	563,560	1,454	127	2.58	8.73	49	1	349	33	15	1	1,867	166	3.31	8.89
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

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.

It will be seen from the above table that the number of samples per 1,000 population and the percentage of adulterated or irregular samples (including milk) show little variation from the figures of the last two years.

Milk.

During the year 1,473 samples of milk were submitted for analysis to the Public Analyst. Of these 119 were found to be of a quality less than the presumptive minimum prescribed by the Sale of Milk Regulations, 1939, i.e., 3 per cent. milk fat and 8.5 per cent. milk solids other than milk fat; and 8 were samples of Channel Island milk with a butter fat content below 4 per cent., which were reported to the Ministry of Food for appropriate action by that Ministry. In the main, deficiencies of milk fat and milk solids other than milk fat were found to be of a minor nature and in many cases almost certainly due to natural causes. Added water was traced in 27 samples, proceedings were taken with regard to 8 of these samples; the milk of 4 other samples was traced to Sussex and proceedings were taken by the West Sussex County Council. In 13 cases the amount of water was 5 per cent. or under.

Rationed Foods (Other Than Milk).

Four or five samples have been taken of each of the staple rationed foods—bacon, butter, cheese, cooking fat, margarine, meat, sugar and tea. Of the 38 samples analysed only one, a sample of lard, submitted by a private purchaser, proved to be unsatisfactory: it was in fact rancid.

Ice Cream.

There is no statutory standard for ice cream, but the Ministry of Food have, as from November, 1948, made available additional supplies of sugar, and in certain cases fats, to ice cream manufacturers on the undertaking that their ice cream will have a minimum fat content of 2½ per cent. In order to secure observance of this undertaking reports of analysis of samples of ice cream taken by Food and Drugs authorities are forwarded to the Ministry.

None of the 46 samples taken by this Department had a fat content of less than 2.5 per cent. or showed adulteration. Ice cream made on the premises of 13 shopkeeper vendors showed on analysis an average fat content of 5.71 per cent.; manufacturer's samples from 24 sources had an average of 8.43 per cent. fat.

Other Articles of Food.

Other articles of food examined included pork sausages, sausage meat, pork brawn, non-alcoholic fruit wines, lemonade tablets, marmalade, tinned soup, grape jelly, corned beef, cider, salad cream, etc.

A number of unsatisfactory samples were reported and certain prosecutions listed later were undertaken. Unofficial action was also taken in respect of sausage meat and pork pie (deficient in meat), pork brawn (containing stomach or intestinal offal), marmalade (glass fragments), tinned soup (excessive proportion of tin), grape jelly (large numbers of cream of tartar crystals), cider (excess of Sulphur Dioxide), sherbet (excessive acid and mineral constituents), and so on.

General.

I am indebted to Mr. D. D. Moir, who is not only Public Analyst for this Council but also for several other Food and Drugs authorities, for furnishing from time to time details of all adulterated or irregular samples he has been called upon to analyse. Such information is most helpful and avoids wasteful sampling, and it is hoped that in the near future the Ministry of Food will be in a position to provide Food and Drugs authorities with similar particulars of adulterated samples taken in the country as a whole.

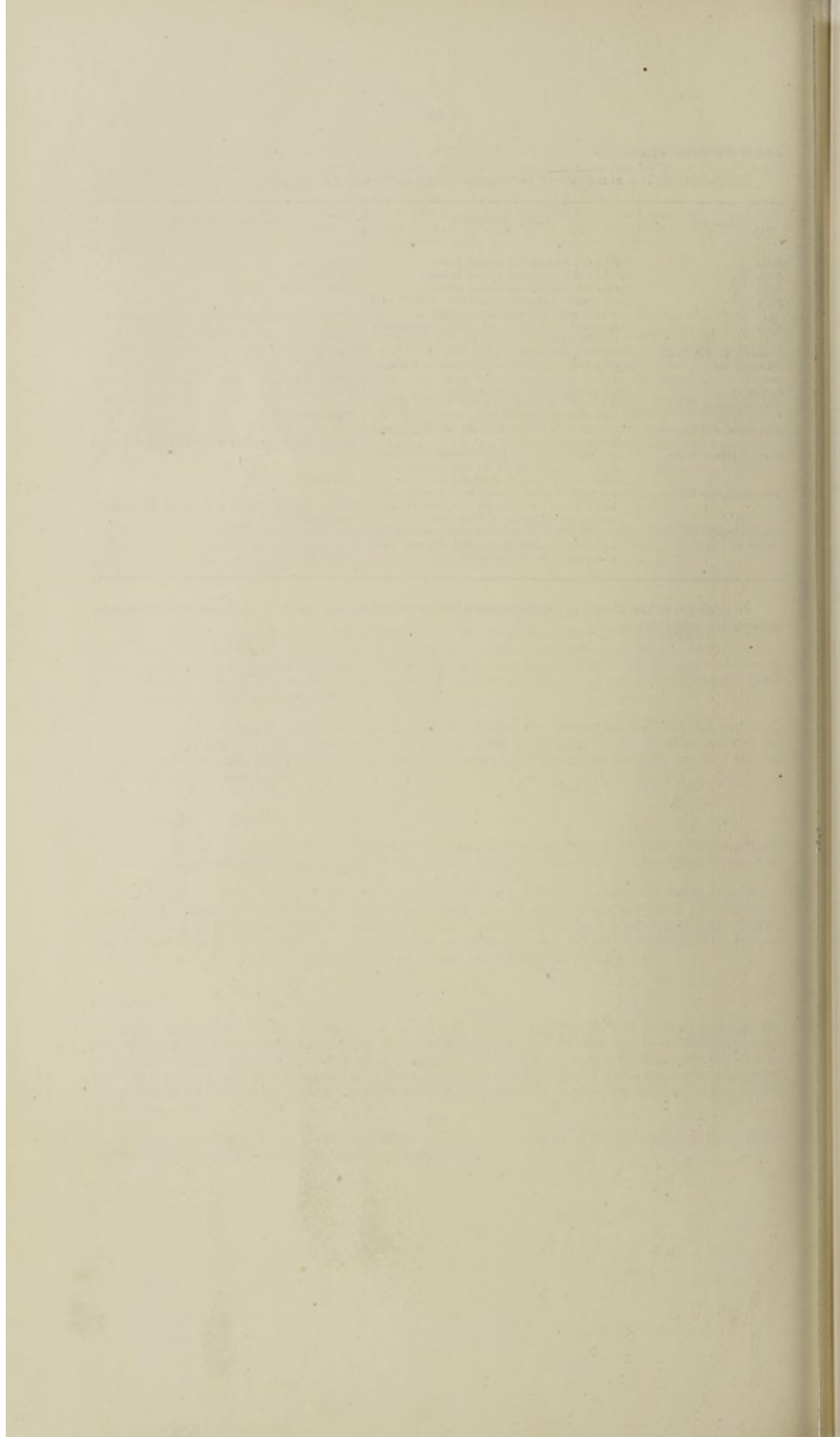
In the coming year more attention will be paid to the sampling of drugs, although there is no evidence to show that there is adulteration in this field.

