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# ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH  
AND  
SCHOOL MEDICAL OFFICER

**For the Year 1952**

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## PREFACE.

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Report for the year 1952.

The Report has been prepared in accordance with the instructions of the Minister of Health given in Circular 2/52. The Minister has also asked Local Health Authorities to arrange for a special survey to be included in the Report. This special survey is intended to include not only an account of the services provided by the County Council under the National Health Service Act, 1946, but also a general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with other parts of the National Health Service. In accordance with the Minister's request an advance copy of the special survey was sent to his Department in February, 1953. The Minister asked, however, for much detailed information which is already well-known to members, having been reported in the Yellow Books from time to time, and in incorporating the survey into the framework of the Annual Report I have not repeated such information.

In this respect, I wish to draw attention to the comments I have made on pp. 16 and 17 of the Report about co-operation with other bodies providing Health Services. Team work is the outstanding need of the National Health Service and it is most unfortunate that so many workers in the Service appear to be oblivious to this need. The work of the Liaison Committee certainly is of much value in ensuring uniformity of policy between the Board and the County Council, but it is the workers in the field whom it is necessary to reach to improve the position. In the hope of improving general knowledge of the Health Services among workers in the Service and among the community as a whole, a Handbook of the Health Services was produced on the instructions of the County Council and circularised free to hospitals, general practitioners, county district authorities, public libraries, etc. Other steps to increase knowledge of the Health Services are taken as opportunity offers.

The population of the County at mid-year 1952 is estimated by the Registrar-General to be 1,365,500, an increase of 9,800 over the estimated population at mid-year 1951. The excess of births over deaths was 3,194; thus the remainder of the increase was due to movement of population into the County.

The birth rate for the County has fallen in each of the last four years and the rate of 12.91 per thousand population is with one exception, namely, 12.76 in 1933, the lowest recorded in Surrey. The crude death rate also fell in the year from 11.15 in 1951 to 10.57 in 1952.

Although the infant mortality rate of 20.93 per thousand births is the lowest ever recorded in Surrey and compares favourably with that for the country as a whole—namely, 27.6 per thousand births—it must be remembered that translated from rates into actual figures 369 children under one year of age born to Surrey mothers died in 1952. The infant mortality rate has been falling steadily since 1941 and is now less than half what it was in that year (44.60 per thousand births): the neo-natal mortality rate is also going down steadily (from 26.17 per thousand births in 1941 to 14.58 per thousand births in 1952) but the rate of fall is appreciably less. Gratifying as these figures may be, there is no doubt that even with present medical knowledge, the number of deaths could be further reduced if better use were made of the facilities offered by the Health Services both by the patients and by those primarily in charge of the patients.

I must again draw your attention to the fact that 69.2 per cent. of total confinements of Surrey mothers took place in hospitals. A survey in the latter months of 1952 of women asking for admission to hospital for their confinements on social grounds, undertaken by agreement between Regional Board and County Council, clearly showed that a substantial proportion of these confinements could quite well have been conducted in the home of the mother under the care of general practitioners and midwives. In a circular received in May, 1951, on the subject of the selection of maternity cases for hospital confinements, the Minister suggested that hospital provision was needed for about 50 per cent. of total confinements. It appears that the proportion of available hospital beds allocated to maternity cases is excessive and that the staffs of the maternity units, having the beds available, feel that they must admit to their full capacity. By contrast, there are still large numbers of tuberculous cases and chronic sick who cannot be accommodated in hospital beds which they need: this



deficiency could be alleviated by a re-allocation of the available hospital bed accommodation between the various types of patient.

Although pulmonary tuberculosis remains the principal cause of death between the ages of 15 and 45, the death rate from it has been falling steadily—but with fluctuations—for a considerable number of years. On the other hand, the notification rate has remained largely unchanged for more than twenty years. In 1952, the diminishing death rate was maintained, but the notification rate showed a slight increase. It will be noted, however, in the report of the Medical Director of the Mass Radiography Unit that the number of cases of active pulmonary tuberculosis discovered per thousand of the population examined shows an appreciable fall, which suggests that the number of undiscovered cases in the community is less. Linked with this is the fact that 21 per cent. of new cases of pulmonary tuberculosis in the County were discovered through the Mass Radiography Units. Although new methods of treatment improve the prognosis for individual sufferers from the disease, tuberculosis is and will remain for some time a serious public health problem. Constant emphasis is, therefore, needed on the important part played by direct contact with infectious cases in the transmission of the disease: and on the need for the most careful application of the routine methods of preventive medicine which have been very successful in diminishing the incidence of other infectious diseases. Isolation of sputum-positive cases, education of the patient how to avoid being a danger to others, tracing, examination and supervision of contacts, education of family and other contacts how to decrease the risk to themselves of being in contact with a tuberculous person, the encouragement of social, familial and working conditions inimicable to the spread of infection, are all objects which must be actively pursued and which are more important to the community as a whole than the treatment of individual cases. Arrangements have existed for the use of B.C.G. vaccination within certain limitations and under controlled conditions since 1949. A considerable volume of experience in its use has now been built up and may soon be such as to make it possible for a wider application of this important preventive measure.

Although only four cases of diphtheria occurred in Surrey during 1952, it should not be forgotten that diphtheria is still a deadly threat which can be eliminated only by the widespread immunisation of babies and young children. The percentage of Surrey babies immunised against diphtheria during 1952 must be considerably increased in future if we are to secure the objective advocated by the Ministry of Health which is to immunise, each year, not less than 75 per cent of all babies before their first birthday.

Mr. Lancaster, who had been Chairman of the County Health Committee since May, 1950, died early in 1953, having been ill for some time, and I wish to record my deep gratitude to him for the patience and care which he at all times took in considering the problems of the County Health Service and for the kindness and humanity which invariably influenced his decisions.

Finally, I commend to your notice the loyal and willing work of all members of the Department, both in the office and in the field, throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

K. A. SOUTAR,

*County Medical Officer and  
School Medical Officer.*



## 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 1951 Census was 1,351,963, and the Registrar-General's estimate of the population at mid-year 1952 was 1,365,500, an increase of 9,800 over the comparable figure for mid-year 1951. The population 0-4 years is given by the Registrar-General as 97,700 and the population 5-14 years as 188,300.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1948-1952 is shown in the following table:—

	1948.	1949.	1950.	1951.	1952.
Urban Districts...	1,182,520	1,192,800	1,211,720	1,204,700	1,211,300
Rural Districts ...	142,380	144,460	146,790	151,000	154,200
Administrative County	1,324,900	1,337,260	1,358,510	1,355,700	1,365,500
Increase or decrease over previous year ...	+20,770	+12,360	+21,250	-2,810	+9,800

The following table shows the population of each Sanitary District at the censuses of 1931 and 1951, and the Registrar-General's mid-year estimates for 1951 and 1952:—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1931.	1951.	1951.	1952.
<b>M.B. and Urban.</b>					
1. Banstead ... ..	12,821	18,734	33,526	33,220	33,690
2. Barnes ... ..	2,519	42,440	40,558	40,620	40,400
3. Beddington and Wallington ... ..	3,045	26,328	32,751	32,650	32,510
4. Carshalton... ..	3,346	28,586	62,804	61,730	61,630
5. Caterham and Warlingham ... ..	8,233	21,774	31,290	31,520	32,380
6. Chertsey ... ..	9,983	16,988	31,029	31,400	31,990
7. Coulsdon and Purley ... ..	11,143	39,795	63,770	64,200	64,180
8. Dorking ... ..	9,511	15,204	20,252	20,020	20,050
9. Egham ... ..	9,350	17,196	24,515	25,370	25,410
10. Epsom and Ewell ... ..	8,427	35,231	68,049	68,010	67,660
11. Esher ... ..	14,847	32,407	51,217	51,210	51,060
12. Farnham ... ..	9,039	19,005	23,911	24,080	24,030
13. Frimley and Camberley... ..	7,768	16,532	20,376	21,000	24,220
14. Godalming... ..	2,393	10,940	14,239	15,030	15,020
15. Guildford ... ..	7,184	34,237	47,484	47,280	47,990
16. Haslemere ... ..	5,751	9,168	11,992	11,930	11,810
17. Kingston-on-Thames ... ..	1,408	39,825	40,168	39,920	39,990
18. Leatherhead ... ..	11,187	16,483	27,203	28,030	28,230
19. Malden and Coombe ... ..	3,164	23,350	45,559	45,640	45,390
20. Merton and Morden ... ..	3,237	41,227	74,602	74,140	73,670
21. Mitcham ... ..	2,932	56,872	67,273	67,010	66,950
22. Reigate ... ..	10,255	34,547	42,234	42,220	42,460
23. Richmond ... ..	4,109	39,276	41,945	41,940	42,130
24. Surbiton ... ..	4,709	30,178	60,675	61,090	61,590
25. Sutton and Cheam ... ..	4,338	48,363	80,664	79,520	79,300
26. Walton and Weybridge ... ..	9,052	25,671	38,091	38,180	38,710
27. Wimbledon ... ..	3,212	59,515	58,158	58,430	58,550
28. Woking ... ..	15,708	35,987	47,612	49,310	50,300
Total ... ..	198,671	835,859	1,201,947	1,204,700	1,211,300
<b>Rural.</b>					
1. Bagshot ... ..	16,083	11,080	14,096	14,290	14,460
2. Dorking and Horley ... ..	53,943	18,485	25,809	26,120	26,420
3. Godstone ... ..	52,507	25,866	32,815	32,970	33,290
4. Guildford ... ..	59,782	31,554	45,458	45,790	47,480
5. Hambledon ... ..	68,175	24,926	31,838	31,830	32,550
Total ... ..	250,490	111,911	150,016	151,000	154,200
Administrative County ... ..	449,161	947,770	1,351,963	1,355,700	1,365,500

The figures given by the Registrar-General express the populations for the 1931 Census 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 1952, 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, 1952. 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 31/12/1952.
	Houses erected during year 1952.	Houses in course of erection at end of 1952.		Houses erected during year 1952.	Houses in course of erection at end of 1952.	Houses erected during year 1952.	Houses in course of erection at end of 1952.	Houses erected during year 1952.	Houses in course of erection at end of 1952.	
URBAN										
1 Banstead ... ..	244	140	—	93	79	—	—	337	219	9,657
2 Barnes (M.B.) ... ..	29	39	—	34	15	—	—	63	154	11,870
3 Beddington and Wallington (M.B.) ... ..	52	42	—	13	33	—	—	65	75	9,643
4 Carshalton ... ..	168	27	—	17	17	—	—	185	44	16,940
5 Caterham and Warlingham ... ..	62	116	8	41	74	—	—	111	190	7,600
6 Chertsey ... ..	88	78	—	40	51	—	—	128	129	7,660
7 Coulsdon and Purley ... ..	145	186	—	83	114	—	—	228	300	17,798
8 Dorking ... ..	81	6	14	22	19	—	—	117	25	5,435
9 Egham ... ..	181	55	—	43	30	—	—	224	85	7,298
10 Epsom and Ewell (M.B.) ... ..	68	112	—	51	120	—	—	119	232	17,892
11 Esher... ..	154	198	—	125	146	—	—	279	344	15,528
12 Farnham ... ..	44	160	—	33	40	—	—	77	200	7,324
13 Frimley and Camberley ... ..	126	110	2	49	44	—	—	177	154	4,921
14 Godalming (M.B.) ... ..	62	80	—	25	14	—	—	87	94	4,328
15 Guildford (M.B.) ... ..	253	369	—	66	76	—	—	319	445	13,529
16 Haslemere ... ..	30	90	—	34	7	—	—	64	97	3,112
17 Kingston-on-Thames (M.B.) ... ..	120	36	—	13	31	—	—	133	67	11,640
18 Leatherhead ... ..	189	185	—	86	100	—	—	275	285	8,100
19 Malden and Coombe (M.B.) ... ..	551	206	—	28	16	—	—	579	222	13,942
20 Merton and Morden ... ..	80	166	—	5	43	—	—	85	209	22,139
21 Mitcham (M.B.) ... ..	205	296	—	13	27	—	—	218	323	18,813
22 Reigate (M.B.) ... ..	137	98	577	51	61	—	—	765	159	12,599
23 Richmond (M.B.) ... ..	83	181	—	45	60	—	—	128	241	11,386
24 Surbiton (M.B.) ... ..	226	148	40	65	46	—	—	331	194	17,617
25 Sutton and Cheam (M.B.) ... ..	103	63	—	64	83	—	—	167	146	22,760
26 Walton and Weybridge ... ..	158	178	—	106	97	—	—	264	275	11,862
27 Wimbledon (M.B.) ... ..	86	111	—	76	26	—	—	162	137	15,968
28 Woking ... ..	202	366	700	67	69	—	—	969	435	12,899
Totals ... ..	3,927	3,842	1,341	1,388	1,538	—	—	6,656	5,380	340,260
RURAL										
1 Bagshot ... ..	31	47	—	31	38	—	—	62	85	3,917
2 Dorking and Horley ... ..	131	136	—	50	22	—	—	181	158	7,926
3 Godstone ... ..	183	130	—	38	46	4	—	225	176	8,951
4 Guildford ... ..	156	66	—	61	88	—	—	217	154	13,208
5 Hambledon ... ..	116	104	1	88	41	—	—	205	145	9,282
Totals ... ..	617	483	1	268	235	4	—	890	718	43,284
Administrative County ... ..	4,544	4,325	1,342	1,656	1,773	4	—	7,546*	6,098†	383,544

