

[Report 1950] / Medical Officer of Health, Surrey County Council.

Contributors

Surrey (England). County Council.

Publication/Creation

1950

Persistent URL

<https://wellcomecollection.org/works/mw23k3tf>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1950

INDEX.

PREFACE	4
AMBULANCE SERVICE—	
Acceptance of Calls	43
Administration and Organisation	43
Ambulance Provision in Surrey	43
Civil Defence	43
County Health Service	44
Fire Brigade Emergency Ambulance Service	45
Hospital Car Service	47
Increase of Work	48
Infectious Disease Hospitals	46
National Health Service (Amendment) Act, 1949	43
Total Volume of Work	48
Voluntary Organisations' Ambulance Services	46
CARE OF MOTHERS AND YOUNG CHILDREN—	
Ante-Natal and Post-Natal Clinics	30
Convalescent Treatment	32
Day Nurseries	32
Infant Mortality	11, 29
Infant Welfare Centres	31
Maternal Mortality	32
Notification of Births under the Public Health Act, 1936	28
Ophthalmia Neonatorum	30
Pemphigus Neonatorum	30
Premature Infants, Care of	29
Puerperal Pyrexia	32
Unmarried Mothers and the care of illegitimate children	32
Voluntary inspection of children under five years of age	32
COUNTY HEALTH DEPARTMENT	5, 24
DENTAL CARE OF MOTHERS AND YOUNG CHILDREN—	
REPORT OF COUNTY DENTAL SURGEON	34
FOOD AND DRUGS	72
HEALTH CENTRES	67
HEALTH DIVISIONS	6, 27
HEALTH VISITING—	
Establishment	37
Health Visitors' Training Course	40
Other duties of Health Visitors	40
Staff	37
Work done by Health Visitors	39
HOME HELPS	60
MENTAL HEALTH SERVICES—	
Observation Wards	64
Occupation and Training Centres	65
Organisation—	
Administration and Staff	64
Clinics—Psychiatric and Mental Deficiency	64
Constitution and meetings of Mental Health Services Sub-Committee	64
Training of Mental Health Workers	64
Work carried out	65
NURSERIES AND CHILD MINDERS REGULATION ACT, 1948	70
NURSING HOMES (PUBLIC HEALTH ACT, 1936)	70
MIDWIFERY AND HOME NURSING—	
Domiciliary Midwives and Home Nurses—	
Administration	36
Residential Accommodation	37
Transport	37
Voluntary Nursing Associations	37
Work of the Nurses and Midwives	36
Local Supervising Authority (Midwives)—	
Analgesics, Administration of	36
Cases attended by Midwives	35
Notifications of intention to practise	34
Notifications from midwives	35
Special investigations	35
Summoning of medical aid	35
MILK AND DAIRIES	71

INDEX—continued.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE OF
THE SICK—

Nursing Equipment	59
Public Education in Health	59
Re recuperative Holidays	58
Tuberculosis—	
Anti-Tuberculosis Scheme	48
B.C.G. Vaccination	52
Boarding Out of Child Contacts	52
Care Organisation	53
Chest Clinic Organisation	48
Home Conditions	51
Mass Radiography	54
Occupational Therapy	53
Provision of Free Milk	53
Voluntary Associations	53
Work of Chest Clinics	49
Veneral Diseases	59

REFUSE DISPOSAL 72

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944 ... 72

SCHOOL HEALTH SERVICE—

Child Guidance Treatment	80
Cleanliness	77
Dental Service—	
Report of the County Dental Surgeon	84
Diphtheria Immunisation and Vaccination... ..	82
Diseases and Defects	75
Employment of Children	83
Further Education and Training of Disabled Persons	83
Handicapped Pupils	79
Home Tuition	80
Hospital Special Schools	80
Infectious Disease	82
Malnutrition	76
Meals and Milk	83
Medical Inspection	74
Medical Re-examination and Follow-up Visits	76
Medical Treatment	77
Open Air Education	83
Physical Education	82
Population	74
Primary and Secondary Schools—	
Numbers and Attendances	74
Speech Defects	81
Sunlight Treatment	81

STATISTICS—

Area—Administrative County and County Districts	7
Births and Birth Rates	10, 12
Deaths and Death Rates—	
All causes	11, 12
Causes at different periods of life	15
Causes in first year of life	17
Heart and Vascular Disease	14
Malignant Disease	14
Respiratory Diseases (non-tuberculous)	14
Tuberculosis	14
Housing—	
New houses erected during 1950	8
Provided by Local Authorities	9
Rural Housing	10
Infant Mortality	11, 29
Infectious Diseases—	
Diphtheria	17
Incidence of	17
Notifications and Deaths	17
Poliomyelitis	19
Maternal Mortality	13, 32
Population—	
Administrative County	7
County Districts	7
Health Divisions	27
Rateable Value and estimated produce of a penny rate	10
Still Births	12
Vital Statistics	10
Tuberculosis—	
Notifications	20
Deaths	24
New Cases and Deaths	24

VACCINATION AND IMMUNISATION—

Diphtheria Immunisation	41
Smallpox Vaccination	42
Other Diseases	42

WELFARE SERVICES—

Blind Welfare	68
Other handicapped persons	70

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 1950.

The total population of the County at mid-year 1950 is estimated by the Registrar-General to be 1,358,510, an increase of 21,250 over the estimated civilian population at mid-year 1949: of this increase, 4,250 represents the excess of births over deaths, the remainder being due to movement of population into the County. This latter trend is a considerable problem to the housing authorities and it will be noted from the table on page 9 of the Report that despite the considerable amount of building which has taken place since the war, the overall ratio of population to houses in the County is still slightly less favourable now than it was in 1939. Fuller information, e.g. as to number of rooms per house, will be obtainable when the analysis of the figures obtained in the 1951 Census are published.

The birth rate diminished from 14.71 per thousand population in 1949 to 13.53 per thousand in 1950. While the general death rate showed a very slight increase to 10.41 per thousand population, the death rates from tuberculosis and malignant disease (0.73 and 1.82 per thousand population respectively) both showed slight decreases. The notable decline in the infant mortality rate which has taken place over the past few years was maintained, the rate being 21.86 per thousand: the neo-natal mortality rate—which is included in this last figure—was 15.45. Thus 70 per cent. of the deaths in the first year occurred in the first four weeks. Reference to the table on page 11 of the Report shows that while both the neo-natal mortality and the mortality in the remaining eleven months of the first year are declining, the decrease is less in the first month. Many of these deaths are due to prematurity and provision is made either for supplying equipment for nursing such children at home or for admitting them to hospitals or other institutions where special arrangements exist for their care. An inquiry is now made by the staff of the Health Department into every infant death occurring in the County and it is hoped to be able to report on the findings when sufficient data have been collected.

Comment was made in the Annual Reports for 1948 and 1949 on the need for close and constant consultation at all levels between the three bodies providing health services under the National Health Service Act so as to ensure an agreed policy between the three bodies and to ensure proper exchange of information so that all necessary services, whatever the body providing them, may be mobilised in the prevention and treatment of illness. The first meeting of a small liaison committee consisting of two members of the Regional Hospital Board and the Chairman and Vice-Chairman of the County Health Committee took place early in 1950: this committee now meets regularly and has extended its membership to include the Chairmen of all the general hospital management committees in the County and also of certain of the special hospital management committees.

I should particularly draw attention to the figures and graph showing the effect of the immunisation campaign started in 1941 on the case rate and death rate from diphtheria. These are an excellent instance of the saving of lives and of hospital treatment which can be effected by a vigorous preventive policy.

Although the number of deaths from tuberculosis continues to fall, the notifications, both of pulmonary and non-pulmonary tuberculosis, increased over the 1949 figures: indeed the notification rate in Surrey in the post war years is greater than it was in the years immediately before the war. The number of cases which came to the knowledge of the department through the death returns indicate the need for better case finding, in which the Mass Radiography Units—the report of whose Medical Director is included—can be of great assistance. The lengthy delays in securing a bed in a hospital or sanatorium for cases of tuberculosis stresses the need to develop the domiciliary side of the service both as regards treatment and improvement of social and home conditions. The proportion of homes where an open case of tuberculosis is present in the family and where the sleeping arrangements are found to be unsatisfactory is considerable. In order to deal with such conditions and in suitable cases, garden shelters of much improved design are now available for the use of the tuberculous member of the household. The voluntary Care Committees also perform a most valuable service in providing beds, bedding and so on to needy cases.

Considerable difficulty continues to be experienced in recruiting medical and dental staff and both these staffs are considerably below establishment. The recruitment of health visitors has been greatly helped by the Health Visitors Training Course developed in the past two years under the auspices of the Education Committee, but the recruitment of district nurses and midwives is still difficult.

Having regard to the limited dental staff available, the report of the County Dental Officer—particularly that part of it dealing with the dental service to mothers and young children—records a fine achievement.

Attention is drawn to the capital building programme outlined on page 24. Although the economic situation precludes any large building programme at this time, progress is being made in the preparation of plans for providing new buildings or adapting existing buildings where these are needed for carrying on the health services.

In conclusion, I must once again draw the Council's attention to the loyal and devoted work of the staff of the department, both in the office and in the field.

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.

Specialist Medical Officers (M.D.).

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., F.R.San.I.

Superintendent Health Visitor.

Miss A. O. Penney, 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.

HEALTH DIVISIONS.

Division.	County Districts comprising Division.	Divisional Medical Officer.	Medical Officer of Health for Sanitary Services.
N.	Barnes M.B.	Dr. E. Pereira, S.C.C. Clinic, Windham Road, 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, Redhill	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, Caberfeigh, Hatchlands Road, Redhill.
	Woking U.D.		Dr. D. P. MacIver, Council Offices, Weybridge.
N.W.	Bagshot R.D.	Dr. C. A. MacPherson, 15, The Grove, Horsell, Woking	do.
	Chertsey U.D.		Dr. C. A. MacPherson, 156, High Street, Egham.
	Egham U.D.		Dr. F. Churchill Davidson, Municipal Offices, Camberley.
	Frimley and Camberley U.D. ...		Dr. J. E. Haine, Millmead House, Guildford.
	Guildford R.D.—Part, i.e. Parishes of East Clandon, Ockham, Pirbright, Ripley, Send, West Clandon, Wisley		Dr. D. P. MacIver, Council Offices, Weybridge.
	Walton and Weybridge U.D. ...		Dr. N. H. Linzee, Council Offices, Woking.
S.W.	Woking U.D.	Dr. F. A. Belam, Municipal Offices, High Street, Guildford	Dr. F. A. Belam, Municipal Offices, High Street, Guildford.
	Guildford M.B.		Dr. F. A. Belam, "Branksome," Filmer Grove, Godalming.
	Godalming M.B.		Dr. F. Bedo Hobbs, Brightwell House, East Street, Farnham.
	Farnham U.D.		Dr. J. E. Haine, Millmead House, Guildford.
	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		do.
	Hambledon R.D.		do.
	Haslemere U.D.	Dr. A. B. R. Finn, Old Technical College, Park Street, Guildford	

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 1950 was 1,358,510, an increase of 21,250 over the estimated civilian population at mid-year 1949. 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 1946-1950 is shown in the following table :—

	1946.	1947.	1948.	1949	1950.
Urban Districts...	1,135,850	1,167,410	1,182,520	1,192,800	1,211,720
Rural Districts ...	133,400	136,720	142,380	144,460	146,790
Administrative County	1,269,250	1,304,130	1,324,900	1,337,260	1,358,510
Increase or decrease over previous year ...	+104,170	+34,880	+20,770	+12,360	+21,250

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 1949 and 1950 :—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1921.	1931.	1949.	1950.
M.B. and Urban.					
1. Banstead	12,821	12,468	18,734	32,610	32,880
2. Barnes	2,519	34,299	42,440	40,960	41,150
3. Beddington and Wallington	3,045	16,451	26,328	32,890	32,890
4. Carshalton	3,346	13,873	28,586	62,260	62,150
5. Caterham and Warlingham	8,233	17,108	21,774	29,090	30,980
6. Chertsey	9,983	14,939	16,988	30,100	31,400
7. Coulsdon and Purley	11,142	23,115	39,795	64,030	64,490
8. Dorking	9,511	13,207	15,204	19,640	19,780
9. Egham	9,350	14,496	17,196	24,630	24,920
10. Epsom and Ewell	8,427	22,953	35,231	68,140	68,460
11. Esher	14,847	27,540	32,407	51,280	51,500
12. Farnham	9,039	17,360	19,005	24,120	24,220
13. Frimley and Camberley	7,766	13,676	16,532	17,250	22,330
14. Godalming	2,393	10,856	10,940	14,770	14,860
15. Guildford	7,184	27,734	34,237	46,350	47,100
16. Haslemere... ..	5,751	8,195	9,168	11,850	12,100
17. Kingston-on-Thames	1,408	39,514	39,825	40,660	41,950
18. Leatherhead	11,187	11,233	16,483	27,710	27,990
19. Malden and Coombe	3,164	14,495	23,350	44,580	44,830
20. Merton and Morden	3,237	17,532	41,227	75,470	75,790
21. Mitcham	2,932	35,122	56,872	67,060	67,430
22. Reigate	10,255	31,733	34,547	42,150	42,030
23. Richmond... ..	4,109	37,105	39,276	42,060	42,410
24. Surbiton	4,709	20,149	30,178	59,720	61,230
25. Sutton and Cheam	4,338	29,733	48,363	81,180	81,110
26. Walton and Weybridge	9,056	21,634	25,671	37,770	38,440
27. Wimbledon	3,212	61,405	59,515	58,340	58,650
28. Woking	15,704	31,693	35,987	46,130	48,650
Total	198,668	639,618	835,859	1,192,800	1,211,720
Rural.					
1. Bagshot	16,085	9,878	11,080	14,120	14,270
2. Dorking and Horley	53,943	16,042	18,485	25,140	25,940
3. Godstone	52,507	23,196	25,866	31,510	32,210
4. Guildford	59,782	27,574	31,554	41,810	43,020
5. Hambledon	68,175	22,310	24,926	31,880	31,350
Total	250,492	99,000	111,911	144,460	146,790
Administrative County	449,160	738,618	947,770	1,337,260	1,358,510

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 1950, 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, 1950. Included in these figures are 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 31/12/1950.
	Houses erected during year 1950.	Houses in course of erection at end of 1950.		Houses erected during year 1950.	Houses in course of erection at end of 1950.	Houses erected during year 1950.	Houses in course of erection at end of 1950.	Houses erected during year 1950.	Houses in course of erection at end of 1950.	
URBAN										
1 Banstead	166	164	—	76	36	—	—	242	200	9,182
2 Barnes (M.B.)	57	39	—	13	23	—	—	70	62	11,100
3 Beddington and Wallington (M.B.)	14	53	—	15	7	—	—	29	60	9,487
4 Carshalton	38	133	—	14	3	—	1	52	136	16,650
5 Caterham and Warlingham	106	69	—	26	11	—	—	132	80	7,709
6 Chertsey	79	98	—	24	8	—	—	103	106	7,750
7 Coulsdon and Purley ...	155	30	—	70	75	—	—	225	105	17,885
8 Dorking	43	52	2	54	14	—	—	99	66	5,364
9 Egham	90	90	—	19	10	—	—	109	100	6,534
10 Epsom and Ewell (M.B.) ...	51	90	—	74	86	—	—	125	176	17,554
11 Esher... ..	175	128	—	80	22	—	—	255	150	15,135
12 Farnham	72	24	—	19	7	—	—	91	31	6,826
13 Frimley and Camberley ...	56	132	—	12	4	—	—	68	136	4,402
14 Godalming (M.B.)	53	53	—	13	3	—	—	66	56	4,080
15 Guildford (M.B.)	257	263	—	66	40	—	—	323	303	12,600
16 Haslemere	50	44	—	11	5	—	—	61	49	3,003
17 Kingston-on-Thames (M.B.)	6	132	—	12	7	—	—	18	139	11,443
18 Leatherhead	157	80	—	28	29	15	16	200	109	7,740
19 Malden and Coombe (M.B.)	141	115	—	34	24	—	—	175	139	13,600
20 Merton and Morden	82	121	—	5	8	—	—	87	129	21,938
21 Mitcham (M.B.)	162	443	—	7	5	—	—	169	448	18,704
22 Reigate (M.B.)	150	124	—	32	9	—	—	182	133	11,762
23 Richmond (M.B.)	68	77	—	60	34	—	—	128	111	11,108
24 Surbiton (M.B.)	98	182	228	100	25	23	—	449	256	17,177
25 Sutton and Cheam (M.B.) ...	60	133	—	58	76	—	—	118	209	23,000
26 Walton and Weybridge ...	160	95	—	28	16	—	—	188	111	11,000
27 Wimbledon (M.B.)	25	15	—	65	33	—	—	90	48	18,472
28 Woking	172	141	3	107	42	—	—	282	189	11,720
Totals	2,743	3,120	233	1,122	662	38	17	4,136	3,837	332,925
RURAL.										
1 Bagshot	44	78	—	40	10	—	—	84	88	3,972
2 Dorking and Horley	42	96	—	1	—	—	—	43	96	7,445
3 Godstone	98	101	—	32	23	—	—	130	124	9,048
4 Guildford	176	167	191	47	12	13	4	427	241	12,700
5 Hambledon	187	81	—	59	31	—	—	246	116	8,958
Totals	547	523	191	179	76	13	4	930	665	42,123
Administrative County ...	3,290	3,643	424	1,301	738	51	21	5,066*	4,502†	375,048

* Includes 84 dwellings provided for agricultural workers.

† Includes 47 dwellings in course of erection for agricultural workers.

HOUSING PROVIDED BY LOCAL AUTHORITIES AT THE 31ST MARCH, 1951.

The following table gives a comparison of the housing position in each County District and in the County as a whole in the years 1939 and 1950 and shows the extent of the housing effort in each County District since the war :—

	1939			1950			Permanent Housing Provided Post War by L.A.s.			Temporary Houses.	Use of Existing Premises.
	Population.	Total Inhabited Houses on Rate Books.	Average Number of Persons per House.	Population.	Total Inhabited Houses on Rate Books.	Average Number of Persons per House.	Houses.	Flats.	Total.		
Urban											
Banstead	28,480	8,047	3,539	32,880	9,182	3,581	351	1	352	300	225
Barnes	40,820	10,835	3,767	41,150	11,100	3,707	—	208	208	—	270
Beddington and Wallington	31,190	8,500	3,669	32,890	9,487	3,467	164	59	223	94	159
Carshalton	59,510	15,709	3,788	62,150	16,650	3,733	200	68	268	103	221
Caterham and Warlingham	27,100	6,545	4,141	30,980	7,769	4,019	308	257	565	—	—
Chertsey	22,610	6,648	3,401	31,400	7,750	4,052	479	51	530	100	135
Coulsdon and Purley	56,400	15,456	3,649	64,490	17,885	3,606	631	—	631	105	431
Dorking	17,320	5,196	3,333	19,780	5,364	3,688	211	8	219	—	67
Egham	19,060	5,660	3,428	24,920	6,534	3,814	590	—	590	—	139
Epsom and Ewell	62,960	15,849	3,972	68,460	17,554	3,900	664	12	676	204	241
Esher	44,150	12,549	3,518	51,500	15,135	3,403	487	72	559	166	260
Farnham	21,300	6,336	3,362	24,220	6,826	3,548	290	24	314	100	82
Frimley and Camberley	18,860	4,271	4,416	22,330	4,402	5,073	251	27	278	48	111
Godalming	13,120	2,134	6,148	14,860	4,080	3,642	204	—	204	3	17
Guildford	40,870	11,570	3,532	47,100	12,600	3,738	842	67	909	100	197
Haslemere	9,060	2,740	3,526	12,100	3,003	4,029	140	43	183	100	50
Kingston	39,960	10,448	3,825	41,950	11,443	3,666	265	456	721	202	403
Leatherhead	22,260	6,690	3,327	27,990	7,740	3,616	582	28	610	50	58
Malden and Coombe	39,930	11,800	3,384	44,830	13,600	3,296	367	4	371	197	407
Merton and Morden	72,150	20,650	3,494	75,790	21,938	3,455	327	242	569	—	262
Mitcham	66,370	17,844	3,719	67,430	18,704	3,605	631	187	818	345	735
Reigate	37,090	10,453	3,548	42,030	11,762	3,573	476	80	556	100	256
Richmond	38,300	10,430	3,672	42,410	11,108	3,818	256	106	362	179	298
Surbiton	49,450	15,150	3,264	61,230	17,177	3,505	460	—	460	90	255
Sutton and Cheam	76,510	21,903	3,493	81,110	23,000	3,527	63	64	127	115	266
Walton and Weybridge	31,180	9,176	3,398	38,440	11,000	3,495	476	—	476	100	104
Wimbledon	58,350	16,500	3,536	58,650	18,472	3,175	19	102	121	71	964
Woking	41,530	11,746	3,536	48,650	11,720	4,151	442	16	458	101	106
Total	1,086,500	300,735	3,613	1,211,720	332,925	3,640	10,176	2,182	12,358	2,973	6,719
Rural											
Bagsbot	12,090	3,399	3,557	14,270	3,972	3,593	195	84	279	—	120
Dorking and Horley	20,810	6,395	3,264	25,940	7,445	3,484	324	44	368	—	144
Godstone	26,940	7,760	3,409	32,210	9,048	3,600	604	52	656	85	31
Guildford	34,720	10,495	3,308	43,020	12,700	3,387	528	344	872	158	295
Hambleton	26,640	7,715	3,453	31,350	8,958	3,500	457	92	549	43	239
Total	121,200	35,704	3,305	146,790	42,123	3,485	2,108	616	2,724	286	829
Administrative County	1,207,700	336,439	3,590	1,358,510	375,048	3,622	12,284	2,798	15,082	3,259	7,548

RURAL HOUSING.

The position of the housing survey of the Rural Districts on the 31st December, 1950, 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	1,908	304	393	1,029	21	161	—
Dorking and Horley	3,910	3,910	745	2,150	713	14	288	—
Godstone	4,803	4,801	1,721	921	1,572	247	340	2
Guildford	7,422	7,422	2,104	3,232	1,428	90	568	—
Hambleton	5,522	5,522	1,482	1,908	1,647	160	325	—
	23,657	23,563	6,356	8,604	6,389	532	1,682	2
		100%	27%	36.5%	27.1%	2.3%	7.1%	2

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1950, was £14,389,025, and the estimated produce of a 1d. rate for general County purposes for the year 1950-51 was £58,226.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1950 with the previous year and with the mean of the five years 1945-49.

	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 Malignant Disease.		
1945	16.03	10.97	0.42	1.91	0.99	34.05
1946	18.19	10.35	0.32	1.82	1.01	27.85
1947	18.48	10.73	0.33	1.81	0.77	27.68
1948	15.79	9.70	0.34	1.77	1.08	23.94
1949	14.71	10.38	0.27	1.85	0.65	24.05
Mean of 5 years, 1945-49 ...	16.64	10.43	0.34	1.83	0.90	27.51
1950	13.53	10.41	0.23	1.82	0.69	21.86
Increase or decrease in 1950 on:						
5 years' average	-3.11	-0.02	-0.11	-0.01	-0.21	-5.65
Previous year	-1.18	+0.03	-0.04	-0.03	+0.04	-2.19

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 1949 and have again fallen in 1950.

The live births registered in or belonging to the County during the year numbered 18,386, as compared with 19,668 in the previous year, showing a reduction of 1,282. The birth rate for the year was 13.53, as compared with 14.71 for the previous year. The birth rate for England and Wales for 1950 was 15.8 and for 1949, 16.7. In addition to the 18,386 live births in Surrey, there were 358 still births and the rate of still births per 1,000 live and still births was 19.10.

Of the 13,386 live births 777 or 4.23 per cent were illegitimate, as compared with 897 or 4.56 per cent in 1949.

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
1950 ...	18,386	13.53	358	19.1	777	4.23

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1950 was 14,136, as compared with 13,879 in the year 1949. The crude death rate for 1950 was 10.41, compared with 10.38 for 1949. The death rate for England and Wales was 11.6 compared with 11.7 for 1949.

3. Infant Mortality.

The number of infants under one year who died during 1950 was 402, compared with 473 in 1949. This represents an infant mortality rate of 21.86 per 1,000 live births as compared with a corresponding rate of 24.05 for the year 1949 and is the lowest ever recorded in Surrey. The comparable figures for England and Wales were 29.8 in 1950, and 32 in 1949.

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 ...	65.7	31.5	34.2	43.12	24.84	18.28
1939 ...	50.6	28.3	22.3	37.61	24.60	13.01
1940 ...	56.8	29.6	27.2	41.62	24.57	17.05
1941 ...	60.0	29.0	31.0	44.60	26.17	18.43
1942 ...	50.6	27.2	23.4	38.26	23.09	15.17
1943 ...	49.1	25.2	23.9	36.70	22.36	14.34
1944 ...	45.4	24.4	21.0	36.90	22.03	14.87
1945 ...	46.0	24.8	21.2	34.05	22.06	11.99
1946 ...	42.9	24.5	18.4	27.85	18.84	9.01
1947 ...	41.4	22.7	18.7	27.68	18.22	9.46
1948 ...	33.9	19.7	14.2	23.94	16.06	7.88
1949 ...	32.4	19.3	13.1	24.05	16.07	7.98
1950 ...	29.8	18.5	11.3	21.86	15.45	6.41

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 neonatal and infant mortality rates in each of the Sanitary Districts and in the Administrative County during 1950:—

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		Neonatal Mortality rate.	Infant Mortality rate.
									under 1 month.	1-12 months.		
M.B. and Urban												
Banstead	379	11.53	5	13.02	277	8.42	7.83	102	7	1	18.47	21.11
Barnes	498	12.10	12	23.33	515	12.52	10.77	17	8	2	16.06	20.08
Beddington and Wallington	421	12.80	6	14.05	387	11.77	10.83	34	7	1	16.63	19.00
Cashalton	808	13.00	13	17.03	487	7.84	9.80	321	13	10	16.09	28.47
Caterham and Warlingham	475	15.33	9	18.60	293	9.46	9.93	182	14	4	29.47	37.89
Chertsey	455	14.49	14	29.85	247	7.87	8.89	208	6	—	13.19	13.19
Conladon and Purley	755	11.71	13	16.93	615	9.54	8.78	140	8	5	10.00	17.22
Dorking	322	16.28	5	15.29	242	12.23	10.27	80	5	1	15.53	18.63
Egham	338	13.56	8	23.12	280	9.23	9.14	108	5	—	14.79	14.79
Epsom and Ewell	754	11.01	21	27.10	629	9.19	8.82	125	9	3	11.94	15.92
Fisher	727	14.12	10	13.57	546	10.60	9.96	181	9	7	12.38	22.01
Farnham	358	14.78	9	24.52	310	12.80	9.98	48	2	1	5.59	8.38
Fringle and Camberley	320	14.33	7	21.41	183	8.20	9.76	137	2	3	6.25	15.63
Godalming	297	13.93	4	18.96	165	11.10	9.88	42	1	2	4.83	14.49
Guildford	700	14.86	13	18.23	552	11.72	10.90	148	13	6	18.57	27.14
Haslemere	190	15.70	4	20.62	162	13.39	11.52	28	4	1	21.05	26.32
Kingston-on-Thames	619	14.76	11	17.46	492	11.73	10.56	127	14	6	22.02	32.31
Leatherhead	389	13.90	8	20.15	280	10.00	9.10	109	9	—	23.14	23.14
Malden and Coombe	533	11.89	8	14.79	393	8.77	9.03	140	6	1	11.26	13.13
Merton and Morden	938	12.38	18	18.83	709	9.35	10.66	229	10	1	10.66	11.73
Mitcham	911	13.51	22	23.58	629	9.19	10.66	291	16	11	17.56	28.64
Reigate	578	13.75	17	28.57	564	13.42	10.74	14	10	3	17.30	22.49
Richmond	630	14.85	11	17.16	501	11.81	9.57	129	6	6	9.52	19.05
Surbiton	836	13.65	12	14.15	605	9.88	9.98	231	17	5	20.33	26.32
Sutton and Cheam	1,021	12.59	19	18.27	857	10.57	10.25	164	24	3	23.51	26.44
Walton and Weybridge	555	14.44	15	26.32	425	11.06	10.51	130	5	3	9.01	14.41
Wimbledon	772	13.16	14	17.81	742	12.65	10.37	30	8	6	10.36	18.13
Woking	673	13.83	14	20.38	534	10.77	10.23	149	9	6	13.37	22.29
Total	16,162	13.34	323	19.59	12,552	10.36	10.46	3,610	247	98	15.28	21.35
Rural												
Bagshot	203	14.23	2	9.76	160	11.21	10.65	43	4	2	19.70	29.56
Dorking and Horley	433	16.69	5	11.42	255	9.83	8.95	178	6	3	13.86	20.79
Godstone	425	13.19	13	29.68	365	11.33	9.74	60	7	1	16.47	18.82
Guildford	706	16.41	8	11.20	482	10.51	9.46	254	11	8	15.58	26.91
Hambleton	457	14.58	7	15.09	352	11.23	9.88	105	9	6	19.69	32.82
Total	2,224	15.15	35	15.49	1,584	10.79	9.60	640	37	20	16.64	25.63
Administrative County	18,386	13.53	358	19.10	14,136	10.41	9.89	4,250	284	118	15.45	21.86

* 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 in England and Wales, due to (a) Pregnancy and Child-bearing and (b) Abortion and the corresponding figures—together with the corresponding number of maternal deaths—for the County of Surrey, were :—

	England and Wales.						Surrey.					
	Pregnancy and Child-bearing (excluding Abortion).			Abortion.			Pregnancy and Child-bearing (excluding Abortion).			Abortion.		
	Infectious.	Other.	Septic.	Other.	Septic.	Other.	Deaths.	Rate.	Other.	Deaths.	Rate.	Total Maternal Mortality Rate.*
1940	...	0.55	1.69	0.18	0.26	0.18	7	0.41	22	4	0.24	2.13
1941	...	0.48	1.78	0.19	0.35	0.19	3	0.18	23	6	0.36	2.36
1942	...	0.42	1.60	0.11	0.35	0.11	6	0.30	24	5	0.25	1.78
1943	...	0.39	1.45	0.11	0.34	0.11	8	0.38	19	3	0.14	1.42
1944	...	0.28	1.24	0.09	0.31	0.09	5	0.24	23	5	0.24	1.63
1945	...	0.24	1.23	0.08	0.25	0.08	3	0.16	14	2	0.10	0.99
1946	...	0.18	1.06	0.06	0.13	0.06	5	0.21	16	2	0.08	1.01
1947	...	0.16	0.86	0.06	0.10	0.06	4	0.16	13	1	0.04	0.77
1948	...	0.13	0.74	0.05	0.11	0.05	1	0.05	17	3	0.14	1.08
1949	...	0.11	0.71	0.05	0.11	0.05	1	0.05	6	4	0.20	0.65
1950	...	0.03	0.69	0.05	0.09	0.05	†	†	†	†	†	0.69

* Per 1,000 live and still births.