Legal Proceedings.

The following is a summary of legal proceedings instituted during 1949 :—

Sample.	Nature of Offence.	Result of Proceedings.
Milk	Sold milk containing added water	Conviction.
Milk	Sold milk containing added water	Conviction.
Milk	Sold milk containing added water	Conviction.
Milk	Sold milk containing added water and which was deficient in milk fat	Conviction.
Milk	Possession for sale of milk containing added water	Conviction.
Channel Island Milk	Sold milk deficient in milk fat	Conviction.
Cooking fat	Sold emulsified wax which is not a cooking fat	Conviction.
Sausages	Sold sausages deficient in meat	Conviction.
Non-alcoholic Wine ...	Gave with a food a label which falsely described that food	Conviction.
Non-alcoholic Wine ...	Gave with a food a label which falsely described that food	Dismissed under Probation of Offenders Act.
Non-alcoholic Wine ...	Gave with a food a label which was calculated to mislead as to the nature, substance and quality of that food	Conviction.
Non-alcoholic Wine ...	Gave with a food a label which was calculated to mislead as to the nature, substance and quality of that food	Conviction.
Non-alcoholic Wine ...	Gave with a food a label which was calculated to mislead as to the nature, substance and quality of that food	Conviction.

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



Surrey Education Committee.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1949.

THE SCHOOL HEALTH SERVICE.

The year under review is the first complete year of operation of the National Health Service which in its wide ramifications has had a considerable effect on the form of the School Health Service.

Free medical treatment, other than domiciliary, has since April, 1945, been made available to school children by Local Education Authorities under Section 48 of the Education Act, 1944. The Local Education Authority is still responsible for ensuring that free treatment is available to all school children who require it but the Regional Hospital Boards are responsible for providing hospital and specialist services for the whole of the community; the Minister of Education has, therefore, requested Local Education Authorities to indicate their needs for specialist services to Regional Hospital Boards and to consult with them as to the necessary provision but the Local Education Authority must still provide any non-specialist and other services not provided by the Regional Hospital Boards.

The scheme of Divisional Administration comprising nine Divisions, each under a Divisional Executive and having in charge of the School Health Service, one or more Divisional Medical Officers to each Division has, of course, been established for some years, and much of the administration of the School Health Service is now dealt with at Divisional level. In 1948 under the National Health Service Act, a divisional scheme was set up for certain of the personal health services; the geographical areas of the Health Divisions are the same as those of the Divisional Executives and the same medical officers are responsible for the divisionalised personal health services over the same areas as they are responsible for the school health service; this has the great advantage of achieving a close integration of the school health service and the personal health services which include the scheme for the care of mothers and young children.

A summary of the principal statistics for the year 1949 with comparable figures for 1948 is given below, for convenience:—

	1948	1949
Medical and Dental Inspections.		
Number of primary and secondary children on the Register at end of year	139,055	142,848
Number of children examined at routine medical inspections...	56,783	59,499
Number found to require treatment for diseases or defects ...	7,296	8,019
Percentage requiring treatment for diseases or defects ...	12.85	13.48
Number of dental inspections ...	117,888	108,290
Number referred for dental treatment ...	64,744	59,307
Percentage referred for dental treatment ...	54.9	54.8
Numbers who received treatment ...	45,809	44,322
Provision of Meals and Milk.		
Number of children receiving milk free of cost at end of year...	119,605	120,230
Number of children receiving midday meals ...	90,293	92,583
Number of meals being supplied free ...	9,799	10,515
Employment of Children.		
Medical examinations for part-time employment ...	1,982	3,609
Number of such children considered medically unfit ...	30	29

The principal developments in 1949 are summarised below. Details will be found in the main body of the report.

A comprehensive review of the child guidance service in the County was made in the early part of the year in order that the Committee might be fully informed on the nature of this comparatively new service, its objects and methods and in particular as to the requirements of the service in the County.

The work of the speech therapy clinics continued during the year, three new clinics being opened and additional sessions being held at three existing clinics. In addition, regular treatment sessions were, as an experiment, held at St. Nicholas Special School, Redhill, bringing the total number of clinics to twenty, two of which are full-time clinics.

During the year a new residential open air school for delicate pupils was opened near Guildford to accommodate ultimately between fifty and sixty delicate pupils.

The Committee has also acquired premises at Caterham with initial accommodation for twenty-one deaf pupils, and at Beddington to accommodate 120 educationally sub-normal day pupils. It is hoped that the former premises will be opened in the Autumn of 1950 and the latter during 1951.

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 Administrative County was at mid-year 1949, 1,337,260 of whom 142,848 were children on the registers of 454 primary and 147 secondary schools, an increase of 12,360 and 3,793 compared with the respective figures for 1948. At the end of the year, 1,443 places were available in 37 nursery classes and schools for children between the ages of three and five years.

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

STAFF.

(a) Medical.

(i) *Assistant Medical Officers*.—At the end of 1949 the establishment of assistant medical officers was 37. There were eight 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, 1949, 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.

(c) Health Visitors.

In most parts of the County it has always been the practice for the Health Visitors to undertake also the duties of School Nurse: the exceptions have hitherto been in the ex-autonomous districts where the School Nurses have (since 1945) been in the service of the County Council and the Health Visitors (doing Maternity and Child Welfare visiting) in the service of the autonomous Maternity and Child Welfare authorities.