\* Includes 62 dwellings provided for agricultural workers.

† Includes 48 dwellings in course of erection for agricultural workers.

## RURAL HOUSING.

The position of the housing survey of the Rural Districts on the 31st December, 1952, 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.
			Satis- factory in all respects.	Minor Defects.	Requir- ing repair : structural alterations or improve- ments.	Unfit for habitation and beyond repair at a reasonable expense.	
			(1)	(2)	(3)	(5)	
Bagshot ... ..	2,005	2,005	321	420	1,094	170	—
Dorking and Horley ... ..	3,910	3,910	745	2,150	727	288	—
Godstone ... ..	4,804	4,804	1,721	938	1,781	364	—
Guildford ... ..	8,478	8,478	2,559	3,494	1,800	625	—
Hambledon ... ..	5,520	5,520	1,517	1,908	1,807	288	—
	24,717	24,717	6,863	8,910	7,209	1,735	—
		100%	27.8%	36%	29.2%	7%	

NOTE.—The classification Grade (4) under the original survey related to houses appropriate for reconditioning under the Housing (Rural Workers) Act. This category became obsolete when the Housing (Rural Workers) Act was repealed and has accordingly been deleted from this year's report. Houses originally classified in this grade have been reclassified in either Grade (3) or (5) as appropriate.

## RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1952, was £14,784,565, and the estimated produce of a 1d. rate for general County purposes for the year 1952-53 was £59,748.

## VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1952 with the previous year and with the mean of the five years 1947-51.

	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.		
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
1950 ... ..	13.53	10.41	0.23	1.82	0.69	21.86
1951 ... ..	13.16	11.15	0.19	1.87	0.49	21.75
Mean of 5 years, 1947-51 ...	15.13	10.47	0.27	1.82	0.74	23.86
1952 ... ..	12.91	10.57	0.17	1.90	0.72	20.93
Increase or decrease in 1952 on:						
5 years' average ... ..	-2.22	+0.10	-0.10	+0.08	-0.02	-2.93
Previous year ... ..	-0.25	-0.58	-0.02	+0.03	+0.23	-0.82

## 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 each of the subsequent four years and have again fallen in 1952.

The five births registered in or belonging to the County during the year numbered 17,633, as compared with 17,841 in the previous year, showing a reduction of 208. The birth rate for the year was 12.91, as compared with 13.16 for the previous year. The birth rate for England and Wales for 1952 was 15.3 and for 1951, 15.5. In addition to the 17,633 live births in Surrey, there were 344 still births and the rate of still births per 1,000 live and still births was 19.14.

Of the 17,633 live births 682 or 3.87 per cent. were illegitimate, as compared with 728 or 4.08 per cent. in 1951.



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
1951 ...	17,841	13.16	383	21.0	728	4.08
1952 ...	17,633	12.91	344	19.1	682	3.87

## 2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1952 was 14,439, as compared with 15,112 in the year 1951. The crude death rate for 1952 was 10.57, compared with 11.15 for 1951. The death rate for England and Wales was 11.3 compared with 12.5 for 1951.

## 3. Infant Mortality.

The number of infants under one year who died during 1952 was 369, compared with 388 in 1951. This represents an infant mortality rate of 20.93 per 1,000 live births as compared with a corresponding rate of 21.75 for the year 1951 and is the lowest ever recorded in Surrey. The comparable figures for England and Wales were 27.6 in 1952, and 29.6 in 1951.

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
1951 ...	29.6	18.8	10.8	21.75	16.31	5.44
1952 ...	27.6	18.3	9.3	20.93	14.57	6.36



The following table gives the births and birth rates, both live and still, the deaths and death rates, both crude and standardised,\* and the infant mortality in each of the Sanitary Districts and in the Administrative County during 1952:—

DISTRICTS	Live births.	Live birth rate.	Still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardised Death Rate.	Excess of births over deaths.	Infants dying	
									under 1 month.	1-12 months.
<b>M.B. and Urban</b>										
Banstead ...	347	10.30	4	11.40	292	8.67	8.06	55	2	3
Barnes ...	419	10.37	15	34.56	508	12.57	10.81	-89	10	3
Beddington and Wallington ...	360	11.07	4	10.99	389	11.97	11.01	-29	3	3
Carsington ...	783	12.70	18	22.47	550	8.92	11.15	233	13	9
Caterham and Warrington ...	445	13.74	8	17.66	301	9.30	9.77	144	6	2
Chertsey ...	514	16.07	12	22.81	247	7.72	8.72	267	8	4
Coulsdon and Purley ...	751	11.70	9	11.84	656	10.22	9.40	95	13	5
Dorking ...	283	14.11	6	20.76	248	12.37	10.39	35	3	3
Egham ...	358	14.09	7	19.18	243	9.56	9.46	115	5	2
Epsom and Ewell ...	671	9.92	8	11.78	610	9.02	8.66	61	9	5
Essex ...	685	13.42	9	12.97	566	11.09	10.42	119	8	4
Farnham ...	321	13.36	6	18.35	316	13.15	10.26	5	5	2
Frimley and Camberley ...	340	14.04	2	5.85	179	7.39	8.79	161	5	2
Godalming ...	177	11.78	2	11.17	168	11.19	9.96	9	2	1
Guildford ...	684	14.25	13	18.65	552	11.50	10.70	132	17	2
Haslemere ...	170	14.39	2	11.63	145	12.28	10.56	25	1	1
Kingston-on-Thames ...	576	14.40	17	28.67	499	12.48	11.23	77	9	5
Leatherhead ...	364	12.89	19	24.13	283	10.02	9.12	81	9	2
Malden and Coombe ...	522	11.50	8	15.09	446	9.83	10.12	76	3	6
Merton and Morden ...	869	11.80	18	20.29	690	9.37	10.68	179	10	5
Mitcham ...	909	13.58	20	21.53	628	9.38	10.88	281	12	6
Reigate ...	611	14.39	9	14.52	532	12.53	10.02	79	8	5
Richmond ...	595	14.12	19	30.94	588	13.96	11.31	7	10	1
Surbiton ...	814	13.22	15	18.09	605	9.82	9.92	209	13	2
Sutton and Cheam ...	876	11.05	16	17.94	886	11.17	10.83	-10	12	4
Walton and Weybridge ...	571	14.75	13	22.26	388	10.02	9.52	183	11	3
Wimbledon ...	735	12.55	17	22.61	759	12.96	10.63	-24	6	4
Woking ...	719	14.29	12	16.42	554	11.01	10.46	165	13	6
<b>Total ...</b>	<b>15,469</b>	<b>12.77</b>	<b>298</b>	<b>18.90</b>	<b>12,828</b>	<b>10.59</b>	<b>10.17</b>	<b>2,641</b>	<b>226</b>	<b>100</b>
<b>Rural</b>										
Bagshot ...	184	12.72	6	31.58	167	11.55	10.97	17	4	1
Dorking and Horley ...	436	16.50	7	15.80	293	11.09	10.09	143	3	1
Godstone ...	455	13.67	8	17.28	322	9.67	8.32	133	6	5
Guildford ...	674	14.20	18	26.01	471	9.92	8.93	203	12	3
Hambleton ...	415	12.75	7	16.59	358	11.00	9.68	57	6	2
<b>Total ...</b>	<b>2,164</b>	<b>14.03</b>	<b>46</b>	<b>20.81</b>	<b>1,611</b>	<b>10.45</b>	<b>9.30</b>	<b>553</b>	<b>31</b>	<b>12</b>
<b>Administrative County</b>	<b>17,633</b>	<b>12.91</b>	<b>344</b>	<b>19.14</b>	<b>14,439</b>	<b>10.57</b>	<b>10.04</b>	<b>3,194</b>	<b>257</b>	<b>112</b>

\* 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.

The infant mortality rates in the urban and the rural districts respectively were 21.07 and 19.87; the neo-natal mortality rates for the urban and the rural districts respectively were 14.61 and 14.33.

#### 4. Maternal Mortality.

In 1952 13 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 0.72 per thousand live and still births. The corresponding figures for England and Wales in 1952 were 496 and 0.72; and for Surrey in 1951 were 9 and 0.49.