† Owing to the adoption of the new International List of Causes of Death these figures are not strictly comparable with those for previous years.

‡ Not available.

5. Main Causes of Death.

The number of deaths and the death rates per 1,000 population from each of the four main causes of death in each of the sanitary districts and in the Administrative County during 1950, 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 and Vascular Disease.						Tuberculosis.				Malignant Disease.																	
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Pulmonary.		Non-pulmonary.		Respiratory diseases (Non-Tuberculous).		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant and lymphatic neoplasms.			
	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	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 Binstead	41	1.25	47	1.43	12	0.36	44	1.34	13	0.40	—	—	—	—	18	0.55	3	0.09	10	0.30	6	0.18	4	0.12	13	0.40		
2 Barnes (M.B.)	77	1.87	74	1.80	14	0.34	91	2.21	18	0.44	12	0.29	5	0.12	37	0.90	9	0.22	16	0.39	11	0.27	4	0.10	47	1.14		
3 Beddington and Wallington (M.B.)	61	1.85	54	1.64	8	0.24	68	2.07	17	0.52	7	0.21	2	0.06	34	1.03	13	0.40	17	0.52	13	0.40	2	0.06	31	0.94		
4 Carshalton	43	0.69	63	1.01	18	0.29	97	1.56	14	0.23	8	0.13	5	0.08	44	0.71	15	0.24	22	0.35	12	0.19	5	0.08	45	0.72		
5 Caterham and Warlingham	34	1.10	36	1.16	5	0.16	51	1.65	8	0.26	8	0.26	1	0.03	31	1.00	6	0.19	9	0.29	7	0.23	1	0.03	13	0.42		
6 Chertsey	31	0.99	41	1.31	5	0.16	38	1.21	12	0.38	6	0.19	—	—	25	0.80	9	0.29	9	0.29	7	0.22	2	0.06	21	0.67		
7 Coulsdon and Purley	73	1.12	89	1.38	23	0.36	95	1.47	29	0.45	14	0.22	3	0.05	47	0.73	8	0.12	19	0.29	14	0.22	4	0.06	70	1.09		
8 Dorking	37	1.87	30	1.52	5	0.25	49	2.48	16	0.81	9	0.46	1	0.05	13	0.60	6	0.30	3	0.15	4	0.20	3	0.15	12	0.61		
9 Egham	26	1.04	32	1.28	3	0.12	57	2.29	9	0.36	3	0.12	2	0.08	15	0.60	7	0.28	7	0.28	7	0.28	1	0.04	18	0.72		
10 Epsom and Ewell (M.B.)	82	1.20	74	1.08	12	0.18	91	1.33	31	0.45	19	0.28	1	0.01	72	1.05	11	0.16	19	0.28	13	0.19	5	0.07	65	0.95		
11 Esher	79	1.53	85	1.65	22	0.45	77	1.50	21	0.41	10	0.19	1	0.02	42	0.82	10	0.19	14	0.27	12	0.23	4	0.08	55	1.07		
12 Farnham	40	2.48	38	1.57	9	0.37	60	2.48	7	0.29	6	0.25	—	—	27	1.11	7	0.29	5	0.21	8	0.33	1	0.04	29	1.20		
13 Frimley and Camberley	32	1.43	23	1.03	5	0.22	29	1.30	7	0.31	1	0.04	1	0.04	17	0.76	3	0.13	3	0.13	3	0.13	2	0.04	17	0.76		
14 Godalming (M.B.)	25	1.68	23	1.55	3	0.20	32	2.15	4	0.27	3	0.20	—	—	20	1.35	4	0.27	5	0.34	4	0.27	2	0.13	17	1.14		
15 Guildford (M.B.)	76	1.61	75	1.59	23	0.49	77	1.63	20	0.42	14	0.20	3	0.06	57	1.21	16	0.34	3	0.06	13	0.28	6	0.13	59	1.25		
16 Haslemere	22	1.82	22	1.82	5	0.41	24	1.98	11	0.91	3	0.25	2	0.17	10	0.83	1	0.08	2	0.17	4	0.33	1	0.08	16	1.32		
17 Kingston-on-Thames (M.B.)	65	1.55	54	1.29	20	0.48	62	1.48	32	0.76	12	0.29	2	0.17	49	1.17	13	0.31	11	0.26	10	0.24	7	0.17	37	0.88		
18 Leatherhead	36	1.29	33	1.18	14	0.50	56	2.00	8	0.29	5	0.18	—	—	22	0.79	4	0.14	4	0.14	9	0.32	1	0.04	27	0.96		
19 Malden and Coombe (M.B.)	55	1.23	41	0.91	10	0.22	63	1.41	11	0.25	6	0.13	1	0.02	44	0.98	5	0.11	21	0.47	15	0.33	5	0.11	36	0.80		
20 Merton and Morden	74	0.98	96	1.27	24	0.32	103	1.36	19	0.25	24	0.32	1	0.01	64	0.84	21	0.28	25	0.33	17	0.22	8	0.11	80	1.06		
21 Mitcham (M.B.)	67	0.99	85	1.26	21	0.31	86	1.28	26	0.39	31	0.46	3	0.04	77	1.14	17	0.25	23	0.34	12	0.18	5	0.07	45	0.67		
22 Reigate (M.B.)	83	1.97	63	1.50	17	0.40	105	2.50	27	0.64	9	0.21	2	0.05	37	0.88	12	0.29	12	0.29	12	0.29	4	0.10	47	1.12		
23 Richmond (M.B.)	76	1.79	55	1.30	14	0.33	73	1.72	15	0.35	18	0.42	2	0.05	54	0.88	16	0.38	16	0.26	16	0.38	6	0.14	44	1.04		
24 Surbiton (M.B.)	62	1.01	96	1.57	20	0.33	121	1.98	25	0.41	13	0.21	3	0.05	54	0.88	12	0.29	18	0.29	11	0.18	5	0.08	50	0.82		
25 Sutton and Cheam (M.B.)	132	1.63	107	1.32	24	0.30	137	1.69	29	0.36	14	0.17	—	—	70	0.86	23	0.28	29	0.36	15	0.18	3	0.04	94	1.16		
26 Walton and Weybridge	61	1.59	47	1.22	9	0.23	68	1.77	22	0.57	5	0.13	2	0.05	39	1.01	11	0.29	17	0.44	7	0.18	6	0.16	44	1.14		
27 Wimbledon (M.B.)	97	1.65	111	1.89	19	0.32	119	2.03	39	0.49	15	0.26	1	0.02	70	1.19	21	0.36	19	0.32	16	0.27	5	0.09	74	1.26		
28 Woking	55	1.13	66	1.36	26	0.53	80	1.64	12	0.25	18	0.37	4	0.08	53	1.09	14	0.29	14	0.29	12	0.25	4	0.08	56	1.15		
Total	1,692	1.37	1,690	1.37	391	0.32	2,053	1.69	492	0.41	293	0.24	46	0.04	1,135	0.94	297	0.25	367	0.30	290	0.24	105	0.09	1,162	0.96		
RURAL.																												
1 Basingstoke	21	1.47	18	1.26	3	0.21	42	2.94	5	0.35	1	0.07	—	—	16	1.12	2	0.14	2	0.14	1	0.07	2	0.14	19	1.33		
2 Dorking and Horley	32	1.23	23	0.89	9	0.35	45	1.73	7	0.27	7	0.27	2	0.08	20	0.77	4	0.15	3	0.12	4	0.15	5	0.19	23	0.89		
3 Godstone	53	1.65	45	1.40	10	0.31	53	1.65	19	0.59	2	0.06	1	0.03	42	1.30	5	0.16	9	0.28	4	0.12	4	0.12	33	1.02		
4 Guildford	69	1.60	56	1.30	9	0.21	86	2.00	21	0.49	5	0.12	—	—	41	0.95	10	0.23	15	0.35	6	0.14	2	0.05	34	0.79		
5 Hambledon	42	1.34	49	1.56	8	0.26	74	2.36	15	0.48	6	0.19	1	0.03	36	1.15	3	0.10	10	0.32	3	0.10	4	0.13	37	1.18		
Total	217	1.48	191	1.30	39	0.27	300	2.04	67	0.46	21	0.14	4	0.03	155	1.06	24	0.16	39	0.27	18	0.12	17	0.12	146	0.99		
Administrative County 1950	1,879	1.38	1,851	1.36	430	0.32	2,353	1.73	559	0.41	314	0.23	50	0.04	1,290	0.95	321	0.24	406	0.30	308	0.23	122	0.09	1,308	0.96		
Percentage of total deaths in 1950	13.29		13.09		3.04		16.05		3.05		2.22		0.35		9.13		2.27		2.87		2.18		0.86		9.25			

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1950.

The causes of all deaths during 1950 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-	25-	45-	65-	75-		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	
All Causes	M.	6,107	203	52	38	69	336	1,665	1,608	2,136		791	28	5	4	7	35	169	217	326	
	F.	6,445	142	39	26	59	293	1,143	1,525	3,218		793	29	6	2	3	32	33	176	412	
1. Tuberculosis, Respiratory ...	M.	199	—	—	—	7	65	89	30	8		12	—	—	—	—	1	8	2	1	
	F.	94	—	—	—	8	39	34	7	6		9	—	—	—	—	2	6	1	—	
2. Tuberculosis, Other...	M.	26	1	6	2	4	4	6	3	—		1	—	1	—	—	—	—	—	—	
	F.	20	—	1	1	3	3	7	3	2		3	—	1	—	—	—	2	—	—	
3. Syphilitic Disease	M.	45	—	—	—	—	1	21	15	8		3	—	—	—	—	—	2	—	1	
	F.	16	1	—	—	—	1	10	—	4		1	—	—	—	—	—	1	—	—	
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—		1	—	—	—	1	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough	M.	2	2	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	2	1	1	—	—	—	—	—	—		1	—	1	—	—	—	—	—	—	
6. Meningococcal Infections ...	M.	2	—	2	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	6	5	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis...	M.	6	—	—	1	3	2	—	—	—		2	—	—	1	1	—	—	—	—	
	F.	5	—	1	—	2	2	—	—	—		1	—	—	—	—	1	—	—	—	
8. Measles	M.	8	1	2	5	—	—	—	—	—		1	1	—	—	—	—	—	—	—	
	F.	1	—	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Para- sitic Diseases	M.	22	2	3	—	2	3	4	3	5		3	—	1	—	—	1	—	—	1	
	F.	13	—	1	1	—	—	5	5	1		2	1	—	—	—	—	1	—	—	
10. Malignant Neoplasm, Stomach	M.	176	—	—	—	—	11	61	57	47		14	—	—	—	—	—	7	4	3	
	F.	121	—	—	—	—	7	25	37	52		10	—	—	—	—	—	2	3	5	
11. Malignant Neoplasm, Lung, Bronchus	M.	295	—	—	—	—	26	173	66	30		33	—	—	—	—	—	23	9	1	
	F.	72	—	—	—	—	4	28	26	14		6	—	—	—	—	1	1	4	—	
12. Malignant Neoplasm, Breast	M.	6	—	—	—	—	—	5	—	1		—	—	—	—	—	—	—	—	—	
	F.	234	—	—	—	—	34	117	68	65		18	—	—	—	—	2	8	4	4	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	105	—	—	—	—	8	47	27	23		17	—	—	—	—	1	5	8	3	
14. Other Malignant and Lymphatic Neoplasms ...	M.	591	—	4	2	4	34	186	185	176		76	—	—	—	—	3	22	29	22	
	F.	571	1	2	2	4	26	169	177	190		70	—	—	—	1	4	21	17	27	
15. Leukemia, Aleukemia ...	M.	32	1	2	2	4	7	10	4	2		6	—	—	—	1	—	3	2	—	
	F.	40	—	2	3	2	4	12	12	5		2	—	—	—	—	1	1	—	—	
16. Diabetes	M.	31	—	—	—	—	6	3	13	9		3	—	—	—	—	—	2	1	—	
	F.	46	—	—	—	4	1	7	15	19		11	—	—	—	—	—	1	4	6	
17. Vascular Lesions of Nervous System	M.	621	—	—	—	1	14	110	195	301		94	—	—	—	—	1	10	38	45	
	F.	1,041	—	—	1	—	8	162	293	577		123	—	—	—	—	1	17	35	70	
18. Coronary Disease, Angina...	M.	1,014	—	—	—	—	25	377	326	286		113	—	—	—	—	4	29	46	34	
	F.	646	—	—	—	—	5	99	208	334		78	—	—	—	—	1	12	18	47	
19. Hypertension with Heart Disease	M.	190	—	—	—	—	3	45	78	64		17	—	—	—	—	—	7	6	4	
	F.	291	—	—	—	—	—	23	77	101		22	—	—	—	—	—	6	9	7	
20. Other Heart Disease ...	M.	818	—	—	—	1	17	95	191	514		134	—	—	—	—	—	8	26	109	
	F.	1,235	—	—	—	4	31	98	229	873		166	—	—	—	—	1	10	29	126	
21. Other Circulatory Disease ...	M.	219	—	—	—	1	4	41	64	109		32	—	—	—	—	—	8	6	18	
	F.	273	—	—	—	1	5	27	58	182		35	—	—	—	—	2	7	7	19	
22. Influenza	M.	36	—	—	—	1	6	8	6	15		2	—	—	—	—	—	—	—	2	
	F.	51	—	—	—	2	5	3	9	32		4	—	—	—	—	—	—	—	4	

Continued overleaf

The causes of all deaths during 1950 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

[illegible]

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

The following table gives an analysis of the causes of the deaths of the 402 children who died in the first year of life in 1950.

Causes of death.	Number of deaths of infants under one year.
Total (all causes)	402
Rate per 1,000 live births	21.86
Tuberculosis, other than of respiratory system	1
Syphilitic diseases	1
Whooping Cough	3
Meningococcal infections	5
Measles	2
Other infective and parasitic diseases	3
Malignant and lymphatic neoplasms	1
Leukaemia, aleukemia	1
Pneumonia	28
Bronchitis	4
Other respiratory diseases	1
Gastritis, enteritis and diarrhoea	12
Nephritis and nephrosis	1
Congenital malformations	68
Accidents (other than motor vehicle)	14
Other defined and ill-defined diseases	257
TOTAL	402

8. Infectious Diseases: Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1950, giving the number of cases of each disease notified and the attack rate:—

Disease.	1950	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	5	0.004
Post infectious	2	0.001
Acute pneumonia	564	0.42
Acute poliomyelitis—		
Paralytic	130	0.10
Non-Paralytic	58	0.04
Diphtheria	4	0.003
Dysentery	407	0.30
Enteric or Typhoid Fever	5	0.004
Erysipelas	168	0.12
Food poisoning	477	0.35
Measles, excluding Rubella	8,700	6.40
Meningococcal Infection	21	0.02
*Ophthalmia neonatorum	10	0.54
Paratyphoid fevers	15	0.01
†Puerperal Pyrexia	143	7.63
Scarlet Fever	2,034	1.50
Tuberculosis—Pulmonary	1,147	0.84
Non-pulmonary	187	0.14
Whooping cough	4,133	3.04

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

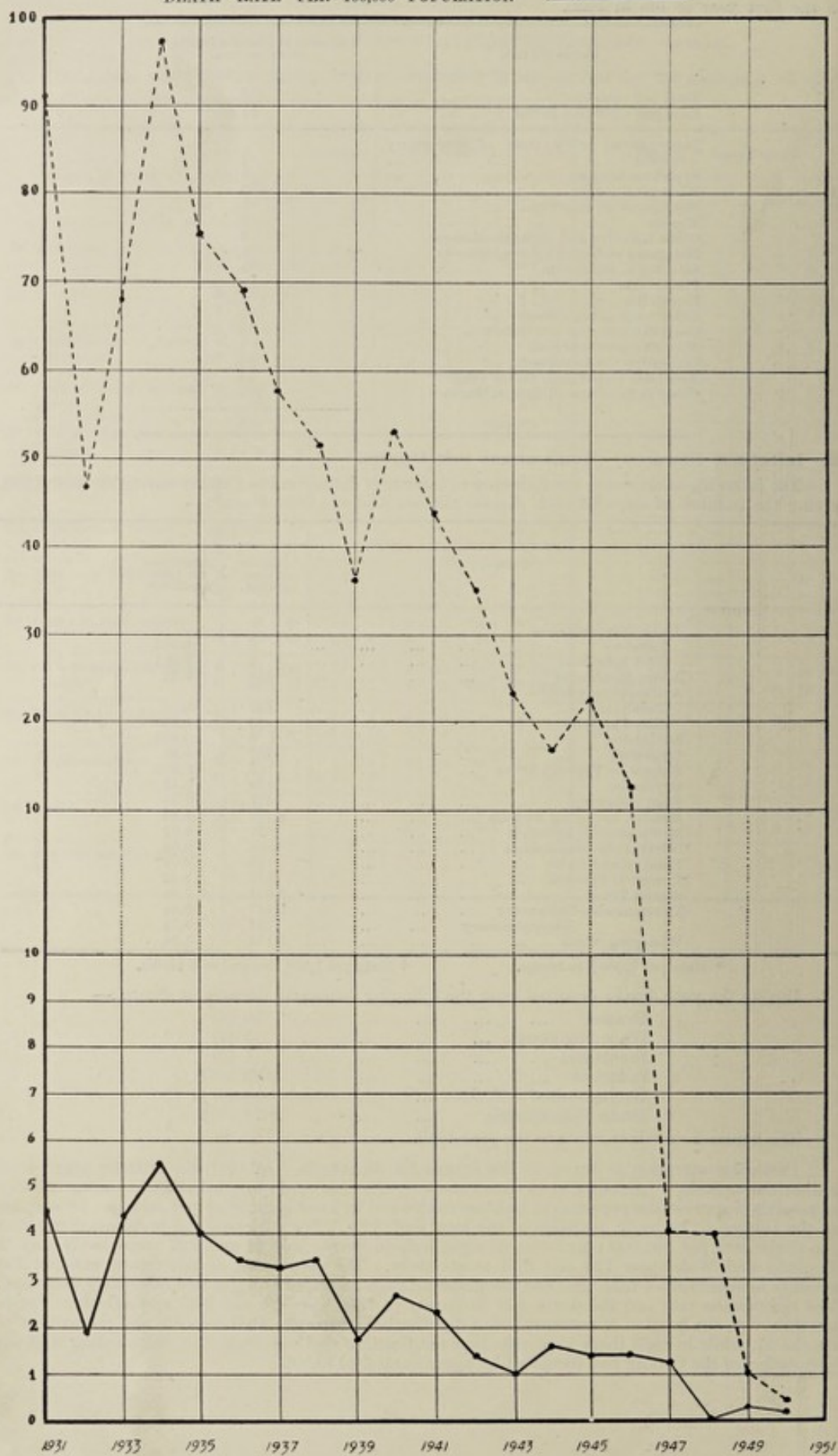
During the year deaths occurred from the following infectious diseases as shown:—

Measles	10 (5)
Whooping Cough	5 (4)
Diphtheria	1 (2)
Influenza	93 (163)
Meningococcal infections	8 (6)
Acute Poliomyelitis	14 (33)

The figures in brackets relate to the year 1949.

Particular attention is drawn to the figures for diphtheria. In 1941 the Minister urged local authorities to make a special effort to secure the immunisation against diphtheria of as many children as possible, approved the provision of facilities to this end by local authorities and arranged for supplies of the antigen to be made available to the local authority. For that year the notification rate and the death rate per 100,000 population of diphtheria in Surrey was 44 and 2.27 respectively and in England and Wales was 125 and 6.77 respectively. The proportion of immunised children has steadily increased since that time and the graph on page 18 shows how the two rates have decreased. The notification rate and the death rate in Surrey in 1950 were 0.3 and 0.07 respectively. Put in another way, the number of notifications of diphtheria in Surrey in 1941 was 528 and the number of deaths 27, while in 1950 there were only four notifications and one death, notwithstanding that the population of the County had increased by approximately 170,000.

DIPHTHERIA

NOTIFICATIONS PER 100,000 POPULATION
DEATH RATE PER 100,000 POPULATION

POLIOMYELITIS.

The continued high incidence of poliomyelitis during recent years is a new feature in the epidemiology of infectious disease of this country. During the year 1950, 188 cases (130 paralytic and 58 non-paralytic) were notified making an incidence of 0.14 per thousand population. This was slightly higher than the rate for 1949 but not so high as the peak year of 1947. There were 14 deaths, giving a fatality rate of 0.01. Although it is known that the essential cause of this disease is an ultra microscopic virus, knowledge of its epidemiology and methods of prevention is still extremely scanty and it is important that all possible means of research should be used in order to further our knowledge. A detailed survey of cases notified in the administrative County during the year has been conducted by Dr. J. B. Morwood, an Assistant Medical Officer on the County Staff who also holds the appointment of Medical Officer of Health for the Borough of Malden and Coombe and Esher Urban District Council. Many of the observations arising from this survey serve to confirm already existing knowledge and need not be given in detail. A summary of the findings, together with details of a few specific groups of cases may, however, be of interest.

Age and Sex Distribution.

The age distribution confirmed a tendency noted in other recent surveys for the disease to attack the older age groups in increasing numbers although only one notification was received where the patient was over 45. Of the remaining notifications 19 per cent. were under 5 years of age; 34 per cent. were between 5 and 14 years and 47 per cent. were 15 years and over. There was nothing significant in the sex distribution.

Home Conditions and Social Class.

There was no evidence that bad home conditions, overcrowding, poverty or insanitary conditions played any part in the etiology.

Relation to Injections.

The possible relationship of poliomyelitis to various types of injections, particularly those for diphtheria immunisation, has received a good deal of publicity. Particular attention was therefore directed to the possibility of relationship in this series of cases. There was only one case reported in which poliomyelitis occurred within a month after any form of injection and this was a case in which paralysis infected an arm which had recently received an anti-typhoid injection. Although upwards of 34,000 injections were given in connection with diphtheria immunisation alone, no case of poliomyelitis was known to have followed these.

Specific Factors.

A number of possible specific precipitating factors were examined but nothing significant was found with one exception. Of 24 married women of child-bearing age who were attacked, 6 cases were associated with pregnancy or the puerperium. This is a much higher proportion than would have been expected through the operation of chance and points a line of enquiry which should be pursued in the future.

Type of District.

Another observation of interest is that during the past five years of increased incidence the rural districts have been relatively more heavily affected during the three epidemic years of 1947, 1949 and 1950. During the inter-epidemic years of 1946 and 1948 the case rates of the rural districts were below the average. It is doubtful whether the number of observations is sufficient to place too much significance on this finding but it represents a further line of enquiry which might be profitably followed up.

Grouping of Cases.

It is known that poliomyelitis is an infectious disease and that symptomless carriers probably play a significant part in the transmission of the disease. Outbreaks of from 3 to 10 cases localised both in space and time, account for more than one quarter of the notified cases. The following details of grouped cases are of interest:—

Group I.

Sylvia B., Christopher P., Mr. F. and Rodney M. were 4 cases notified within 16 days of each other. None of these cases was stated to be either direct or indirect contacts of another case, but investigation established the following connection.

On the 30th September a boy of five, who had been excluded from school on the 28th with fever and headache, was playing with Christopher P.'s brother and Sylvia B. Five days later, on the

5th October, Sylvia B. developed poliomyelitis and the following day Christopher P.'s brother developed severe headache which got worse the next day with vomiting and pain in the back and limbs. Seven days later Christopher P. developed poliomyelitis.

Mr. F., whose son was in the same class in the Infants' School as the above children, developed poliomyelitis on the 9th October. The son was not reported ill.

Finally, on the 21st October, Rodney M. became ill with poliomyelitis. He attended a Junior School which shares its playground with the Infants' School to which the above children went. It is quite likely that he came in contact with these children in the course of play.

Group II.

J.R., a child aged four months, was notified as a case of paralytic poliomyelitis, date of onset 4th November. On investigation it was found that her elder sister had developed Bell's Palsy on 29th October. This diagnosis was subsequently changed to paralytic poliomyelitis.

Further investigation revealed that the daily domestic help of this family had had a sore throat and been off colour at the end of September and the first ten days of October. Mr. and Mrs. R. developed sore throats between the 18th and 21st October. The help had been visiting her daughter who had developed paralysis of both legs in early September following a high temperature three weeks after her confinement. The daughter's diagnosis was given as transverse myelitis following pregnancy.

9. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1950 from the Medical Officers of Health of County Districts shows that 1,147 primary cases of pulmonary tuberculosis and 187 primary cases of non-pulmonary tuberculosis were notified during the year.

The notifications and the case rates, the death and the death rates for pulmonary tuberculosis and for other forms of tuberculosis in 1950 and in certain preceding years were as follows:—

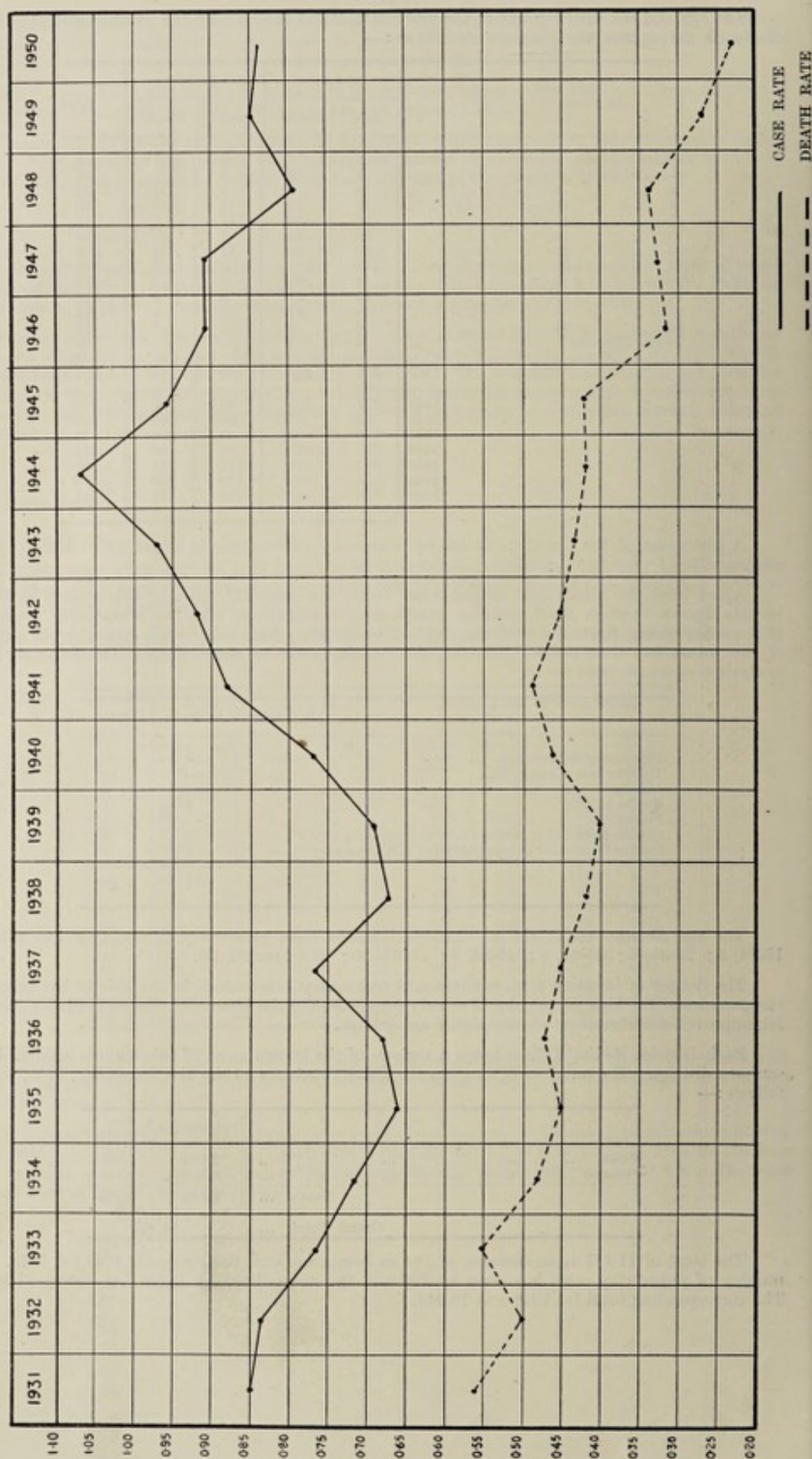
Year.	PULMONARY TUBERCULOSIS				OTHER FORMS OF TUBERCULOSIS.			
	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
1921	648	0.88	449	0.61	127	0.17	109	0.14
1931	802	0.85	524	0.56	194	0.21	81	0.09
1938	810	0.68	493	0.42	257	0.22	75	0.06
1939	833	0.69	484	0.40	230	0.19	87	0.07
1940	945	0.77	564	0.46	240	0.19	94	0.08
1941	1,049	0.88	566	0.48	280	0.24	116	0.10
1942	1,097	0.92	531	0.45	272	0.23	96	0.08
1943	1,140	0.97	506	0.43	309	0.26	96	0.08
1944	1,218	1.07	474	0.42	261	0.23	75	0.07
1945	1,117	0.96	491	0.42	213	0.18	85	0.07
1946	1,056	0.91	407	0.32	188	0.15	85	0.07
1947	1,192	0.91	426	0.33	178	0.14	67	0.05
1948	1,048	0.79	445	0.34	182	0.14	58	0.04
1949	1,137	0.85	363	0.27	149	0.11	53	0.04
1950	1,147	0.84	314	0.23	187	0.14	50	0.04

The table shows that the case rate for pulmonary tuberculosis is slightly lower compared with 1949. The case-rate for non-pulmonary tuberculosis shows a slight increase compared with the record low rate for 1949 (0.11).