With the National Health Service Act the County Council became responsible for the Care of Mothers and Young Children over the whole of the Administrative County and it became possible to introduce the combined system in the areas where these functions had hitherto been separate. The advantages of combining in one person the duties of Health Visitor and School Nurse are manifest: the same person is responsible for the domiciliary care of the child throughout its whole childhood; all children in the family come within her purview, so preventing duplication of visiting, which may well be a source of irritation to the family, and incidentally achieving economy of the time of the Health Visiting staff. The change over to combined duties has been achieved with few difficulties and the service is working smoothly and with benefit to the children.

A revision of the establishment of Health Visitors was undertaken during the year. The total establishment was increased to 180 general Health Visitors, approximately a half of whose time was employed on school health work.

(d) Dental Attendants.

The authorised establishment of Dental Attendants was 36 full-time and one part-time. At the end of 1949 all 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, 1949, as compared with 1948:—

	1948	1949
Number of Primary and Secondary Departments ...	572	601
Number of Children on Registers	139,055	142,848

MEDICAL INSPECTION.

(i) MAINTAINED SCHOOLS.

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 a school; 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.

(ii) 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.

The number of children examined in primary and secondary schools was 59,499 and 32,268 parents were present at these routine inspections.

A. Diseases and Defects.

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

	1949
(i) Number examined	59,499
(ii) Number found to have defects... ..	8,019
(iii) Percentage of children examined in need of treatment	13.48

For the last four years the percentage figures for each Division have been :—

ROUTINE MEDICAL INSPECTION. PERCENTAGE OF CHILDREN FOUND TO REQUIRE TREATMENT.

Division.	1946	1947	1948	1949
Northern	11.89	14.55	14.34	13.39
North Central	13.64	13.64	17.15	9.12
North Eastern	7.57	9.81	12.14	15.59
Mid-Eastern	6.98	7.89	16.10	19.92
Central	7.16	5.30	6.02	5.22
South Eastern	8.14	10.20	16.08	11.88
Southern	9.76	12.77	14.86	21.99
North Western	11.67	9.97	10.56	13.94
South Western (Guildford)	14.43	12.79	17.84	20.73
South Western (Outside Boro')	9.07	12.55	12.06	9.50
Administrative County	9.44	10.55	12.85	13.48

Table II (Page 82) shows the diseases and defects found at routine and special inspections. At the routine inspections 8,019 children were found with 9,367 defects requiring treatment and of these defects 4,112 (or 43.9 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 1949.

Entrants.				Second Age Group.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
712	4.1	2,445	14.2	211	1.4	810	5.4

Third Age Group.				Other Routine Inspections.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
57	.5	288	2.4	332	2.2	1,195	7.9

B. Medical Re-examinations and Follow-up Visits.

During 1949, Assistant Medical Officers re-examined and specially examined 33,186 primary and secondary pupils, while 7,478 visits were paid by Health Visitors to the homes of the children with regard to the treatment of defects or diseases.

21,254 defects in need of treatment were discovered at the routine and special inspections in 1949 and 22,673 defects found in 1949 and in previous years had been treated by the end of the year.

C. Malnutrition.

The Ministry of Education now recognises 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 is considered 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 1949 is given below:—

Age Groups.	No. of Children Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	17,237	5,882	34.10	10,805	62.68	550	3.19
Second Age Group	14,924	3,522	23.59	10,831	72.57	571	3.82
Third Age Group	12,196	3,522	28.87	8,364	68.57	310	2.54
Other Routine Inspections	15,142	3,792	25.00	10,697	70.64	653	4.31
Total	59,499	16,718	28.00	40,697	68.39	2,084	3.50

D. Cleanliness.

During the year 1949 the Health Visitors reported 3,192 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1945-49 are given below:—

	Former County Education Area.			Whole County.	
	1945	1946	1947	1948	1949
Number of visits to Schools by nurses for all purposes	14,495	15,698	16,167	15,638	14,529
Cases with nits in the hair	19,128	16,508	13,951	9,989	8,334
Cases with lice in the hair	1,409	1,264	1,019	887	539
Cases with verminous bodies	33	72	9	17	14
<i>Exclusions—</i>					
1st Time	1,456	1,422	1,134	1,031	683
2nd Time	298	252	213	176	86
3rd Time... ..	146	129	110	92	32

During the year, 28 cases of neglect to give proper attention to dirty or verminous conditions were referred to the National Society for the Prevention of Cruelty to Children. Following visits by the Society's Inspectors, all the cases improved and treatment was obtained.

During the year, 548 children were cleansed at the Cleansing Stations shown in Table IV, Group V (b) (Page 86).

MEDICAL TREATMENT OF SCHOOL CHILDREN.

Under the provisions of the Education Act, 1944, the Local Education Authority must arrange for the provision of free medical treatment other than domiciliary treatment for all children attending maintained schools. In addition, under the National Health Service Act parents are now able to obtain free medical treatment for their children from private practitioners within the scheme and from the out-patients departments of hospitals. The year 1949 was the first complete year in which the latter Act operated and the fall in the number of attendances at the school clinics in the year may be due to the provision made in this Act.

(1) MINOR AILMENTS CLINICS.

The attendances at the minor ailments clinics during 1949 together with those for 1948 and the principal ailments for which treatment was sought are shown in the following table:—

	1948		1949	
	First attendance.	Second and subsequent attendances.	First attendance.	Second and subsequent attendances.
Ringworm (Head)	27	30	15	6
Ringworm (Body)	61	123	44	88
Scabies... ..	242	251	133	96
Impetigo	900	1,273	446	701
Other Skin Diseases	3,360	4,603	2,801	3,737
Ear Disease	1,774	2,851	1,327	2,212
Eye Disease	2,963	2,354	2,286	1,507
Other Minor Ailments	19,142	19,736	14,464	14,712
	28,469	31,221	21,536	23,059
Totals	59,690		44,595	

(2) OPHTHALMIC CLINICS.

Table IV (Group II) (Page 85) gives an analysis of the treatment provided for visual defects. Orthoptic treatment is now the responsibility of the Regional Hospital Board and children requiring orthoptic treatment are referred to the hospitals.

(3) 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.

	1948	1949
Number inspected at routine and special inspections	117,888	108,290
Number referred for treatment (and percentage)	64,744 (54.9)	59,307 (54.8)

During 1949, 44,322 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 78.

(4) ORTHOPAEDIC TREATMENT.