### 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 1952, 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.				Respiratory diseases (Non-Tuberculous).				Malignant Disease.											
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Pulmonary.		Non-Pulmonary.		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		
<b>M.B. and Urban.</b>																										
Banstead	41	1.22	34	1.01	4	0.12	43	1.28	12	0.36	4	0.12	—	—	11	0.33	15	0.45	10	0.30	—	—	29	0.86		
Barnes	84	2.08	78	1.93	9	0.22	69	1.49	32	0.79	11	0.27	1	0.02	14	0.35	24	0.59	8	0.20	—	—	44	1.09		
Beddington and Wallington	43	1.32	55	1.69	6	0.18	76	2.34	24	0.74	7	0.22	—	—	9	0.28	9	0.28	13	0.40	1	0.03	37	1.14		
Carsington	68	1.10	73	1.18	3	0.05	97	1.57	27	0.44	13	0.21	2	0.03	7	0.11	11	0.18	12	0.19	3	0.05	41	0.67		
Caterham and Warrington	43	1.33	42	1.30	2	0.06	56	1.73	9	0.28	3	0.09	1	0.03	9	0.28	11	0.34	9	0.28	1	0.03	24	0.74		
Chertsey	28	0.88	47	1.47	1	0.03	32	1.00	10	0.31	6	0.19	1	0.03	8	0.25	9	0.28	5	0.16	3	0.09	18	0.56		
Coulsdon and Purley	89	1.39	100	1.56	9	0.14	94	1.46	38	0.50	11	0.17	3	0.05	13	0.20	29	0.31	21	0.33	4	0.06	56	0.87		
Dorking	41	2.04	32	1.10	10	0.50	40	1.99	16	0.80	3	0.15	2	0.10	21	0.55	7	0.35	8	0.40	2	0.10	20	1.00		
Egham	41	1.61	27	1.06	5	0.20	63	2.48	14	0.56	4	0.16	—	—	4	0.16	9	0.35	5	0.20	1	0.04	17	0.67		
Epsom and Ewell	87	1.29	73	1.08	21	0.31	104	1.54	38	0.56	10	0.15	1	0.01	9	0.13	14	0.21	24	0.35	4	0.06	55	0.81		
Esher	77	1.51	80	1.57	8	0.16	85	1.66	25	0.49	10	0.20	—	—	15	0.29	21	0.41	10	0.20	3	0.06	58	1.14		
Farnham	51	2.12	48	2.00	3	0.12	62	2.58	15	0.62	2	0.08	—	—	3	0.12	4	0.17	8	0.33	4	0.17	32	1.33		
Frimley and Camberley	32	1.32	24	0.99	4	0.17	37	1.53	4	0.17	5	0.21	—	—	4	0.17	4	0.17	1	0.04	—	—	16	0.66		
Godalming	27	1.80	19	1.26	7	0.47	26	1.73	9	0.60	2	0.13	—	—	10	0.67	8	0.53	2	0.13	2	0.13	23	1.53		
Guildford	76	1.58	93	1.94	13	0.27	73	1.52	31	0.65	8	0.17	—	—	15	0.31	14	0.29	11	0.23	4	0.08	49	1.02		
Haslemere	31	2.62	20	1.69	4	0.34	23	1.95	6	0.51	2	0.17	—	—	13	0.34	3	0.25	4	0.34	—	—	11	0.93		
Kingston-on-Thames	66	1.65	60	1.50	15	0.38	65	1.63	36	0.90	9	0.23	2	0.05	11	0.28	11	0.28	7	0.18	2	0.05	49	1.23		
Leatherhead	30	1.06	47	1.66	6	0.21	46	1.63	23	0.81	1	0.04	1	0.04	26	0.92	5	0.18	5	0.18	1	0.04	30	1.06		
Malden and Coombe	59	1.30	77	1.70	7	0.15	54	1.19	20	0.44	9	0.20	1	0.02	49	1.08	13	0.29	23	0.51	6	0.13	46	1.01		
Merton and Morden	87	1.18	99	1.34	23	0.31	86	1.17	22	0.30	22	0.30	1	0.01	63	0.86	19	0.26	35	0.48	16	0.22	78	1.06		
Mitcham	62	0.93	77	1.15	8	0.12	111	1.66	31	0.46	11	0.16	2	0.03	92	1.37	12	0.18	31	0.46	14	0.21	5	0.07		
Reigate	86	2.03	67	1.58	11	0.26	98	2.31	19	0.45	6	0.14	2	0.05	53	1.25	7	0.16	22	0.52	6	0.07	66	0.99		
Richmond	81	1.92	59	1.40	14	0.33	108	2.56	38	0.66	15	0.36	—	—	69	1.64	16	0.38	17	0.40	7	0.17	49	1.15		
Sutton and Cheam	79	1.28	69	1.12	9	0.15	103	1.67	30	0.49	7	0.11	—	—	65	1.06	13	0.21	19	0.31	15	0.24	49	1.16		
Woking	126	1.59	115	1.45	20	0.25	167	2.11	44	0.55	17	0.21	2	0.03	80	1.01	26	0.33	36	0.45	16	0.20	58	1.07		
Walton and Weybridge	49	1.27	54	1.39	7	0.18	57	1.47	20	0.52	4	0.10	2	0.05	29	0.75	10	0.26	20	0.52	12	0.31	28	0.72		
Wimbledon	96	1.64	131	2.24	22	0.38	126	2.15	35	0.60	6	0.10	—	—	84	1.43	15	0.26	23	0.39	13	0.22	72	1.23		
Woking	77	1.53	71	1.41	11	0.22	92	1.83	29	0.58	8	0.16	1	0.02	61	1.21	13	0.26	17	0.34	2	0.04	66	1.31		
Total	1,757	1.45	1,761	1.45	262	0.22	2,084	1.72	647	0.53	216	0.18	25	0.02	1,392	1.10	263	0.24	453	0.37	270	0.22	77	0.06	1,217	1.00
<b>Rural.</b>																										
Bagshot	26	1.80	20	1.38	3	0.21	39	2.70	8	0.55	2	0.14	—	—	8	0.55	4	0.28	2	0.14	1	0.07	19	1.31		
Dorking and Horley	30	1.14	38	1.44	10	0.38	39	1.48	13	0.49	3	0.11	1	0.04	6	0.23	11	0.42	7	0.26	3	0.11	33	1.25		
Godstone	44	1.32	46	1.38	9	0.27	54	1.62	12	0.36	—	—	—	—	30	0.90	5	0.15	8	0.24	9	0.27	32	0.96		
Guildford	79	1.66	55	1.16	12	0.25	88	1.85	14	0.29	5	0.11	—	—	11	0.23	9	0.23	11	0.23	4	0.08	37	0.78		
Hambleton	61	1.87	54	1.66	12	0.37	61	1.87	19	0.58	1	0.03	—	—	6	0.18	9	0.28	11	0.34	1	0.03	38	1.17		
Total	240	1.56	213	1.38	46	0.30	281	1.82	66	0.43	11	0.07	1	0.01	134	0.87	34	0.22	43	0.28	40	0.26	11	0.07	159	1.03
<b>Administrative County 1952</b>	1,997	1.46	1,974	1.45	308	0.23	2,365	1.73	713	0.52	227	0.17	26	0.02	1,466	1.07	327	0.24	496	0.36	310	0.23	88	0.06	1,376	1.01
Percentage of Total Deaths in 1952	13.83	(12.92)	13.67	(12.49)	2.13	(3.35)	16.38	(16.82)	4.94	(4.51)	1.57	(1.72)	0.18	(0.24)	10.15	(10.20)	2.26	(2.35)	3.44	(2.90)	2.15	(1.98)	0.61	(0.75)	9.53	(8.82)

The figures shown in brackets relate to the year 1951.



## ADMINISTRATIVE COUNTY OF SURREY.

## 6. Causes of Death at Different Periods of Life, 1952.

The causes of all deaths during 1952 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.	6,352	185	40	42	70	296	1,742	1,741	2,236		801	23	4	6	16	25	157	240	330	
	F.	6,476	141	24	30	41	248	1,188	1,494	3,310		810	20	10	4	4	29	137	193	413	
1. Tuberculosis, Respiratory ...	M.	151	—	1	—	2	27	86	20	15		7	1	—	—	—	1	3	1	1	
	F.	65	—	2	2	3	30	15	10	3		4	—	1	—	—	1	1	1	—	
2. Tuberculosis, Other... ..	M.	16	1	2	3	1	3	4	2	—		1	—	1	—	—	—	—	—	—	
	F.	9	—	—	1	1	1	5	—	1		—	—	—	—	—	—	—	—	—	
3. Syphilitic Disease ... ..	M.	33	—	—	1	—	—	14	12	6		2	—	—	—	—	—	—	2	—	
	F.	22	—	—	—	—	1	7	5	9		3	—	—	—	—	—	1	—	2	
4. Diphtheria ... ..	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough ... ..	M.	3	2	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	—	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	M.	1	—	—	—	1	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	2	—	—	1	—	—	—	—	1		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis... ..	M.	7	—	—	3	—	4	—	—	—		1	—	1	—	—	—	—	—	—	
	F.	13	—	1	2	3	6	1	—	—		—	—	—	—	—	—	—	—	—	
8. Measles ... ..	M.	2	—	1	1	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	—	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Para- sitic Diseases	M.	20	1	2	1	—	3	5	6	2		1	—	—	—	—	1	—	—	—	
	F.	15	1	—	—	1	3	4	1	5		3	—	—	—	—	1	—	1	1	
10. Malignant Neoplasm, Stomach	M.	173	—	—	—	—	5	65	53	50		23	—	—	—	—	—	6	7	10	
	F.	120	—	—	—	—	4	28	40	48		11	—	—	—	—	1	2	3	5	
11. Malignant Neoplasm, Lung, Bronchus	M.	376	—	—	—	1	18	217	104	36		38	—	—	—	—	—	16	15	7	
	F.	77	—	—	—	—	5	34	20	18		5	—	—	—	—	—	2	3	—	
12. Malignant Neoplasm, Breast	M.	3	—	—	—	—	—	3	—	—		—	—	—	—	—	—	—	—	—	
	F.	267	—	—	—	1	25	115	63	63		40	—	—	—	—	2	13	14	11	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	77	—	—	—	—	1	43	16	17		11	—	—	—	—	1	5	2	3	
14. Other Malignant and Lymphatic Neoplasms	M.	637	1	—	—	7	29	206	209	185		95	—	—	—	1	3	25	33	33	
	F.	580	—	2	8	2	23	199	161	185		64	—	—	—	—	4	25	20	15	
15. Leukæmia, Aleukemia ...	M.	41	1	5	1	3	3	11	13	4		6	—	—	1	1	1	—	3	—	
	F.	24	—	1	5	—	1	6	5	6		7	—	—	1	—	—	2	1	3	
16. Diabetes ... ..	M.	25	—	1	1	1	—	5	7	10		5	—	—	—	—	—	—	1	4	
	F.	49	—	—	1	—	1	8	23	16		4	—	—	—	—	—	1	3	—	
17. Vascular Lesions of Nervous System	M.	671	—	1	—	1	11	128	220	310		96	—	—	—	—	—	17	32	47	
	F.	1,086	—	—	—	—	10	174	258	644		144	—	—	—	—	—	19	44	81	
18. Coronary Disease, Angina...	M.	1,056	—	—	—	—	24	369	372	291		122	—	—	—	—	1	31	50	40	
	F.	705	—	—	1	—	4	104	243	353		91	—	—	—	—	1	16	29	45	
19. Hypertension with Heart Disease	M.	122	—	—	—	—	1	22	39	60		20	—	—	—	—	—	4	5	11	
	F.	140	—	—	—	—	1	24	48	67		26	—	—	—	—	1	3	11	11	
20. Other Heart Disease ...	M.	801	—	—	—	1	13	96	196	495		110	—	—	—	—	3	8	22	77	
	F.	1,283	—	—	—	1	17	107	212	946		171	—	—	—	—	4	11	25	131	
21. Other Circulatory Disease ...	M.	280	—	—	—	—	6	69	48	157		36	—	—	—	—	—	3	13	20	
	F.	367	—	—	—	—	8	47	84	228		30	—	—	—	—	—	8	7	15	
22. Influenza ... ..	M.	34	—	—	1	—	1	9	8	15		3	—	—	—	—	—	—	2	1	
	F.	33	—	—	—	—	3	9	5	16		5	—	—	—	—	—	—	1	4	