The graph on page 22 shows the case rates and the death rates per thousand population in Surrey since 1931. It will be seen that the death rate is diminishing, i.e. is slowly falling towards the base line, but that the case rate, although subject to considerable deviations, remains at about the same overall level as it was twenty years ago.

PULMONARY TUBERCULOSIS

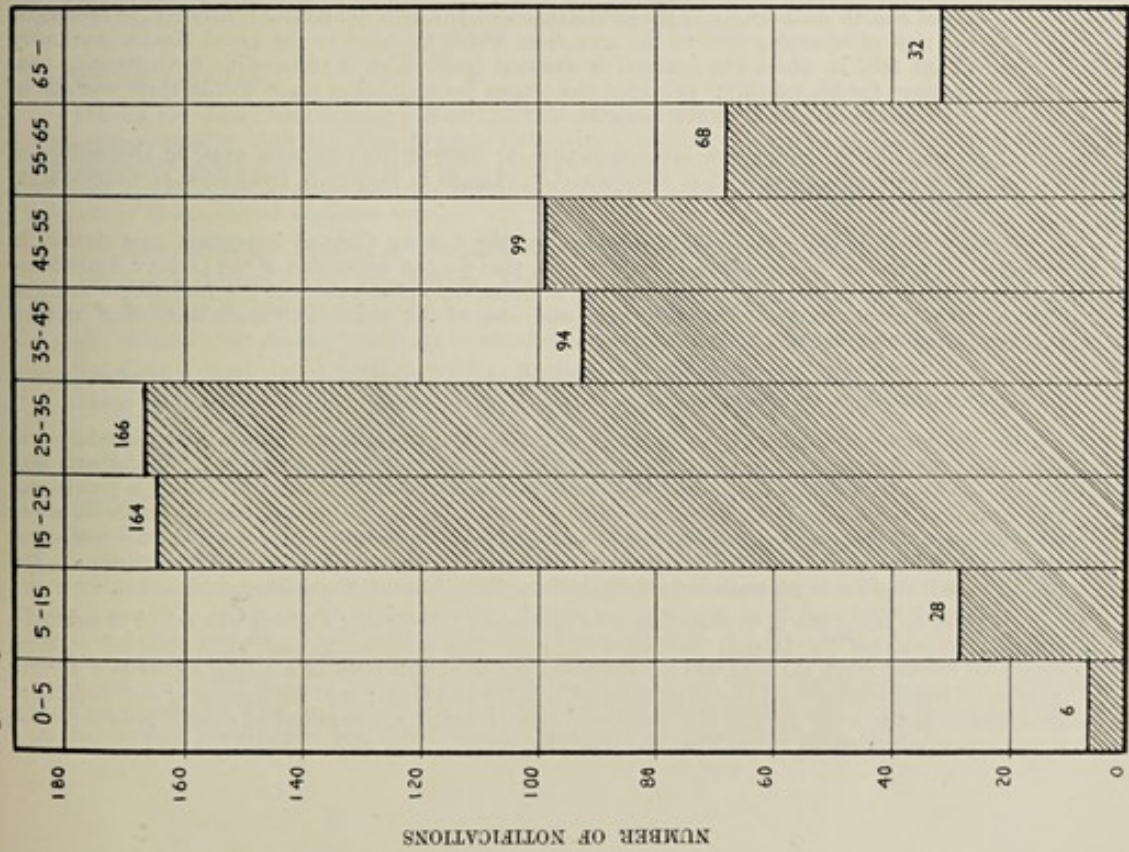
ANNUAL CASE RATES AND DEATH RATES PER THOUSAND POPULATION



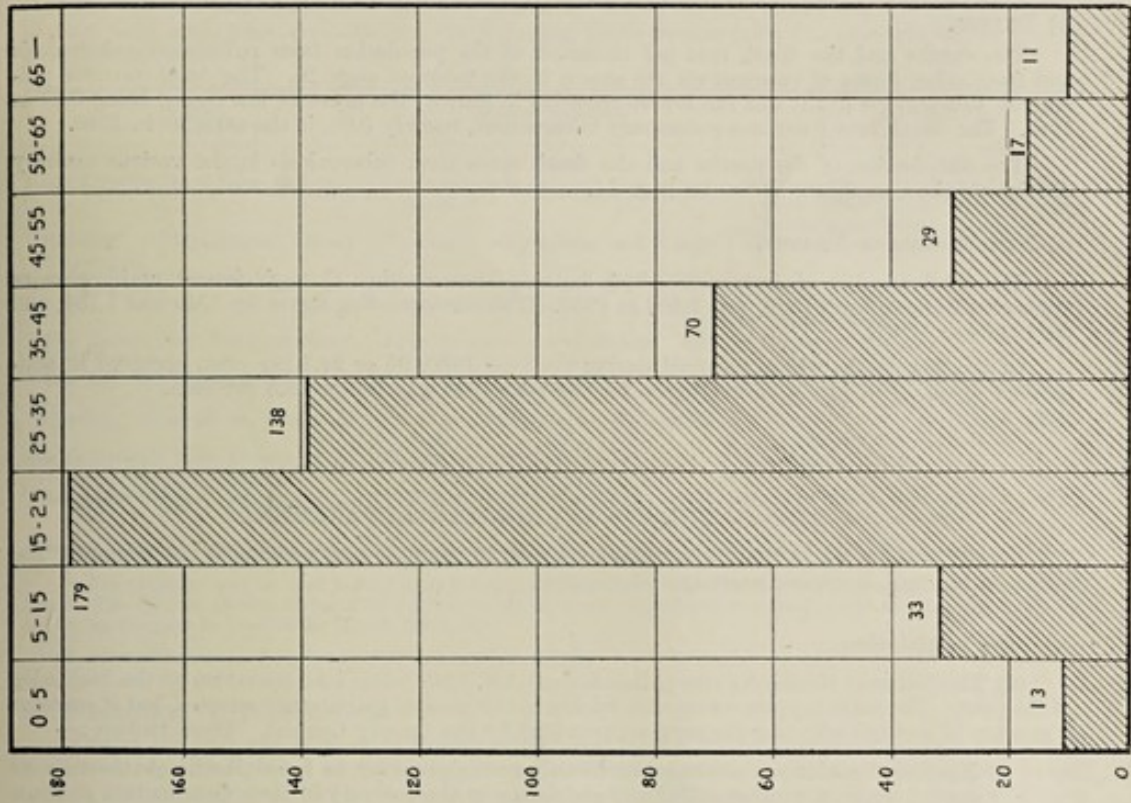
PRIMARY NOTIFICATIONS OF PULMONARY TUBERCULOSIS 1950 IN AGE GROUPS

Age Groups

MALES



FEMALES



(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 20. The death rate for pulmonary tuberculosis (0.23) was the lowest recorded in Surrey, the previous low record being 0.27 in 1949. The death rate from non-pulmonary tuberculosis, namely 0.04, is the same as in 1949.

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 1,809 in 1950. The corresponding figure for 1949 was 1,734, and for 1948 was 1,707.

Of the 364 deaths which occurred during the year 1950, 90 or 24.7 per cent. occurred in non-notified cases. The corresponding figure for the year 1949 was 106 or 25.5 per cent.

WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the Department are given in the following sections of the Report. The following matters, however, merit special mention.

(a) New Legislation.

(a) The National Health Service (Amendment) Act, 1949, came into operation at the beginning of the year. The main purpose of the Act relates to the general practitioner services, but it contains a number of sections affecting the services provided by the County Council. These include:—

- (i) Nursing Associations are empowered to transfer property to Local Health Authorities on agreed terms, notwithstanding any provisions to the contrary in their Constitution or Trust Instruments.
- (ii) Local Health Authorities are required to pay medical practitioners for examining persons under the Lunacy and Mental Treatment Acts and the Mental Deficiency Act.
- (iii) Local Health Authorities, in providing a Midwifery Service, must also secure that the midwives are able to render all services reasonably necessary for the appropriate care of the women upon whom they attend.
- (iv) Local Health Authorities are required, where a patient has travelled from the area of the Local Health Authority to a hospital situated in the area of another Authority, to reimburse the cost of returning him to the area from which he came to the Local Health Authority of the area in which the hospital is situated (and which is responsible for arranging conveyance for his return); provided the return journey takes place within three months of the date of admission to the hospital.
- (v) Local Health Authorities are empowered to recover from persons availing themselves of services under Section 22 of the main Act, charges in respect of residential accommodation and food.

(b) The Civil Defence Act, 1948, imposed on the County Council important new duties, in particular the Health Department is required to plan for the expansion of the County Ambulance Service in the event of war, and of the training in peace time of members of the Ambulance Sections of local divisions of the Civil Defence Corps and also of the peace-time ambulance staff in Civil Defence Ambulance duties.

(b) Capital Building Programme.

On the recommendation of the Local Government Manpower Committee a new procedure was introduced for dealing with local health authorities' capital building programmes. Under this procedure, the County Council is required to submit for the Minister's approval each year a provisional programme of capital building works which they plan to undertake in the ensuing financial year; after consideration of the programme, the Minister notifies the County Council which of the schemes are approved for execution without submission of detailed plans, subject to certain conditions. The Minister may reserve any particular scheme or class of scheme for special consideration.

In order to bring the new procedure into operation, the County Council was asked to submit a building programme for 1950-51 during that year. The programme had to include all schemes estimated to cost more than £1,000 for the purchase of vacant sites or existing buildings; for the erection of new buildings and the adaptation of existing buildings; and for equipping such buildings. In addition, in the latter part of the year the County Council was required to submit projects which it was hoped to undertake in the financial year 1951-52.

The Minister had emphasised that only a strictly limited amount of building work could proceed at that time, and, after consultation, the following works were approved in principle for the year by 31st March, 1951 :—

Property.	Approval Sought for	Purpose.
1 and 3, Robin Hood Lane, Sutton...	Purchase, adaptations and equipment.	Welfare Centre and School Clinic ; M.D. Occupation and Training Centre ; Ambulance Station.
" Hillsleigh," Nightingale Road, Godalming	Purchase, adaptations and equipment.	Welfare Centre and School Clinic.
Sites in Kings Road, Richmond ...	Purchase, adaptations, new building and equipment.	Welfare Centre and School Clinic ; Divisional Health Offices ; Ambulance Station.
" The Roselands," Kingston Road, New Malden	Appropriation, adaptations, new building and equipment.	Ambulance Station.
" The Mansion," Leatherhead ...	*Purchase, adaptations and equipment.	Welfare Centre and School Clinic ; Ambulance Sub-Station.
" Quedley," Lion Green, Haslemere	Purchase, adaptations and equipment.	Welfare Centre and School Clinic ; Ambulance Sub-Station.
Site in Botley's Park, Chertsey ...	Purchase, new building and equipment.	Ambulance Station.
" Sendhurst Grange," Send... ...	†Purchase, adaptations and equipment.	Hostel for T.B. child contacts and for child B.C.G. vaccinees.

* The property will be used jointly with Education Committee, which is responsible for purchase and adaptations. The County Health Committee will pay a rental to the Education Committee and will be responsible for equipping the part to be used for Health Services.

† Approval given before introduction of new procedure.

(c) Prevention of Tuberculosis.

During the year, the Minister of Health asked Local Health Authorities to adopt certain measures to protect organised groups of children against the risk of infection by persons suffering from tuberculosis who are employed by the Authorities and whose work brings them in close contact with such organised groups of children. These measures are intended to ensure (a) that no person with respiratory tuberculosis will be engaged in employment which involves close contact with groups of children unless and until the disease is arrested ; (b) that persons whose employment brings them in close contact with such groups of children shall be examined annually to exclude the possibility of tuberculosis ; (c) that any persons found to be suffering from tuberculosis while thus employed shall cease and not resume until two consecutive medical certificates are given at six months interval, first to the effect that the disease is arrested and second that the improvement in the general and local conditions has been maintained, supervision subsequently to continue for two years ; and (d) that if any unusually high incidence of tuberculosis occurs in any organised group of children, a full investigation of the staff employed should at once be undertaken.

(d) Special Inquiries.

During the year, four special sub-committees of the County Health Committee (one being a joint sub-committee with the Fire Brigade Committee) considered important matters of policy or administration relating to certain individual services. All four of these sub-committees either within the year or subsequently submitted their reports, which have been accepted as County policy. The subjects of these special inquiries were :—

- (i) Day Nurseries—Criteria of admission and number of nurseries required.
- (ii) Home Nursing and Domiciliary Midwifery services—organisation, administration and financial arrangements.
- (iii) Hospital Car Service—increase in number of patients carried and mileages travelled.
- (iv) County Ambulance Service—review of emergency ambulance arrangements.

These inquiries are more fully reported on in the appropriate sections of the Report.

(e) Staff.

(i) MEDICAL.

The establishment of assistant medical officers engaged in general clinical duties in respect of the School Health Service, the Care of Mothers and Young Children and so on, is 37. The actual number of assistant medical officers doing this work at the end of the year was 28, comprising 13 men and 15 women. Response to advertisements during the post-war years has been poor and it has not been possible to fill all the posts which became vacant with full-time staff with requisite qualifications and experience. Moreover the average age of the present staff of assistant medical officers which are the junior posts in the field of public health and from which promotion can be expected within a reasonable time, is higher than it should be. So far vacancies have been covered by employing general practitioners and other medical personnel on a sessional basis.

Medical officers on special duties include the County Ophthalmic Surgeon, two assistant medical officers undertaking mental deficiency work and one full-time and five part-time officers on child guidance work.

(ii) DENTAL.

The establishment of dental surgeons is one County Dental Surgeon, two orthodontists and 34 whole-time dental surgeons. At the end of the year there were ten vacancies which it was not possible to fill owing to poor response to advertisements. The statements made regarding the medical staff apply equally to the dental staff except that in regard to the latter it is difficult to find dentists willing to take sessional duty.

As regards other dental staff, new posts of one oral hygienist and two laboratory technicians were added to the establishment during the year.

(iii) NURSING.

The actual number of nurses and midwives employed at 31st March, 1951, was as follows:—

Superintendents of Homes	...	...	...	...	...	...	9
Assistant Superintendents of Homes	...	...	...	...	...	...	3
District Midwives and District Nurse/Midwives	...	...	...	...	...	...	169
District Nurses	...	...	...	...	...	...	63
Part-time Nurses	...	...	...	...	...	...	46
Emergency relief staff	...	...	...	...	...	...	18
Full-time Midwives	...	...	...	...	...	...	31
Health Visitors (including Divisional and Tuberculosis Health Visitors)	...	...	...	...	...	...	182

Nursing officers on supervisory duties, include a County Nursing Superintendent, deputy and three assistants, one Supervisor of Midwives, a Superintendent Health Visitor and deputy, and one assistant for the mental health services.

(iv) OTHER STAFF.

As regards other staff, no major alterations in establishment occurred during the year.

(f) Scheme of Decentralised Administration.

In 1948, the County Health Committee, while retaining responsibility for policy, finance and establishment in its own hands, decentralised the day-to-day administration of certain of the services, i.e. Care of Mothers and Young Children; Health Visiting (other than Tuberculosis Health Visiting); Public Education in Health; Vaccination and Immunisation; Home Helps and Registration of Day Nurseries and Child Minders, to nine Divisional Sub-Committees composed of members nominated by and from the County District Councils within the division plus three members nominated by and from the County Health Committee. These Divisional Sub-Committees, besides being responsible for the day-to-day administration of the divisionalised services, are authorised to incur on their own responsibility items of expenditure up to £100, and consider and submit to the County Health Committee their own annual estimates. Appointments within the division are made either by the Divisional Sub-Committee or by a joint Committee composed of representatives of the County Health Committee and of the Divisional Sub-Committee. In each division there is a Divisional Medical Officer (three divisions are sub-divided between two divisional medical officers during the tenure of office of the present holders of the posts) and he is the officer primarily responsible for the service in the division and reports to the Divisional Sub-Committee. Thus there is, in each division, a senior and experienced administrative medical officer available on the spot to deal with problems immediately as they arise, in full knowledge of all the local and personnel factors involved.

As regards the sections which should be divisionalised, there are obvious advantages in dealing with all the domiciliary services (i.e. Care of Mothers and Young Children, Health Visiting, Domiciliary Midwifery and Home Nursing and Home Helps) in similar manner. It is important that each case coming within the machine should be considered as a whole and not from the particular aspect of one section alone. This co-ordination can best be done by the Divisional Medical Officer, who should, therefore, have full responsibility for the day-to-day administration of all the above services within his division. Only the Home Nursing and Domiciliary Midwifery services have not so far been divisionalised and a special sub-committee considered the desirability of doing so during the year and has since reported in favour of divisionalisation to the County Council. [This is dealt with more fully in the section of the Report on Home Nursing and Domiciliary Midwifery.]

The divisions are formed of combinations of county districts varying between two to six in number and with populations between the limits of 83,000 and 213,000. With administrative units of such size, the Divisional Medical Officer requires to devote the larger proportion of his time to administration. Each Divisional Medical Officer needs adequate administrative and clerical staff to enable him properly to organise the work of the division and the appointments of divisional supervisory and administrative staff such as a divisional health visitor, a divisional home help supervisor and a clerk-in-charge help to make the division self-supporting and to increase its efficiency. A reasonably large divisional population also ensures reasonable co-ordination of the standard of service over a considerable area and also with the rest of the County.

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 1950, were as follows:—

Division.	County Districts.	Acreage.	Population (Mid-year 1950).			No. of Live Births during 1950.
			Total.	0-4 years.	5-14 years.	
N.	Barnes M.B.	2,519	41,150	2,820	4,005	498
	Richmond M.B.	4,109	42,410	3,330	4,206	630
		6,628	83,560	6,150	8,211	1,128
N.E.	Merton and Morden U.D.	3,237	75,790	5,486	9,194	938
	Mitcham M.B.	2,932	67,430	5,828	8,642	911
	Wimbledon M.B.	3,212	58,650	4,558	6,055	772
		9,381	201,870	15,872	23,891	2,621
M.E.	Beddington and Wallington M.B. ...	3,045	32,890	2,544	3,872	421
	Carshalton U.D.	3,346	62,150	4,912	8,733	808
		6,391	95,040	7,456	12,605	1,229
S.E.	Banstead U.D. (part)	3,038	5,056	368	689	58
	Caterham and Warlingham U.D. ...	8,233	30,980	2,638	4,229	475
	Coulsdon and Purley U.D.	11,142	64,490	4,956	8,184	755
		22,413	100,526	7,962	13,102	1,288
N.C.	Esher U.D.	14,847	51,500	4,162	7,082	727
	Kingston-on-Thames M.B.	1,408	41,950	3,245	4,576	619
	Malden and Coombe M.B.	3,164	44,830	3,584	6,304	533
	Surbiton M.B.	4,709	61,230	4,992	8,101	836
		24,128	199,510	15,983	26,063	2,715
C.	Banstead U.D. (part)	9,783	27,824	2,027	3,794	321
	Dorking and Horley R.D. (part) ...	1,640	510	42	71	9
	Epsom and Ewell M.B.	8,427	68,460	4,740	8,568	754
	Guildford R.D. (part)	7,466	7,575	605	1,014	124
	Leatherhead U.D.	11,187	27,990	2,147	3,961	389
	Sutton and Cheam M.B.	4,338	81,110	6,084	10,370	1,021
		42,841	213,469	15,645	27,778	2,618
S.	Dorking U.D.	9,511	19,780	1,621	2,739	322
	Dorking and Horley R.D. (part) ...	52,303	25,430	2,096	3,526	424
	Godstone R.D.	52,507	32,210	2,478	4,609	425
	Guildford R.D. (part)	270	355	28	48	6
	Reigate M.B.	10,255	42,030	3,328	5,970	578
		124,846	119,805	9,551	16,892	1,755
N.W.	Bagshot R.D.	16,085	14,270	1,089	2,284	203
	Chertsey U.D.	9,983	31,400	2,664	5,227	455
	Egham U.D.	9,350	24,920	2,080	3,341	338
	Frimley and Camberley U.D.	7,766	22,330	1,763	2,856	320
	Guildford R.D. (part)	16,648	8,930	713	1,195	147
	Walton and Weybridge U.D.	9,056	38,440	3,230	5,184	555
	Woking U.D.	15,704	48,650	3,795	7,052	673
		84,592	188,940	15,334	27,139	2,691
S.W.	Farnham U.D.	9,039	24,220	1,879	3,373	358
	Godalming M.B.	2,393	14,860	1,111	2,316	207
	Guildford M.B.	7,184	47,100	3,766	6,277	700
	Guildford R.D. (part)	35,398	26,160	2,089	3,502	429
	Hambledon R.D.	68,175	31,350	2,510	4,541	457
	Haslemere U.D.	5,751	12,100	992	1,760	190
		127,940	155,790	12,347	21,769	2,341
Surrey		449,160	1,358,510	106,300	177,450	18,386

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.

Towards the end of the year the County Health Committee gave further consideration to its policy in regard to Day Nurseries; details will be found in the appropriate sub-section. Otherwise there were no major changes of policy under this section and development in accordance with the existing policy 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 1950 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT.										Number Born Outside Administrative County but Normally Resident within the County.				No. of Regis- tered Births (Live and Still).
	and Normally Resident Therewith.					and Normally Resident Outside County of Surrey.					Number Born Elsewhere in Administrative County but Normally Resident within the County District.				
	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.			
M.B. and Urban.															
Banstead	84	—	—	—	1	—	2	—	—	—	—	—	3	384	
Barnes... ..	152	1	—	—	5	—	—	10	—	—	3	—	20	510	
Beddington and Wallington	120	—	—	—	—	—	2	—	—	—	—	1	26	427	
Carshalton	202	—	521	1	—	1,586	—	—	76	—	—	1	1	882	
Caterham and Warlingham	160	35	—	—	21	—	—	7	—	—	4	2	16	822	
Chertsey	102	—	—	—	—	—	1	—	—	—	—	—	3	484	
Coulsdon and Purley	174	53	—	—	24	—	2	8	2	—	—	—	9	469	
Dorking	54	55	211	—	21	157	—	2	16	—	—	11	70	768	
Egham	127	—	—	—	—	—	4	—	—	—	—	—	—	327	
Epsom and Ewell	150	28	484	—	34	824	—	2	13	—	—	—	7	39	
Fisher	180	—	—	—	—	—	—	—	—	—	—	1	3	39	
Farnham	91	49	156	2	9	82	1	6	78	—	—	2	13	775	
Frimley and Camberley	63	—	107	—	—	6	—	—	23	—	—	2	1	737	
Godalming	46	37	—	—	36	—	—	7	—	—	—	—	4	367	
Guildford	117	68	501	5	133	645	—	33	45	5	—	—	1	327	
Haslemere	32	7	127	—	—	32	—	15	115	—	—	—	—	211	
Kingston-on-Thames	167	17	330	3	33	1,034	3	4	27	8	5	—	1	713	
Leatherhead	98	58	—	—	58	—	2	—	—	—	—	5	8	194	
Malden and Coombe	132	47	—	—	83	—	—	4	—	—	2	—	1	78	
Merton and Morden	155	—	276	1	—	500	—	4	34	297	2	3	3	397	
Mitcham	224	—	234	1	—	8	2	—	35	497	—	—	—	541	
Reigate	112	—	479	—	—	887	—	—	35	428	1	2	—	956	
Richmond	139	38	—	—	12	—	—	10	30	6	—	—	—	933	
Surbiton	176	—	229	—	—	63	—	—	—	2	—	—	15	595	
Sutton and Chessam	202	2	186	2	1	161	1	1	5	4	—	—	9	641	
Walton and Weybridge	87	31	277	1	19	25	—	6	10	351	4	3	3	848	
Wimbledon	115	17	26	1	14	14	1	10	11	584	4	6	16	1,040	
Woking	209	—	440	1	—	625	1	—	178	628	1	12	38	786	
									49	49	—	1	7	687	
Rural.															
Bagshot	33	—	99	—	—	219	—	—	124	—	—	—	1	5	
Dorking and Horley	108	10	—	2	8	—	—	4	—	66	—	—	1	20	
Godstone	163	5	—	2	—	—	4	—	—	221	1	—	1	438	
Guildford	203	—	—	2	—	—	2	—	—	217	1	8	1	21	
Hambledon	111	—	—	1	—	—	1	—	—	412	3	1	40	714	
										223	3	2	8	464	
Totals	4,288	558	4,683	27	512	6,868	29	129	871	46	235	1,319	18,744		

(b) Care of Premature Infants.

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

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

No. of premature babies notified during 1950 whose mothers are normally resident in the County	979
Total number of premature babies notified during 1950 who were born :—	
(i) at home	165
(ii) in hospital or nursing home	814
Number born at home who were nursed entirely at home	134
Number born at home who were transferred to hospital	29
Number born in private nursing homes who were nursed there entirely	65
Number born in private nursing homes who were transferred to hospital	6
Number of those born at home and nursed entirely at home :—	
(i) who died during the first 24 hours	11
(ii) who survived at the end of one month	116
Number of those born in nursing homes :—	
(i) who died during the first 24 hours	2
(ii) who survived at the end of one month	52

(c) Infant Mortality.

The infant mortality rate in the Administrative County of 21.86 compares with 29.8 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey (and of the causes of death of the 402 children who died in the first year of life in 1950) will be found under "Vital Statistics" (pages 11 and 17).

Figures for infant mortality in the quinquennial periods 1934-38, 1939-43 and 1944-48, together with the figures for the separate years for the last of these periods and for the years 1949 and 1950, are as follows :—

	1934-38	1939-43	1944-48	1944	1945	1946	1947	1948	1949	1950
Urban Infant Deaths	2,811	3,125	2,799	650	557	562	592	435	413	345
I.M. Rate ...	40.77	39.11	29.29	36.23	33.49	27.03	27.38	23.57	23.77	21.35
Rural Infant Deaths	348	453	400	102	79	81	75	63	60	57
I.M. Rate ...	42.37	42.96	34.50	41.87	38.67	35.31	30.28	26.89	26.19	25.63
Excess of Rural over Urban Rate ...	1.60	3.85	5.21	5.64	5.18	7.28	2.90	3.32	2.42	4.28

It will be seen that the Rural Infant Mortality Rate is higher than the Urban Rate.

To enable a more complete analysis of the difference in the two rates to be made, further statistical data not at present available is needed and a detailed investigation of all infant deaths in the County is now being undertaken to obtain this information. Obviously many factors may be influencing the respective rates, but in the meantime, the County Health Committee reviewed their existing services for the Care of Mothers and Young Children in urban and rural areas, and from the figures available it appears that :—

- (i) the proportion of women attending ante-natal clinics in the rural divisions is appreciably lower than in the urban divisions, but that those who make use of the clinics attend on average as often as in the urban divisions.

- (ii) the proportion of expectant mothers visited by the Health Visitors in the rural divisions is in general rather higher than in the urban divisions but that the number of visits paid to each such case is about the same as in the urban divisions.
- (iii) the proportion of confinements attended by the domiciliary midwives in the homes is much the same in the rural and the urban divisions.
- (iv) the proportion of children under one year of age attending the centres in the rural divisions is rather lower than in the urban divisions, and that they attend rather less frequently.

As regards the services provided, the number of centres in the rural areas is probably on the whole adequate, but, inevitably, a proportion of the mothers and children using them have considerable distances to travel, sessions are held less frequently and, in general, the premises are of a lower standard than in the urban areas.

While it has always been customary to provide a proportionately larger number of Health Visitors in rural areas to compensate for the increased distances they have to travel and for the increased number of visits resulting from the poorer attendances at centres, and also to allow a higher proportion of essential car users in the rural areas, it is doubtful if the actual number of Health Visitors in the rural areas—which, owing to difficulties in recruitment, is less than establishment—is sufficient adequately to compensate for the lower proportion of mothers attending the centres and to provide for the necessary increase in the number of visits needed per case. The Committee felt that the most valuable means of improving the service in rural areas would be to increase the Health Visitors' visits to the homes and that—in view of the present shortage of Health Visitors—the most practical means of doing so would be to increase the proportion of Health Visitors in rural areas who are authorised car users.

(d) Ophthalmia Neonatorum.

In 1950 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 113 babies and 10 cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

The case rate (i.e. the number of notified cases per thousand live births) was 0.54.

Of the 10 cases notified by medical practitioners 7 occurred in the practice of midwives. All of these were treated at home and in no case was vision impaired.

(e) Pemphigus Neonatorum.

Two cases of pemphigus neonatorum were notified during the year.

(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, St. Helier, Haslemere, Sutton and Cheam and Nelson Hospitals and conducted by the specialist staffs of those hospitals and at the Jarvis Maternity Home, Guildford, and the Woodlands Maternity Home, Colliers Wood.