In general, the provision of orthopaedic out-patient treatment for school children is the responsibility of the Regional Hospital Board. The Education Committee, however, is still financially responsible for treatment at one voluntary centre (Farnham) which was not taken over.

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

Clinic.	No. of Children Treated.	No. of Treatments.
Guildford, Stoke Road	122	156
Guildford, Stoughton	119	174
Wimbledon, Pelham Road	255	395

The following table shows the work undertaken at the remedial exercises 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
Ash	27	58	17
Carshalton	104	26	14
Caterham	42	43	46
Chertsey	26	33	14
Cranleigh	14	27	8
Egham	27	57	12
Godalming	26	55	23
Guildford, Stoke Road	65	93	32
Guildford, Stoughton	68	92	31
Haslemere	12	48	18
Horley	78	62	63
Leatherhead	125	63	63
North Cheam	49	40	7
Oxted	67	15	10
Purley	147	104	129
Reigate	118	107	77
Wallington	286	186	111
Walton	25	36	12
Wimbledon	54	37	22

Other treatment as shown in Table IV is provided by the Regional Hospital Board and private practitioners.

(5) 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.

HANDICAPPED PUPILS.

The number of children who by reason of some physical or mental disability are not able to benefit by education in the ordinary schools and who were in special schools at the end of the year is included in Table III (Page 83). Children who have been found to be ineducable are reported to the Local Health Authority.

1. PHYSICALLY HANDICAPPED.

These are children 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 physical development. There were 108 such children in special schools at the end of the year.

Cerebral Palsy.

The Committee continue to make a grant to the British Council for the Welfare of Spastics. This Body was appointed to make a special effort to relieve the plight of children suffering from cerebral palsy or spastic paralysis and to organise intensive research and investigation into these conditions.

During the year the Education Committee agreed to develop special facilities for spastic children at or in association with Kingston Open Air School.

Five children suffering from cerebral palsy are at present attending this school and others are awaiting admission. A recent survey of the County showed that there are thirty children of all ages suffering from cerebral palsy within reasonable distance of the School, although, of course, not all of them would be suitable for an open air school.

Cerebral palsy is a crippling ailment present from birth or shortly after birth, often resulting from birth injury to certain cells of the brain and characterised, amongst other things, by stiffness or weakness of the limbs, often accompanied by uncontrollable jerky movements affecting all parts of the body, including especially the muscles of tongue, palate and larynx so that speech is affected. The condition, except in rare cases, is not progressive save in so far as weak and stiff muscles may produce contractual deformities of the limbs which, unless dealt with promptly, will be permanent and only capable of being dealt with by surgical procedures. On the other hand, brain cells once damaged cannot recover, but careful training can in many cases produce more normal use of the muscles and improved speech. Such children often suffer from fits, and, as the brain is damaged, a proportion of them are mentally defective.

Early ascertainment and assessment of the severity of the condition is most essential since the results of treatment are undoubtedly better in the younger children. In addition, however, after

early intensive treatment to educate the child in the use of the affected limbs or muscles, continued supervision and treatment is necessary to prevent relapses; and this should be developed to vocational training suited to the child's particular handicap and to his capacity.

With regard to diagnostic and early treatment facilities, these already exist at Queen Mary's Hospital, Carshalton, which includes a "spastic unit" working to a very high standard under a staff with special knowledge and experience of the condition; but no special schools, either day or residential, with facilities for the specialised care and supervision needed by these children exist in the administrative County of Surrey: and there is a great scarcity of accommodation catering specially for spastic children.

In view of the numbers of spastic children in the part of the County surrounding the school, the Committee approved in principle the provision of a spastic unit attached to Kingston Day Open Air School: and it is hoped to develop the unit in close association with the consultant and treatment facilities available at Queen Mary's, Carshalton. The principal hindrance to developing the unit at the present time is lack of accommodation.

2. BLIND AND PARTIALLY SIGHTED PUPILS.

There were sixty-three blind and partially sighted children in special schools at the end of the year.

3. DEAF AND PARTIALLY DEAF PUPILS.

At the end of 1949, 92 deaf, or deaf and dumb, and 11 partially deaf children were in special schools.

The Committee in 1947 purchased Portley House, Caterham, for adaptation as a residential special school for deaf children. This school will be opened in the Autumn of 1950 with initial accommodation for approximately twenty pupils. Some 40 per cent of these pupils will be Surrey cases and the remainder from neighbouring Counties in the south eastern area of the country.

4. EDUCATIONALLY SUB-NORMAL CHILDREN.

On the 31st December, 1949, there were 295 educationally sub-normal children on the registers of day and boarding special schools.

(a) St. Nicholas Residential School, Redhill, was opened in 1948 with accommodation for 100 boys aged 11-16. At the end of the year 77 boys were in residence.

(b) Gosden House, Bramley. This residential school accommodates 80 girls under 16, and 20 boys under ten. At the end of 1949, 79 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. It is hoped to solve this problem by providing additional day special schools in the more heavily populated areas of the County. One such school with accommodation for 120 pupils is scheduled to be opened at Beddington in 1951.

(c) St. Christopher's Day Special School. At the end of 1949 there were 83 children on the register of this school. All children are examined before admission and before discharge and are also supervised, by the Medical Officer to the school.

During 1949, 101 children were recommended to be reported to the Local Authority for Mental Deficiency as ineducable 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.

5. 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.

Two residential open air schools are maintained by the Education Committee namely:—

Barbara Edith Boarding Open Air School, Bletchingley. At the end of the year there were 19 children resident at the Committee's Special School at Bletchingley.

Sunnydown Boarding Open Air School, Guildford. This school was opened in March, 1949, in premises situated on the Hogs Back, within easy reach of Guildford. It is intended that the school shall ultimately accommodate between fifty and sixty delicate pupils. Twenty-two children were resident at the end of 1949.

One day open air school is maintained by the Committee:—

Kingston-upon-Thames Day Open Air School. Sixty-two delicate pupils were attending this day Special School at the end of 1949. Reference has been made elsewhere in this report to the Committee's proposal to establish a spastic unit attached to this School.

In addition to the above provision, the Education Committee sends children to various voluntary boarding or day open air schools and at the end of 1949, 235 delicate children were receiving special educational treatment in such schools. Those mainly used were :—

Castleham Open Air School, St. Leonard's-on-Sea.
 Dedisham Convalescent Nursery School.
 Fairfield House Open Air School, Broadstairs.
 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.