Continued overleaf



The causes of all deaths during 1952 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-		
23. Pneumonia ... ..	M.	275	28	2	2	2	10	47	71	113	24	1	—	—	—	1	4	10	—	—	
	F.	265	17	2	1	2	13	30	44	156	31	4	2	1	—	2	1	8	13	—	
24. Bronchitis ... ..	M.	422	5	3	1	—	6	101	140	166	50	—	2	—	—	1	10	16	21	—	
	F.	263	3	2	—	—	3	28	66	161	17	1	—	—	—	—	2	2	12	—	
25. Other Diseases of Respiratory System	M.	73	1	—	1	1	2	23	19	24	5	—	—	—	—	—	1	1	3	—	
	F.	34	1	—	1	2	2	6	7	15	7	—	—	—	—	—	2	—	5	—	
26. Ulcer of Stomach and Duodenum	M.	104	—	—	—	—	4	39	32	29	12	—	—	—	1	1	1	4	5	—	
	F.	35	—	—	—	—	1	10	14	10	6	—	—	—	—	—	4	—	2	—	
27. Gastritis, Enteritis and Diarrhoea	M.	20	4	1	—	—	3	4	3	5	5	2	—	—	—	—	—	—	3	—	
	F.	30	1	—	—	1	2	5	9	12	2	—	—	—	—	2	—	—	—	—	
28. Nephritis and Nephrosis ...	M.	64	—	—	—	3	16	21	9	15	10	1	—	—	—	3	3	1	2	—	
	F.	51	—	—	—	3	6	15	10	17	10	—	—	—	—	—	2	2	6	—	
29. Hyperplasia of Prostate ...	M.	111	—	—	—	—	1	10	33	67	19	—	—	—	—	—	1	5	13	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30. Pregnancy, Childbirth, Abortion	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	13	—	—	—	2	10	1	—	—	—	—	—	—	—	—	—	—	—	—	
31. Congenital Malformations ...	M.	67	44	2	3	2	5	6	1	4	5	3	—	—	—	—	1	1	—	—	
	F.	55	36	3	1	—	5	5	5	—	8	3	3	—	—	—	2	—	—	—	
32. Other Defined and Ill-defined Diseases	M.	498	88	11	8	11	40	113	100	127	59	14	—	1	—	4	10	11	19	—	
	F.	595	75	5	2	12	38	106	115	242	92	11	3	1	2	5	12	16	42	—	
33. Motor Vehicle Accidents ...	M.	72	—	1	4	17	22	11	5	12	14	—	—	2	5	2	3	1	1	—	
	F.	33	—	1	2	3	6	6	9	6	7	—	—	1	2	1	2	—	1	—	
34. All Other Accidents ...	M.	104	9	4	11	11	15	21	8	25	21	1	—	1	7	—	5	3	4	—	
	F.	114	7	3	2	3	9	15	14	61	8	1	1	—	—	1	—	—	5	—	
35. Suicide ... ..	M.	85	—	—	—	5	23	35	9	13	9	—	—	—	1	2	5	1	—	—	
	F.	51	—	—	—	1	9	30	7	4	3	—	—	—	—	2	1	—	—	—	
36. Homicide and Operations of War	M.	5	—	—	—	—	1	2	2	—	2	—	—	1	—	1	—	—	—	—	
	F.	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	

## 7. Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1952, giving the number of cases of each disease notified and the attack rate :—

Disease.	1952	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective ... ..	2	0.001
Post infectious ... ..	5	0.004
Acute pneumonia ... ..	580	0.42
Acute poliomyelitis—		
Paralytic ... ..	133	0.10
Non-Paralytic ... ..	41	0.03
Diphtheria ... ..	4	0.003
Dysentery ... ..	568	0.42
Enteric or Typhoid Fever ... ..	2	0.001
Erysipelas ... ..	151	0.11
Food poisoning ... ..	268	0.20
Measles, excluding Rubella ... ..	7,496	5.49
Meningococcal Infection ... ..	15	0.01
*Ophthalmia neonatorum ... ..	14	0.79
Paratyphoid fevers ... ..	9	0.007
†Puerperal Pyrexia ... ..	590	32.82
Scarlet Fever ... ..	2,142	1.57
Tuberculosis—Pulmonary ... ..	1,209	0.89
Non-pulmonary ... ..	136	0.10
Whooping cough ... ..	2,762	2.02

\* 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 ... ..	3 (17)
Whooping Cough ... ..	4 (3)
Diphtheria ... ..	— (—)
Influenza ... ..	75 (357)
Meningococcal infections ... ..	3 (4)
Acute Poliomyelitis ... ..	21 (6)

The figures in brackets relate to the year 1951.

## 8. Tuberculosis.

### (a) NOTIFICATIONS.

The summary of returns for 1952 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 1,209 cases of pulmonary tuberculosis and 136 cases of non-pulmonary tuberculosis 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 1952 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
1951	1,118	0.82	260	0.19	155	0.11	37	0.03
1952	1,209	0.89	227	0.17	136	0.10	26	0.02

The table shows that the case-rate for pulmonary tuberculosis is slightly higher compared with 1951. The case-rate for non-pulmonary tuberculosis was the lowest recorded in Surrey.







**(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 14. The death rate for pulmonary tuberculosis (0.17) was the lowest recorded in Surrey, the previous low record being 0.19 in 1951. The death rate from non-pulmonary tuberculosis, namely 0.02, was also the lowest recorded in Surrey, the previous low record being 0.03 in 1951.

The distribution of the deaths and the death rates from tuberculosis in the various sanitary districts of the County are shown on page 11.

**(c) NEW CASES AND DEATHS.**

The total number of new cases which became known either through formal notification or otherwise, as described above, was 1,873. The corresponding figure for 1951 was 1,725 and for 1950 was 1,809.

Of the 253 deaths which occurred during the year 1952, 64 or 25.3 per cent. occurred in non-notified cases. The corresponding figure for the year 1951 was 91 or 30.6 per cent.

## WORK OF THE COUNTY HEALTH DEPARTMENT.

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

**1. Administration.****(a) CENTRAL.**

The general scheme of administration of the central department remained unchanged during the year. The County Council, however, approved a proposal which it is hoped will lead to better integration of the anti-tuberculosis services provided by the Board and by the County Council: by this proposal, the medical officer charged with the administration of the Board's anti-tuberculosis services also becomes responsible to the County Medical Officer for the administration of the County Council's anti-tuberculosis scheme. This proposal was implemented early in 1953. The officer concerned remains on the staff of the Board but the County Council reimburses the Board a part of his salary.

**(b) DIVISIONAL.**

In appointing medical staff to the posts of Divisional Health Medical Officers, the County Council had primarily in mind the need to co-ordinate the care of the pre-school and the school child: and in every division throughout the County the Divisional Health Medical Officer and the Divisional School Medical Officer are the same person. As a number of appointments of Divisional School Medical Officer already existed, this has resulted in the position—temporary to the present holders of the posts—of there being more than one Divisional Medical Officer in three divisions of the County, but the ultimate County policy is to have one Divisional Medical Officer in charge of all County medical services in each division. In addition, however, the County Districts Association had expressed the view that all three health aspects of local authority administration, namely, school health and personal health for which the County Council is responsible and the sanitary and environmental services for which the county districts are responsible, should be integrated at officer level. With this policy the County Council agrees and a number of mixed appointments of this nature have been made. The organisation of the medical administration in the Divisions and in the County Districts was unchanged throughout the year.

**2. Co-ordination and Co-operation with other Parts of the National Health Service.**

The administrative framework of the National Health Service apportions responsibility for the service between three separate and independent bodies, so that different bodies—and different groups of officers—often have to deal with different aspects of the same problem. This absence of unity of direction makes it difficult to secure a uniform policy in dealing with joint problems. Attempts at liaison between the various bodies—which is needed at both committee and officer level—to compensate for this lack, continue.

At the highest administrative level realisation of the need for co-operation is growing; thus, a liaison committee meets about three or four times a year to consider matters of mutual interest and to make recommendations for a co-ordinated policy to the parent bodies. This committee consists of two representatives from the County Health Committee, two representatives from the Regional Hospital Board, the Chairmen of the seven general Hospital Management Committees in the County and of certain of the Special Hospital Management Committees. Other Chairmen are invited if matters of interest to them are on the agenda. A proposal to invite representatives of the Executive Council to join the Committee was under consideration at the end of the year. The fact that members of the County Health Committee are, in a number of cases, also members of other bodies controlling the health services has frequently been of service.

At other than the highest administrative levels, the need for co-operation is not so fully appreciated. Thus, for example, difficulty is often experienced in obtaining from the hospitals information about patients whose category or condition brings them within the purview of the local sanitary or the local health authority—such, for example, as patients suffering from infectious diseases (including tuberculosis), maternity cases, pre-school and school children, and patients needing on discharge the services provided by the local health authority. While information is usually in



due course made available to general practitioners about such cases on their discharge, this information does not find its way to the officers of the local authority concerned, and if the information were supplied direct, the work of the local authority's officers would be facilitated and much time saved.

At field level, the development of a sense of unity of purpose is one of the most pressing needs of the National Health Service. Team work in the field is essential if the best results in promoting the health of the community and in the prevention and treatment of diseases are to be achieved. A number of examples could be quoted, but the most notable relates to the health visitors. Many general practitioners, no doubt, find their time fully taken up in the curative aspects of medicine; while the work of the health visitors is in the main concerned with the preventive aspects of the Health Service, particularly in the sphere of Child Health. The community of interest between general practitioner and health visitor is, therefore, not so direct as between general practitioner and district nurse. Nevertheless, the health visitors could afford valuable ancillary help to the general practitioners in dealing with certain types of cases, and they in their turn would appreciate and would be much helped by contact with the general practitioners.

As a step towards increasing the knowledge of other branches of the health service, a handbook of Health Services has been prepared and circulated to members of the County Health Committee, the Executive Council and the Regional Hospital Board, to all general practitioners, to the staff of the County Health Department (including all assistant medical officers, dentists, health visitors, district nurses and midwives, almoners, day nurseries, duly authorised officers, etc.), to certain staff of hospitals in Surrey, to chest physicians, to clerks and medical officers of health of County Districts in Surrey, and so on. This handbook is intended to serve the double purpose of providing information to those who require it on the services available, and in so doing, of improving the co-operation at clinical level between the officers of the three bodies.

### 3. Capital Building Programme.

Details were given in previous Reports of the various projects submitted as Capital Building Programmes in their respective financial years and the following table sets out the present position of all the projects included in the annual Capital Building Programmes since the inception of the present procedure in 1950.

Submitted in Financial Year	Project.	Purpose.	Present Position.
1950/51 ... ..	1 & 3, Robin Hood Lane, Sutton	Welfare Centre/School Clinic, Ambulance Sub-Station, M.D. Occupation and Training Centre	Completed September, 1952.
1950/51 ... ..	Hillsleigh, Godalming ...	Welfare Centre/School Clinic	Completed May, 1952.
1950/51 & 1952/53	Grand Drive (Land), Morden	Welfare Centre/School Clinic	Negotiations nearing completion.
1950/51 ... ..	Kings Road, Richmond ...	Welfare Centre/School Clinic, Ambulance Sub-Station, Divisional Health Offices	Completed April, 1953.
1950/51 ... ..	Quedley, Haslemere ...	Welfare Centre/School Clinic	Completed May, 1952.
1950/51 & 1952/53	Quedley, Haslemere ...	Ambulance Sub-Station ...	Ambulance Station project abandoned on this site. Fresh site being sought.
1950/51 & 1952/53	Everleigh, Addlestone ...	Welfare Centre/School Clinic	Minister's approval received March, 1953.
1950/51 ... ..	The Mansion, Leatherhead	Welfare Centre/School Clinic, Ambulance Sub-Station	Completed November, 1952.
1950/51 ... ..	The Roselands, New Malden	Main Ambulance Station ...	Work in hand.
1950/51 ... ..	Botley's Park, Chertsey ...	Main Ambulance Station ...	Tender accepted, June, 1953.
1950/51 & 1952/53	Old Schools Lane, Ewell ...	M.D. Occupation and Training Centre	Completed June, 1953.
1951/52 & 1952/53	Grand Drive, Morden (Building)	Welfare Centre/School Clinic	Apportionment of site between Education Health and Welfare Committees agreed; fresh plans being prepared.
1951/52 ... ..	Hill House, St. Helier ...	Welfare Centre/School Clinic	Project deferred.
1951/52 & 1952/53	Hill House, St. Helier ...	Main Ambulance Station ...	Minister's approval received May, 1953.
1951/52 & 1952/53	L.C.C. Estate, Merstham...	Welfare Centre/School Clinic	Tenders being invited.
1951/52 & 1952/53	The Roselands, New Malden	Welfare Centre/School Clinic	Work commenced.
1951/52 & 1953/54	Manor Drive, Malden ...	Welfare Centre/School Clinic	Negotiations for purchase of site proceeding.
1951/52 ... ..	Wimbledon... ..	Ambulance Sub-Station ...	Deferred, as suitable property leased.
1951/52 & 1952/53	Capri, Purley ... ..	Ambulance Sub-Station ...	Work nearing completion.
1951/52 & 1952/53	Walton Lodge Estate, Banstead	Ambulance Sub-Station ...	Lay-out of site for various County purposes awaiting approval.
1951/52 & 1953/54	Cannon Way, Molesey ...	Welfare Centre/School Clinic	Negotiations for acquisition of site proceeding.
1952/53 ... ..	Caterham-on-the-Hill ...	Welfare Centre/School Clinic	Site not yet available.
1952/53 ... ..	Wide Way, Mitcham ...	Welfare Centre/School Clinic	Negotiating for lease of a site.
1952/53 ... ..	Cobham ... ..	Welfare Centre/School Clinic	No suitable site yet found.
1952/53* ... ..	The Poplars, Camberley ...	Welfare Centre/School Clinic, Ambulance Sub-Station	Completed July, 1953.
1952/53* ... ..	The Roselands, New Malden	Nurses' Home ... ..	Work commenced

\* Subsequently added to the 1952/53 Programme.