The following table shows the number of women who attended and the attendances they made during 1950 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	1,035	3,981
North-Central	7	32	1,382	5,690
North-Eastern—				
Wimbledon... ..	1	12	391	1,466
Mitcham	1	12	665	1,534
Merton and Morden	2	12	569	2,007
Central	6	32	1,147	5,639
South-Eastern	6	18	887	3,145
Mid-Eastern—				
Carshalton	5	24	551	2,275
Beddington and Wallington	1	4	236	849
Southern	7	16	394	1,465
South-Western—				
Guildford	1	4	296	311
Excluding Guildford	4	13	555	2,792
North Western	8	36	794	4,353
	53	233	8,902	35,507
Post-Natal Clinics.				
Northern	—	—	† (236)	† (242)
North-Central	—	—	(248)	(331)
North-Eastern—				
Wimbledon... ..	—	—	(87)	(93)
Mitcham	1	1	70 (—)	81 (—)
Merton and Morden	—	—	(40)	(43)
Central	—	—	(236)	(330)
South-Eastern	—	—	(229)	(385)
Mid-Eastern—				
Carshalton	—	—	(47)	(52)
Beddington and Wallington	—	—	(22)	(22)
Southern	—	—	(105)	(108)
South-Western—				
Guildford	—	—	(39)	(40)
Excluding Guildford	—	—	(196)	(226)
North-Western	—	—	(214)	(260)
	1	1	70 (1,699)	81 (2,132)
Regional Hospital Board Clinics attached to Hospitals and Maternity Homes.				
Ante-Natal Clinics	11	132	8,787	56,437
Post-Natal Clinics	8	35	5,964	7,100
	19	167	14,751	63,537

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

(g) **Infant Welfare Centres.**

The County Council maintained 162 infant welfare centres in the year as against 156 in 1949. Additional clinics were started at Nork, Horsell, Oatlands Park and Ockford Ridge, Godalming; Leigh and Brockham which were previously Voluntary Clinics were taken over by the County Council by arrangement with the voluntary bodies.

The following table shows the attendance at these centres for the year 1950 :—

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	860	145	14,416	4,583
North-Central	13	78	2,239	422	34,527	18,667
North-Eastern—						
Wimbledon	5	24	633	81	12,235	6,535
Mitcham	5	31	839	59	14,279	6,038
Merton and Morden	5	40	838	111	15,099	9,691
Central	19	86	1,772	329	30,139	22,075
South-Eastern	14	54	973	339	14,208	9,160
Mid-Eastern—						
Carshalton	5	38	639	72	10,492	5,643
Wallington	4	12	333	16	5,050	3,763
Southern	26	81	1,039	222	14,370	11,950
South-Western—						
Rural	31	87	1,331	470	18,768	15,260
Borough	5	34	645	214	6,788	6,648
North-Western	25	91	1,786	1,163	26,842	16,953
	162	694	13,927	3,643	217,213	136,966
Voluntary.						
South Western (Rural)	1	4	29	11	137	381
Southern	3	3	36	8	283	304
North Western	1	2	20	4	232	155
	5	9	85	23	652	840

(h) **Maternal Mortality.**

The total maternal deaths assigned to the County in 1950 was thirteen which gives a maternal mortality rate of 0.69 per thousand live and still births, compares with 0.86 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 13.

Of the thirteen deaths, six women were confined in their own homes and one in a Nursing Home. The causes of death were :—

- (i) Ruptured ectopic pregnancy.
- (ii) Self induced abortion.
- (iii) Shock.
- (iv) Rupture of uterus.
- (v) Pulmonary embolism.
- (vi) Air embolism self induced.
- (vii) Staphylococcal septicaemia following abortion.

Eight other maternal deaths occurred in Hospitals in the County. Two patients were admitted from outside the County and none had booked for home confinement. The causes of death were toxæmia (two cases), intraperitoneal hæmorrhage (two cases), cerebral hæmorrhage and eclampsia, ventricular failure, septicaemia following abortion and paralytic ileus.

(i) **Puerperal Pyrexia.**

During 1950, 143 cases of puerperal pyrexia were notified representing an attack rate of 7.63 per thousand live and still births as compared with 5.81 for England and Wales. Of these cases 18 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 126 Surrey cases were admitted to mother and baby homes and 101 Surrey cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council and 55 other Surrey cases were sent by the Council to other Homes, payment being made per capitum.

The Home provided by the County Council at Dorincourt, Woking, for the reception of expectant and nursing mothers destitute of accommodation accommodated 47 cases.

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.

(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.

In 1949, the County Health Committee carefully considered its policy with regard to Day Nurseries and decided to lay down a system of priorities for admission. With the adoption of these priorities, children became eligible for admission to day nurseries (a) if the mother was the sole wage earner, where there was sickness in the family or where home conditions likely seriously to prejudice the health of the child existed and (b) if the mother, not being the sole wage earner had been specially trained, was a domestic in an institution or a home help or was employed in industry classified by the Ministry of Labour as essential in the national interest; provided in the case of (b) that the mother was working more than 24 hours and that the net wages of the husband did not exceed £6 a week where the family consisted of husband, wife and child with an addition of 10s. per week for each additional dependant in the family.

The implementation of this policy excluded a number of children from the nurseries and so diminished the number of children among the applicants for admission who were eligible that seven day nurseries were closed on 30th May, 1950. Day Nursery provision in the County at the end of the year was as follows:—

Division.	Population Total Mid-1950.	Population under 5 years Mid-1950.	No. of Day Nurseries.	No. of Places in Nurseries.		No. of Children on the Register at the end of the year.	
				0-2 years.	2-5 years.	0-2 years.	2-5 years.
N. ...	83,560	6,150	3†	48	85	31	99
N.E. ...	201,870	15,872	6	128	235	79	254
M.E. ...	95,040	7,456	2†	40	61	33	74
S.E. ...	100,526	7,962	2	30	37	15	47
N.C. ...	199,510	15,983	9†	128	322	94	320
C. ...	213,469	15,645	5	95	179	74	204
N.W. ...	188,940	15,334	8	128	248	73	267
S.W. ...	155,790	12,347	3	59	36	50	36
S. ...	119,805	9,551	1	20	30	19	39
	1,358,510	106,300	39	676	1,233	468	1,340

† Includes 1 voluntary day nursery.

A further survey for the day nursery provision was carried out in the latter months of the year. The Committee were satisfied that day nursery provision was essential for those children whose mothers were the sole wage earners, where there was sickness in the family, or where home conditions likely seriously to prejudice the health of the child existed [priority (a) above]. As regards children coming in priority (b) above, the Committee felt that these did not comprise a health problem and that the special circumstances—which first arose during the war—for providing for such children from public funds no longer obtained. It was considered, therefore, that admissions to day nurseries should henceforth be restricted to priority (a) cases, as mentioned above. This would not preclude special consideration being given to individual instances where exceptional circumstances might be deemed to make admission essential in the interests of the child.

A careful review of the children in the nurseries and on the waiting lists indicated that if this policy were followed out the day nursery provision was more than was required and that a further 11 day nurseries could be closed leaving a total of 25 day nurseries in the County. The nurseries suggested for closure were:—

Division.	Nurseries.
North Eastern ...	Robinson Road, Mitcham; Morden Road, Merton.
North Central ...	Kilnwood, Kingston-on-Thames; Wellington Crescent, New Malden; St. Cyres, Surbiton.
Central ...	Broadway, Stoneleigh; Great Murreys, Ashted.
North-Western ...	St. Fillans, Woking; Woodham Lane, New Haw; Arden House, Byfleet; Halfway, Walton-on-Thames.

Moreover in some of the remaining nurseries the number of places could be reduced and certain revisions in the scale of staffing would be effected.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

Report of County Dental Surgeon for the Year 1950.

It was estimated in 1949 that a total establishment of 45 dental surgeons could undertake the complete dental service of Surrey County Council, and that, out of this total, the services of 11 officers would meet the needs of expectant mothers, nursing mothers and pre-school children.

The difficulties experienced in 1949 of finding professional personnel to fill the posts established continued to exist throughout 1950. At no period of that year did the staff of dental surgeons rise above the equivalent of 30, which was insufficient for the needs of the school service alone.

That any service might be provided for mothers and pre-school children, it was necessary that part of the time of the existing staff should be given to these classes of patient. The time given was approximately 30 sessions per week over the County. Thus, against an estimated need for 11 officers, the work was attempted by less than the equivalent of three.

It followed that routine inspection of all ante-natal patients, nursing mothers and pre-school children was impossible. The patients examined and treated were, therefore, limited to children attending day nurseries, and mothers and young children referred by medical officers in charge of ante-natal clinics and infant welfare centres. In such circumstances, the amount of treatment provided for the individual patient, particularly the pre-school child, was, in many instances, necessarily less than was desirable.

The tables following provide information concerning the number of patients examined and treated, and the forms of treatment provided:—

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	3,335	2,048	1,902	1,483
Children under 5	2,884	2,331	2,539*	2,414*

* These figures include a certain number of patients examined towards the end of the year 1949.

	Extractions.	Anæsthetics.		Fillings.	Other Operations (e.g. scalings, gum treatment, silver nitrate treatment, etc.)	Dentures Provided	
		Local.	General.			Complete.	Partial.
Expectant and Nursing Mothers ...	2,832	480	805	2,086	1,115	169	286
Children under 5	2,443	42	1,397	1,422	1,361	—	—

Comparing these figures with those of the previous year, it can be said that dental officers inspected a greater number of patients in 1950 than in 1949, that a smaller proportion of these patients required extensive dental treatment; that treatment by extraction and the provision of dentures showed a decrease, and that treatment for the arrest and prevention of caries had increased.

This analysis of comparative figures would tend to confirm the opinion that the public is becoming more appreciative of the value of conservative dentistry. This change of public attitude has been slow and is still far from complete, but taken over a number of years is pronounced. It seems reasonable to claim that the steady effort of Local Authority dental services has been the chief factor in producing this more conservative public feeling. For this reason it is the more regrettable that present day circumstances should make the maintenance of these services so difficult and their expansion impossible.

D. M. McCLELLAND.

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 six non-medical supervisors, one of whom is also the County Nursing Superintendent.

(i) NOTIFICATION OF INTENTION TO PRACTISE.

The number of State Certified Midwives who gave notice of their intention to practise midwifery during 1950 was 627 compared with 621 in 1949.

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

	Number of Maternity Cases in the Administrative County attended by Midwives during 1950.					
	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives. (1)	As Maternity Nurses. (2)	As Midwives. (3)	As Maternity Nurses. (4)	As Midwives. (5)	As Maternity Nurses. (6)
Employed by the Authority (directly or seconded)	2,298 (2,953)	1,160 (1,691)	—	—	2,298 (2,953)	1,160 (1,691)
*Employed by voluntary organisations in Nursing Homes	—	—	183 (560)	140 (279)	183 (560)	140 (279)
Employed by Hospital Management Committees	—	—	8,914 (8,611)	2,201 (2,526)	8,914 (8,611)	2,201 (2,526)
Employed in private domiciliary practice (including midwives employed in private Nursing Homes)	35 (73)	9 (52)	23 (145)	136 (394)	58 (218)	145 (446)
Total	2,333 (3,026)	1,169 (1,743)	9,120 (9,316)	2,477 (3,199)	11,453 (12,342)	3,646 (4,942)

The figures in parenthesis are the comparable figures for 1949.

* It will be noticed that the figures in respect of cases taken in Nursing Homes (Voluntary Organisations) show considerable variation from the previous year. St. Teresa's, Wimbledon has been closed for alterations during a part of the year and the work at Mount Alvernia, Guildford and Godalming has shewn a marked decrease over previous years.

It will be noted that of 15,099 confinements attended by midwives during the year, only 3,502 (or 23.2 per cent.) occurred in the homes, the remainder being in hospitals 11,115 (or 73.6 per cent.) or in nursing homes 482 (or 3.2 per cent.).

In consequence of the diminished call on the domiciliary midwifery service the number of whole-time midwives directly employed by the County Council was reduced in the year from 35 to 31.

(iii) 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	1,083
(ii) For cases in institutions	442

(iv) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Notification of sending for medical aid	1,525
Stillbirths, abortions and miscarriages	100
Laying out dead body	43
Liability to be a source of infection	122
Notification of death	32
Artificial feeding	297
Total	2,119

Most of the figures show a reasonable comparison with those for 1948, but the considerable increase in the notifications of substitution of artificial feeding from 199 in 1948 to 293 in 1949 was maintained with 297 such notifications in 1950. Of the latter number 116 were notified by domiciliary midwives and 181 from hospitals or maternity homes.

(v) SPECIAL INVESTIGATIONS.

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

Notice of sending for medical aid	138
Stillbirths, abortions and miscarriages	25
Liability to be a source of infection	35
Death of mother or baby	17
Total	215

Six midwives employed at a Maternity Annexe to a hospital had to be suspended from duty as a result of haemolytic streptococcal infection.

(vi) ADMINISTRATION OF ANALGESICS.

During the year 1950, gas and air analgesia was given by midwives in 2,308 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	...	...	...	186
(ii) In institutions	...	...	...	199

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

(b) Domiciliary Midwives and Home Nurses.

The National Health Service Act made the County Council which was already responsible for ensuring that there existed an adequate service of midwives in the County, also responsible for ensuring that there was an adequate home nursing service.

Prior to 1948, the Home Nursing and much of the Midwifery service had been carried out by District Nursing Associations, most of which were affiliated to the Surrey County Nursing Association and to which the Council made annual grants in respect of the service of domiciliary midwives. In arranging for the discharge of their statutory obligations to provide these services, the Council were glad to utilise the service of these Associations and entered into working arrangements with the County Nursing Association for doing so. Furthermore, the Council decided that the day-to-day administration of the service should for the time be organised on a centralised basis so that practical experience could be gained both of the work itself and of the organisation of the Nursing Associations which would enable a better informed decision to be made as to the extent and manner in which, at a later date, divisionalisation could be effected.

After two years' practical experience of the service the County Council considered that the time had come to review the organisation, administration and financial arrangements of the service and to confer thereon with representatives of the County Nursing Association. A special sub-committee was accordingly set up for this purpose, and since the end of 1950, the County Council had considered its report.

The County Council, as Local Health Authority, is responsible for a number of other services which also take its officers into the homes of the people, such as the Care of Mothers and Young Children, Health Visiting, Home Helps and so on. The day-to-day running of these services is entrusted to the divisional organisation, and having regard to the close similarity between these services and the Home Nursing and Domiciliary Midwifery services, it is obviously desirable that all such services—which together form the domiciliary health services—should be organised similarly and on a divisional basis, and that direct day-to-day responsibility for the field work of the service should be borne by one person, namely, the Divisional Medical Officer, so that each case coming under care is considered as a whole by him and so that he has at his command all the resources within the Division needed to enable him to provide whatever service or services are best suited to the individual needs of the particular case. Moreover, in the interests of efficiency and economy, the establishments should be apportioned on a divisional basis rather than on the basis of individual nursing associations.

The County Nursing Association has consulted the district nursing associations regarding the proposals for divisionalisation of the two services and the district associations have expressed their willingness to continue their activities for at least another year, during which time a scheme of divisionalisation of the service can be prepared and some experience gained of its working. Consequently in the early months of 1951 the County Council approved the principle of entrusting the day-to-day administration of the Home Nursing and Domiciliary Midwifery services to the nine Divisional Sub-Committees and further consideration is being given to the machinery of divisionalisation.

Finally, since the National Health Service Act has transferred to the County Council much of the work which had hitherto been undertaken voluntarily by the district nursing associations, the sub-committee felt that these latter should seek alternative scope for their voluntary activities in the future and that this might be found in the care and after care of the patients and their families; the sub-committee pointed out that this, in their view, would involve the raising of voluntary funds.

The district associations feel, however, that they cannot undertake to raise voluntary funds as suggested but are willing to continue the services already provided in relation to care and after care work, for which they use their surplus funds.

(i) WORK OF THE NURSES AND MIDWIVES.

At the end of the year there were 239 full-time and 38 part-time Nurses seconded to District Nursing Associations and 31 direct controlled Midwives available for duty.

The number of visits paid by nurses during the year 1950 was as follows :—

	Number of Visits.						Total
	Midwifery.	Maternity.	General.	Ante- and Post-Natal.	Casual.	Clinics.	
Seconded District Nurse Midwives and District Nurses ...	35,845 (38,175)	23,121 (27,306)	592,074 (551,440)	28,600 (31,480)	29,207 (30,751)	3,780 (3,057)	712,627 (682,215)
Direct Controlled Midwives ...	21,387 (24,849)		—	13,160 (16,109)	—	1,558 (2,956)	36,105 (43,914)

The figures in parenthesis are the comparable figures for 1949.

(ii) 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	60 Cars	42 Cars 7 Autocycles	19 Cars 15 Autocycles
District Nurses	7 Cars	5 Cars	7 Cars 1 Autocycle
Relief Cars	9 Cars	—	—

In addition of the 31 domiciliary midwives in direct employment, seven are provided with motor-cars by the County Council and 21 use their privately-owned machines on Council business.

(iii) 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	44	96
Owned or rented by District Associations	31	40
Owned or rented by Nurse	102	106

One home, the property of a nursing association, was closed during the year and the nurses transferred elsewhere.

(iv) VOLUNTARY NURSING ASSOCIATIONS.

There were, at the end of the year, 96 district nursing associations in the County, as against 106 at the end of 1949. The reduction in numbers is the result of amalgamations between associations and partly of decisions by individual associations not to continue. Six areas of the County are not covered by associations and are, at present, administered directly by the County Health Committee. These areas are Capel, Cranleigh, Epsom, Mortlake, Sanderstead and Shalford.

HEALTH VISITING.

(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).

(i) 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).

(ii) FIELD STAFF—DIVISIONALISED SERVICES.

The establishment of Health Visitors in the nine Divisions is 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/>			
		9		<hr/>	163 General Health Visitors.

Plus four Health Visitors for reliefs and special duties.

(iii) FIELD STAFF—CENTRALISED SERVICES.

An additional four full-time tuberculosis Health Visitors were authorised during the year making a total establishment of 18 tuberculosis Health Visitors.

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

(c) **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.

(i) **CHILD LIFE PROTECTION.**

The Children's Welfare Officers are responsible for visiting children of five years of age and over but the Health Visitors visit those under five years of age. At the end of the year 145 foster mothers and 340 foster children were being visited by Health Visitors.

(ii) **ADOPTION OF CHILDREN (REGULATION) ACT, 1939.**

The Children's Welfare Officers are responsible for visiting children of five years of age and over placed for adoption where a third party was involved until the Adoption Order was made in respect of the child. Health Visitors continued to visit such children who are under five years of age and at the end of the year 160 children were under supervision.

(iii) **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.

(iv) **SCHOOL HEALTH SERVICE.**(v) **MENTAL DEFICIENCY.**(vi) **TUBERCULOSIS.**

The following table shows the work undertaken by Health Visitors under these and certain other heads:—

DIVISION.	TUBERCULOSIS.	SCHOOL HEALTH.					MENTAL DEFICIENCY.		OTHER HEALTH SERVICES.		
	All T.B. Visits.	Children suffering from infectious or contagious disease.	Children excluded for verminous or unclean condition.	Treatment or Observation.	Mentally Sub-normal.	Miscellaneous Visits.	Cases under Supervision.	Escorting Patients.	Care and after Care.	Immunisation and Vaccination.	Miscellaneous.
	Total Visits.	Total Visits.	Total Visits.	Total Visits.	Total Visits.	Total Visits.	Total Visits.	Total Visits.	Total Visits.	Total Visits.	Total Visits.
N. ...	13	179	32	154	113	125	158	2	1	16	135
N.C. ...	127	459	69	680	238	511	299	8	11	172	97
N.E. ...	59	346	40	312	278	217	366	—	5	288	2,915
C. ...	531	623	146	457	283	455	273	6	15	96	120
S.E. ...	277	76	29	211	113	99	120	1	10	8	116
M.E. ...	22	168	60	397	183	346	222	8	5	28	530
S. ...	716	827	130	508	110	580	181	1	12	57	82
S.W. ...	791	1,025	315	965	252	945	329	12	63	103	240
N.W. ...	830	437	170	1,139	327	1,207	323	6	32	8	341
Totals	3,366	4,140	991	4,823	1,897	4,485	2,271	44	154	776	4,576

(d) **Health Visitors' Training Course.**

The Health Visitors' Training Course which was inaugurated in January, 1949, at the Guildford Technical College was transferred in 1950 to the Brooklands College, Weybridge. The new premises provide excellent accommodation and the Principal and his staff gave every help and assistance in establishing the Student Health Visitors in their new quarters.

The course of training started in September, 1950, and fifteen students entered for the examination of the Royal Sanitary Institute held in April, 1951. Of this number 13 were successful in obtaining the Health Visitor's Certificate.

As on previous courses the lectures were given by members of the staff of the County Health Department and of the Technical College together with assistance from outside lecturers on special subjects. Two days a week were spent in practical training in various clinics and centres throughout the County under the supervision of the medical and health visiting staff. The majority of the successful students have been recruited to the County Health staff and the training scheme continues to provide an additional number of Health Visitors for the County who would not otherwise be available.

VACCINATION AND IMMUNISATION.

(a) Diphtheria Immunisation.

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

(i) IMMUNOLOGICAL STATE.

The following table gives details of immunisation against diphtheria carried out during 1950 and the immunised state of the child population at the 31st December, 1950.

(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 1950.		Total No. of children who had a complete course of immunisation at any time prior to 31st Dec., 1950.		Estimated mid-year child population 1950.		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	241	190	1,024	3,151	2,395	4,483	42.76	70.29
Barnes	369	443	1,529	3,363	2,820	4,005	54.22	83.97
Beddington and Wallington ...	275	48	1,397	3,090	2,544	3,872	54.91	79.8
Carshalton	625	141	3,088	8,614	4,912	8,733	62.87	98.64
Caterham and Warlingham ...	356	41	1,342	3,686	2,638	4,229	50.87	87.16
Chertsey	332	49	1,342	4,036	2,664	5,227	50.37	77.21
Coulsdon and Purley ...	458	40	2,414	7,336	4,956	8,184	48.71	89.64
Dorking	225	14	899	2,271	1,621	2,739	55.46	82.91
Egham	291	12	1,422	2,551	2,080	3,341	68.37	76.35
Epsom and Ewell	699	61	3,337	6,899	4,740	8,568	70.4	80.52
Esher	455	68	2,520	7,076	4,162	7,082	60.55	99.92
Farnham	266	18	1,165	3,338	1,879	3,373	62.00	98.96
Frimley and Camberley ...	199	53	798	2,468	1,763	2,856	45.26	86.41
Godalming	154	28	578	1,092	1,111	2,316	52.02	47.15
Guildford	499	55	2,052	4,330	3,766	6,277	54.49	68.98
Haslemere	188	14	640	1,459	992	1,760	64.52	82.9
Kingston-on-Thames ...	542	11	2,105	4,040	3,245	4,576	64.87	88.29
Leatherhead	349	19	1,398	2,528	2,147	3,961	65.11	63.82
Malden and Coombe ...	370	60	1,866	5,876	3,584	6,304	52.06	93.21
Merton and Morden ...	701	17	3,007	7,821	5,486	9,194	54.81	85.07
Mitcham	698	17	3,501	7,403	5,828	8,642	60.07	85.66
Reigate	516	39	2,214	4,595	3,328	5,970	66.53	76.97
Richmond	585	241	2,326	3,857	3,330	4,206	69.85	91.70
Sarbiton	570	93	2,542	4,806	4,992	8,101	50.92	59.33
Sutton and Cheam ...	604	95	3,072	7,501	6,084	10,370	50.49	72.33
Walton and Weybridge ...	282	102	1,529	4,455	3,230	5,184	47.34	85.94
Wimbledon	503	96	2,718	5,033	4,558	6,055	59.63	83.12
Woking	403	174	1,438	5,386	3,795	7,052	37.89	76.38
Rural.								
Bagshot	138	8	457	1,817	1,089	2,284	41.96	79.55
Dorking and Horley ...	335	16	1,193	2,584	2,138	3,597	55.8	71.84
Godstone	337	151	1,303	2,515	2,478	4,609	52.58	54.57
Guildford	525	145	1,685	4,195	3,435	5,759	49.05	72.84
Hambleton	237	189	1,132	2,667	2,510	4,541	45.1	58.73
Totals ...	13,327	2,658	59,033	141,839	106,300	177,450	55.53	79.93
Totals 1949 ...	15,612	2,442	58,195	138,946	106,140	172,930	54.83	80.35

In addition, 18,075 children were given a secondary or re-inforcing injection (i.e. subsequent to completing full course).

(ii) DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

The following notifications of diphtheria in children under the age of 15 years were received:—

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

There were no deaths from diphtheria in this age group during the year.

(b) Smallpox Vaccination.

The following table shows the number of persons vaccinated or re-vaccinated during the period 1/1/50 to 31/12/50:—

DISTRICTS.	AGE	VACCINATED.					RE-VACCINATED.				
		—1	1—4	5—14	15+	Total.	—1	1—4	5—14	15+	Total.
M.B. and Urban.											
Banstead	210	25	28	7	270	—	5	35	93	133	
Barnes	311	43	12	15	381	—	9	18	145	172	
Beddington and Wallington ...	78	108	21	22	229	—	6	20	82	108	
Carshalton	413	70	35	24	542	—	6	27	96	129	
Caterham and Warlingham ...	198	55	17	16	258	—	3	22	91	116	
Chertsey	85	112	15	8	220	5	5	16	71	97	
Coulsdon and Purley	167	191	68	50	476	18	19	30	171	238	
Dorking	98	21	12	7	138	—	—	3	53	56	
Egham	127	25	14	11	177	—	—	7	64	71	
Epsom and Ewell	442	54	26	35	557	—	9	3	216	258	
Esher	312	148	47	63	570	5	11	123	260	399	
Farnham	126	109	6	4	245	5	4	26	76	111	
Frimley and Camberley	144	20	9	9	182	—	20	40	96	156	
Godalming	82	57	3	—	142	—	2	7	23	32	
Guildford	169	9	12	21	211	—	6	2	108	141	
Haslemere	124	20	10	9	163	1	—	18	28	47	
Kingston-on-Thames	406	17	17	26	466	1	—	—	112	113	
Leatherhead	220	39	23	24	306	—	1	16	94	111	
Malden	283	21	18	67	389	—	4	16	90	110	
Merton and Morden	438	52	28	31	549	3	9	12	107	131	
Mitcham	181	233	24	26	464	1	—	5	68	4	
Reigate	227	22	26	18	293	—	3	13	51	67	
Richmond	335	101	15	9	460	—	—	19	131	150	
Surbiton	293	295	31	47	666	—	3	24	165	192	
Sutton and Cheam	443	39	41	36	559	—	11	13	154	178	
Walton and Weybridge	133	149	15	18	315	3	7	24	107	141	
Wimbledon	384	38	23	35	480	—	1	17	152	170	
Woking	160	123	12	32	327	5	17	17	105	144	
Rural.											
Bagshot	51	44	—	7	102	2	5	4	28	39	
Dorking and Horley	187	31	22	13	253	—	6	23	81	110	
Godstone	115	108	11	12	246	—	3	21	107	131	
Guildford	294	48	17	18	377	—	3	34	80	117	
Hambleton	207	37	16	26	286	—	4	23	91	118	
Totals	7,443	2,464	674	746	11,327	49	182	733	3,396	4,360	
Totals 1949	4,917	3,014	459	518	8,908	80	140	498	2,575	3,293	

One case of generalised vaccinia was specially reported.

(c) Other Diseases.

In certain areas of the County children may be inoculated against whooping cough if the parents ask for this to be done. No general scheme for immunising against whooping cough is in being but in the light of recent research it may be necessary to give consideration to this development in the near future.

AMBULANCE SERVICE.

(a) Ambulance Provision in Surrey.

During the year, ambulance transport in the County was provided by :—

- (i) The County Council ambulances and cars, manned by paid Council staff.
- (ii) The ambulances of the Voluntary Associations of St. John and Red Cross, which act as agents of the County Council and receive grants based on the cost of running the service.
- (iii) The Infectious Diseases ambulances which are owned by the County Council but are staffed by agreement by the Infectious Diseases Hospitals.
- (iv) The Hospital Car Service of volunteer drivers using their own cars to transport patients and paid on a mileage rate by the County Council for so doing.

Particulars relating to each of these services are given in paragraph (f) *et seq.* below.

In January, 1950, the Fire Brigade, which was already responsible for the emergency ambulances at Sutton, Kingston and Walton, took over the local emergency service at Mitcham. At that time, however, a special joint sub-committee of the County Health and the Fire Brigade Committees was set up to consider further the implications of the Revised Ambulance Scheme which had proposed that the Fire Brigade should be responsible for the Emergency Ambulance Service over the northern part of the County. In consequence of the report of this Sub-committee, the County Council in October, 1950, amended the Ambulance Scheme so as to unify all the County owned vehicles into one Ambulance Service manned by full-time ambulance personnel under the control of the County Medical Officer. Since the end of the year the Minister of Health has given his approval to the scheme, which is now being implemented.

(b) Administration and Organisation.

The headquarters section at County Hall is responsible for the administration and general control of the Service. The five main control stations at Kingston, St. Helier, Redhill, Woking and Guildford are responsible for detailed operational control, the superintendents of the main stations being responsible for all the ambulance work in their districts and for its equitable apportionment between the various bodies providing ambulance services, and they in turn report the movements of their ambulances to the main control stations.

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

Reference has already been made to the section of this Act which regulates payments between Local Health Authorities for ambulance services undertaken on each others behalf. Throughout the year detailed records have been kept of all ambulance journeys in respect of patients discharged from hospitals in order that the Council may claim reimbursement for the cost of certain journeys from other Local Health Authorities. This has meant a considerable increase in administrative work, but on the basis of these details which have been kept for 1950, it is now hoped that agreement may be reached with neighbouring Local Health Authorities which will obviate the need for detailed accounting.