6. MALADJUSTED PUPILS.

These are children who show evidence of emotional instability or psychological disturbances and who require special educational treatment to effect their personal, social or educational re-adjustment. Information concerning the number of cases dealt with in 1949 will be found under "Child Guidance" on Page 76.

7. 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. Nineteen children were being maintained in such schools at the end of the year.

Hospital Special Schools.

Under the provisions of the National Health Service Act, 1946, the Education Committee have assumed educational responsibility for three hospital special schools whose general administration is undertaken by the Regional Hospital Board; Queen Mary's Hospital, Carshalton, with 630 children (transferred from the London County Council); the Rowley Bristowe Orthopaedic Hospital, Pyrford, with 50 children; and the Tadworth Court Hospital, Tadworth, with 100 children.

Home Tuition.

On the 31st December, 1949, whole-time and part-time teachers were visiting in their homes 50 handicapped children, some of whom were waiting vacancies in special schools, and 53 children receiving in-patient treatment in hospitals.

SPECIAL FORMS OF TREATMENT.

A. Child Guidance.

During the year, the Education Committee reviewed the provision made for this important service and agreed to an ordered programme of expansion to meet the existing and anticipated need as staff becomes available.

Child Guidance Clinics were first established on a small scale in Surrey in 1941. Since then continuous efforts have been made to expand the service but from the outset the work of the clinics has been limited by the difficulty of securing staff and good accommodation.

The Ministry of Education which is anxious for Local Education Authorities to develop their Child Guidance services as much as they can under present circumstances has estimated that about one per cent of children are maladjusted and are in need of the services of the child guidance clinic each year. In Surrey, the mid-year 1949 school child population was estimated to be 172,930.

Preferably, child guidance should be given in a large number of relatively small units rather than in a few larger ones, so as to minimise travelling and so that each member of the clinic team should be intimately acquainted with the circumstances of the area and in particular should be able to develop close personal contact with all other professional workers in the area dealing with children. It is considered that the unit which, under good conditions, could most effectively provide a high standard of diagnosis, educational service and treatment is a clinic to deal with about 300 new cases per annum. To provide for the needs of the County—as estimated by the Ministry of Education—would therefore require the equivalent of about 5½ full-time clinics. Each full-time clinic would need the services of one psychiatrist, one psychologist, one play therapist and two psychiatric social workers, all full-time, together with one educational psychologist who would be particularly concerned with work in schools.

At the beginning of the year there were, in fact, six clinics in the County, undertaking the following number of sessions per week: Guildford 3, Kingston 2, Reigate 6, Sutton 8, Wimbledon 1, Woking 2. With this number of sessions, the clinics could not cope with the number of children referred to them, but on the other hand, the demand did not seem to justify at this time an increase in the number of sessions up to the standard indicated by the Ministry. The Committee therefore agreed to an increase to be implemented as soon as staff became available and need arose, from a total of 22 sessions a week to 40, these being distributed as follows: Guildford 6, Kingston 6, Reigate 6, Sutton 10, Wimbledon 6, Woking 6.

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

Clinic.	Average No. of psychiatric sessions per week.	Total No. of cases referred to clinics.	New cases seen			No. of cases on waiting list at end of year.
			Court cases.	Other cases.	Total	
Guildford						
1949	4	183	36	89	125	46
1948	2	157	43	80	123	20
Kingston						
1949	3	151	6	98	104	73
1948	2	82	—	64	64	10
Reigate						
1949	6	116	—	115	115	22
1948	4	130	—	87	87	40
Sutton						
1949	7	237	39	127	166	107
1948	5	208	36	133	169	80
Wimbledon						
1949	2	80	6	53	59	44
1948	1	48	—	37	37	17
Woking						
1949	3	107	35	40	75	48
1948	2	107	27	47	74	28
Total						
1949 ... ..	...	874	122	522	644	340
1948 ... ..	...	732	106	448	554	195

B. Sunlight Treatment.

During 1949, 142 children made 1,870 attendances at artificial sunlight treatment clinics held at Stoughton Clinic, Guildford; B.R.C.S. Curative Post at Farnham; Wallington Solarium and Priory Crescent Clinic, Cheam.

C. Speech Defects.

There were 19 Speech Clinics in operation at the end of the year, additional clinics having been opened at Wallington, Surbiton and Chertsey during the year and additional treatment sessions at Epsom, Mitcham and Woking. The Speech Therapist at Reigate clinic also held regular sessions at St. Nicholas Special School, Redhill.

Children are admitted and discharged on a medical recommendation, whilst consultations are arranged during the period of treatment whenever the Speech Therapist desires medical advice concerning any of the children.

A total of 840 children received treatment at the clinics during the year mainly for stammer, lisp or undeveloped speech. Of these 92 were discharged as cured and 49 discharged much improved.

D. Infectious Disease.

Table V gives the number of notifications of cases by Head Teachers of schools during 1949. The following table shows the total exclusions on account of the principal infectious diseases each year since 1945:—

Exclusions for	1945	1946	1947	1948	1949
	No. of children excluded	No. of children excluded.	No. of children excluded.	No. of children excluded.	No. of children excluded
Measles	4,434	2,026	3,996	5,073	4,608
Whooping Cough	570	1,257	1,344	2,166	1,216
Scarlet Fever	701	859	832	985	1,692
Chickenpox	1,333	2,123	1,394	3,988	2,608
Diphtheria	105	75	35	32	14
Mumps	1,148	2,378	3,409	2,898	2,484

E. 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.

Six cases of diphtheria in school children were notified during the year : of these three had had a full course of immunisation. No school children died of the disease.

PROMOTION OF HEALTH.

I am indebted to the Chief Education Officer for the notes under this heading.

A. Physical Education.

The general standard of work in Physical Education throughout the county is far from good though some excellent work is being carried on in particular schools where facilities are satisfactory and where the staff responsible are competent and well-qualified. In the more highly specialised branches of Physical Education, e.g. Athletics, Swimming, Boxing, Games, the standard of work in many schools has shown a marked improvement, due mainly to the enthusiasm of those teachers who have attended courses. On the other hand, the day-to-day Physical Training, largely gymnastic in character, is struggling under too many handicaps to show any reasonable progress. The chief of these are :—

1. Lack of suitable clothing, especially footgear.
2. Lack of indoor exercising space and/or good playground surfaces.
3. Shortage of apparatus, especially of the climbing, heaving type.