The Council were again requested by the Minister to submit a Capital Building Programme for the financial year 1953-54, and after careful consideration, were of the opinion that the following nine projects were sufficiently urgent to warrant their inclusion in the 1953-54 programme :—

Day Nursery Building, Morden	...	...	Welfare Centre/School Clinic.
Stonecot Hill, Sutton...	...	...	Welfare Centre/School Clinic.
9, Amity Grove, Raynes Park	...	...	Welfare Centre/School Clinic.
†Cannon Way, Molesey	...	...	Welfare Centre/School Clinic.
Land, Victoria Road, Horley	...	...	Welfare Centre/School Clinic.
Rear of Sharrard House, Woking	...	...	Ambulance Sub-Station.
†Manor Drive, Malden...	...	...	Welfare Centre/School Clinic.
Mitcham	...	...	Ambulance Sub-Station.
Surbiton	...	...	Ambulance Sub-Station.

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† In 1951/52 Programme.

## CARE OF MOTHERS AND YOUNG CHILDREN.

The main features of the Council's scheme for the care of mothers and young children remain as in previous years.

During the year the County Health Committee gave further consideration to its policy in regard to Day Nurseries; details are given 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 1952 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT.										Number Born Elsewhere in Administrative County but Normally Resident within the County District.				Number Born Outside Administrative County but Normally Resident within the County.			No. of Regis- tered Births (Live and Still).	
	and Normally Resident Therein.					and Normally Resident Elsewhere in Surrey.													
	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.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.				
<b>M.B. and Urban.</b>																			
Banstead ... ..	95	—	—	—	—	—	—	—	—	—	—	—	—	11	213	2	3	18	351
Barries... ..	110	—	—	—	—	—	3	1	—	—	—	1	—	4	119	—	5	204	434
Beddington and Wallington	94	—	—	1	—	—	—	—	—	—	—	—	—	6	238	—	6	20	364
Carshalton ... ..	202	—	535	1	—	1,504	—	—	31	—	—	—	—	—	75	1	—	11	801
Caterham and Warlingham	137	39	—	—	19	—	—	3	—	—	—	2	—	10	229	1	18	29	453
Chertsey ... ..	116	—	—	—	—	—	—	—	—	—	—	—	—	4	363	1	—	3	526
Coulsdon and Purley	193	15	—	1	18	—	—	2	1	—	—	—	—	6	233	2	69	203	760
Dorking ... ..	79	38	178	—	27	146	—	3	48	—	—	—	—	1	11	—	—	5	289
Egham ... ..	99	—	—	—	—	—	2	—	—	—	—	—	—	1	203	1	8	31	365
Epsom and Ewell ... ..	94	45	481	—	32	845	—	3	8	—	—	—	—	19	226	1	2	20	679
Esher ... ..	154	—	—	—	—	—	—	—	—	—	—	—	—	40	296	1	9	170	694
Farnham ... ..	79	15	181	—	6	61	1	11	73	—	—	—	—	4	11	—	4	30	327
Frimley and Camberley	58	117	—	—	—	6	—	—	31	—	—	—	—	1	49	—	1	113	342
Godalming ... ..	23	17	—	—	21	—	—	7	—	—	—	—	—	4	134	1	—	—	179
Guildford ... ..	96	52	507	—	92	646	—	27	61	1	—	1	—	5	25	2	—	8	697
Haslemere ... ..	26	1	136	—	1	34	—	1	172	—	—	—	—	5	43	1	5	5	172
Kingston-on-Thames	147	—	317	—	—	962	—	—	20	—	—	—	—	11	240	—	2	80	593
Leatherhead ... ..	89	54	—	—	20	—	1	5	—	—	—	—	—	12	314	1	2	5	373
Malden and Coombe	126	35	—	—	60	—	—	3	—	—	—	1	—	—	—	1	2	63	530
Merton and Morden ... ..	117	—	266	2	—	430	1	—	136	—	—	—	—	8	468	1	2	32	887
Mitcham ... ..	196	—	271	5	—	15	1	—	62	—	—	1	—	—	419	1	—	59	929
Reigate ... ..	99	—	511	1	—	866	—	—	65	—	—	1	—	2	7	1	6	15	620
Richmond ... ..	121	13	—	—	6	—	—	2	—	—	—	1	—	1	271	—	10	181	614
Surbiton ... ..	141	—	210	—	—	70	—	—	4	—	—	1	—	26	398	—	1	49	829
Sutton and Cheam ... ..	150	—	217	—	—	154	1	2	11	5	—	5	—	12	498	1	6	33	892
Walton and Weybridge	75	27	316	—	17	64	—	10	25	—	—	—	—	1	146	—	6	18	584
Wimbledon ... ..	85	94	—	1	73	—	—	569	—	—	—	1	—	1	523	—	13	58	752
Woking ... ..	219	—	500	1	—	718	—	—	34	2	—	—	—	9	35	—	—	12	731
<b>Rural.</b>																			
Bagshot ... ..	29	—	101	—	—	150	1	—	178	—	—	—	—	3	61	1	1	3	190
Dorking and Horley	109	—	—	2	—	—	—	—	—	—	—	1	—	28	258	3	4	18	443
Godstone ... ..	177	6	—	—	—	—	3	—	—	—	—	1	—	16	216	3	4	40	463
Guildford ... ..	188	—	—	—	—	—	2	—	—	—	—	1	—	33	391	—	3	67	692
Hambledon ... ..	81	—	—	—	—	—	1	—	—	—	—	—	—	41	242	2	8	11	422
Totals ... ..	3,804	451	4,845	17	392	6,671	19	649	960	20	327	6,762	28	200	1,614	17,977			



## (b) Expectant and Nursing Mothers.

Ante-natal clinics are provided throughout the County by the County Council; each is in the charge either of an obstetrician, a general practitioner with special experience, or a full-time assistant medical officer. In districts where no special ante-natal clinics are held assistant medical officers are available for ante-natal consultations at the ordinary infant welfare clinics. Certain hospitals in the County also run ante-natal clinics in association with their maternity departments, and the obstetricians in charge of such clinics are available to see also expectant mothers referred from the County Council's ante-natal clinics. Health Visitors assist in the routine work of the Council's clinics, give talks and advice on mothercraft and follow-up those mothers who do not keep appointments. An important part of their duties is to visit the patients in their own homes so that they can be in a position to advise the mothers on the social and other problems resulting from the occurrence of a pregnancy with full knowledge of the individual circumstances of the case and also so that they can inform the medical officer of the ante-natal clinic of any individual circumstances which it is necessary for him to know. Mothers are encouraged to attend also at the County Council clinics after their confinement to make sure that full health and normality is restored or, if need be, any necessary treatment is obtained.

Arrangements are made for blood testing of expectant mothers usually through out-patient departments of general hospitals, the Blood Transfusion Service at Sutton or the Public Health Laboratory Service at Epsom.

Division.	Number of Clinics provided at end of year (whether held at Infant Welfare Centres or other premises).	Number of sessions now held <i>per month</i> 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)
<b>Ante-Natal Clinics.</b>				
Northern ... ..	4	18	938	3,874
North-Central ... ..	6	30	1,120	5,892
North-Eastern—				
Wimbledon... ..	1	6	298	1,173
Merton & Morden and Mitcham...	3	26	971	3,612
Central ... ..	5	24	1,188	5,948
South-Eastern ... ..	5	16	790	3,055
Mid-Eastern—				
Carshalton ... ..	5	20	460	1,949
Beddington and Wallington ...	1	4	156	585
Southern ... ..	7	16	228	1,020
South-Western—				
Guildford ... ..	1	1	114	124
Excluding Guildford ... ..	4	12	463	2,429
North Western ... ..	8	36	597	3,687
Total ...	50	209	7,323	33,348
<b>† Post-Natal Clinics.</b>				
Northern ... ..	—	—	345	348
North-Central ... ..	—	—	310	361
North-Eastern—				
Wimbledon... ..	—	—	46	70
Merton & Morden and Mitcham...	1	1	77	81
Central ... ..	—	—	278	428
South-Eastern ... ..	—	—	199	236
Mid-Eastern—				
Carshalton ... ..	—	—	25	29
Beddington and Wallington ...	—	—	11	16
Southern ... ..	—	—	109	115
South-Western—				
Guildford ... ..	—	—	4	4
Excluding Guildford ... ..	—	—	194	202
North-Western ... ..	—	—	196	239
Total ...	1	1	1,794	2,129

† Except in one district, separate post-natal clinics are not held, cases being seen at ante-natal clinics.

## (c) 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, 141 cases were admitted to mother and baby homes, 75 cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, and 42 cases were sent by the Council to other Homes, payment being made per capitum.



In addition, 52 cases were admitted to the hostel provided by the County Council at Dorincourt, Woking, for the reception of expectant and nursing mothers who are unmarried or who are in need of residential accommodation. Residence in these hostels is normally for two months before and two months after confinement and mothers are assisted to find employment on leaving the hostels and in making arrangements for the care of their babies.

**(d) Maternity Outfits.**

A maternity outfit is supplied free, on request, to each expectant mother being confined at home who makes use of one or other of the arrangements for the care of expectant mothers under the National Health Service.

**(e) Maternal Mortality.**

The total maternal deaths assigned to the County in 1952 was 13 which gives a maternal mortality rate of 0.72 per thousand live and still births compared with 0.72 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 8.

There were 14 deaths which actually occurred in the County all of which were investigated. One patient was confined at home and the remainder in Surrey hospitals.

**(f) Puerperal Pyrexia.**

During 1952, 590 cases of puerperal pyrexia were notified representing an attack rate of 32.82 per thousand live and still births as compared with 17.87 for England and Wales. Of these cases 38 occurred in domiciliary confinements and the remainder in institutional confinements.

The Puerperal Pyrexia Regulations, 1951, came into operation on the 1st August, 1951. Puerperal pyrexia which is notifiable is defined in the Regulations as any febrile condition occurring in a woman in whom a temperature 100.4°F. (38°C.) or more has occurred within 14 days after childbirth or miscarriage.

Experience had shown the previous definition to be ambiguous, and in addition the use of various drugs now freely available have had the effect of reducing temperature promptly and so preventing an infection from becoming notifiable because the raised temperature has not been maintained or did not recur within the period of 24 hours, as laid down in the previous Regulations.

**(g) Infant Mortality.**

The infant mortality rate in the Administrative County of 20.93 compares with 27.6 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 will be found under "Vital Statistics" (page 9).

The urban infant mortality rate in 1952—namely 21.07 (326 deaths)—is again higher than the rural rate—namely 19.87 (43 deaths).