(d) Acceptance of Calls.

The principles on which calls are accepted remain unchanged, but in view of the importance of this matter these principles are briefly repeated, as follows :—

For emergency calls (i.e. accidents anywhere or sudden illness in streets, public places or places of employment) and maternity calls—any member of the public may call an ambulance direct by means of the normal telephone emergency system. (It is emphasised that for cases of sudden illness in the home a doctor should first be called in since the Ambulance Service cannot remove such patients until a doctor certifies that they are fit to travel and until a hospital bed has been obtained).

For all other (i.e. non-emergency) cases, including hospital admissions and discharges, journeys for out-patient treatment, journeys to convalescent homes, etc., ambulance transport must be arranged through a hospital or general medical practitioner.

(e) Civil Defence.

The Civil Defence regulations were published during the year. It is intended that, in the event of war, the existing peace-time Ambulance Service would be expanded to meet war-time needs. The preliminary planning and organisation necessitated by this policy require that—

All peace-time ambulance personnel should be trained in basic Civil Defence duties.

Specialised section training and experience in peace-time ambulance work must be made available for Civil Defence recruits who are posted to the Ambulance Section.

The general lay-out of the expanded service, particularly in respect of additional premises, communications and vehicles must be planned in some detail.

In planning the expanded service and in carrying out the necessary training in peace-time, there is close liaison with County District Authorities who have each been requested to appoint an officer in charge of the Ambulance Section of their local Civil Defence unit. The detailed planning and training for the expanded service will be carried out largely in consultation and co-operation with these local officers. Some progress has already been made, and twelve officers in the peace-time service have voluntarily qualified as Home Office Instructors in their spare time.

(f) County Health Service.

(i) VEHICLES.

In January, 1949, the Council had adopted a vehicle replacement programme whereby old pre-war vehicles would all be replaced by modern vehicles within three years. The unified scheme to which reference has already been made altered the ultimate size of the fleet of County ambulances and cars by making all vehicles available for general, emergency and infectious diseases work (with the exception of two ambulances stationed at and retained for transport of cases to and from Milford Sanatorium and Farnham Isolation Hospital respectively).

The vehicular establishment under the scheme is 50 operational and 13 reserve ambulances (plus the two Infectious Diseases ambulances already mentioned) and 20 operational and 3 reserve cars. [There are also four control vans.] This change enabled the replacement programme to be completed in the year and 40 new replacement ambulances (39 Daimler and 1 Bedford-Lomas) and 9 new sitting case cars were brought into service. During the same period 40 old ambulances were withdrawn from service: 25 were disposed of and the remaining 15 were placed in a special contingency reserve, probably to be used as Civil Defence training vehicles.

	Ambulances.	Sitting Case Vehicles.
Strength at 1st January, 1950	73	15
Disposed of during 1950	25	—
Delivered during 1950	40	9
Strength at 31st December, 1950	88	24

These vehicles are disposed as follows:—

Authorised Establishment (all post-war vehicles except 3 cars).

	Ambulances.	Cars.
Operational	52	20
Maintenance reserve	13	3
	65	23

Other Vehicles (all pre-1939).

Awaiting disposal	8	1
Special contingency (Civil Defence) reserve	15	—
	23	1
	88	24

(ii) PERSONNEL.

The temporary establishment of 255 operational personnel continued unchanged throughout the year but, owing to the difficulty of recruiting and retaining temporary staff, the full establishment was never reached. The unified scheme laid down a permanent establishment of 285 personnel: 4 superintendents, 22 supervisors, 239 driver-attendants and 20 control operators.

(iii) PREMISES.

The Service continued to operate from improvised premises but with the adoption of the unified scheme, appreciable progress is now being made in planning for more suitable premises.

(iv) MAINTENANCE AND REPAIRS.

The temporary arrangements referred to in my previous report have had to be continued.

(v) 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.	Maternity.	General.	Total.		
Kingston Main	422	284	15,327	16,033	23,672	143,950
Redhill Main	195	81	4,257	4,533	5,220	81,251
St. Helier Main	252	523	15,557	16,332	24,619	187,813
Woking Main	301	218	5,442	5,961	6,792	87,137
Banstead	484	133	1,670	2,287	3,196	38,135
Barnes	331	199	1,579	2,109	2,419	15,024
Camberley	270	41	370	681	720	12,930
Carshalton	483	439	4,654	5,576	7,302	42,271
Chertsey	237	189	1,252	1,678	1,779	21,012
Dorking	393	98	774	1,265	1,386	10,183
Egham	257	188	2,499	2,944	3,250	41,059
Esher	446	161	1,066	1,673	2,719	19,117
Ewell	351	382	3,680	4,413	5,552	46,480
Haslemere	98	128	839	1,065	1,203	21,604
Leatherhead	113	79	1,071	1,263	1,391	12,714
Malden	287	165	3,758	4,210	5,486	35,588
Mitcham	62	151	3,997	4,210	5,464	28,772
Purley	459	221	3,507	4,187	4,772	58,015
Richmond	552	227	3,821	4,600	5,141	28,580
Sanderstead	148	128	1,153	1,429	1,636	17,805
Surbiton	364	239	2,791	3,394	4,235	19,699
Wimbledon	941	670	5,051	6,662	7,307	43,880
Contractors	—	—	3,315	3,315	3,991	70,032
Total	7,446	4,944	87,430	99,820	129,252	1,083,051

(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	4,231	4,587	26,404	51
Illness	2,546	2,552	23,346	115
Total	6,777	7,139	49,750	166
False Alarms	669	—	3,133	—
Total	7,446	7,139	52,883	166
Maternity	4,944	4,952	51,750	410
General.				
Hospital	30,809	37,043	421,512	2,551
Out-Patient	53,426	78,490	516,907	1,067
Infectious Disease	884	1,010	19,783	209
One Private Address to another	384	397	9,682	38
Conveyance of Patient Upstairs or Downstairs	221	221	734	6
Total	85,724	117,161	968,618	3,871
False Alarms	1,706	—	9,800	—
Total	87,430	117,161	978,418	3,871
Grand Total	99,820	129,252	1,083,051	4,447

(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	71,399	94,909	692,152
Sitting Case Cars	28,421	34,343	390,899
Total	99,820	129,252	1,083,051

(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	273	261	1,560	2,164	1,994	1,194	7,446
General	1,714	1,586	36,206	36,292	12,749	3,827	92,374
Total	1,987	1,847	37,766	38,456	14,743	5,021	99,820

In addition to the above, 4,376 journeys (37,091 miles) were carried out in connection with special duties, i.e. repairs, refuelling, transport of medical comforts, etc.

(g) *The Fire Brigade Emergency Ambulance Service.*

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

Fire Station.	No. of Ambulances.	No. of Firemen.	Journeys.	Patients.	Mileage.
Kingston	1	6	860	780	3,652
Mitcham (from 18.1.50)	1	6	964	930	4,910
Sutton	1	6	840	787	4,966
Walton	1	6	570	570	5,571
Totals	4	24	3,234	3,067	19,099

(h) Infectious Disease Hospitals.

The number of journeys, etc., carried out by ambulances based on Isolation Hospitals was as follows :—

Hospital.	Journeys.	Patients.	Mileage.
Cuddington	304	326	5,514
Farnham	272	279	3,528
Ottershaw	321	375	5,760
Reigate	114	119	2,552
Wandle Valley	843	922	10,899
Milford Sanatorium	236	370	8,163
*Total	2,090	2,391	36,416

* In addition, 884 journeys, 1,010 patients and 19,783 miles in respect of infectious diseases cases are included in table (ii) of para. v (i) above,

and 134 journeys (1,697 miles) were carried out in connection with special duties, i.e. repairs, refuelling, etc.

(i) Voluntary Organisations' Ambulance Services.

The St. John Ambulance Brigade (16 stations with a total of 28 ambulances and 5 cars) and the British Red Cross Society (4 stations, with a total of 5 ambulances) have continued to provide a valuable service under agency arrangements. During the year, however, the Wimbledon British Red Cross Station had to withdraw from the scheme owing to the difficulty of finding sufficient personnel to carry on with the work. I would like to take this opportunity of thanking them again for the excellent work and support which they gave during the early and most difficult months of the County Ambulance Scheme. The work of these voluntary Ambulance services is analysed in the following tables :—

JOURNEYS, ETC., CARRIED OUT BY STATIONS.

Station.	Journeys.			Patients.	Mileage.
	Emergency.	General.	Total.		
St. John Ambulance Brigade.					
Guildford	867	8,905	9,772	10,644	109,643
Ash Vale	130	1,717	1,847	2,077	28,681
Bagshot	15	105	120	126	2,813
Caterham	243	2,574	2,817	2,874	32,940
Chertsey	1	47	48	50	2,192
Cobham	19	367	386	497	9,445
Cranleigh	137	497	634	840	14,431
Dorking	80	318	398	420	6,521
Farnham... ..	268	3,001	3,269	4,197	48,010
Felbridge	29	107	136	146	3,549
Godstone	141	416	557	574	11,653
Horley	108	1,744	1,852	1,910	30,320
Kingston... ..	83	1,841	1,924	2,724	30,991
Reigate	209	1,253	1,462	1,581	29,630
Warlingham	155	887	1,042	1,135	23,280
Woodham	39	169	203	213	4,862
Total	2,524	23,948	26,472	30,008	388,961
British Red Cross Society.					
Dorking	111	1,097	1,208	1,303	19,448
Godalming	134	1,252	1,386	1,644	28,248
Oxted	24	291	315	313	4,063
Wimbledon	—	76	76	96	3,528
Woking	107	784	891	897	12,717
Total	376	3,500	3,876	4,253	68,004
Grand Total	2,900	27,448	30,348	34,261	456,965

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

	Journeys	Patients	Mileage
Ambulances	22,963	25,380	344,720
Sitting Case Cars	7,385	8,881	112,245
Total	30,348	34,261	456,965

In addition to the above, 1,722 journeys (7,768 miles) were carried out in connection with special duties, i.e. repairs, refuelling, transport of medical comforts, etc.

(j) Hospital Car Service.

The Hospital Car Service existed as an independent national organisation before the advent of the National Health Service Act. Under this Act, the County Council was charged with the duty of securing that transport was available where necessary and, consequently, arrangements were made with the Hospital Car Service—which, however, retained its independent status—for the continued provision of a voluntary service of transport of out-patients to hospitals, payments being made to the voluntary drivers, using their own cars, on a mileage basis. The steady increase in the volume of work, both number of patients conveyed and mileages travelled, up to the first quarter of 1950, is as follows [figures for the last nine months of 1950 are also shown] :—

	Patients per Quarter.	Mileage per Quarter.
1947 (Average)	Not known	143,694
1948 January—June (Average)		231,762
1948 July—September	15,039	268,941
1948 October—December	18,397	320,357
1949 January—March	23,795	398,381
1949 April—June	24,437	422,068
1949 July—September	24,828	423,336
1949 October—December	28,982	451,282
1950 January—March	32,840	491,368
1950 April—June	32,178	467,213
1950 July—September	29,092	424,990
1950 October—December	30,348	416,317

It will be noted that the work has increased very considerably since the appointed day, and a special sub-committee was appointed in the early months of 1950 to investigate these increases and to see whether, without detriment to the users of the service, effective action could be taken to reduce the cost to the Council.

The sub-committee reviewed the existing working procedure, and in order to secure more effective control of the service—

- asked Hospital Management Committees to arrange for all requests emanating in a hospital to be channelled through one focal point (e.g. an existing officer of the hospital acting as a transport officer) so that requests might be co-ordinated and duplicated orders and wasted journeys might be avoided.
- introduced improved claim forms and forms for ordering transport.
- instructed that applications from the hospitals to Area Transport Officers of the Hospital Car Service should be channelled through Main Ambulance Stations.
- requested the Hospital Management Committees to consider introducing, as soon as could be effectively and conveniently arranged, a "Block Appointments System."

As regards (c), the sub-committee appreciated that the suggested procedure could not be brought into effect until suitable accommodation became available at main ambulance stations and urged that priority should be given to the proposals for main stations at St. Helier, Kingston and Chertsey where the volume of Hospital Car Service work is greatest.

The Hospital Car Service continues to provide transport for the majority of sitting cases requiring out-patient treatment. Many of the voluntary drivers, however, have doubts about their ability to carry on with the work indefinitely owing to the condition of their cars and the fact that they are finding it most difficult to obtain replacements. The work done by the Service is shown below :—

Area.	Journeys.	Patients.	Mileage.
Metropolitan Surrey.			
St. Helier	18,328	30,502	427,826
Kingston	37,151	35,840	458,037
Ex-Metropolitan Surrey.			
Chertsey	7,027	9,971	182,188
Dorking	1,486	2,121	43,593
Egham	878	1,073	18,933
Farnham	1,800	2,107	26,350
Frimley and Camberley	1,475	1,784	34,662
Godalming	3,132	4,497	63,645
Guildford	12,590	18,037	256,844
Haslemere	1,687	2,649	33,055
Leatherhead	1,949	3,257	30,745
Lingfield	956	1,243	28,199
Oxted	820	965	20,717
Reigate	4,396	6,387	110,309
Woking	3,067	4,025	64,782
Total	86,742	124,458	1,799,888

(k) 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	71,399	28,421	99,820	94,909	34,343	129,252	692,152	390,899	1,083,051
Surrey Fire Brigade	3,234	—	3,234	3,067	—	3,067	19,099	—	19,099
Infectious Disease Hospitals	2,090	—	2,090	2,391	—	2,391	36,416	—	36,416
Voluntary Organisations—									
S.J.A.B.	19,087	7,385	26,472	21,127	8,881	30,008	276,585	112,245	388,830
B.R.C.S.	3,876	—	3,876	4,253	—	4,253	68,135	—	68,135
Hospital Car Service	—	86,742	86,742	—	124,458	124,458	—	1,799,888	1,799,888
Totals	99,686	122,548	222,234	125,747	167,682	293,429	1,092,387	2,303,032	3,395,419

In addition to the above, 6,232 journeys (46,556 miles) were carried out in connection with special duties, i.e. repairs, refuelling, transport of medical comforts, etc. by the County Service, Infectious Disease Hospitals and the S.J.A.B. and B.R.C.S.

(l) Increase of Work.

The increase of work compared with the previous year is shown in the following table :—

Service.	1949.			1950.		
	Journeys.	Patients.	Miles.	Journeys.	Patients.	Miles.
County Service	82,290	100,473	862,956	99,820	129,252	1,083,051
County Fire Brigade	238	237	2,085	3,234	3,067	19,099
Infectious Disease Hospitals...	3,160	3,591	44,699	2,090	2,391	36,416
Voluntary Organisations—						
S.J.A.B.	24,009	25,714	387,747	26,472	30,008	388,830
B.R.C.S.	3,865	4,440	77,816	3,876	4,253	68,135
Hospital Car Service	70,594	102,042	1,695,070	86,742	124,458	1,799,888
Totals	184,156	236,497	3,070,373	222,234	293,429	3,395,419

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

(a) Tuberculosis.

No major changes in the administration of the service have taken place during the year.

CHEST CLINIC ORGANISATION.

There are eight Chest Clinic areas in the County, each in charge of a Chest Physician (one of whom is 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.

As regards Chest Clinics the area of the Morden Clinic was extended to include also Merton which had hitherto been associated with the Wimbledon Clinic, and the two small Clinics at Godstone and Horley were closed, patients being asked to attend at the Redhill Clinic.

WORK OF THE CHEST CLINICS.

The following table shows the work of the 19 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.																			
1	New Cases (Excluding Contacts)	Definitely Tuberculous— (a) Remaining on Register { 1. "A" cases* 2. "B" cases* } (b) Died ... (c) Left County ... (d) Diagnosis not completed (e) Non-Tuberculous ...																			372	260	26	19	25	38	24	18	397	298	50	37	782	1,342			
		302	153	1	2	6	8	2	3	308	161	3	5	477																							
		18	10	—	—	—	—	—	—	18	10	—	—	28																							
		23	26	—	4	1	1	—	—	24	27	—	4	55																							
		—	—	—	—	—	—	—	—	30	28	4	2	64																							
		—	—	—	—	—	—	—	—	1,951	2,001	631	562	5,145																							
2	New Contacts	Definitely Tuberculous— (a) Remaining on Register { 1. "A" cases* 2. "B" cases* } (b) Died ... (c) Left County ... (d) Diagnosis not completed (e) Non-Tuberculous ...																			29	37	22	15	—	—	1	1	29	37	23	16	105	126			
		9	6	—	—	—	—	—	—	9	6	—	—	15																							
		1	2	2	1	—	—	—	—	1	2	2	1	6																							
		—	—	—	—	—	—	—	—	622	961	732	692	3,007																							
3	Old Contacts...	Definitely Tuberculous— (a) Remaining on Register { 1. "A" cases* 2. "B" cases* } (b) Died ... (c) Left County ... (d) Diagnosis not completed (e) Non-Tuberculous ...																			15	23	16	11	—	—	—	—	15	23	16	11	65	82			
		3	8	1	1	—	—	—	—	3	8	1	1	12																							
		1	—	—	—	—	—	—	—	1	—	—	—	2																							
		2	1	—	—	—	—	—	—	2	1	—	—	3																							
		—	—	—	—	—	—	—	—	969	550	496	437	1,752																							
4	Transferred Cases	(a) From other Areas 1. "A" cases* 2. "B" cases* (b) To other Areas (other than 1 (c), 2 (e) and 3 (e))																			90	99	9	5	11	4	3	3	101	103	12	8	224	436			
		116	93	—	—	2	1	—	—	118	94	—	—	212																							
		220	175	9	6	3	10	4	2	223	185	13	8	429																							
		110	83	5	—	10	18	9	9	120	101	14	9	244																							
5	Cases Written Off Register (Old Cases only)	(a) Recovered (b) Died ... (c) Lost sight of																			132	70	—	—	2	3	—	—	134	73	—	—	297				
		188	140	15	16	50	50	25	20	238	190	40	36	504																							
6	Cases Lost Sight of Returned to Register	1. "A" cases* 2. "B" cases*																			21	8	6	1	3	5	1	—	24	13	7	1	45	92			
		35	11	—	—	—	—	—	—	35	12	—	—	47																							
		1,982	1,819	245	210	149	207	140	117	2,131	2,026	385	327	4,869																							
		2,075	1,441	3	4	57	47	14	14	2,132	1,488	17	18	3,655																							
7	Cases on Register on 31st December	(a) Definitely Tuberculous 1. "A" cases* 2. "B" cases* (b) Diagnosis not completed																			—	—	—	—	—	—	—	—	30	35	8	9	82	8,606			
		—	—	—	—	—	—	—	—	—	—	—	—	—																							
		—	—	—	—	—	—	—	—	—	—	—	—	—																							
		—	—	—	—	—	—	—	—	—	—	—	—	—																							

* "A" cases = sputum negative.

"B" cases = sputum positive.

No. of attendances at Chest Clinics (including Contacts) ... 40,939

No. of consultations with medical practitioners :—

(a) Personal ... 726

(b) Other ... 17,165

No. of visits by Chest Physicians to homes (including personal consultations) ... 3,017

No. of visits by Health Visitors to homes of T.B. patients ... 20,530

No. of refills given at A.P. Clinics ... 23,914 at 627 sessions.

(seasonal average 38+).

A summary of the work of the individual Chest Clinics is given in the table which follows:—

Chest Clinic.	Population of Clinic Area.	No. of T.B. Cases on the Register on 1/1/50.	No. of New Cases Definitely T.B. (including contacts).	No. of T.B. Cases on the Register on 31/12/50.	No. of T.B. Cases on the Register on 31/12/50, per 1,000 Population on 31/12/50.	No. of Contacts Attending during 1950.		No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.		
Cardinalton	627	74	701	11.26	211	267	478	4	2	6	3,508	21
Dorking	92	19	106	3.56	44	5	49	—	—	—	371	16
Egham	123	29	147	5.97	46	—	46	2	—	2	474	17
Epsom	630	93	622	6.49	164	148	312	1	2	3	2,510	22
Farnham	177	22	185	3.39	40	35	75	—	9	9	913	22
Godstone*	—	—	—	—	—	—	—	—	—	—	—	—
Guildford	558	73	580	5.35	147	170	317	7	27	34	3,594	23
Horley*	—	—	—	—	—	—	—	—	—	—	—	—
Kingston	978	203	1,055	5.38	535	289	824	14	27	41	5,032	20
Merton and Morden†	436	198	849	11.25	454	315	769	43	3	46	5,017	25
Milford	103	29	132	5.29	34	18	52	4	1	5	680	13
Mitcham	828	211	939	9.40	396	145	541	25	1	26	4,174	23
Mortlake	538	81	531	6.40	151	209	360	7	1	8	2,772	16
Parley	409	53	418	4.49	124	—	124	5	—	5	1,547	26
Redhill	413	76	408	3.86	164	1	165	3	1	4	1,429	17
Sutton	769	119	829	8.56	253	111	364	1	2	3	4,388	21
Weybridge	285	57	262	3.86	81	—	81	4	—	4	976	19
Wimbledon†	667	72	426	7.30	171	124	295	4	6	10	2,388	21
Woking	369	60	334	5.54	134	—	134	3	—	3	1,166	19

* Godstone and Horley Chest Clinics were closed on 30.9.50. All statistics relating to these clinics are incorporated with those of Redhill.

† On 1.1.50 part of the former Wimbledon Clinic Area was allotted to the Merton and Morden Clinic, which largely accounts for the increased number of cases at the latter Clinic and the decrease at Wimbledon.

HOME CONDITIONS.

The Health Visitors made 2,641 reports on the home conditions of tuberculous patients during the year. These reports are summarised by county districts in the table which follows.

It should be noted that the details given relate to the conditions found by the Health Visitor at the time she made the report.

HEALTH VISITORS' REPORTS ON HOME CONDITIONS OF TUBERCULOUS PATIENTS.

County District.	Classification of Disease.	No. of Reports from Health Visitors.	Sleeping Arrangements.		
			Separate Bedroom.	Separate Bed.	Neither
Banstead U.D....	Sputum +	27	15	19	8
	" —	31	15	17	14
Barnes M.B.	Sputum +	27	18	19	8
	" —	25	10	14	11
Beddington and Wallington M.B.	Sputum +	81	51	53	28
	" —	68	41	49	19
Carshalton U.D.	Sputum +	174	94	109	65
	" —	188	89	112	76
Caterham and Warlingham U.D.	Sputum +	51	25	33	18
	" —	47	18	26	21
Chertsey U.D. ...	Sputum +	24	11	15	9
	" —	20	7	11	9
Coulsdon and Purley U.D. ...	Sputum +	15	8	9	6
	" —	14	7	9	5
Dorking U.D. ...	Sputum +	16	7	11	5
	" —	32	10	15	17
Egham U.D. ...	Sputum +	24	9	9	15
	" —	38	18	20	18
Epsom and Ewell M.B. ...	Sputum +	60	29	34	26
	" —	54	25	32	22
Esher U.D. ...	Sputum +	29	22	24	5
	" —	44	23	24	20
Farnham U.D. ...	Sputum +	28	14	16	12
	" —	29	5	9	20
Frimley and Camberley U.D.	Sputum +	23	14	16	7
	" —	19	9	10	9
Godalming M.B. ...	Sputum +	13	5	5	8
	" —	20	6	6	14
Guildford M.B. ...	Sputum +	77	37	42	35
	" —	61	36	43	18
Haslemere U.D. ...	Sputum +	12	5	8	4
	" —	15	7	8	7
Kingston M.B....	Sputum +	31	13	15	16
	" —	19	12	12	7
Leatherhead U.D. ...	Sputum +	32	13	19	13
	" —	53	24	28	25

County District.	Classification of Disease.	No. of Reports from Health Visitors.	Sleeping Arrangements.		
			Separate Bedroom.	Separate Bed.	Neither
Malden and Coombe M.B. ...	Sputum +	38	22	24	14
	" —	40	26	31	9
Merton and Morden U.D. ...	Sputum +	57	38	47	10
	" —	107	62	81	26
Mitcham M.B. ...	Sputum +	48	34	39	9
	" —	60	36	46	14
Reigate M.B. ...	Sputum +	10	7	7	3
	" —	8	4	4	4
Richmond M.B. ...	Sputum +	20	14	15	5
	" —	38	12	21	17
Surrey M.B. ...	Sputum +	59	31	37	22
	" —	60	31	37	23
Sutton and Cheam M.B. ...	Sputum +	37	19	22	15
	" —	53	36	40	13
Walton and Weybridge U.D. ...	Sputum +	48	20	29	19
	" —	48	31	34	14
Wimbledon M.B. ...	Sputum +	43	21	24	19
	" —	39	22	27	12
Woking U.D. ...	Sputum +	37	30	31	6
	" —	27	18	20	7
Bagshot R.D. ...	Sputum +	9	5	5	4
	" —	20	11	15	5
Dorking and Horley R.D. ...	Sputum +	12	9	11	1
	" —	24	9	10	14
Godstone R.D. ...	Sputum +	20	11	13	7
	" —	29	10	14	15
Guildford R.D. ...	Sputum +	41	21	27	14
	" —	43	14	25	18
Hambleton R.D. ...	Sputum +	25	8	10	15
	" —	20	10	14	6

B.C.G. VACCINATION.

The scheme introduced by the Minister of Health to provide for B.C.G. Vaccination of contacts and others amongst the general public whom the Chest Physicians consider it desirable to vaccinate was put into operation during the year, and the number so vaccinated each month, although so far small, has slowly increased.

BOARDING OUT OF CHILD CONTACTS.

The number of child contacts boarded out during the year was 263 (199): 150 (128) new cases were boarded out and 141 (85) cases returned to their own homes during the year. The average duration of stay of the cases returning to their homes during the year was 38 (29) weeks. 168 (112) contacts were boarded out with foster parents in private homes, 32 were placed in privately-run nurseries and children's homes, and 63 were placed in the Council's residential nurseries. In some cases B.C.G. vaccination was carried out during the normal period of boarding out, but in only three cases was the County Council required to arrange boarding out specifically for B.C.G. segregation. (The figures in parentheses are the corresponding figures for last year.)

The purchase of the Hostel, Sendhurst Grange, mentioned in my Report for 1949, was completed during the year and plans for its adaption for the reception of child contacts of tuberculous persons were drawn up.

CARE ORGANISATION.

The general framework of the Organisation for the care of the tuberculous has remained unaltered since my report in detail in 1948. The establishment of Tuberculosis Almoners was strengthened by up-grading the Assistant Almoner, the establishment now being 1 Tuberculosis Care Organiser and 9 Tuberculosis Care Almoners. This alteration became necessary mainly on account of the increased number of clinic sessions.

VOLUNTARY ASSOCIATIONS.

(i) *Care Committees.*

The following figures for the financial year were submitted by the 20 District Tuberculosis Care Committees.

The total amount raised by the Care Committees was £7,471 1s. 1d. In addition, they received grants amounting to £940 from the County Council on the basis of £1 for each £1 raised by voluntary effort up to a maximum of £50 to each Committee.

The main items upon which a total of £7,880 2s. 1d. was spent were: bedding and clothing (£1,684 5s. 6d.), extra foods (£846 8s. 1d.), pocket money to patients in sanatoria (£825 2s. 0d.), and fares for their relatives to visit (£943 19s. 3d.).

(ii) *The Standing Conference of Surrey Tuberculosis Care Committees.*

The Standing Conference continued throughout the year to co-ordinate the work of the 20 District Care Committees, and to organise schemes, such as the children's holiday scheme, which are best dealt with centrally for the County as a whole. The grant from the County Council for the year was £200, in addition to which the Conference raised money by its own efforts. The principal item of expenditure was £1,777 for holidays for child contacts, 300 of whom were sent to Sheepcote Camp School in Surrey, by the courtesy and with the co-operation of the Surrey Education Committee, and 16 were given assistance with the cost of privately arranged holidays. The Art Therapy scheme of the Standing Conference continued at two hospitals at a cost of £123.

PROVISION OF FREE MILK.

The cost to the County Council of the provision of milk free of charge to needy tuberculous cases was approximately £8,150 for the financial year. Some improvement in the scale of assessment was made during the year to conform to the increased cost of living.

OCCUPATIONAL THERAPY.

The establishment of the Section was increased during the year by one assistant occupational therapist, and the complete establishment now is: 1 Supervisor of T.B. Occupational Therapy, 4 Assistant Occupational Therapists and 1 Clerk Storekeeper.

Permanent headquarters for the Section were established at "Keeldar," 27, Queens Road, Kingston-on-Thames, on 28th June, 1950.

Visits to Comeragh Court were discontinued as from 1st April, arrangements having been made for the staff of St. Peter's, Chertsey to visit.

An Exhibition in conjunction with the Annual Meeting of the Standing Conference of Surrey T.B. Care Committees was held in May. The standard of work exhibited was very high. A Sale of Work was held by the B.R.C.S. at Guildford, and work of patients was sent for sale. The results were very gratifying. Arrangements have been made with the W.V.S. to display and offer for sale in their shop at New Malden, articles made by patients. This project was commenced late in the year and the results are not yet apparent.

Entries have again been forwarded, and prizes gained in the N.A.P.T. Art Competitions. The Jig-Saw Library continues to be very popular, and is appreciated by a large percentage of patients. Home and Overseas visitors have visited the headquarters during the year. The number of domiciliary patients registered during the year is approximately the same as the previous year. The W.V.S. are giving considerable assistance at Kingston Hospital where materials are being sent by post. The Standing Conference and various Care Committees have given invaluable help both to the Unit and to individual patients during the year.

A Mobile Unit and two additional cars have been authorised and obtained. One privately owned car has been withdrawn on staff resignation. The additional mobility is adding greatly to the efficiency of domiciliary visiting.