Steps are being taken to meet these difficulties especially in the improvement of playground surfaces and in the provision of apparatus, but unless a more generous provision of plimolls is made to schools much of the value of the work will continue to be lost.

Many refresher courses for teachers have been organised in various parts of the county and all have been well attended. The increased technical knowledge and skill gained by the Teachers are already having an effect, both on the standard of work and on the range of activities included in school syllabuses.

Arrangements for the treatment of children with postural defects have been improved though much still needs to be done both within the schools and at special centres before the need is fully met. The problem is being given careful attention by all concerned with the Physical Education of school children.

On the whole, wherever conditions are satisfactory a fair standard of work has been maintained but far too many schools are unable to progress because of the lack of even the bare minimum of facilities for up to date Physical Education.

B. Open Air Education.

(a) *Summer Camp*.—During 1949 the Henley Fort Camp was opened for 18 weeks, between 14th May and 1st October. During this period no serious illness occurred. The following statistics are given for 1949 together with those for the preceding year :—

	1948 (27th season)	1949 (28th season)
Number of children	455	472
Number of teachers	26	27
Number of schools	7	11
Average cost of food per head per week	10/2½d.	11/7d.
Number of weeks	18	18

(b) *Sheepatch Camp School, Tilford*.—Following a successful four years' tenure, the Education Committee have now arranged to lease this camp for a further three years from the 1st January, 1951.

During the greater part of the past four years children have remained in residence for a full school term and various additional amenities have been provided which are more suitable for a longer period of stay. The dormitory accommodation has also been reduced so that the upper limit of accommodation has now come to be regarded as 180 and, except during 1949-50 when there was some decline in numbers, from 160 to 180 boys and girls have been admitted each term. They have continued to be recruited voluntarily from the 14 plus age group and are drawn from all parts of the County.

Except for a short period at the end of the Easter term, 1950, when there was a severe outbreak of influenza at the camp, the camp has enjoyed remarkable immunity from epidemics, and the health record has been excellent.

C. 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, 1949.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Free of Cost
134,870	92,583	10,515	120,230

There were 601 departments being supplied with canteen meals at the end of the year.

The quality of the milk supplied continues to be of a satisfactory standard as regards safety and methods of supply; nearly all schools received pasteurised, heat-treated or tuberculin tested milk delivered in one-third pint bottles with straws.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

During 1949, the Education Committee was responsible for the maintenance and training at residential institutions of six 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 3,609 children were specially examined for this purpose; 29 children were, on medical grounds, considered unfit to undertake part-time employment.

During the year special licences were applied for in respect of 143 pupils to take part in entertainments; all were examined by Assistant Medical Officers and found to be fit.

REPORT OF THE COUNTY DENTAL SURGEON, 1949.

SCHOOL DENTAL SERVICE.

I. General.

The difficulties experienced by Local Authorities in providing a dental service for school children under the terms of the Education Act of 1944 have been widely publicised. In some parts of the County the dental service has ceased or exists only in a limited form. All Authorities are experiencing great difficulty in obtaining dental surgeons and retaining the existing staffs because of the attractions of practice under the National Health Scheme.

Owing to the action of the Surrey Authority during 1949 in offering increased remuneration, it has been possible to retain the majority of the dental surgeons on the staff, provide a reasonable dental service in most areas of the County, and to continue the normal service in some. It has also been possible to make up some of the wastage of staff which occurred during 1948, but all the new members joining the staff have been recruited from other Authorities. No candidates from outside the Service applied for posts and no recently qualified dental surgeons offered their services. Though the dental service in Surrey continues, I am greatly concerned at the lack of young dental officers on the staff. The average age of the dental officers is too high and unless young qualified men and women can be attracted to the Service there is a possibility that the service will run down through normal wastage of staff. There are not enough dental practitioners in the country to provide a complete service for the whole population and it seems that the introduction of a National Health Service under the Act of 1946 has resulted in the priority classes of patients, specifically mentioned in the Act, receiving less attention than before.

II. Staff.

The establishment on the 31st December, 1949, was :—

- 1 County Dental Surgeon.
- 2 Dental Officers for Orthodontic Treatment.
- 34 Dental Officers full-time.
- 36 Dental Attendants full-time.
- 1 Dental Attendant part-time.

The number of dental surgeons in terms of full-time officers engaged in the service on 31st December, 1949 was 30 $\frac{2}{11}$ but one was on prolonged sick leave and able to work only a few weeks in the course of the year. The actual number of persons engaged including part-time officers and locum tenens was 35. During the early part of the year the number of dental officers on the staff fell as low as 25.

All the dental officers undertake dental treatment of expectant and nursing mothers and pre-school children, and the time devoted to this amounts to approximately 28 sessions per week throughout the County area thus representing the work of 2 $\frac{1}{2}$ dental surgeons full-time. The County Dental Surgeon and two other dental officers also work part-time in hospitals to the extent of approximately five sessions a week. Thus the equivalent full-time number of dental surgeons available for the school dental service at the end of the year was just over 27.

III. Dental Inspection.

The school population in maintained schools in Surrey is, approximately, 144,000, and out of these 94,465 were dentally inspected as a routine and a further 13,825 as emergency cases. Owing to the depleted staff it was not possible to inspect the remainder in the time available and I regret to report that in some areas where the shortage of staff was acute many children have received no routine inspection for over a year. I feel it inadvisable to ask dental surgeons to devote more sessions to inspections as there is so much urgent treatment awaiting completion. Out of the 108,290 inspected, 59,307 (54.8 per cent) were found to require treatment. Fortunately the dental defects found in young children were not so extensive as found in pre-war years and there is little difficulty in persuading parents to accept the treatment offered. The average percentage of acceptances of treatment throughout the county area is 68.8 per cent with a maximum in some areas of 98 per cent. The remaining 31.2 per cent should not be taken as refusals of treatment as some children obtain treatment from private practitioners.

The following table shows that there was an increase of numbers inspected per session by the dental officers compared with previous years. It is the practice in Surrey for the dental officers to chart the defects found in detail: thus the parents can be informed of the extent of treatment necessary and the work at the treatment clinics is facilitated.