During the year an enquiry into every death in the first year of life occurring in the County was undertaken. In all 348 deaths were investigated. Of these 276 were born in hospitals, 54 at home, 13 in nursing homes and in 5 cases the place of birth was not recorded. The deaths were classified by causes as follows:—

Cause.	In the first 7 days.	Between 8th and 28th days.	Between 1 and 12 months.	Total.
Prematurity ... ..	45 (55)	4 (5)	— (—)	49 (60)
Prematurity with associated conditions ... ..	58 (66)	3 (—)	— (—)	61 (66)
Congenital malformations ... ..	45 (27)	18 (19)	27 (26)	90 (72)
Birth injury (including intracranial haemorrhage) ... ..	21 (23)	— (—)	— (—)	21 (23)
Haemolytic disease ... ..	8 (21)	— (—)	— (—)	8 (21)
Pneumonia ... ..	— (—)	8 (10)	36 (24)	44 (34)
Other respiratory diseases ... ..	— (—)	— (—)	9 (7)	9 (7)
Gastro enteritis ... ..	— (—)	— (2)	4 (4)	4 (6)
Meningitis ... ..	— (—)	— (—)	1 (4)	1 (4)
Accidents ... ..	1 (1)	— (1)	11 (7)	12 (9)
Miscellaneous ... ..	32 (33)	7 (5)	10 (14)	49 (52)
Totals ... ..	210 (226)	40 (42)	98 (86)	348 (354)



The duration of life of infants of various birth weights together with an analysis as to whether prematurity was the cause or was a contributory cause of death was as follows :—

Birth Weight.	1 Day.			2-7 Days.			8-28 Days.			1-6 Months.	6-12 Months.	Not re-corded.	Totals.
	Prema-ture.	Premature and associated conditions.	Other.	Prema-ture.	Premature and associated conditions.	Other.	Prema-ture.	Premature and associated conditions.	Other.	All.	All.	All.	
Under 2 lb. ...	11 (9)	7 (10)	1 (—)	5 (6)	2 (2)	2 (—)	1 (—)	1 (—)	— (—)	1 (—)	— (—)	— (—)	31 (27)
2-3 lb. ...	7 (18)	14 (11)	1 (2)	3 (4)	7 (9)	5 (—)	1 (5)	1 (—)	3 (—)	— (—)	1 (—)	— (—)	43 (49)
3-4 lb. ...	8 (5)	5 (10)	1 (—)	3 (4)	4 (8)	2 (2)	2 (—)	— (—)	— (2)	— (1)	— (1)	— (—)	25 (33)
4-5 lb. ...	4 (3)	4 (6)	7 (6)	2 (2)	3 (8)	5 (5)	— (—)	1 (—)	1 (—)	3 (5)	1 (1)	— (—)	31 (36)
5-6 lb. ...	— (1)	3 (—)	12 (9)	— (1)	3 (—)	12 (6)	— (—)	— (—)	5 (4)	7 (5)	2 (5)	— (—)	44 (31)
6-7 lb. ...	— (—)	— (—)	12 (13)	— (—)	— (1)	12 (15)	— (—)	— (—)	12 (10)	26 (15)	6 (9)	— (—)	68 (63)
Over 7 lb. ...	1 (—)	1 (—)	15 (24)	— (—)	— (—)	14 (16)	— (—)	— (—)	9 (21)	33 (27)	12 (14)	— (—)	85 (102)
Not recorded ...	1 (2)	3 (1)	3 (5)	— (—)	2 (—)	3 (2)	— (—)	— (—)	3 (—)	4 (2)	2 (1)	— (1)	21 (14)
Totals ...	32 (38)	37 (38)	52 (59)	13 (17)	21 (28)	55 (46)	4 (5)	3 (—)	33 (37)	74 (55)	24 (31)	— (1)	348 (355)

Figures in parentheses in the above two tables relate to 1951.

#### (h) Prematurity.

The following table gives details of premature births and still births occurring at home or in private nursing homes in the County during the year 1952 :—

1. Premature infants (i.e.,  $5\frac{1}{2}$  lb. or less at birth, irrespective of period of gestation) :—
  - (a) Total number of premature live births in the area ... 912
  - (b) Number of premature live births at home ... 160
  - (c) Number of premature live births in private nursing homes ... 28
2. Premature still births (i.e.,  $5\frac{1}{2}$  lb. or less, irrespective of period of gestation) :—
  - (a) Total number of premature still births in the area ... 162
  - (b) Number of premature still births at home ... 16
  - (c) Number of premature still births in private nursing homes ... 3

Births at home							Birth weight	Births in private nursing homes						
Prema-ture still-births	Premature live births							Prema-ture still-births	Premature live births					
	Nursed entirely at home					Trans-ferred to hos-pital			Nursed entirely in nursing homes					Trans-ferred to hos-pital
	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total				Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
1	1	—	—	—	1	3	2 lb. 3 oz. or less (1,000 gms. or less)	1	—	—	—	—	—	—
3	—	—	—	1	1	3	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (1,000-1,500 gms.)	—	—	—	—	—	—	—
4	1	1	—	7	9	7	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	1	1	—	—	—	1	1
1	1	—	—	17	18	4	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	—	—	—	—	4	4	—
7	—	1	—	108	109	5	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	1	—	—	—	22	22	—
16	3	2	—	133	138	22	Totals	3	1	—	—	26	27	1



Equipment for nursing premature babies at home can be obtained on loan from St. Helier, Kingston-on-Thames, Guildford and Redhill Hospitals, and the Woking Maternity Hospital. Application is made direct to the hospital concerned. Other cases not able to be nursed at home may be admitted to hospital on application to the nearest maternity unit and for this purpose ambulances with special equipment are available for transport. Mothers with such infants are given priority in the provision of a home help.

(i) **Ophthalmia Neonatorum.**

In 1952 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 106 babies and 14 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 0.79.

Of the 14 cases notified by medical practitioners 12 occurred in the practice of midwives. All of these were treated at home and in no case was vision impaired.

(j) **Infant Welfare Centres.**

The County Council maintained 175 infant welfare centres in the year as against 167 in 1951. Additional clinics were started at:—

- (i) The Women's Institute Hall, Oxshott.
  - (ii) Stillingfleet Hall, Stillingfleet Road, Barnes.
  - (iii) Emmanuel Church Hall, Stonecot Hill, Sutton.
  - (iv) R.A.F. Rehabilitation Centre, Headley.
  - (v) St. John's Memorial Hall, St. John's, Woking.
  - (vi) St. Michael's Church Hall, Sheerwater, Woking.
  - (vii) Revoan, Pilgrims Way, Westhumble.
  - (viii) Church Hall, Betchworth.
- } Previously voluntary centres.

The following table shows the attendance at the centres for the year 1952:—

Division.	Number of centres provided at end of year.	Number of Child Welfare Sessions now held per month 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 ... ..	6	42	914	144	13,908	4,717
North-Central ... ..	14	73	2,174	391	33,186	18,344
North-Eastern—						
Wimbledon ... ..	5	24	637	72	12,633	7,221
Merton & Morden and Mitcham ... ..	10	75	1,551	182	26,206	14,285
Central ... ..	22	92	1,814	421	31,691	26,040
South-Eastern ... ..	15	56	959	136	14,212	10,237
Mid-Eastern—						
Carshalton ... ..	5	40	639	58	9,622	5,587
Wallington ... ..	4	12	271	43	4,162	3,470
Southern ... ..	28	87	1,158	252	17,123	12,566
South-Western—						
Rural ... ..	32	93	1,299	368	18,110	16,705
Borough ... ..	5	34	643	151	9,738	6,762
North-Western ... ..	29	94	2,117	482	30,091	18,947
	175	722	14,176	2,703	220,682	144,881
<b>Voluntary.</b>						
South Western (Rural) ... ..	1	2	6	2	34	186
Southern ... ..	1	1	17	4	83	145
North Western ... ..	1	2	35	5	290	284
	3	5	58	11	407	615

(k) **Convalescent Treatment.**

Expectant and nursing mothers and children under five recommended for convalescent treatment are sent to convalescent and holiday homes. During the year 41 children under the age of five years and 32 mothers and babies were sent for convalescence. Patients sent under this scheme are normally required to pay a standard charge of £1 5s. 0d. per week towards their maintenance.

(l) **Day Nurseries.**

The operation of the day nursery service was reviewed in the early months of 1952. As a consequence, the County Health Committee decided that, as from the 1st April, 1952, the total number of places in day nurseries should be reduced from 1,182 to 953 with proportionate reduction in the



establishment of nursing staff. At the end of the year, 25 day nurseries were operating. Admission is restricted to the following priority classes :—

- (i) Where the mother is the sole wage earner.
- (ii) Where there is sickness in the family or where home conditions likely seriously to prejudice the health of the child exist.
- (iii) In exceptional cases, where, upon consideration of individual circumstances, it appears to the Council that admission is necessary in the interests of the child.

The National Health Service Act, 1952, empowered Local Health Authorities to make charges for the provision of accommodation at their day nurseries; previously it was only permissible to charge for the cost of food and its preparation. The Committee felt that, although the restriction in cases admitted had had the general effect of limiting admissions to children of persons in the lower income groups, some higher charge should be made in all cases, whilst retaining the existing right of appeal. In consequence as from 2nd February, 1953, the charge for each child in attendance at a day nursery has been :—

- (a) 2s. 6d. per day where the mother or father is the sole wage earner.
- (b) 4s. per day where both father and mother are earning.

(m) **Voluntary Inspection of Children under Five Years of Age.**

Special toddlers clinics are held in some areas at which children under school age are, with the consent of the parents, given a routine medical examination at the ages of 2, 3 and 4 years, and, if necessary, treatment. Elsewhere, such examinations are undertaken at ordinary welfare clinics. Children at day and residential nurseries and nursery schools are also medically examined at routine intervals.

## DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

### Report of County Dental Surgeon for the year 1952.

As in previous years dental care for expectant and nursing mothers and young children of pre-school age was provided by dental officers primarily engaged in the School Dental Service.

The patients examined and treated were those referred to the dental clinics by medical officers in charge of ante-natal and welfare centres, by midwives, health visitors, and, in some cases, by general medical practitioners. Although no form of routine inspection was attempted, the service was in fact open to receive any patient belonging to any of the three categories.

Definite sessions were not reserved for these cases, but the time occupied in examination and treatment was the equivalent of 1,063 sessions or about 22 sessions per week over the County. The total number of attendances made by patients was 9,890.

The facilities for treatment include X-ray examination at six County centres, and the provision of dentures.

The appended table provides the essential statistical information.

D. M. McCLELLAND,

*County Dental Surgeon.*

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	1,279	1,240	1,077	921
Children under 5 ... ..	2,796	2,665	2,096	2,525*

\* Includes completion of treatment commenced in 1951.

(b) Forms of dental treatment provided.

	Extractions.	Anaesthetics.		Fillings.	Scalings or scaling and gum treatment.	Silver Nitrate treatment.	Dressings.	Radio-graphs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing Mothers	1,890	296	483	1,665	448	—	344	68	17	155
Children under 5...	3,136	26	1,593	2,331	—	1,049	554	6	—	—



## MIDWIFERY AND HOME NURSING.

## (1) 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.

## (a) NOTIFICATION OF INTENTION TO PRACTISE.

The number of State Certified Midwives who gave notice of their intention to practise midwifery during 1952 was 604 compared with 612 in 1951.

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

	Number of maternity cases in the Administrative County attended by midwives during 1952.					
	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 ... ..	2,519 (2,536)	1,061 (1,111)	— (—)	— (—)	2,519 (2,536)	1,061 (1,111)
Employed by voluntary organisations in Nursing Homes ... ..	— (—)	— (—)	710 (539)	236 (199)	710 (539)	236 (199)
Employed by Hospital Management Committees ... ..	— (—)	— (—)	9,760 (9,023)	2,124 (3,470)	9,760 (9,023)	2,124 (3,470)
Employed in private domiciliary practice (including midwives employed in private Nursing Homes) ... ..	19 (20)	65 (62)	99 (72)	580 (526)	118 (92)	645 (588)
Total ... ..	2,538 (2,556)	1,126 (1,173)	10,569 (9,634)	2,940 (4,195)	13,107 (12,190)	4,066 (5,368)

The figures in parentheses are the comparable figures for 1951.