The average number of visits per patient has increased and a very high standard of work is maintained. The table below shows the number of patients receiving occupational therapy on 31st December, 1950.

Section.	Number.
St. Helier	32
Redhill	31
Dorking	10
Cumberland House	49
Broom Close	19
Out-Patient Centres	80
Domiciliary Patients	561
Postal Patients	165
Total	947

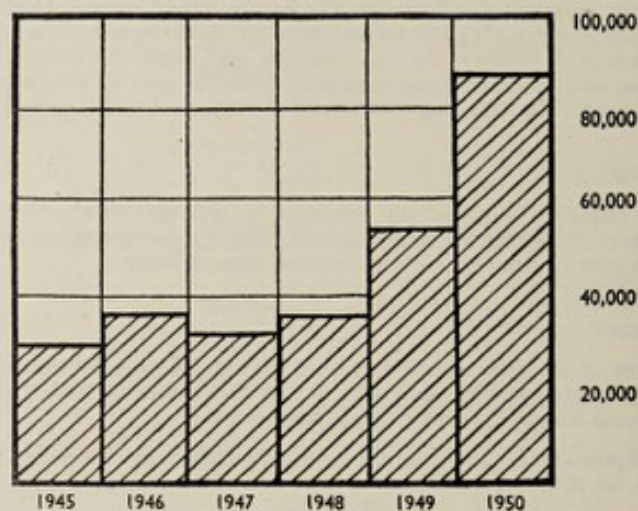
The amount spent on materials during the year was £1,447 6s. 3d. As in previous years the Care Committees have paid for the initial cost of materials in many necessitous cases.

MASS RADIOGRAPHY.

I am indebted to Dr. F. J. H. Walters, Director of the Mass Radiography Units which function in Surrey as part of their field of operations for the following report of the work for the year ended 31st December, 1950. (Not all the figures relate to Surrey residents.)

(i) The two Mass Radiography Units of the South-West Metropolitan Regional Hospital Board (Surrey Area) have completed a very successful year. No. 1 Unit which operates mainly in the more densely populated districts of N. Surrey examined 45,255 persons and the No. 2 Unit which has been deployed in the more rural areas examined 40,043 persons.

(ii) The total number of examinations made in 1950 was 85,298; an increase of 30,591 over 1949. The rapid increase in the number of persons attending for examination since formation of the Unit in 1945 is shown in the following graph.



(iii) During the current year, 269 cases of active Pulmonary Tuberculosis were discovered, giving an overall incidence of 3.1 per 1,000 examinations.

(iv) Detailed analysis of each survey is shown in Appendix "A" to this report together with details of abnormalities which are given in Appendices "B" and "C."

(v) The number of open sessions offered to the general public was increased. The incidence of active Pulmonary Tuberculosis discovered among different groups examined shows considerable variation. Details are as follows:—

	Organised Industrial Groups.		Sessions Offered to General Public.		Organised Groups from Schools.	
	Males.	Females.	Males.	Females.	Males.	Females.
No. of cases of active Pulmonary Tuberculosis	68	40	77	70	6	8
No. of persons attending for examination ...	23,069	11,998	14,756	19,769	8,831	6,875
Incidence per 1,000 examinations	2.9	3.3	5.2	3.5	.68	1.2

This shows clearly the direction that the policy of Mass Radiography must take when planning further surveys. We are meeting increasing reluctance on the part of factory managements and other employers to release volunteers for examination during working hours. These employees must therefore be given opportunities to attend general public sessions held in the afternoons and evenings.

(vi) The increasing demand for general public sessions accentuates the great difficulty experienced in finding suitable accommodation for these Units. In some districts, we have been unable to carry out a survey because suitable premises could not be found.

The provision of "mobile vans," in which the X-ray examination may be made, does not obviate these difficulties. Space must be found to accommodate the clerical staff and it is frequently impossible to park the vehicle adjacent to such premises. During inclement weather, it is manifestly impossible to expect examinees to proceed from the reception and clerical side of the Unit to a van parked some distance away.

Sessions for the general public which are in great demand are frequently carried out only through the courtesy and co-operation of local church organisers who are prepared to permit use of their premises and suffer a serious dislocation of the church work.

Much difficulty is experienced in some districts in obtaining the use of public premises from the local authorities at economic rates. It is felt that it may become necessary in the future to devolve the responsibility for finding suitable accommodation upon the local authority.

(vii) Past experience has enabled us to expend the sum allotted for publicity purposes where it will produce the maximum benefit. The steeply rising costs of paper and printing will seriously curtail our activities in this direction and will have an adverse effect on the number of persons attending for examinations. If our present standards of publicity are to be maintained, it will be necessary in the near future, to apply for an increase in the money allotted for this purpose.

APPENDIX A.

Survey No.	Location.	*Type of Survey.	Number of persons examined on miniature films.			Abnormalities.						Number of cases awaiting ultimate diagnosis.
			Active P.T.		Total.	Inactive P.T.		Non-tuberculous.				
			Males.	Females.		Males.	Females.	Males.	Females.			
1	Kingston and Ham Districts	A.	2,433	2,027	4,460	10	6	51	49	55	26	—
2	Leatherhead and Fetcham Districts	A.	410	436	846	4	2	9	13	13	11	—
3	Croydon District	A.	6,049	5,436	11,485	25	18	160	156	210	115	1
4	Kingston Factory Group	B.	1,068	1,243	2,311	4	1	53	34	33	25	—
5	Basingstoke District	A.	1,989	1,443	3,432	3	2	57	34	44	25	—
6	Thornton Heath Factory Group	B.	1,653	353	2,006	5	—	69	11	56	8	—
7	New Malden Factory Group	B.	1,174	716	1,890	2	1	58	25	52	7	—
8	Merton Factory Group	A.	291	9	300	1	—	20	—	14	1	—
9	Purley District	A.	632	712	1,344	5	3	19	19	34	11	—
10	Redhill and Reigate Districts	A.	1,476	952	2,428	4	2	56	56	57	23	1
11	Lingfield Epileptic Colony	D.	339	162	501	4	—	21	6	12	4	6
12	Carshalton District	A.	1,095	1,758	2,853	1	4	34	29	38	32	—
13	Egham District	A.	1,521	1,313	2,834	6	4	38	28	35	29	2
14	Egham Factory Group	B.	609	190	799	2	2	16	7	31	5	—
15	Surbiton District	A.	1,405	1,523	2,928	7	5	48	44	41	48	—
16	Walton-on-Thames District	A.	1,176	1,031	2,207	1	3	36	31	52	29	1
17	Weybridge District	A.	828	781	1,609	1	—	27	27	18	13	—
18	Aldershot Factory Group	B.	1,266	140	1,406	2	—	46	5	48	1	—
19	Epsom and Ewell Districts	A.	1,551	2,095	3,646	5	4	46	65	43	39	—
20	Wallington and Beddington Districts	A.	919	1,166	2,085	5	4	27	33	19	18	—
21	Guildford District	A.	1,386	1,554	2,940	3	5	42	37	39	18	—
22	Mitcham District	A.	2,921	2,770	5,691	12	17	134	115	137	65	3
23	Sutton and Cheam Districts	A.	1,274	1,614	2,888	6	5	42	50	36	39	—
24	Godalming District	A.	658	743	1,401	1	3	9	19	21	19	—
25	Thames Ditton Factory Group	B.	1,537	1,484	3,021	6	5	64	37	63	36	2
26	Guildford Factory Group	B.	954	115	1,069	1	—	41	4	56	2	—
27	Wimbledon District	A.	1,683	1,871	3,554	3	6	49	52	53	63	—
28	Wimbledon Park District	A.	372	666	1,038	3	3	26	17	9	17	1
29	Caterham District	A.	866	968	1,834	1	3	31	31	41	28	2
30	Hersham Factory Group	B.	991	330	1,321	3	—	27	10	40	9	1
31	Salisbury Factory Group	B.	1,005	428	1,433	1	1	39	6	71	16	—
32	Ministry of Supply, Chessington	B.	1,173	492	1,665	4	—	40	26	79	14	5
33	Totworth Factory Group	B.	773	551	1,324	3	1	27	14	37	6	1
34	Holloway College, Egham	C.	122	239	361	—	3	11	3	12	8	1
35	Guildford Factory Group	B.	369	130	489	—	1	8	9	29	4	—
36	Waddon Factory Group	B.	1,255	340	1,595	4	2	52	7	54	7	—
37	Ministry of Food, Guildford	B.	772	642	1,414	—	1	21	13	31	13	1
38	Claygate Factory Group	B.	138	229	367	—	—	7	4	3	3	—
39	Brookwood Hospital (Patients only)	D.	523	—	523	4	—	51	—	40	—	10†
	Totals		46,656	38,642	85,298	152	117	1,612	1,126	1,756	837	38

Key to Symbols : * 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.

†These surveys commenced in December, 1949. Only 1950 figures are shown.

‡These surveys continued until mid-January, 1951. Only 1950 figures are shown.

APPENDIX B.

(i) *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	4,305	11,408	11,200	9,563	8,277	1,903	46,656
Females	3,769	13,267	8,605	6,785	5,293	923	38,642
Totals	8,074	24,675	19,805	16,348	13,570	2,826	85,298
Percentage ...	9.5%	28.9%	23.2%	19.2%	15.9%	3.3%	—

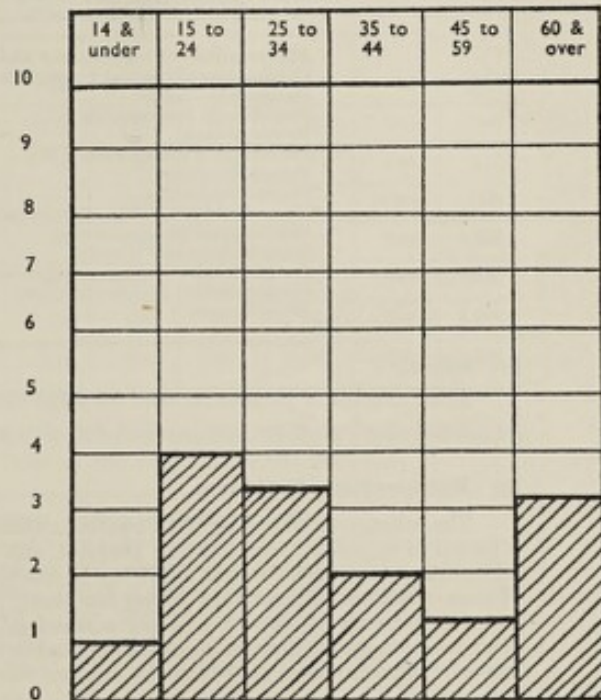
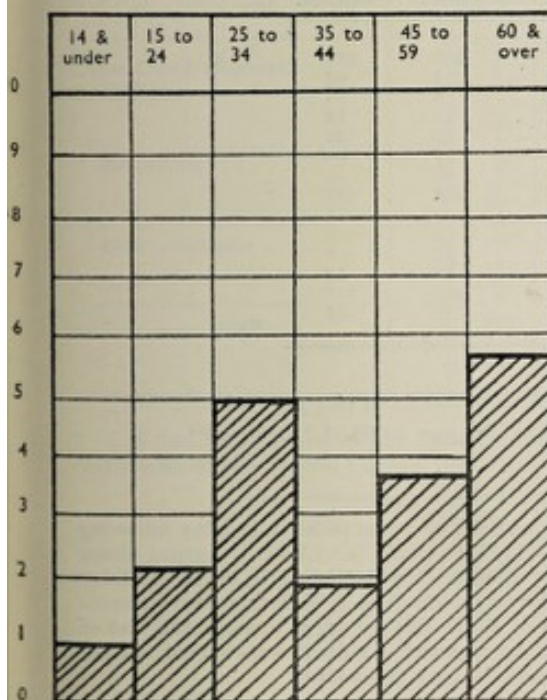
(ii) *Number of Persons Discovered with Active Pulmonary Tuberculosis per thousand Examinees.*

Sex	14 and under	15 to 24	25 to 34	35 to 44	45 to 59	60 and over	TOTAL
Males	5	25	59	21	31	11	152
Per 1,000 examinees ...	1.1	2.2	5.2	2.2	3.7	5.8	3.2
Females	4	58	31	14	7	3	117
Per 1,000 examinees ...	1.1	4.4	3.6	2.1	1.3	3.2	3.0

MALES

(No. per 1,000 examinations)

FEMALES



APPENDIX C.

*Analysis of Abnormalities Revealed.**(i) Active Pulmonary Tuberculosis.*

	Males.	Females.
Primary disease	5	4
Post-primary disease	145	112
Tuberculous pleural effusion	2	1

(ii) Active Pulmonary Tuberculosis (showing extent of lesion and presence or absence of symptoms).

		Males.	Females.
Unilateral disease {	With symptoms ...	53	38
	Without symptoms ...	35	38
Bilateral disease {	With symptoms ...	42	20
	Without symptoms ...	22	21

(iii) Inactive Pulmonary Tuberculosis.

	Males.	Females.
Primary disease	926	717
Post-primary disease	686	409

(iv) Non-Tuberculous Abnormalities.

	Males.	Females.
Abnormalities of bony thorax and lungs ...	382	290
Chronic bronchitis and emphysema ...	274	62
Pneumonia—lobar	2	—
Non-specific pneumonitis	31	18
Bronchiectasis	60	30
Pulmonary Fibrosis (non T.B.)	11	—
Pneumokoniosis	30	—
Pleural thickening	591	161
Pleural and interlobar effusion (non T.B.) ...	2	1
Spontaneous pneumothorax	2	—
Intrathoracic new growth	15	2
Cardiovascular lesions—congenital	17	32
Cardiovascular lesions—acquired	160	177
Miscellaneous	179	64

(v) General.

Total number of persons recalled for large film examination was 4,041 (4.7 per cent.).

Total number of persons recalled for clinical examination was 1,069 (1.2 per cent.).

(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, 1950, are as follows:—

Total number of patients sent to Holiday Homes	199
Total cost (excluding contributions by patients)	£1,567 6s. 6d.
Length of stay: 1 week	19 patients.
2 weeks	110 "
3 weeks	45 "
4 weeks	17 "
over 4 weeks	8 "

(c) Nursing Equipment.

(i) LOANS.

Under the agreement concluded between the County Council and the County Branch of the British Red Cross Society, the Society has continued to maintain at an approved standard medical loan depots throughout the County from which nursing equipment can be borrowed for a maximum period of six months. All loans are free of charge but in the case of the larger and more expensive articles a deposit, which is returnable, is required. The number of Depots maintained during the year varied slightly from time to time and at the 31st December was 47. Altogether a total of 5,974 loans of nursing equipment were made during the year.

(ii) PURCHASE.

In cases where a patient needs an article of nursing equipment permanently, the County Council have agreed to supply it provided an undertaking is given to repay the full cost, which in the case of the more expensive articles may be made by instalments. In necessitous cases the article is provided and the patient is assessed by the County Treasurer as to the amount, if any, required to be contributed. Among the articles provided during the past year were rubber mattresses, a hospital type bedstead with lifting pole, a commode, and a special chair for a spastic child.

(d) Venereal Diseases.

The former County Council Clinics at Guildford, Woking, Redhill, Carshalton and Kingston were continued during the year by the respective Hospital Management Committees and no important changes were made in the days and times of sessions. The duty of persuading defaulters to resume attendance and of securing the attendance of persons exposed to infection continued to be exercised by the Council's two Special Services Visitors during the first half of the year and subsequently by one Visitor.

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. Heller Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis... ..	17	6	11	27	8	12	29	110
	(13)	(6)	(12)	(38)	(11)	(17)	(51)	(148)
Gonorrhœa	22	3	3	21	10	17	100	176
	(20)	(3)	(7)	(33)	(12)	(21)	(122)	(218)
Other conditions	195	15	58	843	112	113	766	2,102
	(194)	(36)	(64)	(689)	(115)	(121)	(700)	(1,919)
Totals	234	24	72	891	130	142	895	2,388
	(227)	(45)	(83)	(760)	(138)	(159)	(873)	(2,285)

A further decrease in the number of new cases of venereal disease amongst Surrey residents attending clinics in the County occurred during 1950 as the following table shows :—

Year.	Syphilis.	Gonorrhœa	Other Conditions.	Total.
1945	128	210	1,337	1,675
1946	143	239	1,216	1,598
1947	136	181	1,065	1,382
1948	105	119	1,227	1,451
1949	80	75	1,099	1,254
1950	69	59	1,223	1,351

* The great majority of these conditions are not venereal.

(e) Public Education in Health.

Day to day functions in connection with public education in health stand referred to the Divisional Health Sub-Committees and the manner in which they are carried out varies to a considerable extent with local circumstances. It is, for example, much easier to arrange successful

talks and film displays in the urban areas than it is in the rural areas. Attempts to arrange meetings for the discussion of health subjects with casual or unselected audiences are seldom successful and in most cases such meetings have been held at the request of organised bodies such as Women's Institutes and Co-operative Guilds, Trades Councils, Youth Clubs and others. Those arranged in conjunction with Parent-Teacher Associations have been particularly successful. Use has been made of literature and posters, and, in some districts, articles on health subjects written by the Divisional Medical Officers have been published in the local Press. Particular attention has been paid during the course of the year to a distribution of the knowledge of the ways in which infection can be spread by food, with particular reference to the education of food handlers. Valuable as all these measures are, they can reach only a limited number of the public, and the daily contact of the field staff of the health department with the people is the most fruitful educational approach.

HOME HELPS.

The principal features of the County Council's Scheme for provision of Home Helps were described in my Annual Reports for 1948 and 1949.

(a) Administration of the Scheme.

(i) COUNTY ORGANISER.

The County Organiser resigned in January, 1950, and it was decided that as a result of the divisionalisation of the service and the consequent appointment of Divisional Supervisors, the character of the work at the central office had become more administrative and less technical and could be more appropriately undertaken by an administrative assistant, who would act centrally as a link with the supervisors so as to ensure that the work was carried out in a uniform and efficient manner throughout the County. This new post was filled in August.

(ii) DIVISIONAL SUPERVISORS.

Full-time supervisors have been appointed in the North-Central, North-Western, Central, South-Western and North-Eastern Divisions; and part-time supervisors in the Mid-Eastern and South-Eastern Divisions. Since the end of the year, a full-time supervisor has been appointed in the Northern Division and a part-time supervisor in the Southern Division. The establishment of divisional supervisors in the County is now complete.

(b) Establishment of Home Helps.

The establishment of equivalent full-time Home Helps for each division for the financial year ending March, 1951, and the average number employed weekly during the year is shown below:—

NUMBER OF EQUIVALENT FULL-TIME HOME HELPS.

	Establishment 1950/51	Actual Number Employed (Weekly Average)
Northern	35	30
North-Eastern	170	140
North-Central	70	65
North-Western	62	60
Central	76	72
Mid-Eastern	38	36
Southern	25	15
South-Eastern	40	40
South-Western	41.7	40
County	557.7	501

Recruitment of Helps is made through the Ministry of Labour and on the personal recommendation of existing Helps. Most of the personnel are part-time workers who are required however to be available for not less than 20 hours per week if needed, but a number of whole-time workers is employed.

No serious shortage of Helps was experienced throughout the County during the year, but in some areas where it was impossible to recruit Helps, it was necessary to send help from other districts. In such cases, travelling time and fares are paid at the discretion of the divisional supervisor.

(c) Supervision.

To supervise the work of the Home Help and to prevent abuse of the service the Council have laid down, *inter alia*—

- (i) That each maternity case shall be visited twice, once at the beginning of the first week and again towards the end of the second week.
- (ii) That general cases shall be visited at least monthly to ensure that the home help is carrying out her duties satisfactorily and to review, and if necessary to reassess the number of hours service provided.

The importance of regular visiting to ensure that the service is used to maximum advantage cannot be over stressed and it is gratifying to be able to record that except in certain unavoidable instances of absence on sick leave for lengthy periods or a vacancy, the standard of visiting achieved by the supervisors was satisfactory.

(d) The Work of the Service.

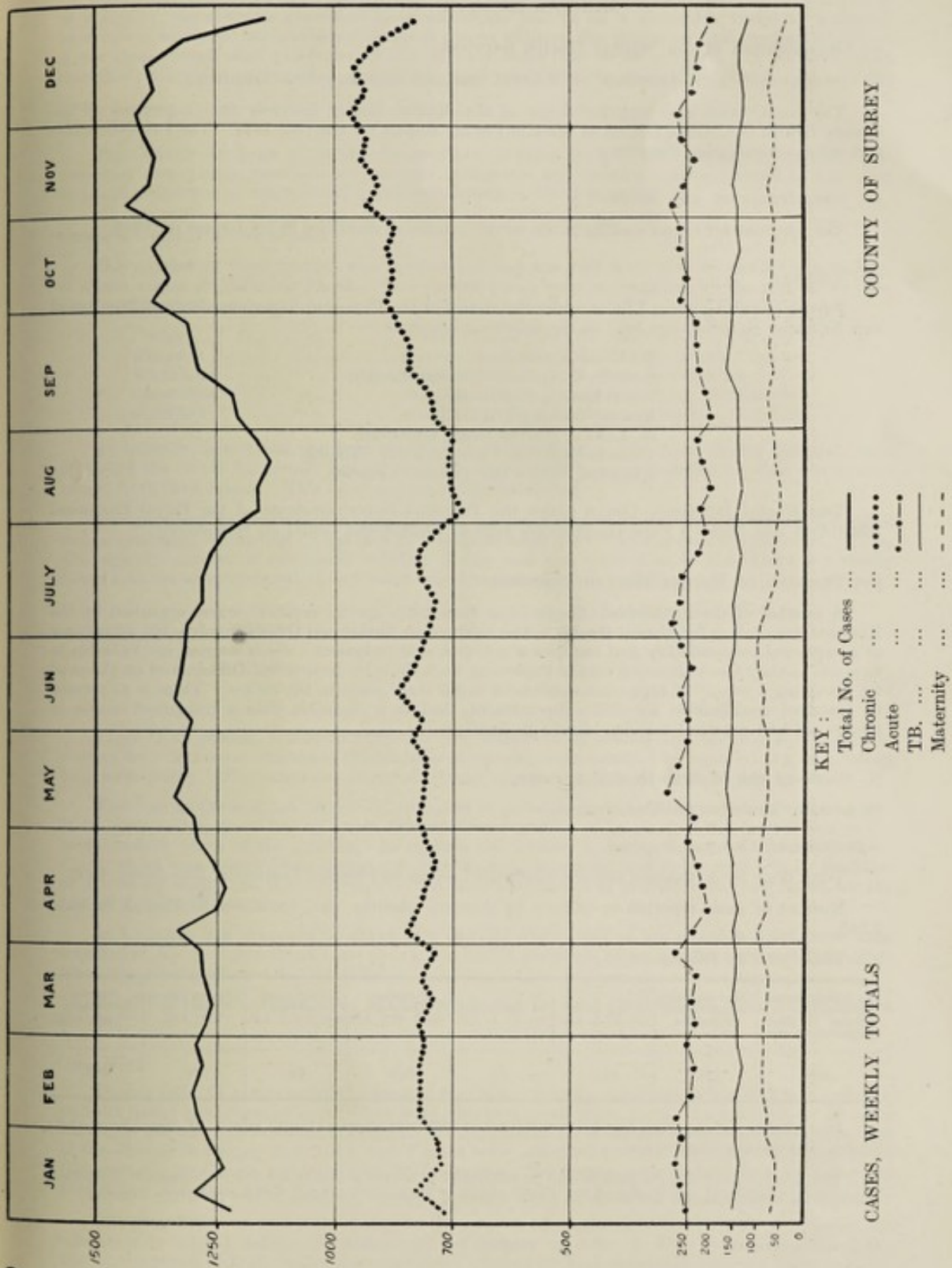
The scope of the work of the scheme is indicated in the accompanying statistical table and chart on pages 62 and 63.

The accompanying chart shows the number of cases dealt with each week during the year ; sub-divided to show the numbers of each type of patient.

The Table of Statistics shows divisionally the staff position at the 31st December, 1950, together with the total number of cases per year and the average number of cases dealt with per week.

From this it will be seen that divisions differ considerably in types and number of cases.

1950



MENTAL HEALTH SERVICES.

(a) Organisation of the Mental Health Services.

(i) 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 remain as described in my Report for the year 1948. The Sub-Committee met seven times during the year.

(ii) ADMINISTRATION AND STAFF.

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

(iii) CLINICS.

Psychiatric Out-patient Clinics under the charge of the Physician-Superintendents of Brookwood and Netherne Hospitals are held at the following hospitals :—

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

Two Mental Deficiency Clinics under the Physician-Superintendents of the Royal Earlswood Institution and Botley's Park Hospital are held at Redhill and Guildford respectively.

(iv) TRAINING OF MENTAL HEALTH WORKERS.

A number of the Authorised Officers have attended a special revision course organised by the National Association for Mental Health. The work of an Authorised Officer involves the acceptance of exceptional responsibility and requires much tact and judgment. Such courses are valuable in as much as they focus attention on the important work done by Authorised Officers and on the need for providing a supply of high-class candidates to fill these posts in the future. There is at present no standard qualification for these appointments and it is desirable that a recognised course of theoretical and practical training should be instituted.

(b) Work of the Mental Health Service.

(i) LUNACY AND MENTAL TREATMENT.

Ascertainment, Care and Disposal.

Work done by Authorised Officers under the Lunacy and Mental Treatment Acts during 1950.

Number of cases reported to Officers by doctors, relatives, etc., for action as Mental Patients, 2,245.

Dealt with as follows :—

No Lunacy Action after enquiry or referred to other Departments, etc.	Cases examined and dismissed by Justices.	3 Day Order, Sec. 20, L. Act.	14 Day Order, Sec. 21, L. Act.	Voluntary patient, Sec. 1, M.T. Act.	Temporary patient, Sec. 5, M.T. Act.	Urgency Orders, Sec. 17, M.T. Act.	Certified by Justices, Sec. 16, L. Act.
469	197	162	13	393	94	234	683

In addition, information has been received of 887 voluntary patients admitted direct from their homes, Psychiatric Clinics, etc.

The 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.

Observation Wards.

The only accommodation available at present for " observation " cases is at Kingston Hospital, where there are six beds for males only. This is a serious deficiency in the provision of mental health services in the County, as great difficulty is experienced in dealing with those cases which are not so acutely ill as to warrant immediate certification. Medical practitioners are frequently reluctant to give a decisive certificate when they have seen the patient only once or twice and, as an alternative, ask for him to be placed under observation so that the condition can be assessed in greater detail. On

the other hand, difficulties often occur in dealing with patients whose removal to hospital is a matter of urgency; the simplest procedure is to admit the patient on a Three-day Order to a mental observation ward and an additional strain is placed both on the doctor and the authorised officer if the more complicated procedure of the urgency order has to be adopted. In all such cases immediate admission to a mental observation ward would obviate many difficulties.

(ii) MENTAL DEFICIENCY.

The Council continues to provide for mental defectives living in the community statutory and voluntary supervision, guardianship care and occupation and training centres, as well as arranging to admit defectives to institutions, where such action is found necessary.

Occupation and Training Centres.

The number of these centres was increased during the year from four to five by the opening of a new centre at Purley in March. The centres which were in operation by the end of the year were as follows:—

<i>Purley</i> ...	...	...	...	Railwaymen's Hall, Whytecliffe Road, Purley.
<i>Kingston</i> ...	...	...	...	Methodist Church Hall, Victoria Road, Kingston.
<i>Wimbledon</i> ...	...	...	...	Trinity Hall, The Broadway, Wimbledon, S.W.19.
<i>Carshalton</i> ...	...	...	...	St. Peter's Hall, Bishopsford Road, Carshalton.
<i>Guildford</i> ...	...	...	...	St. Francis' Hall, Foxburrows Avenue, Guildford.

In addition, five 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.

During recent years, there has been an increasing appreciation of the needs of mental defectives and an increasing willingness on the part of parents to make use of training facilities provided. Thus, although the number of new cases ascertained this year was lower than in 1949 there is a steady increase in the ascertainment of new cases over a period of years, as follows:—

<i>Year.</i>	<i>Number of New Cases.</i>				
1946	152
1947	172
1948	233
1949	286
1950	244

There is at present accommodation for 198 defectives at centres and there is a considerable waiting list. Moreover, the use of church halls as training centres cannot be regarded as a satisfactory long term policy. The amenities provided should approach rather to those of day schools.

The County Council has, therefore, approved in principle an immediate increase in the number of training centres from five to seven, the additional centres to be sited in the central and in the north-western parts of the County. As regards the former, a day nursery at Old Schools Lane, Ewell, which was closed down during the year, is being purchased and it is hoped will be available as a training centre in 1952. As regards the latter, terms are at present being negotiated for the hire of a hall in Weybridge.

In addition, it is proposed to adapt as a training centre part of the premises which have been acquired at No. 3, Robin Hood Lane for various health purposes, to replace the centre at Carshalton where the accommodation is very inferior.

Details of the nature and aims of Occupation and Training Centres were given in my Report for 1949.

Case Work.

During 1950, 71 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 59 cases assistance was given to relatives of defectives in completing the necessary formalities under Section 3 of the Mental Deficiency Act, 1913, and 7 cases were admitted to institutions on the authority of Orders made by Courts under Section 8 of the Act. No 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 1950 has seen little change in the number of mental defectives on the waiting list for admission to mental deficiency institutions, the number of cases on 31st December, 1950, being 100 as compared with 97 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, 1950, and of all new cases coming to the notice of the Council and shows how these cases were dealt with :—

Particulars of Mental Defectives as on 31st December, 1950.