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.		
1,026	Inspected	6,326	9,314	9,149	7,810	8,519	8,882	9,004	9,153	9,174	8,684	6,228	2,326	1,025	473	94,465	13,825	108,290
	Referred for Treatment	2,642	4,011	4,362	4,016	4,559	4,619	4,782	4,747	4,813	4,972	3,337	1,188	473	182	47,801	11,506	59,307

IV. Dental Treatment.

Owing to the interruption of normal inspection and treatment in some areas the number of emergency cases in pain presenting themselves at the clinics increased and the routine work was frequently impeded. The less routine treatment carried out means, inevitably, more emergency cases, so that an understaffed service soon develops into an emergency service for the extraction of teeth only. Fortunately the service continued normally in four of the Divisional areas throughout the year.

Because of the shortage of staff the total number treated was less than in previous years, but the amount of treatment carried out by each dental officer has increased. Many of the officers could not deal with any more cases than they see at present, and I feel that the chairside hours of thirty-three-and-a-half are quite exacting when the majority of patients are young children.

In some areas numbers of children failed to keep appointments and the dental officers were rarely notified, so that additional patients could not be called. This is one of the greatest factors causing arrears of treatment. I believe that in some areas there could be better liaison with head teachers who are the most valuable allies in conducting a dental service for children. Unfortunately the children failing to keep appointments usually arrive at the clinics some months late as emergency cases in pain and further delay the routine work.

The following table shows the extent and type of treatment given:—

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-traced.	Filled.	Ex-traced.	Filled.			Permanent Teeth.	Temporary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
9,450 $\frac{1}{2}$	44,322	88,036	11,651	41,162	40,773	6,535	47,697	21,260	13,649	5,253

V. Orthodontic Service.

Unfortunately, both specialist officers resigned during the year and the service was suspended for a time in two Divisions. The remaining dental officers carried on the treatment in cases where this had already been begun. Eventually one full-time and one part-time orthodontists were appointed and the service continued.

The actual number of cases given attention during 1949 is larger than in previous years but there are still long waiting lists. The value of this work is so great and is so much appreciated by the parents that I have little doubt that the service will need to be expanded in the future.

Under Care of	No. under treatment.	No. of Removable Appliances.	No. of Fixed Appliances.	No. of Cases Completed.
Dental Officers	742	601	—	371
Dental Officers on special duties ...	1,371	698	108	603
Totals	2,113	1,299	108	974

VI. Dental Health—Investigation, etc.

The percentage of children found to require treatment is similar to that in previous years, but the amount of treatment required by each patient is diminishing.

Several dental officers are conducting investigations into preventative measures such as the application of certain substances to the teeth as deterrents to dental caries. Parents have been co-operating and have been assured that these substances cannot cause harm to general or dental health.

Periodic meetings of the whole staff were held, papers on clinical subjects were read by dental officers and interesting discussions followed. The meetings were a valuable asset in the administration of the service.

VII. Clinics and Equipment.

Two additional surgeries were established during 1949 in existing clinics, one in Pelham Road, Wimbledon and the other at Ewell Court, Ewell.

A part-time officer was available to staff the clinic at Ewell and the surgery at Wimbledon is used by the orthodontist.

The two mobile clinics, have given excellent service and have amply justified the initial outlay in providing them.

During the year, eight X-Ray machines were installed at suitable clinics throughout the County area. They provide a convenient aid to diagnosis and a most necessary one as it was becoming increasingly difficult to obtain radiographs from hospitals. The majority of dental attendants were given some instruction in the use of the machines and development of films.

Projects for new clinics at Morden (to replace Aston Road, Raynes Park Clinic), Haslemere, Leatherhead and Kingston (Keeldar) and a County Dental Laboratory were considered during the year. At the present time adaptations are in progress at "Keeldar," Kingston and a Clinic and Dental Laboratory will shortly be established there.

The situation in the Godalming area has not improved and new premises are urgently required. Arrangements have been made to transport some patients from Godalming area to Guildford Clinic as it is impossible to deal with them at the existing clinic.

In conclusion, I should like to mention the good work of the dental attendants. The dental service could not have continued so smoothly under difficult conditions without their help and loyal co-operation.

B. PEACOCK,

County Dental Surgeon.

SURREY EDUCATION COMMITTEE

SCHOOL MEDICAL OFFICER'S REPORT, 1949

MEDICAL INSPECTION AND TREATMENT OF CHILDREN ATTENDING SCHOOLS

TABLE I.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of Children Inspected.		Total.
	Boys.	Girls.	
Entrants	8,971	8,266	17,237
Second Age Group	7,421	7,503	14,924
Third Age Group	6,446	5,750	12,196
Other Routine Inspections	7,659	7,483	15,142
Totals	30,497	29,002	59,499

B.—OTHER INSPECTIONS.

	Special Inspections.	Re-examinations.	Total.
Boys	7,297	8,871	16,168
Girls	7,764	9,254	17,018
Totals	15,061	18,125	33,186

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1949.

	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	2	1	10	3
" Body	6	2	23	—
Scabies	20	5	96	3
Impetigo	8	3	204	2
Other diseases (non-tubercular)	458	600	1,456	134
Eye—				
Blepharitis	150	115	146	11
Conjunctivitis	41	30	139	12
Keratitis	—	1	1	2
Corneal opacities	1	8	—	2
Defective vision (excluding squint)	2,150	2,662	1,823	462
Squint	458	570	164	47
Other conditions	74	145	353	101
Ear—				
Defective hearing	96	290	78	63
Otitis media	105	419	90	27
Other ear disease	134	202	360	71
Nose and Throat—				
Chronic Tonsillitis only	324	2,951	179	205
Adenoids only	84	318	58	31
Chronic Tonsillitis and adenoids	879	1,406	801	115
Other conditions	217	597	340	142
Enlarged cervical glands (non-tubercular)	137	2,412	71	148
Defective speech	160	327	167	55
Heart and Circulation—				
Heart disease, Organic	24	216	12	18
" Functional	17	488	16	33
Anemia	347	279	164	25
Lungs—				
Bronchitis	68	274	45	25
Other non-tubercular diseases	107	692	159	140
Tuberculosis—				
Pulmonary definite	5	18	6	1
" suspected	23	109	32	15
Other Tuberculous diseases	17	46	4	6
Nervous system—				
Epilepsy	15	45	11	9
Chorea	4	40	7	7
Other conditions	13	143	50	43
Orthopaedic—				
Posture	638	1,219	167	99
Flat Feet	966	1,449	162	65
Other forms	762	1,767	353	129
Rheumatism	28	129	97	54
Mental Condition	—	—	—	—
Psychological (a) Development	26	266	59	56
(b) Stability	47	350	99	59
Developmental (a) Hernia	55	134	9	1
(b) Other	67	415	6	17
Other diseases and Defects	636	1,255	3,796	725
Totals	9,367	22,399	11,887	3,163

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	17,237	2,179	12.64
Second Age Group	14,924	2,184	14.63
Third Age Group	12,196	1,374	11.27
Other Routine Inspections	15,142	2,282	15.08
Totals	59,499	8,019	13.48

TABLE III.