It will be noted that of 17,173 confinements attended by midwives during the year, only 3,664 (or 21.3 per cent.) occurred in the homes; of the remainder, 11,884 (or 69.2 per cent.) were confined in hospital and 1,625 (or 9.5 per cent.) in nursing homes.

## (c) SUMMONING OF MEDICAL AID.

During the year medical aid was summoned under the Midwives Act, 1951, by a midwife in the following number of cases:—

(i) For domiciliary cases ... ..	894
(ii) For cases in institutions ... ..	571

## (d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives:—

Sending for medical aid... ..	1,465
Stillbirths... ..	83
Laying out dead body ... ..	45
Liability to be a source of infection ... ..	237
Death of mother or baby ... ..	27
Artificial feeding (in addition to or in place of breast feeding) ... ..	1,617
	<u>3,474</u>

Most of the figures show a reasonable comparison with those for 1951 except for notifications of artificial feeding which showed an increase to 1,617 in 1952 as against 877 in 1951. This rise is in the main accounted for by better notification from hospitals. Of the 1,617 notified, 127 were by domiciliary midwives as compared with 113 in 1951 and 1,490 from hospitals or private maternity homes as compared with 764 in 1951.



## (e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid...	...	...	...	...	...	...	...	197
Stillbirths...	...	...	...	...	...	...	...	65
Liability to be a source of infection	...	...	...	...	...	...	...	186
Death of mother or baby	...	...	...	...	...	...	...	26
Total...	...	...	...	...	...	...	...	474

## (f) ADMINISTRATION OF ANALGESICS.

During the year 1952, gas and air analgesia was given by midwives in 2,667 domiciliary cases.

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

(i) Domiciliary	...	...	...	171
(ii) In institutions	...	...	...	227

At the end of the year 126 sets of apparatus were available for the use of the domiciliary midwives.

The number of cases in which pethidine was administered by midwives in domiciliary practices during the year was :—

(i) As midwives	...	...	...	841
(ii) As maternity nurses	...	...	...	404

## (2) Domiciliary Midwifery and Home Nursing.

The County provides a domiciliary midwifery and home nursing service by the direct employment of whole-time midwives and district nurse/midwives and district nurses who, in districts where District Nursing Associations continue to function, are seconded to these Associations under an arrangement with the Surrey County Nursing Association. Owing to decrease in the number of domiciliary confinements over a period of years the policy of combining the post of district midwife and district nurse has been continued and as a consequence the number of whole-time midwives has been substantially reduced.

During 1951 the domiciliary midwifery service was reorganised on a divisional basis and the Divisional Health Sub-Committees are now responsible for the day-to-day administration of the service.

## (a) ANTE-NATAL SUPERVISION BY MIDWIVES.

Women who expect to be confined at home book both with a general practitioner or general practitioner obstetrician and with the midwife, and the midwife is responsible for the detailed supervision and nursing of the mother throughout the pregnancy, confinement and post-natal period.

Ante-natal supervision is given either in the patient's own home or in some instances, at midwives' clinics which are held throughout the County. In addition, midwives are encouraged, whenever possible, to attend and to bring their patients to the doctor's ante-natal clinic.

## (b) CO-OPERATION WITH GENERAL PRACTITIONERS UNDERTAKING MATERNITY MEDICAL SERVICES.

The midwives encourage all expectant mothers booking with them for their confinement to book also with their general practitioner, or if he does not undertake maternity medical services, with a general practitioner obstetrician for maternity medical services. The free exchange of full information between general practitioners and midwife is encouraged.

## (c) SELECTION OF MATERNITY CASES FOR ADMISSION TO HOSPITAL.

Analysis of the births notified as having occurred in the County, including births occurring outside the County which could be properly assigned to Surrey in recent years reveals that the percentage of hospital confinements is considerably in excess of the 50 per cent. suggested by the Minister of Health. Thus, in 1951, 71 per cent. of all births took place in Hospitals (62 per cent. in Surrey hospitals and 9 per cent. in hospitals outside Surrey). 6 per cent. were in private nursing homes and the remaining 23 per cent. were in the patients' own homes.

An investigation into the home conditions of all mothers applying for admission to Surrey hospitals on social grounds to obtain reliable information as to the percentage of cases which really needed such admission on account of adverse social conditions was carried out in the latter six months of 1952. The Regional Hospital Board accordingly asked all Hospital Management Committees with maternity units in Surrey to notify the Divisional Medical Officers of every maternity case attending their ante-natal clinics where the question of a hospital confinement was raised on social grounds. The Divisional Medical Officer then made arrangements for either a health visitor or a midwife to visit the home and complete a form for transmission to the hospital. The form was intended to enable the appropriate officer of the hospital to estimate whether home conditions were or were not suitable for a domiciliary confinement, and thereby to decide whether or not to reserve a hospital bed for the case.



The following table shows the extent of the inquiry and an analysis of the recommendations:—  
**INVESTIGATION INTO SELECTION OF MATERNITY CASES FOR ADMISSION TO HOSPITAL  
 CARRIED OUT IN PERIOD 1.7.52—31.12.52.**

Division.	*Births notified over period.	*No. of these taking place in hospitals in Administrative County.	No. of requests from hospitals for home conditions reports.	No. of reports given recommending		No. of cases recommended home confinement who were/will be confined.			
				Hospital confinement.	Home confinement.	At home.	In hospital		Made private arrangements.
	(1)	(2)	(3)	(4)	(5)	(6)	As booked cases.	As emergency.	(9)
North-Eastern ... ..	1,308	974	242	191	50	27	22	—	1
Mid-Eastern ... ..	597	424	101	71	33	14	19	—	—
South-Eastern ... ..	593	231	22	17	5	2	3	—	—
Northern ... ..	521	195	3	3	—	—	—	—	—
North-Central ... ..	1,321	739	129	104	19	5	14	—	—
Central ... ..	1,177	837	220	129	91	—	91	—	—
North-Western ... ..	1,438	994	214	176	38	5	30	1	2
South-Western ... ..	1,223	817	285	174	89	12	71	1	5
Southern ... ..	925	591	91	69	20	8	11	1	—
	9,103	5,802	1,307	934	345	73	261	3	8

\* The figures in Col. 1 represent half the total of all births notified during 1952 (applicable to each Division). Col. 2 shows half the total number of births which took place in hospitals in the County in 1952 assigned to the Divisions in which the mothers properly belong.

From the number of returns made in the six months, it is obvious that the inquiry is incomplete and it has been decided to continue it for a further year.

(d) REFRESHER COURSES FOR MIDWIVES AND DISTRICT NURSES.

A certain number of midwives are sent every year both to residential and day refresher courses under the auspices of the Royal College of Midwives and an endeavour is made for each midwife to attend such a course once in seven years.

In addition a certain number of midwives attend ante-natal and post-natal lectures and demonstrations organised by London, Middlesex and Surrey County Councils and a certain number of midwifery lectures are included in the district nurses/health visitors refresher course held in Surrey every year by the County Council.

Advantage is taken of refresher courses for district nurses organised by the Royal College of Nursing and the Queen's Institute of District Nursing and in addition 30 district nurses attend a fortnight's refresher course organised by the County Council. By these means the nurse attends for post-graduate training every five years.

(e) TRAINING OF PUPIL MIDWIVES AND DISTRICT NURSES.

A number of nurses homes and a number of individual midwives in the County accept Part II pupil midwives for district training by an arrangement with the Part II training schools in the County, the latter bearing all expenses of training. Such arrangements are limited in number because of the small proportion of women in Surrey who are confined in their own homes.

District nurse training is organised through the Queen's Institute of District Nursing and suitable candidates are sent to the appropriate training centres.

(f) WORK OF THE NURSES AND MIDWIVES.

At the end of the year there were 260 full-time and 54 part-time nurses and midwives available for duty.

The number of visits paid by nurses during the year 1952 was as follows:—

Division.	Visits 1952.		Total.
	Midwifery.	General.	
C. ... ..	14,899	125,184	140,083
S.W. ... ..	13,851	105,454	119,305
N.W. ... ..	20,533	79,708	100,241
N.E. ... ..	10,832	78,033	88,865
S. ... ..	14,317	58,925	73,242
N. ... ..	7,999	52,716	60,715
S.E. ... ..	7,740	35,277	43,017
N.C. ... ..	15,595	98,477	114,072
M.E. ... ..	13,696	26,999	40,695
Total ... ..	119,462	660,773	780,235

HEALTH VISITING.

(a) Establishment.

The establishment of health visitors was increased during the year by two for duties in connection with the L.C.C. Estates at Sheerwater, Byfleet and Merstham. The actual number employed continued to show improvement on the figures for the previous year, largely as a result of recruitment to the staff of student health visitors qualifying from the Health Visitors Training Course held at the Brooklands College, Weybridge.





## (c) Other Duties of Health Visitors.

The general health visitors combine with their duties in relation to the care of expectant and nursing mothers the duties of school nurse and also certain other duties in relation to child life protection, adoption of children, mental deficiency, etc. There are also eighteen full-time tuberculosis health visitors but some of the general health visitors include also some tuberculosis health visiting in their general duties.

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

DIVISION.	TUBER- CULOSIS	SCHOOL HEALTH.							MENTAL DEFICI- ENCY.	OTHER HEALTH SERVICES.			
	All T.B. Visits.	Children suffer- ing from infec- tious or conta- gious disease.	Children ex- cluded for ver- minous or un- clean condition.	Treatment or Observation.	Educationally Sub-normal.	Miscellaneous Visits.	Ineffective.	Absence from School and childing problems.	Visits to cases under supervision and escorting patients.	Care and after Care.	Immunisation and Vaccination.	Miscellaneous.	Ineffective.
N. ... ..	—	77	29	99	114	71	38	31	277	18	48	19	9
N.C. ... ..	—	269	186	840	178	425	108	28	408	12	108	343	6
N.E. ... ..	—	201	131	756	134	340	101	7	470	9	109	59	474
C. ... ..	241	437	118	617	204	429	140	47	357	51	499	119	—
S.E. ... ..	8	289	80	283	71	155	73	16	253	10	29	4	4
M.E. ... ..	—	224	96	383	69	92	95	—	183	1	—	—	—
S. ... ..	483	562	109	470	126	644	53	18	254	6	59	14	15
S.W. ... ..	1,286	1,063	203	971	142	662	219	51	394	197	153	262	260
N.W. ....	533	445	230	1,176	269	739	259	33	420	110	566	251	62
T.B. H.V.'s (18)	21,412	—	—	—	—	—	—	—	—	—	—	—	—
Totals ... ..	23,963	3,587	1,182	5,595	1,307	3,557	1,086	231	3,016	414	1,566	1,071	830

## (d) The Health Visitors' Training Course.

Sixteen students were selected to take the Health Visitors' Training Course at Brooklands College, Weybridge, which commenced in September, 1952. As on previous courses, lectures were given by members of the staff of the County Council with assistance from outside lecturers on special subjects. Practical training was given in various clinics and centres in the County under the supervision of the medical and health visiting staff. Of the sixteen students who entered for the examination of the Royal Sanitary Institute held in April, 1953, thirteen were successful in obtaining the H.V.'s Certificate.

The majority of the successful candidates have been recruited to the County Health staff.

## (e) Refresher Courses.

An attempt is made to send each health visitor on a refresher course once every five years. This is done by taking advantage of the day and residential courses run by the Royal College of Nursing and in addition some 30 health visitors attend the fortnight's course run by the Council.



## 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 1952 and the immunised state of the child population at the 31st December, 1952.