	M.	F.	T.
(1) <i>Number of Ascertained Mental Defectives Found to be "Subject to be dealt with" :—</i>			
(a) In Institutions (including cases on licence therefrom) { under 16 years of age aged 16 years and over	167 643	117 638	284 1,281
(b) Under Guardianship (including cases on licence therefrom) { under 16 years of age aged 16 years and over	2 39	2 52	4 91
(c) In "places of safety"	3	2	5
(d) Under Statutory Supervision (excluding cases on licence) { under 16 years of age aged 16 years and over	170 139	148 117	318 256
(e) Action not yet taken under any one of the above headings	13	8	21
Total ascertained cases found to be "subject to be dealt with"	1,176	1,084	2,260
	M.	F.	T.
No. of cases included in (b) to (e) above awaiting removal to an Institution	43	57	100
(2) <i>Number of Mental Defectives not at present "Subject to be dealt with," but over whom some form of voluntary supervision is maintained :—</i>			
Under 16 years of age	8	9	17
Aged 16 years and over	121	163	284
(3) <i>No action cases (not subject to be dealt with)</i>	242	209	451
Total number of mental defectives (1) plus (2) plus (3)	1,547	1,465	3,012
(4) <i>Number of Mental Defectives Receiving Training :—</i>			
(a) In day-training centres { Under 16 years of age Aged 16 years and over	75 18	72 40	147 58
(b) At home	—	—	—
Total	93	112	205

Particulars of Cases Reported during the Year 1950.

	M.	F.	T.
(1) <i>Ascertainment.</i>			
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—			
(i) Under Section 57 (3)	57	50	107
(ii) Under Section 57 (5) :—			
On leaving special schools	11	3	14
On leaving ordinary schools	2	5	7
(b) Other ascertained defectives reported during 1949 and found to be "subject to be dealt with"	19	26	45
Total ascertained defectives found to be "subject to be dealt with" during the year	89	84	173
(c) Other reported cases ascertained during 1950 who are not at present "subject to be dealt with"	31	40	71
Total number of cases reported during the year	120	124	244
(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	30	29	59
(ii) Placed under Guardianship	—	1	1
(iii) Taken to "places of safety"	1	—	1
(iv) Placed under Statutory Supervision	42	46	88
(v) Died or removed from area	7	3	10
(vi) Action not yet taken	9	5	14
Total ascertained defectives found to be "subject to be dealt with"	89	84	173
(b) Cases not at present subject to be dealt with :—			
(i) Placed under Voluntary Supervision	17	24	41
(ii) Later found not to be defective	—	—	—
(iii) Died or removed from area	4	5	9
(iv) Action unnecessary	—	—	—
(v) Action not yet taken	10	11	21
Total cases not at present "subject to be dealt with"	31	40	71

Number of Mental Defectives in Institutions under Community Care (including Voluntary Supervision), or in "Places of Safety" on 1st January, 1950, who have ceased to be under any of these forms of care during 1950.

	M.	F.	T.
(a) Ceased to be under care	15	13	28
(b) Died, removed from area, or lost sight of	35	37	72
Total	50	50	100

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

(a) Number who have given birth to children during 1950 :—		
(i) After marriage	1	
(ii) While unmarried	3	
	Males.	Females.
(b) Number who have married during 1950	3	4

HEALTH CENTRES.

No major changes of a policy nature have taken place in the plan of development of Health Centres and Welfare Clinics referred to in the Reports of 1948 and 1949.

As a general principle, it is still considered that under circumstances as they exist in Surrey where, in the main, new development takes place as an addition to existing communities already provided with services, it is impossible at the present time to justify provision of complete health centre facilities including facilities for group practice. Nevertheless, a need appears to have arisen at Merstham—where the London County Council are proposing to build a new housing estate—for the provision on a small scale of a health centre providing also facilities for general practice. In consequence, the County Health Committee has asked the Executive Council to ascertain the views of the general practitioners in this area as to practice from a health centre.

The plan of development sub-divided the various projects into three priorities, and the present position with regard to these is as follows :—

(a) Priority A.

In respect of projects in Priority A, the County Council propose as opportunity arises, to acquire buildings or sites capable in due course of expansion to provide complete Health Centres and to adapt the existing buildings or to erect new buildings to provide adequate facilities for County Health services in the area. The nine proposals in this category mentioned in my previous report reached the following stages :—

- (i) *Richmond*.—Legal formalities were not completed to take possession but estimates and drawings of the proposed work had been prepared.
- (ii) *Sutton, Haslemere and Godalming*.—Two adjoining houses at Sutton were purchased and, since the end of the year, a house at Haslemere and one at Godalming have also been purchased. The necessary adaptations will shortly be put in hand.
- (iii) *Addlestone*.—A large house and part of its grounds is being appropriated from another County Department ; this project is approved by the Minister of Health in general principle but the adaptations and extension of the building were deferred by the Minister from the Capital Building Programme for 1950-51.
- (iv) *Carshalton*.—It is now proposed to develop a vacant portion of a property to be leased from the London County Council. Approval is being sought from the Minister for the new building envisaged.
- (v) *Morden*.—This proposal at Morden is still under consideration by the Minister.
- (vi) *Malden and Molesey*.—It has not yet been possible to obtain suitable vacant sites or existing buildings in these areas.

Since the end of the year three further projects have been included in Priority A. They are :—

- (vii) *Merstham*.—Referred to above.
- (viii) *Guildford*.—The acquisition of either a vacant site or a site with existing building for Welfare Clinic purposes, with subsequent extension to a Health Centre. This project will include Divisional Health Office facilities.
- (ix) *Worcester Park*.—Negotiations are proceeding for the acquisition of a vacant site on which an *ad hoc* Welfare Clinic can be built and which will be sufficiently large to carry a full Health Centre, if and when this becomes necessary.

(b) Priority B.

This group refers to sites where facilities are likely to be required within the next ten years and where the County Planning Committee will be asked to define or designate suitable sites.

There are now ten proposals in Priority B in place of the eleven shown previously. The Education Committee has recently purchased a property at Leatherhead and it has been possible to rent a part of the house so as to provide both Welfare Clinic facilities and an Ambulance Sub-Station; Worcester Park is now in Priority A and a proposal for West Byfleet and Sheerwater has been brought up from Priority C in view of new housing development at Sheerwater.

(c) **Priority C.**

The projects in Priority C relate to areas where Health Centres are likely to be required at some future date and where the County Planning Committee has been asked to indicate the intention in the development plan for the County. There are now 44 proposals in this priority in place of 46 shown previously. The proposal at Guildford has been placed in Priority A in view of the unsatisfactory facilities which there are at present in the central part of the Borough; and the West Byfleet and Sheerwater projects have been placed in Priority B for the reason given above.

WELFARE SERVICES.

The County Medical Officer, 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.**

(i) **REGISTRATION OF THE BLIND.**

The number of blind persons whose names were on the Register at the end of 1950 was 1,981, as compared with 1,899 at the end of 1949.

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, 1951.

Age Group.	NEW CASES REGISTERED.		
	Male.	Female.	Total.
Under 1	0	1	1
1	0	0	0
2	0	3	3
3	0	0	0
4	0	0	0
5-10	2	5	7
11-15	1	2	3
16-20	0	1	1
21-30	0	6	6
31-39	1	8	9
40-49	4	4	8
50-59	16	11	27
60-64	7	12	19
65-69	13	8	21
70 and over	67	136	203
Unknown	0	0	0
	111	197	308

Age Group.	REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.
Under 1	0	1	1
1	0	0	0
2	1	4	5
3	1	4	5
4	6	4	10
5-10	12	10	22
11-15	10	9	19
16-20	12	9	21
21-30	36	38	74
31-39	65	53	118
40-49	94	70	164
50-59	116	127	243
60-64	69	98	167
65-69	75	100	175
70 and over	310	652	962
Unknown	0	2	2
	807	1,181	1,988

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

Age Group.	NEW CASES REGISTERED		
	Male.	Female.	Total.
Under 1	3	6	9
1	0	0	0
2	0	1	1
3	0	0	0
4	0	0	0
5—10	0	7	7
11—15	0	2	2
16—20	2	3	5
21—30	1	5	6
31—39	3	4	7
40—49	8	6	14
50—59	12	15	27
60—64	6	15	21
65—69	12	17	29
70 and over	57	106	163
Unknown	7	10	17
	111	197	308

Age Group.	REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.
Under 1	92	114	206
1	5	4	9
2	10	22	32
3	4	6	10
4	5	1	6
5—10	24	37	61
11—15	19	31	50
16—20	39	33	72
21—30	89	39	128
31—39	67	53	120
40—49	73	85	158
50—59	80	150	230
60—64	51	97	148
65—69	47	88	135
70 and over	136	312	448
Unknown	66	109	175
	807	1,181	1,988

In accordance with the Minister's instruction a register of the partially sighted is now maintained. There are 216 persons so registered. These are visited periodically by the Home Teachers and, when necessary, the Welfare Officer for the Blind in co-operation with the Ministry of Labour and the National Institute Employment Department assists partially sighted men and women to find work which they can manage.

(ii) 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 ensures co-ordination to the benefit of the blind.

(iii) HOME TEACHERS.

Owing to the increased number of blind persons on the register and the additional duties in connection with the partially sighted it was necessary to increase the Home Teaching staff from eight to ten and two new appointments were made in April. The Home Teachers' duties were set out in detail in previous reports but mention should be made of handicraft centres which are now established in Epsom, Farnham, Morden, Richmond, Reigate, Walton and Woking.

(iv) TRAINING, EMPLOYMENT AND UNEMPLOYMENT.

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 41 blind children of school age in the County, 17 attend Schools for the Blind, one attends the Rudolf Steiner School in Scotland, eight are not at school and 15 are ineducable on account of other defects, ten being in mental hospitals and mental deficiency institutions.

Workshop Employment.

The County Council continues to supplement the weekly earnings of blind persons employed in "Sheltered Workshops" up to £5 15s. 6d. for men and £4 6s. 7½d. for women. A scheme for sick pay and holiday pay is in operation.

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 a minimum of £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 details of the training and employment of the registered blind aged 16 and over:—

			<i>Employed.</i>			
Within Workshops for the Blind			...	...	...	15
In approved Home Workers Scheme			...	...	...	64
Others—not Pastime Workers			...	...	...	212
Total			...	...	...	291
			<i>Undergoing Training.</i>			
			<i>For Sheltered Employment.</i>	<i>For Open Employment.</i>	<i>Professional and University.</i>	
Males	...	...	5	11	1	
Females	...	...	1	2	0	
Total	...	...	6	13	1	

(v) GENERAL SOCIAL WELFARE.

The work of the Surrey Voluntary Association for the Blind in respect of the general social welfare of the blind continues, particular attention during the year having been given to developing social activities, sales of work, etc.

The Hostel at Molesey is still fully occupied and the Association has a waiting list of blind persons, in need of accommodation of this type. They intend to acquire other properties at the earliest opportunity.

During the past year the Association has granted loans to enable blind men to establish or develop their businesses. They have expended £350 on grants for holiday purposes, £680 on maintenance of wireless sets and also provided equipment and materials for pastime occupation.

(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.

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, 1950, there were 80 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 1950 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1950.	Number of children provided for.
Premises	6	139
Daily Minders	24	265

MILK AND DAIRIES.

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

Under these regulations, which came into operation on the 1st October, 1949, the County Council became responsible for the licensing and supervision of the pasteurisation or sterilisation of milk in those districts of the County for which it is the Food and Drugs Authority. Fourteen existing Pasteurisers licences were then in force and one new licence was granted during the three months ended 31st December, 1949.

During the year 1950, seven new licences were granted. In one instance the application was in respect of premises where a licence had been in existence prior to change of licensee; and one establishment ceased to pasteurise milk during the year; making the total number of pasteurisers licences in force on 31st December, 1950, twenty.

No licences in respect of sterilised milk have been granted or renewed.

Sanitary Inspectors of the Councils of County Districts within the area for which the County Council is the Food and Drugs Authority have continued to give valuable co-operation in acting as Agents of the County Council, both in carrying out investigations prior to the granting of a new licence and in the taking of milk samples, and also in the making of routine inspections of premises for which licences are held.

The following gives details of the routine sampling of pasteurised milk :—

	Pasteurised.	<i>Tuberculin-Tested</i> (Pasteurised).
No. of Milk Samples taken	825	51
Failed Phosphatase test only	18	3
Failed Methylene Blue test only	22	—
Failed both tests	—	—

(b) Tubercle Infected Milk.

Fifteen reports of samples of milk, which on biological examination had been found to be infected with the tubercle bacillus, were received during the year, one more than last year.

There were at least three groups of cases of gland infection reported during the year where there was considerable evidence that the infection was due to the consumption of tubercle infected milk.

The County Health Committee gave careful consideration to this problem towards the end of the year, and, while appreciating that the only absolute preventive measure is the adequate heat treatment of the milk supplies, it was felt that the extent to which the sampling of raw milk for biological testing was being carried out should be reviewed. Biological testing of milk for the tubercle bacillus is an important factor in the control of tuberculosis, even although there are certain practical difficulties which limit its usefulness. For example, there is an unavoidable delay of six to eight weeks between the taking of the sample and the ascertainment of the result, during which time an infected cow may continue to contribute to the milk supply. Furthermore, for routine purposes it is practicable to take specimens only of bulked milk from a number of cows so that still further delay may be involved in tracing the individual cow responsible. However, in spite of these limitations, it is possible to detect a tuberculous cow by this method in a number of cases. The County Health Committee decided to recommend to the Public Control Committee that samples for this purpose should be taken four times in the year from each source of production where the milk was to be sold to the consumer without heat treatment.

Although not coming within the period covered by this report it will perhaps be not inappropriate to mention that the Minister of Food has given public notice of his intention, subject to consultation with representative organisations of interests concerned, of laying before Parliament an Order, to come into force on the 1st October, 1951, specifying the whole of the metropolitan area of Surrey as a "specified area" within which the use of special designations in relation to milk sold by retail becomes obligatory.

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 1950 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 :		
Bagshot R.D.C.	Chobham	64,000
" " " " " " " "	Bisley	55,000
Guildford R.D.C.	Effingham and Little Bookham	57,200
Hambledon R.D.C.	Frensham and Tilford	52,575
Water Supply Schemes ...	Nil.	

REFUSE DISPOSAL.

Under Section 94 of the Surrey County Council Act, 1931, any local authority seeking to dump refuse in the area of another local authority in the County must secure the consent both of the County Council and of the local authority in whose area the dump will be situated.

One new application for the depositing of refuse under this section was granted during the year, whilst six renewals were granted.

The total number of approved refuse dumps in the County continues to be seven, and all are 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 samples taken within the Council's Food and Drugs Area during 1950 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1949 and 1948 are also given :—

Year.	Estimated Population at preceding 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.
1950	581,520	1,443	143	2.48	9.91	35	1	373	32	13	—	1,864	176	3.21	9.44
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

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

The percentage of adulterated or irregular samples and the number of samples per 1,000 of population show little variation from the figures of the preceding two years.

Over 100 varieties of food were sampled, no samples of adulterated drugs were reported, and all 35 samples of spirits analysed were found genuine. As reported below, there were eight prosecutions and appropriate administrative action was taken in each case where a sample showed an irregularity.

The following items are of special interest :—

(a) Milk.

(i) *Quality* : Of the 1,443 samples of milk submitted for analysis to the Public Analyst 128 were unsatisfactory in quality as judged by the presumptive minimum standard 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.

Fifteen samples of Channel Islands milk were found to have a butterfat content below 4 per cent., the required standard for milk of that description when sold at the controlled price, and the Milk Division of the Ministry of Food was informed for appropriate action.

In general, deficiencies in milk fat and milk solids other than milk fat were small and in many instances attributed to natural causes. In some cases it was established by Inspectors taking "appeal-to-cow" samples at the dairy at milking time that the milk production of a particular herd or of part of it was of poor quality though genuine.

Legal proceedings were, however, successfully taken against a producer where "appeal-to-cow" samples provided confirmatory evidence that an excessive proportion of milk fat had been abstracted from certain churns when milk was withdrawn for consumption by the vendor for his own use.

(ii) *Adulteration*: Added water, in proportions varying from 1 per cent. to 32 per cent., was detected in 36 samples. This adulteration in 18 instances led to the institution of legal proceedings against the vendors concerned.

In respect of seven offences a dairy farmer was able to prove that the offender was his cowman, who was accordingly convicted. In the five remaining cases convictions were recorded against the persons originally charged.

(b) **Rationed Foods.**

Samples have been taken of each of the staple rationed foods—bacon, butter, cheese, cooking fat, lard, margarine, meat, sugar and tea. Of the 35 samples analysed, only one was adulterated; this was a sample of sugar submitted by a private purchaser and found to be adulterated with Epsom Salts. Following appropriate enquiries it was considered probable that the adulteration had taken place after the sale of the product concerned.

(c) **Meat Products.**

Increased attention has been paid to the sampling of sausages and sausage meat and 106 samples were examined. Only one sample—beef sausage—was reported deficient in meat content and the seller was successfully prosecuted. In five instances the seller failed to disclose to the purchaser, as required, the presence of a permitted quantity of preservative, sulphur dioxide, in sausage.

(d) **Food Containing Harmful or Objectionable Ingredients.**

A sample of gelatine was found to be contaminated with mould, and a sample of thyme and parsley stuffing was permeated with insect webbing and excreta. In both cases the local sanitary authority was notified.

A sample of chutney purchased by a member of the public contained a fragment of glass, although the jar itself was unbroken. The Medical Officer of Health in the area of the manufacturer visited the factory and was satisfied with the care and precautions taken to ensure hygienic production. After careful consideration it was decided not to institute legal proceedings in this case.

A sample of pickling spice purchased in a small cardboard container was found to contain a small fragment of glass. An investigation was carried out by the packers of the product and the remaining stock withdrawn from the retailer.

A packet of stoned dates purchased by a local Sanitary Inspector proved on analysis to contain a fragment of glass and a wire nail. The remaining stock was withdrawn by the retailer and the matter referred to the local sanitary authority for action.

Some imported cream biscuits purchased privately were found to be unpalatable due to deterioration in the fat. The Ministry of Food were notified accordingly, and the importers obtained a replacement carton of biscuits for the purchaser.

(e) **Cream.**

The attention of the Department was drawn to the advertising and sale of Goats' Cream as "Fresh Cream" or "Cream" without disclosure as to its nature. Of the seven samples taken, six were found to be irregular in the labelling of the cartons and the sellers were notified. The Honorary Solicitor to the British Goat Society was also approached in this matter, and with his co-operation the members of his Society were requested to put the labelling of their cartons in order.

(f) **Ice Cream.**

Thirty samples of Ice Cream were analysed but no adulteration was reported. Although there was no statutory standard for ice cream at the time only one sample contained less than 5 per cent. fat.

Due to an improvement in the supply of fats and milk powder the Food Standards Committee have for the first time felt able to recommend an interim standard, although a low one: as from the 1st March, 1951, the statutory standard for ice cream has been 5 per cent. fat, 10 per cent. sugar and $7\frac{1}{2}$ per cent. milk solids other than milk fat.

THE SCHOOL HEALTH SERVICE.

The work of the School Health Service continued in 1950 on similar lines to those outlined in previous reports. The day to day administration of the service is in the hands of the Divisional Medical officers of the nine Divisional areas but certain services, notably child guidance and speech therapy, are still administered centrally. The nine Health Divisions are the same as those of the Education Divisional Executives and this ensures a close integration of the school and personal health services.

A summary of the principal statistics for the year 1950 with comparable figures for 1949 is given below, for convenience :—

	1949	1950
Medical and Dental Inspections.		
Number of primary and secondary children on the Register at end of year	142,848	146,620
Number of children examined at routine medical inspections...	59,499	62,112
Number found to require treatment for diseases or defects ...	8,019	7,934
Percentage requiring treatment for diseases or defects ...	13.48	12.77
Number of dental inspections ...	108,290	113,921
Number referred for dental treatment ...	59,307	61,823
Percentage referred for dental treatment ...	54.8	54.3
Numbers who received treatment ...	44,322	49,443
Provision of Meals and Milk.		
Number of children receiving milk free of cost at end of year...	120,230	118,327
Number of children receiving midday meals ...	92,583	90,011
Number of meals being supplied free ...	10,515	8,577
Employment of Children.		
Medical examinations for part-time employment ...	3,609	4,474
Number of such children considered medically unfit ...	29	22

The principal developments in 1950 are summarised below. I would particularly draw attention to the dental workshop which has been opened at "Keeldar," Queens Road, Kingston, and of which details will be found in the County Dental Officer's report.

SCHOOL POPULATION.

The Surrey County Council 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 1950, 1,358,510 of whom 146,620 were children on the registers of 444 primary and 141 secondary schools, an increase of 21,250 and 3,772 compared with the respective figures for 1949. At the end of the year, 1,438 places were available in 20 nursery classes and 17 nursery 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.

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, 1950, as compared with 1949 :—

	1949	1950
Number of Primary and Secondary Departments ...	601	608
Number of Children on Registers ...	142,848	146,620

MEDICAL INSPECTION.

(a) Maintained Schools.

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

- (i) 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.

- (ii) Every pupil attending a maintained Primary school shall be inspected during the last year of his attendance at such a school ;
- (iii) Every pupil attending a maintained Secondary school shall be inspected during the last year of his attendance at such a school ; and
- (iv) 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 Minister, 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.

(b) 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 62,112 and 32,681 parents were present at these routine inspections.

DISEASES AND DEFECTS.

(a) Incidence.

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 uncleanliness) sufficiently serious to require some form of treatment :—

	1950
(i) Number examined	62,112
(ii) Number found to have defects... ..	7,934
(iii) Percentage of children examined in need of treatment	12.77

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

ROUTINE MEDICAL INSPECTION.

PERCENTAGE OF CHILDREN FOUND TO REQUIRE TREATMENT.

Division.	1947	1948	1949	1950
Central	5.30	6.02	5.22	4.24
Mid-Eastern	7.89	16.10	19.92	17.30
Northern	14.55	14.34	13.39	13.51
North Central	13.64	17.15	9.12	10.00
North Eastern	9.81	12.14	15.59	18.55
North Western	9.97	10.56	13.94	13.84
Southern	12.77	14.86	21.99	11.62
South Eastern	10.20	16.08	11.88	12.89
South Western (Guildford)	12.79	17.84	20.73	16.55
South Western (Outside Boro')	12.55	12.06	9.50	11.97
Administrative County	10.55	12.85	13.48	12.77

Table II (Page 88) shows the diseases and defects found at routine and special inspections. At the routine inspections 7,934 children were found with 9,189 defects requiring treatment and of these defects 4,156 (or 45.2 per cent.) in all age groups were defects either of vision or of the nose and throat.

The following tables give the number of cases of chronic tonsillitis and adenoids and of defective vision and squint recommended for treatment or observation following the medical inspection of the four age groups during 1950.

(i) TONSILS AND ADENOIDS.

Entrants.				Second Age Group.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
655	3.9	2,427	14.8	440	2.9	1,311	8.5

Third Age Group.				Other Routine Inspections.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
193	1.7	438	3.7	582	3.1	1,716	9.1

(ii) DEFECTIVE VISION AND SQUINT.

Entrants.				Second Age Group.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
285	1.74	347	2.12	849	5.52	835	5.42

Third Age Group.				Other Routine Inspections.			
Treatment.		Observation.		Treatment.		Observation.	
No.	%	No.	%	No.	%	No.	%
583	5.09	875	7.63	943	5.00	1,305	6.91

(b) Medical Re-examination and Follow-up visits.

During 1950, Assistant Medical Officers re-examined and specially examined 35,638 primary and secondary pupils, while 8,097 visits were paid by Health Visitors to the homes of the children with regard to the treatment of defects or diseases.

20,710 defects in need of treatment were discovered at the routine and special inspections in 1950 and 21,357 defects found in 1950 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 or each age group examined during 1950 is given below :—

Age Groups.	No. of Children Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	16,382	6,342	38.71	9,565	58.39	475	2.90
Second Age Group	15,381	5,047	32.80	9,812	63.80	522	3.40
Third Age Group	11,457	3,392	29.60	7,774	67.85	291	2.55
Other Routine Inspections	18,892	5,915	31.31	12,307	65.15	670	3.54
Total	62,112	20,696	33.32	39,458	63.53	1,958	3.15

(d) **Cleanliness.**

During the year 1950 the Health Visitors reported 2,887 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1946-50 are given below :—

	1946	1947	1948	1949	1950
Number of visits to Schools by nurses for all purposes	15,698	16,167	15,638	14,529	14,742
Cases with nits in the hair	16,508	13,951	9,989	8,334	6,827
Cases with lice in the hair	1,264	1,019	887	539	466
Cases with verminous bodies	72	9	17	14	10
<i>Exclusions—</i>					
1st Time	1,422	1,134	1,031	683	642
2nd Time	252	213	176	86	114
3rd Time... ..	129	110	92	32	26

During the year, 21 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, 243 children were cleansed at the Cleansing Stations shown in Table IV, Group V(b) (Page 92).

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 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 that year has been commented upon in my previous report. This falling off of attendances has continued in the year under review and there is little doubt that this is due to the provision made in the National Health Service Act.

(a) **Minor Ailments Clinics.**

The attendances at the minor ailments clinics during 1950 together with those for 1949 and the principal ailments for which treatment was sought are shown in the following table :—

	1949		1950	
	First attendance.	Second and subsequent attendances.	First attendance.	Second and subsequent attendances.
Ringworm (Head)	15	6	11	4
Ringworm (Body)	44	88	43	91
Scabies... ..	133	96	76	73
Impetigo	446	701	281	321
Other Skin Diseases	2,801	3,737	2,750	5,217
Ear Disease	1,327	2,212	999	1,492
Eye Disease	2,286	1,507	1,756	1,388
All other Minor Ailments	14,464	14,712	11,760	12,056
	21,536	23,059	17,676	20,642
Totals	44,595		38,318	

(b) Ophthalmic Clinics.

Table IV (Group II) (Page 91) gives an analysis of the treatment provided for visual defects. Orthoptic treatment is the responsibility of the Regional Hospital Board and children requiring orthoptic treatment are referred to the hospitals.

(c) 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.

	1949	1950
Number inspected at routine and special inspections	108,290	113,921
Number referred for treatment (and percentage)	59,307 (54.8)	61,803 (54.3)

During 1950, 49,443 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 84.

(d) 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	96	131
Guildford, Stoughton	76	108
Wimbledon, Pelham Road	267	380

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	39	35	20
Carshalton	60	26	17
Caterham	43	70	77
Chertsey	36	36	17
Cranleigh	18	23	7
Egham	79	80	29
Godalming	38	57	19
Guildford, Stoke Road	78	65	73
Guildford, Stoughton	71	44	49
Haslemere	16	39	20
Horley	83	55	59
Leatherhead	124	47	35
North Cheam	112	97	52
Oxted	84	25	26
Purley*	159	156	114
Reigate	136	102	99
Wallington	240	109	95
Walton	58	55	24
Wimbledon	67	40	17

* Including sessions held at local schools.

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

(e) 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 89). Children who have been found to be ineducable are reported to the Local Health Authority.

(a) 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 153 such children in special schools at the end of the year.

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.

In 1949 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 Hospital, Carshalton. The principal hindrance to developing the unit at the present time is lack of accommodation.

(b) Blind and Partially Sighted.

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

(c) Deaf and Partially Deaf.

At the end of 1950, 86 deaf, or deaf and dumb, and 21 partially deaf children were in special schools.

Portley House School, Caterham. Arrangements for the opening of this residential school for junior deaf children between four years and eleven years of age were completed in the Autumn of 1950. The first eleven pupils were admitted on the 22nd January, 1951, and a further group was admitted in February bringing the numbers up to the full complement of twenty.

It is hoped, shortly, to acquire a property for senior deaf children and, at the present time, purchase of a suitable building is under consideration.

(d) Educationally Sub-Normal.

On the 31st December, 1950, there were 360 educationally sub-normal children on the registers of day and boarding special schools.

(i) St. Nicholas Residential School, Redhill, was opened in 1948 with accommodation for 100 boys aged 11 to 16. At the end of the year the full complement of boys was in residence.

(ii) Gosden House, Bramley. This residential school accommodates 80 girls under 16 and 20 boys under 10. At the end of 1950 all the places were filled.

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 and it was hoped that this school would be opened in 1951. Unfortunately difficulties have arisen in the arrangements for the acquisition of the premises with consequent delay.

(iii) St. Christopher's Day Special School. This special school with accommodation for 100 educationally sub-normal pupils of either sex was damaged by enemy action in 1944 and as a result one classroom has been out of use and the number of pupils has been restricted to 80. Repairs were carried out during 1950 and the original accommodation for 100 pupils has now been restored. The Education Committee has also agreed to permit the admission of children in excess of this figure but not exceeding 10 per cent. of the effective accommodation. There were 103 pupils on the register at the end of the year.

During 1950, 126 children were recommended to be reported to the Local Authority for Mental Deficiency as ineducable under Section 57 of the Education Act, 1944. In addition 22 children who had been classified as educationally sub-normal pupils were referred for further supervision on leaving school.

(e) Delicate.

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 this Special School.

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 50 and 60 delicate pupils. Thirty-four children were resident at the end of 1950.

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

Kingston-upon-Thames Day Open Air School. Sixty pupils were attending this day Special School at the end of 1950.

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 1950, 131 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.

(f) Maladjusted.

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 readjustment. Information concerning the number of cases dealt with in 1950 will be found under "Child Guidance" on page 81.

(g) Epileptic.

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. Sixteen 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, 1950, whole-time and part-time teachers were visiting in their homes 71 handicapped children, some of whom were waiting vacancies in special schools, and 89 children receiving in-patient treatment in hospitals.

SPECIAL FORMS OF TREATMENT.**(a) Child Guidance.**

During the year the number of sessions at Child Guidance Clinics was increased to 40 per week, distributed as follows: a full-time clinic at Sutton and six sessions each per week at the remaining five clinics at Guildford, Kingston, Reigate, Wimbledon and Woking. It was found possible to fill most of the established posts at the Clinics although the shortage of psychiatric social workers continues to be a handicap in maintaining a full staff and limits contact with parents who have to be seen individually.