RETURN OF ALL HANDICAPPED PUPILS IN THE COUNTY, IN SPECIAL SCHOOLS AND HOSTELS,
ON 31ST DECEMBER, 1949.

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	19	10	29
(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	24	10	34
(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	51	41	92
(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	4	7	11
(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	143	92	235
(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	1	—	1
(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	180	115	295
(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	13	6	19
(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	12	68
(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	61	47	108
(k) Speech Defect —pupils who, on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment	1	3	4
Totals	553	343	896

TABLE IV.

GROUP I.—TREATMENT (OTHER THAN DEFECTIVE VISION AND TONSILS AND ADENOIDS) CARRIED OUT DURING 1949.

	Treatment of defects during 1949.		Total defects treated during 1949.
	Routine cases.	Special cases.	
	Defects treated.	Defects treated.	
Skin—			
Ringworm, Head	—	15	15
" Body	3	26	29
Scabies	14	143	157
Impetigo	10	258	268
Other Diseases (non-Tubercular) ...	211	1,905	2,116
Eye—			
Blepharitis	68	280	348
Conjunctivitis	20	180	200
Keratitis	—	1	1
Corneal Opacities	2	—	2
Defective Vision	} See Table IV Group II		
Squint			
Other Conditions	41	592	633
Ear—			
Defective Hearing	43	61	104
Otitis Media	55	96	151
Other Ear Disease	63	525	588
Nose and Throat—			
Chronic Tonsillitis only	} See Table IV Group III		
Adenoids only			
Chronic Tonsillitis and Adenoids ...			
Other Conditions			
Enlarged Cervical Glands (non-Tubercular)	60	68	128
Defective Speech	80	177	257
Heart and Circulation—			
Heart Disease, Organic	15	7	22
" Functional	11	10	21
Anemia	127	141	268
Lungs—			
Bronchitis	40	35	75
Other non-Tubercular Diseases ...	81	137	218
Tuberculosis—			
Pulmonary, Definite	1	5	6
" Suspected	9	29	38
Other Tuberculous Diseases ...	15	4	19
Nervous System—			
Epilepsy	7	12	19
Chorea	3	9	12
Other Conditions	8	44	52
Orthopaedic—			
Posture	461	194	655
Flat Foot	500	199	699
Other Forms	358	383	741
Rheumatism	13	43	56
Mental Condition	—	—	—
Psychological (a) Development ...	8	108	116
(b) Stability	36	235	271
Developmental—			
(a) Hernia	23	8	31
(b) Other	26	6	32
Other Diseases and Defects	302	3,473	3,775
Totals	2,713	9,410	12,123

TABLE IV.—Contd.

GROUP II.—TREATMENT OF VISUAL DEFECTS DURING 1949.

Number of defects dealt with.	Number of children.			
	For whom spectacles were prescribed.	Recommended for treatment other than by spectacles.	Received other forms of treatment.	For whom no treatment was considered necessary.
8,556	5,691	418	310	1,313

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT DURING 1949.

Number of defects.

Received operative treatment.									
Tonsils.	Adenoids.	Tonsils and Adenoids.	Other Conditions.	Tons.	Aden.	Received other forms of treatment.		Total number treated.	
						T. & A's.	Other Cond.	Aden.	T. & A's.
77	31	1,291	144	20	8	69	354	97	1,360
									498

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 Signs devoted to inspec- tion.
	5 and under	6	7	8	9	10	11	12	13	14	15	16	17	Over 17	Total.			
Inspected by Dentists ...	6,326	9,314	9,149	7,810	8,519	8,882	9,004	9,153	9,174	8,684	6,228	2,326	1,025	473	94,465	13,825	108,290	1,024
Referred for Treatment ...	2,642	4,011	4,362	4,016	4,559	4,619	4,782	4,747	4,813	4,972	3,337	1,188	473	182	47,801	11,506	59,307	—

(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)
1,026½	9,450½	88,036	11,651	41,162	40,773	6,535	47,697	21,260	13,649	5,253

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					
5,267	8.59	367,553	413	8,471	539	14	9,437	3,192	1,042	683	86	32	—	—	—	—	

(b) CHILDREN CLEANSSED AT CLEANSING STATIONS DURING 1949.

Number of children cleansed.			
Cleansing Station.	Verminous heads.	Verminous bodies.	Total.
Addlestone	9	—	9
Banstead...	1	—	1
Camberley	26	—	26
Carshalton	32	—	32
Chertsey ...	13	—	13
Epsom ...	28	—	28
Esher ...	13	—	13
Farnham...	3	—	3
Guildford	238	—	238
Kingston...	36	—	36
Malden ...	31	—	31
Merton ...	62	—	62
Mitcham...	—	—	—
Sutton ...	20	—	20
Wallington	3	—	3
Walton ...	32	—	32
Totals ...	547	—	547

TABLE V.

NOTIFICATION OF COMMUNICABLE DISEASES BY HEAD TEACHERS DURING 1949

(a) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	4	1	9	14
Scarlet fever	911	38	536	1,485
Enteric fever	—	—	1	1
Measles	4,321	58	301	4,680
Whooping Cough	1,063	53	107	1,223
German measles	108	7	32	147
Chicken-pox	2,448	50	110	2,608
Mumps	2,240	142	112	2,494
Jaundice	81	1	11	93
Other	99	19	84	202
Totals	12,375	369	1,303	13,947

(b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	16	1	17
Impetigo	60	2	62
Scabies	31	3	34
Other... ..	29	6	35
Totals	136	12	148