Due to the expansion of the service, a revision of the system of referral of cases to the clinics was undertaken and a scheme instituted whereby each clinic served an area of the County based on school population, accessibility and clinic times.

Children are referred to the clinics in most instances by assistant medical officers, general practitioners, hospitals and the Courts. Throughout the year liaison between clinics and various welfare agencies has steadily increased and frequent meetings with representatives of these departments have been held. As a result there has been an increasing demand, particularly from schools, for the co-operation and advice of the Child Guidance Service in the management, treatment and placement of problem children. A policy of careful selection of cases for treatment has therefore been followed with the idea of reducing numbers on the waiting lists and the results in this direction have been encouraging.

At the Sutton and Guildford Clinics group treatment of the children has been undertaken and there is little doubt that this method of treatment can be used successfully with younger children and allows more children to be dealt with without additional staff.

A considerable amount of time was spent in examining the problems of children placed in the Education Committee's two hostels for maladjusted pupils, with considerable improvement in the services rendered there. Many problems, however, still remain for solution, one of the most important relating to home circumstances. Once emotionally disturbed children have been placed in a happy atmosphere under wise management their subsequent return to a less good environment is likely to revive former difficulties.

Children who are placed away from home as maladjusted pupils were re-examined at regular intervals throughout the year and the reports made on these children were of great assistance in assessing their progress. Unfortunately the facilities available for such children are limited and considerable difficulty was experienced in finding places in suitable schools and hostels.

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

CLINIC	Guildford	Kingston	Reigate	Sutton	Wimbledon	Woking	Total
No. of Cases Referred during year ...	162	100	93	186	100	106	747
No. of New Cases seen ...	133	93	82	172	72	101	653
No. of Cases Discharged ...	112	110	50	120	86	67	545
Analysis :—							
(a) Treatment Completed ...	36	16	22	28	27	16	145
(b) Non Co-operation of Parents ...	16	10	4	8	24	7	69
(c) No Treatment Required ...	30	55	18	67	24	5	199
(d) Other Reasons ...	30	29	6	17	11	39	132
No. of Cases Under Treatment at End of Year	89	32	28	54	34	32	269
No. of Cases Under Supervision at End of Year ...	33	63	103	49	55	1	304
No. of Cases Withdrawn from Waiting List During Year...	32	47	15	70	32	20	216
No. of Cases Remaining on Waiting List at End of Year ...	43	33	18	51	40	33	218
No. of Interviews by Psychiatrists ...	1,166	876	915	1,845	714	823	6,339
Analysis :—							
(a) With Children for Examination ...	143	93	78	172	72	82	640
(b) With Children for Treatment ...	740	658	688	1,115	531	641	4,413
(c) With Parents ...	280	125	134	476	111	83	1,209
(d) With Others ...	3	—	15	42	—	17	77
No. of Sessions Held :—							
Psychiatrists ...	267	261	284	470	191	221	1,694
Educational Psychologists ...	295	229	270	470	193	145	1,602
Play Therapist ...	82	—	—	189	—	—	271
Psychiatric Social Workers ...	470	470	470	418	378	296	2,502

(b) Sunlight Treatment.

During 1950, 284 children made 3,619 attendances at artificial sunlight treatment clinics held at Stoughton Clinic, Guildford; Grange Road Clinic, Kingston; Church Road Clinic, Mitcham; Sherwood House Clinic, Mitcham; Priory Crescent Clinic, Cheam; B.R.C.S. Curative Post at Farnham; and Wallington Solarium.

(c) Speech Defects.

There were 19 Speech Clinics in operation at the end of the year at which a total of 76 treatment sessions were held each week. Additional treatment sessions at Wallington, Surbiton and Chertsey Clinics were provided during the year. Regular sessions were also held at St. Nicholas Special School, Redhill and at Gosden House Special School, Bramley.

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 1,018 children received treatment at the clinics during the year as compared with 840 in 1949, mainly for stammer, lisp or undeveloped speech. Of these 163 were discharged as cured, 81 discharged greatly improved, 79 discharged as showing some improvement and 54 as showing little or no improvement. A table showing the work undertaken at these clinics during 1950 is given on page 82A.

INFECTIOUS DISEASE.

Table V gives the number of notifications of cases by Head Teachers of schools during 1950. The following table shows the total exclusions on account of the principal infectious diseases each year since 1946 :—

Exclusions for	1946	1947	1948	1949	1950
	No. of children excluded	No. of children excluded.	No. of children excluded.	No. of children excluded.	No. of children excluded
Measles	2,026	3,996	5,073	4,608	3,634
Whooping Cough	1,257	1,344	2,166	1,216	1,687
Scarlet Fever	859	832	985	1,692	2,068
Chickenpox	2,123	1,394	3,988	2,608	2,711
Diphtheria	75	35	32	14	13
Mumps	2,378	3,409	2,898	2,484	1,971

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 on page 41.

No cases of diphtheria in school children were notified during the year.

PROMOTION OF HEALTH.

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

(a) Physical Education in Schools.

The standard of work in Physical Education has been maintained at much the same level as last year over the schools as a whole. Many of the same obstacles to better work remain, e.g. inadequate and poorly surfaced playgrounds; lack of indoor accommodation for Physical Education, of playing fields, of suitable clothing and footwear and of modern apparatus, though some progress has been made to overcome certain of these difficulties where possible.

In secondary schools the quality of the work is, on the whole, high, and in such specialised activities as Athletics, Major Games and Boxing quite exceptional results have been seen. This progress has been achieved largely through :—

1. The provision of extra playing fields;
2. The provision of good practice facilities for Cricket and Athletics; and
3. Training and coaching courses for teachers;

but full credit must be given to the keenness and industry of the teachers responsible for Physical Education in the schools.

There is still a grave shortage of specialist women teachers in secondary schools but on the whole the standard of work has been maintained and there is a growing awareness of modern teaching methods. Courses for women in these schools have included gymnastics, and for the first time it has been possible to arrange for the National Coach of All England Women's Hockey Association to come to Surrey to give help to those interested in the coaching and umpiring.

It is in the primary schools that progress is so difficult, because it is here that most of the obstacles to progress are found. Here, too, the work is not on the whole in the hands of specialist teachers but every effort is being made to raise the standard of work through an extended programme of refresher courses for primary school teachers, and through better provision of facilities and equipment.

82A

Clinics.	Barnes.	Caterham.	Chertsey.	Egham.	Epsom.	Farnham.	Guildford.	Kingston.	Malden.	Mitcham.	Purley.	Reigate.	Richmond.	Surbiton.	Sutton.	Wallington.	Walton.	Wimbledon.	Woking.	St. Nicholas Special School.	Godwin House Special School.	Grand Total.	
Total No. of Sessions held :—																							
Treatment	84	162	83	76	155	72	291	108	143	240	85	154	74	88	155	148	151	158	365	76	34	2,902	
Consultation	1	4	3	5	—	2	39	44	19	12	10	1	1	3	1	10	7	10	34	—	—	206	
Total No. of Cases :—																							
On Register at beginning of year	22	19	11	16	35	17	37	25	35	33	19	25	16	12	35	27	34	54	40	13	10	535	
Added during year	13	20	21	20	15	11	25	13	35	41	33	23	14	18	42	37	21	51	23	6	1	483	
Treated during year	35	39	32	36	50	28	62	38	70	74	52	48	30	77	64	55	105	63	19	11	1,018		
Discharged	17	18	13	13	15	12	14	16	22	29	16	17	15	12	23	30	25	31	26	8	5	377	
Remaining at end of year :—																							
Under treatment	18	21	19	23	35	16	48	22	48	45	36	31	15	18	54	34	30	74	37	11	6	641	
Awaiting admission	15	13	2	15	17	9	20	14	20	5	8	21	11	7	4	6	23	2	26	—	—	238	
To be admitted at beginning of 1951...	7	7	—	4	6	4	4	—	6	—	—	10	6	4	4	6	6	2	7	—	—	83	
Analysis of all cases treated during year :—																							
1. Stammering	8	11	10	10	22	11	22	13	25	17	21	10	9	22	22	16	29	19	3	4	330		
2. Defects of Articulation :—																							
(a) Dyslalia	19	20	17	19	16	8	22	21	39	25	19	16	12	35	16	25	73	18	5	2	452		
(b) Rhinolalia :—																							
(i) Cleft palate	2	2	—	—	3	3	2	1	2	—	3	4	—	—	6	1	2	1	3	2	—	37	
(ii) Nasal obstruction	—	1	1	1	1	—	1	—	1	4	—	—	—	1	1	1	—	—	—	—	—	13	
(c) Cluttering	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	9	
(d) Idioglossia	4	—	—	—	5	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	12	
(e) Dysarthria	—	1	1	2	1	4	4	1	—	—	—	—	—	—	1	6	1	1	—	2	—	26	
3. Defects of Voice	1	—	1	—	—	—	1	1	—	—	—	—	1	—	3	2	1	—	—	2	1	14	
4. Aphasia	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	
5. Defective Speech due to :—																							
(i) Amentia	—	—	1	—	—	—	—	—	—	—	—	—	—	3	1	8	—	—	9	—	4	26	
(ii) Deafness	1	—	—	—	2	—	—	—	—	4	—	1	1	1	1	2	1	2	3	1	—	20	
6. Retarded Speech	—	3	1	4	—	—	8	1	1	11	5	3	2	2	2	9	9	—	10	4	—	77	
																				Total	...	1,018	
Analysis of cases discharged :—																							
No. of children discharged during year who—																							
Achieved normal speech	10	9	3	3	10	4	5	6	11	7	6	9	7	6	7	19	9	17	13	2	—	163	
Were greatly improved	4	2	4	3	2	4	4	2	6	9	8	4	3	2	6	4	8	1	4	1	—	81	
Showed some improvement	2	4	3	2	2	3	2	6	3	5	—	2	5	3	7	3	6	10	6	2	3	77	
Showed little or no improvement	1	3	3	5	1	1	3	2	2	8	2	2	—	1	3	4	2	3	3	3	2	54	
																				Total	...	377	
No. of cases discharged during year :—																							
By Clinic	11	12	6	7	11	6	9	8	16	21	14	12	10	9	8	24	21	18	22	6	—	251	
Because of non-co-operation of parents	2	1	2	5	4	1	—	5	4	2	—	2	3	—	5	4	1	7	1	—	—	49	
Left district	1	2	4	1	—	1	1	1	1	—	—	1	2	2	2	—	3	6	3	—	3	34	
Because of transfer to special schools	—	1	—	—	—	1	3	—	—	1	1	—	—	—	2	1	—	—	—	—	—	10	
For other reasons :—																							
Left school (over age)	2	1	—	—	—	—	1	—	1	2	1	2	—	1	4	—	—	—	—	—	—	15	
Illness	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	
To receive other treatment	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	4	
Unsuitable for speech therapy	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	3	
No progress likely	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—	—	—	—	2	
Transferred to other speech clinic	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
At parents' request	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Too far to come	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
																				Total	...	377	

During the year 1950-51 special emphasis has been laid on the training of women teachers in junior schools and to this end several courses have been held, including two intensive courses at Glyn House, each of ten days' duration. The specific aim was the dissemination of detailed information of modern methods, and it is mainly due to the enthusiastic efforts of those who attended that there has been a steady, and in some cases very marked, improvement in the standard of work. Demonstration courses for teachers of infants have also been held and these have been well attended.

In swimming, largely because of the uneven spread of facilities over the County, the picture changes very little from year to year. Lack of teachers with special qualifications in the teaching of swimming makes much improvement impossible. Instruction is still mainly limited to a two-year course for children between the ages of 10 and 12, though in some areas Life Saving classes for older children are taken successfully. Swimming courses, arranged jointly by the Surrey Education Committee and the Central Council for Physical Recreation, have been held at Kingston and Wimbledon Baths. Further courses are being planned.

(b) **Open Air Education.**

(i) **SUMMER CAMP.**—During 1950 the Henley Fort Camp was opened for 18 weeks, between 29th April and 30th September. During this period no serious illness occurred. The following statistics are given for 1950 together with those for the preceding year :—

	1949 (28th Season)	1950 (29th Season)
Number of children	472	470
Number of teachers	27	27
Number of schools	11	10
Average cost of food per head per week	11/7d.	12/8½d.
Number of weeks	18	18

(ii) **SHEEPHATCH CAMP SCHOOL, TILFORD.**—During the greater part of the past five 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, 1950.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Free of Cost
136,634	99,011	8,577	118,327

All departments were 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 1950, the Education Committee was responsible for the maintenance and training at residential institutions of eight 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 4,474 children were specially examined for this purpose; 22 children were, on medical grounds, considered unfit to undertake part-time employment.

During the year special licences were applied for in respect of 113 pupils to take part in entertainments; all were examined by Assistant Medical Officers and found to be fit.

REPORT OF THE COUNTY DENTAL SURGEON ON THE SCHOOL DENTAL SERVICE.

(a) General.

The report of the County Dental Surgeon for the year 1949 pointed to the difficulties experienced by Local Authorities in maintaining their dental services. The year 1950 produced no improvement in the situation. Recruitment of Dental Surgeons to the Public Health services remained practically impossible.

Nevertheless the County of Surrey continued to maintain a service, which provided a high standard of dental care in most of its areas, and a modified standard in the remainder. No area in the County was denied a degree of dental attention, although the loss of personnel was not balanced by additions to the staff. It is notable that such recruitment, as has taken place, has been at the expense of other Local Authorities. The career of Public Dental Officer does not appear to attract the younger men and women of the profession. The average age of the County's permanent staff of Dental Officers remains disturbingly high.

(b) Staff.

The establishment at 31st December, 1950, for the inspection and treatment of school children was :—

- 1 County Dental Surgeon.
- 2 Dental Officers for Orthodontic Treatment.
- 34 Dental Officers full-time.
- 2 Dental Technicians (partly for M. and C.W. work).
- 36 Dental Attendants—full-time.
- 1 Dental Attendant—part-time.
- 1 Oral Hygienist.

The total number of individual Dental Surgeons engaged in the County's service was 37. This consisted of :—

- 26 Full-time Officers.
- 11 Part-time Officers.

The total in terms of full-time Officers was 29 $\frac{5}{11}$.

Since all officers undertook the treatment of mothers and young children and devoted to this work approximately 30 sessions per week, the work of 37 officers authorised for the school service was in fact attempted by the equivalent of 26 $\frac{8}{11}$ officers—about 73 per cent. of establishment.

(c) Dental Inspections.

The County Council is responsible for the dental inspection and treatment of a school population of 146,620. Of this figure 113,921 children (77.7 per cent.) were inspected in 1950. This deficit was due, in the greater part, to lack of staff. The desirable interval of 12 months between inspections was necessarily increased in some areas to 15 or 18 months.

The possibility of reducing the time spent on inspections, by the elimination of details in charting and by other means, was discussed at a staff meeting towards the end of the year. It was generally considered to be doubtful that any advantage would thus be gained. A session saved from inspection would appear to be a session gained for treatment, but access to clinics on such extra sessions is not always possible. The rate of treatment should bear a favourable relationship to the rate of inspection. It was, therefore, considered inadvisable to increase the inspection rate to the point of producing long waiting lists for clinic treatment. The question, however, remains worthy of future consideration.

No. of Sessions Devoted to Inspection.		Routine Age Groups.															Specials	Total of Routines and Specials.
		5 and under	6	7	8	9	10	11	12	13	14	15	16	17	Over 17	Total.		
1,111 $\frac{1}{2}$	Inspected	6,374	10,685	10,197	10,545	9,328	9,308	8,780	8,814	8,117	7,989	5,269	1,642	661	281	97,981	15,940	113,921
	Referred for treatment	2,455	4,864	5,271	5,793	4,947	4,862	4,694	4,482	4,143	4,021	2,911	675	236	102	49,456	12,347	61,803

(d) Dental Treatment.

The demand for dental treatment continues to be high. The acceptance rate averages approximately 70 per cent. of the recommendations. This figure takes no account of children seeking and receiving treatment by general dental practitioners.

The interval between routine inspection and treatment varies throughout the County. Cases recognised as urgent are dealt with as priority cases. In reasonably well staffed areas the interval for routine cases may be four to six weeks. In less fortunate areas the waiting period may extend to several months.

The conservation of teeth and the prevention of dental disease occupy the greater proportion of the Dental Officers' time. In the study of extraction figures, it should be noted that many teeth are removed to relieve overcrowding of the dentition. Such operations should be regarded as treatment for prevention of dental disease rather than as treatment necessitated by the existence of dental disease.

No. of Half Days Devoted to Treatment.	No. of Patients	Total No. of Attendances at Clinics.	Permanent Teeth.		Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anæsthetics	No. of Other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Permanent Teeth.	Temporary Teeth.
11,430½	49,443	99,727	9,355	40,531	45,734	8,184	54,372	22,825	14,623	8,514

(e) Orthodontic Service.

The regulation of teeth is in considerable demand and a school service is incomplete if it cannot provide this form of treatment. It is, therefore, regrettable that the Orthodontic service is understaffed. The establishment provided for two full-time orthodontists. The actual staff engaged primarily on this work at 31st December, 1950, was 1½. But for the fact that many dental officers undertook the treatment of the less complicated cases, the position would have been more acutely embarrassing than it was. This service could be with advantage considerably expanded if the necessary staff were available.

Under Care.	No. of Children Undergoing Treatment.	No. of Removable Appliances Fitted.	No. of Fixed Appliances Fitted.	No. of Cases Completed.	No. of Children Awaiting Treatment.
Clinic Dental Officers	1,517	618	4	304	200
Dental Officers on Special Duties	1,270	501	288	322	72
Total	2,787	1,119	292	626	272

(f) Dental Health.

The general dental condition of children may be to a certain extent assessed from the record of inspections, which shows that 54 per cent. were referred for treatment. This, however, should not be taken as meaning that the remaining 46 per cent. were free from dental defect. For professional reasons combined with a consciousness of the large number of individuals with equal claims on the time and effort of the school dental officer, the treatment of some minor defects may be postponed or their existence even disregarded as being immaterial to the general health of the child. The keeping of an accurate record of children requiring treatment, as distinct from those referred for treatment, was not possible during 1950. It is hoped that such differentiation may be shown in subsequent years.

There is considerable evidence that the public generally are giving increasing recognition to the value of dental health and oral hygiene, and it is possible that many would accept regular preventive treatment if it could be offered.

Late in the year the County Council agreed to employ the services of one oral hygienist, thus co-operating in an experimental scheme instituted by the Ministry of Health. The duties of the oral hygienist are the scaling and polishing of teeth, the application of caries deterrents, and instruction in oral hygiene to individuals and groups. The value of such an operator to the school service in general cannot be fairly assessed at this stage. Of the value to the individual patient of the meticulous work the hygienist is trained to perform there can be no doubt.

(g) Clinics, Etc.

The new clinic at 25, Queens Road, Kingston, and the County Dental Laboratory at the same address were opened in September.

The clinic is at present used for orthodontic treatment and radiography, but it is hoped soon to establish a dental officer there to carry out routine treatment and thus reduce the pressure on the other Kingston Clinic.

The Dental Laboratory undertakes the processing of appliances prescribed by the orthodontist and is gradually increasing its scope. There is no doubt that the laboratory will prove a valuable asset to the Dental Service, but it is felt that a complete year's working is desirable before a full and fair report can be made.

(h) **Conclusions.**

The County of Surrey compared with other Local Authorities is well placed with regard to its Dental Service, but it is apparent that the service, good as it is, falls short of a full service through lack of personnel. The loyalty and effort of dental officers and dental attendants, and the amicable relationships existing throughout the County Health Department, go far to maintain what is probably the best service of its kind in this country. The service, however, needs young recruits, but the present-day attractions of general practice make the County's service unattractive by comparison. Towards maintaining or slightly increasing the service possibly more could be done by engaging additional part-time officers. Here again it must be stated that the County's rate of remuneration to an officer employed on a sessional basis is no longer attractive. (This scale of payment, I feel, is due for reconsideration in the light of present circumstances.)

In July, 1950, the death of Mr. A. McGregor-Whyte took place after a prolonged illness. With the exception of three years' service with the Forces during the 1914-18 war, Mr. McGregor-Whyte devoted his whole professional life to the School Dental Service and served at Wimbledon Clinic from 1921.

In September, Mr. B. Peacock relinquished his appointment as County Dental Surgeon to take up the post of Senior Hospital Officer at St. Helier Hospital.

In spite of the many difficulties of organising a service with a depleted staff, Mr. Peacock left the County's Dental Service in exceptionally good order. For this and for his invaluable guidance and encouragement on my succession to the post he had vacated I am personally his debtor.

I should like also to record my appreciation of the Dental Staff's friendly acceptance of myself as County Dental Surgeon.

The generous help I have received from the Central Office Staff since taking up my appointment has been gratefully received and is sincerely appreciated.

D. M. McCLELLAND,

County Dental Surgeon.

MEDICAL INSPECTION AND TREATMENT OF CHILDREN ATTENDING SCHOOLS

TABLE I.

A.—ROUTINE INSPECTIONS.

Code groups.	Number of Children Inspected.		Total.
	Boys.	Girls.	
Entrants	8,640	7,742	16,382
Second Age Group	7,815	7,566	15,381
Third Age Group	5,820	5,637	11,457
Other Routine Inspections	9,973	8,919	18,892
Totals	32,248	29,864	62,112

B.—OTHER INSPECTIONS.

	Special Inspections.	Re-examinations.	Total.
Boys	7,995	10,673	18,668
Girls	7,211	9,759	16,970
Totals	15,206	20,432	35,638

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1950.

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Skin—				
Ringworm, Head	1	—	2	—
" Body	3	—	23	—
Scabies	14	12	35	—
Impetigo	10	4	97	2
Other diseases (non-tubercular)	500	689	1,706	83
Eye—				
Blepharitis	168	76	143	16
Conjunctivitis	35	27	108	7
Keratitis	2	—	—	—
Corneal opacities	1	8	5	8
Defective vision (excluding squint)	2,213	2,825	1,700	395
Squint	476	536	201	53
Other conditions	79	156	351	66
Ear—				
Defective hearing	84	315	72	76
Otitis media	63	348	76	26
Other ear disease	83	131	302	57
Nose and Throat—				
Chronic Tonsillitis only	353	3,514	183	227
Adenoids only	64	219	49	39
Chronic Tonsillitis and adenoids	787	1,227	881	107
Other conditions	263	668	409	140
Enlarged cervical glands (non-tubercular)	157	2,239	81	105
Defective speech	170	346	177	72
Heart and Circulation—				
Heart disease, Organic	14	246	24	24
" Functional	18	473	10	49
Anæmia	409	222	161	21
Lungs—				
Bronchitis	89	272	50	34
Other non-tubercular diseases	129	771	209	126
Tuberculosis—				
Pulmonary definite	4	30	7	5
" suspected	13	93	16	55
Other Tuberculous diseases	8	46	9	4
Nervous system—				
Epilepsy	12	68	19	8
Chorea	3	23	8	7
Other conditions	54	202	95	56
Orthopaedic—				
Posture	601	1,405	191	111
Flat Feet	726	1,434	167	66
Other forms	681	1,831	499	184
Rheumatism	24	102	26	23
Mental Condition	—	—	—	—
Psychological (a) Development	27	302	120	58
(b) Stability	70	403	143	66
Developmental (a) Hernia	42	91	16	9
(b) Other	32	358	29	30
Other diseases and Defects	707	1,320	3,121	732
Totals	9,189	24,132	11,521	3,147

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	16,382	1,942	11.85
Second Age Group	15,381	2,218	14.44
Third Age Group	11,457	1,332	11.63
Other Routine Inspections	18,892	2,442	12.93
Totals	62,112	7,934	12.77

TABLE III.

RETURN OF ALL HANDICAPPED PUPILS IN THE COUNTY, IN SPECIAL SCHOOLS AND HOSTELS,
ON 31ST DECEMBER, 1950.

Category	Boys	Girls	Total
(a) Blind Pupils, i.e., pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight	10	15	25
(b) Partially-sighted Pupils, i.e., 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	25	15	40
(c) Deaf Pupils, i.e., 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	50	36	86
(d) Partially-deaf Pupils, i.e., pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils	10	11	21
(e) Delicate Pupils, i.e., pupils who, by reason of impaired physical condition, cannot without risk to their health, be educated under the normal regime of an ordinary school	144	100	244
(f) Diabetic Pupils, i.e., 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.e., 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	213	147	360
(h) Epileptic Pupils, i.e., pupils who, by reason of epilepsy, cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils	12	4	16
(i) Maladjusted Pupils, i.e., 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	52	17	69
(j) Physically Handicapped Pupils, i.e., 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	98	55	153
(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	2	3
Totals	616	402	1,018

TABLE IV.

GROUP I.—TREATMENT (OTHER THAN DEFECTIVE VISION AND TONSILS AND ADENOIDS) CARRIED OUT DURING 1950.

	Treatment of defects during 1950.		Total defects treated during 1950.
	Routine cases.	Special cases.	
	Defects treated.	Defects treated.	
Skin—			
Ringworm, Head	1	3	4
" Body	1	20	21
Scabies	9	39	48
Impetigo	4	134	138
Other Diseases (non-Tubercular) ...	308	1,730	2,038
Eye—			
Blepharitis	65	252	317
Conjunctivitis	18	137	155
Keratitis	1	—	1
Corneal Opacities	—	3	3
Defective Vision	} See Table IV Group II		
Squint			
Other Conditions	30	275	305
Ear—			
Defective Hearing	35	57	92
Otitis Media	25	63	88
Other Ear Disease	32	313	345
Nose and Throat—			
Chronic Tonsillitis only	} See Table IV Group III		
Adenoids only			
Chronic Tonsillitis and Adenoids ...			
Other Conditions			
Enlarged Cervical Glands (non-Tubercular)	23	52	75
Defective Speech	125	182	307
Heart and Circulation—			
Heart Disease, Organic	7	15	22
" Functional	9	9	18
Anæmia	169	146	315
Lungs—			
Bronchitis	47	49	96
Other non-Tubercular Diseases ...	73	199	272
Tuberculosis—			
Pulmonary, Definite	3	5	8
" Suspected	5	15	20
Other Tuberculous Diseases ...	2	9	11
Nervous System—			
Epilepsy	12	13	25
Chorea	1	10	11
Other Conditions	27	75	102
Orthopaedic—			
Posture	394	222	616
Flat Foot	400	238	638
Other Forms	424	517	941
Rheumatism	10	23	33
Mental Condition	—	—	—
Psychological (a) Development ...	9	53	62
(b) Stability	41	169	210
Developmental—			
(a) Hernia	18	15	33
(b) Other	17	27	44
Other Diseases and Defects	434	2,887	3,321
Totals	2,779	7,956	10,735

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 Sessio devote to Inspection.
	5 and under	6	7	8	9	10	11	12	13	14	15	16	17	Over 17	Total.				
Inspected by Dentists ...	6,374	10,685	10,197	10,545	9,328	9,308	8,780	8,814	8,117	7,989	5,260	1,642	661	281	97,981	15,940	113,921	1,11	
Referred for Treatment ...	2,455	4,864	5,271	5,793	4,947	4,862	4,694	4,482	4,143	4,021	2,911	675	236	102	49,456	12,347	61,803	1,11	

(b) PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of half days devoted to inspec- tion.	No. of half days devoted to treat- ment.	No. of Patients	Total No. of attenda- nces made by the children at the clinics.	No. of permanent teeth.		No. of temporary teeth.		No. of fillings perma- nent teeth	No. of fillings tem- porary teeth	Total No. of fillings tem- porary and per- manent	No. of administra- tions 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)	(12)	(13)	(14)
1,111	11,430	49,443	99,727	9,355	40,531	45,734	8,184	45,881	8,491	54,372	22,825	14,623	8,514

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(a) WORK OF HEALTH VISITORS.

Total number of visits to schools.	Average number of visits per school.	Total number of examina- tions of children in schools	Number of instances of uncleanness.					Action taken.								
			Cloth- ing filthy.	Nits.	Lice.	Bodies ver- minous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecu- tions.	No. fined.	Adjourned or with- drawn on improve- ment.	Discharged with a caution or dismissed.
										1st time	2nd time	3rd time				
5,230	7.8	380,745	374	6,827	466	10	7,667	2,337	894	642	114	26	—	—	—	—

(b) CHILDREN CLEANSED AT CLEANSING STATIONS
DURING 1950.

Number of children cleansed.			
Cleansing Station.	Verminous heads.	Verminous bodies.	Total.
Addlestone ...	20	—	20
Banstead ...	2	—	2
Camberley ...	6	—	6
Carshalton ...	49	—	49
Chertsey ...	38	—	38
Epsom ...	19	—	19
Egham ...	9	—	9
Farnham ...	—	1	1
Guildford ...	16	—	16
Kingston ...	38	—	38
Raynes Park ...	8	—	8
Sutton ...	14	—	14
Wallington ...	10	—	10
Walton ...	13	—	13
Totals ...	242	1	243

TABLE V.

NOTIFICATION OF COMMUNICABLE DISEASES BY HEAD TEACHERS DURING 1950.

(a) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	13	13
Scarlet fever	920	41	567	1,528
Enteric fever	—	—	—	—
Measles	2,985	89	226	3,300
Whooping Cough	1,542	122	116	1,780
German measles	249	16	36	301
Chicken-pox	2,535	70	148	2,753
Mumps	1,776	36	89	1,901
Jaundice	90	2	13	105
Other	178	22	75	275
Totals	10,275	398	1,283	12,256

(b) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	23	—	23
Impetigo	34	—	34
Scabies	21	—	21
Other	15	1	16
Totals	93	1	94