(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 1952.		Total no. of children who had a complete course of immunisation at any time prior to 31st Dec., 1952.		No. of children who were given a secondary or reinforcing injection (subsequently to full course) during 1952.
	0—4 yrs.	5—14 yrs.	0—4 yrs.	5—14 yrs.	
<b>M.B. and Urban.</b>					
Banstead ... ..	283	78	1,060	3,106	492
Barnes ... ..	350	51	1,441	4,017	828
Beddington and Wallington	300	98	1,138	3,833	555
Carshalton ... ..	560	211	2,345	8,741	2,084
Caterham and Warlingham	324	56	1,443	3,978	405
Chertsey ... ..	381	86	1,324	4,315	511
Coulsdon and Purley ...	726	43	2,378	7,985	692
Dorking ... ..	197	9	788	2,308	69
Egham ... ..	279	22	1,285	3,081	571
Epsom and Ewell ... ..	530	37	2,224	7,369	230
Esher ... ..	445	18	2,040	8,352	550
Farnham ... ..	241	6	933	2,793	104
Frimley and Camberley ...	332	19	1,009	3,039	247
Godalming ... ..	130	26	563	1,762	351
Guildford ... ..	616	68	1,826	4,710	1,037
Haslemere ... ..	124	36	506	1,643	178
Kingston-on-Thames ...	371	4	1,801	4,587	68
Leatherhead ... ..	289	24	1,263	2,729	115
Malden and Coombe ...	395	58	1,584	6,314	671
Merton and Morden ...	641	57	2,655	8,623	2,048
Mitcham ... ..	661	72	2,605	7,516	2,309
Reigate ... ..	523	38	2,029	5,123	693
Richmond ... ..	489	58	2,160	4,285	773
Surbiton ... ..	629	46	2,230	5,343	325
Sutton and Cheam ...	700	79	2,894	8,907	1,276
Walton and Weybridge ...	371	38	1,393	4,689	350
Wimbledon... ..	582	61	2,341	6,018	586
Woking ... ..	467	230	1,624	5,742	1,084
<b>Rural.</b>					
Bagshot ... ..	178	21	531	1,900	267
Dorking and Horley ...	285	21	1,114	2,689	69
Godstone ... ..	292	84	1,229	3,432	113
Guildford ... ..	460	133	1,823	5,069	839
Hambledon... ..	294	153	1,383	2,865	515
Totals ... ..	13,445	2,042	52,962	156,863	21,005
Totals 1951 ... ..	13,762	2,863	57,108	150,283	25,114

	0-4 years.	5-14 years.
Estimated child population mid-year 1952 ... ..	97,700	188,300
Percentage of children immunised ...	54.21	83.30

## (ii) DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

During the year no cases of diphtheria were notified in children of school or under school age.

## (b) Smallpox Vaccination.

The following table shows the number of persons vaccinated or re-vaccinated during the period 1/1/52 to 31/12/52 :—

DISTRICTS.		VACCINATED.					RE-VACCINATED.				
		—1	1—4	5—14	15+	Total.	—1	1—4	5—14	15+	Total
M.B. and Urban.											
Banstead ... ..	...	198	19	6	11	234	—	3	15	122	140
Barnes ... ..	...	294	19	9	24	346	9	10	21	139	179
Beddington and Wallington ...	...	90	126	10	16	242	—	4	12	74	90
Carshalton ... ..	...	218	196	23	48	485	1	6	22	123	152
Caterham and Warlingham ...	...	246	25	15	24	310	—	6	9	72	87
Chertsey ... ..	...	167	118	25	20	330	—	4	15	62	81
Coulsdon and Purley ... ..	...	434	65	21	47	567	—	8	36	151	195
Dorking ... ..	...	109	19	3	10	141	—	5	12	49	66
Egham ... ..	...	139	7	8	23	177	3	3	5	53	64
Epsom and Ewell ... ..	...	420	32	16	40	508	—	7	51	223	281
Esher ... ..	...	224	148	7	41	420	4	12	45	240	301
Farnham ... ..	...	146	118	26	64	354	—	7	43	256	306
Frimley and Camberley ... ..	...	278	39	6	31	354	—	28	101	206	335
Godalming ... ..	...	107	5	7	10	129	—	1	14	45	60
Guildford ... ..	...	297	18	16	27	358	—	8	18	126	152
Haslemere ... ..	...	110	6	10	12	138	—	2	5	40	47
Kingston-on-Thames ... ..	...	327	20	19	33	399	—	6	15	116	137
Leatherhead ... ..	...	243	16	15	19	293	—	4	23	120	147
Malden ... ..	...	310	31	18	55	414	—	5	19	129	153
Merton and Morden ... ..	...	501	47	31	64	643	—	12	30	211	253
Mitcham ... ..	...	246	235	24	41	546	—	—	2	70	72
Reigate ... ..	...	270	40	8	23	341	—	4	11	96	111
Richmond ... ..	...	411	20	16	37	484	—	13	29	166	208
Surbiton ... ..	...	292	251	24	63	630	—	11	26	147	184
Sutton and Cheam ... ..	...	435	56	36	56	583	—	2	24	174	200
Walton and Weybridge ... ..	...	197	127	10	20	354	1	19	29	108	157
Wimbledon ... ..	...	379	54	10	27	470	—	11	24	199	234
Woking ... ..	...	165	197	31	39	432	—	5	48	150	203
Rural.											
Bagshot ... ..	...	49	49	3	10	111	—	—	1	17	18
Dorking and Horley ... ..	...	210	22	6	8	246	—	11	18	104	133
Godstone ... ..	...	126	151	12	11	300	—	3	22	137	162
Guildford ... ..	...	366	70	83	97	616	—	18	78	241	337
Hambleton ... ..	...	226	33	50	14	323	—	5	39	111	155
Totals ... ..	...	8,230	2,379	604	1,065	12,278	18	243	862	4,277	5,400
Totals 1951 ... ..	...	8,480	2,925	2,006	2,901	16,312	29	327	2,671	10,708	13,735

There were no cases of generalised vaccinia and one case of post-vaccinal encephalomyelitis during the year. No deaths from these or other complications were reported.

## (c) Other Diseases.

During the year, a formal scheme for immunisation against whooping cough was approved by the Ministry of Health. General practitioners performing whooping cough immunisation under this scheme are required to use such vaccines as may be prescribed from time to time by the County Medical Officer. Facilities are also available for infants under one year to be immunised at welfare clinics. Apart from cases needing a reinforcing injection at 5 years of age, immunisation against whooping cough will only exceptionally be offered to school children.

## AMBULANCE SERVICE.

## 1. Description of Service.

The Chief Ambulance Officer is responsible to the County Medical Officer for the general organisation, administration and efficiency of the peace-time service and also for the training and organisation of the Civil Defence Ambulance Service.

## (a) OPERATIONAL ORGANISATION.

The administrative County is divided into five ambulance districts and in each district there is one main (control) station, a number of local stations and one, or more, Hospital Car Service areas.



At each control station is an Ambulance Superintendent who is responsible for the operation of the Service in the whole of the district. Each ambulance station has a Supervisor who is responsible to his District Superintendent for the administration and efficiency of his own station.

Calls are received at one or other of the five control stations and are then co-ordinated and allotted to individual ambulances, either at the control station or at one of the local stations in the district. There are a number of exceptions, however, as the system of direct private telephone lines between each control station and its own local stations is not everywhere complete. Each control station has a staff of control operators who are on duty on a rota basis throughout the 24 hours of each day. These operators are primarily responsible for the reception and allocation of calls. Local stations have no control or telephone staff and all personnel, including Supervisors, form part of the vehicle crews.

(b) VOLUNTARY ORGANISATIONS.

The voluntary organisations (St. John Ambulance Brigade and the British Red Cross) operate a number of local stations on an agency basis providing full emergency and general services. These stations work under the operational control of the appropriate district control station in exactly the same way as Council local stations, but they are self dependent in matters of administration and discipline. In the South Western ("E") ambulance control district, the St. John Ambulance Brigade also provide the district control station, and the Council's own local station in this area is operationally responsible to the St. John Ambulance Brigade control station. A further eight voluntary organisation stations give occasional service and are classed as supplementary stations.

The voluntary organisations are reimbursed for the costs which they incur on behalf of the County Council by a system of annual grants and mileage allowances based on actual cost; where necessary, they are authorised to employ fully paid personnel up to an agreed number on behalf of the Council, and wages and salaries of such personnel are reimbursed by the County Council as part of these annual grants.

(c) HOSPITAL CAR SERVICE.

Transport for most of the patients whose need is for a car rather than for an ambulance, is provided by the Hospital Car Service which is organised into 14 Transport Areas with an approximate total of 526 voluntary drivers, using their own cars. Only hospitals or officers of the Ambulance Service are authorised to make requests for transport upon the Hospital Car Service and these requests are made direct to the Area Transport Officer concerned. The Ambulance Superintendents keep close touch with the Area Transport Officers in their district and journeys between the Ambulance Service and the Hospital Car Service are co-ordinated as far as possible. Economies might result, however, if it were possible to receive all requests for ambulances and cars at central points (i.e., the 5 control stations) but improved premises and perhaps additional control staff would first be necessary.

A mileage allowance is paid to the voluntary drivers for authorised journeys, and additional payments to cover wages for certain paid supervisory staff, telephones, postage and rents, etc., are paid direct to the County Headquarters of the Service.

(d) TOTAL RESOURCES.

The following table summarises the operational resources of the Service:—

(i) Stations which provide the full statutory service:—

	Stations.	Ambulances.	Cars.	Staff.		Total.
				Paid.	Part Paid and Vol.*	
County Council ... ..	24	49 (+13 reserves)	22 (+3 reserves)	287	30	317
St. John Ambulance Brigade ... ..	10	23	6	54	306	360
British Red Cross Society ... ..	2	3	—	6	50	56
Milford Chest Hospital ... ..	1	1	—	1†	—	1
Green Lane Hospital, Farnham ... ..	1	1	—	1†	—	1
Total ... ..	38	91	31	349	386	735
(ii) Stations, etc., which provide supplementary service if necessary :—						
Hospital Car Service ... ..	14 (Area Offices)	—	526	10	534	544
St. John Ambulance Brigade ... ..	6	6	—	—	87	87
British Red Cross Society ... ..	2	2	—	—	30	30
Total ... ..	22	8	526	10	651	661
Grand Total ... ..	60	98	557	359	1,037	1,396

\* These figures are approximate.

† Employed by hospital and used also on other duties.



## 2. General Statement of Work Done During 1952 and Trend as Compared with Previous Years.

The following table gives a general statement of the work done during the year as compared with the previous three years :—

Service.	1949		1950		1951		1952	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
Direct County Service	100,473	862,956	129,252	1,083,051	137,037	1,137,094	136,874	1,110,129
Infectious Disease Hospitals ...	3,591	44,699	2,391	36,416	1,120	17,422	597	12,021
Voluntary Organisations—								
S.J.A.B. ...	30,154	465,563	34,261	456,965	38,652	516,465	41,586	533,909
B.R.C.S. ...								
Hospital Car Service	102,042	1,695,070	124,458	1,799,888	108,751	1,560,146	114,411	1,618,521
Fire Brigade...	237	2,085	3,067	19,099	923	6,197	—	—
Total ...	236,497	3,070,373	293,429	3,395,419	286,483	3,237,324	293,468	3,274,580

The work of the Service, as expressed in mileage, increased steeply in volume to a peak in the first quarter of 1950. At this point the volume of work decreased sharply probably because of the action which the Council took to impress upon Hospital Management Committees, etc., the need for proper use of the Service. Although there was a sharp fall in the total mileages of the Hospital Car Service, the mileage of the Ambulance Service increased indicating some transfer of work from the Hospital Car Service to the Ambulances owing to less willingness on the part of the Hospital Car Service drivers to undertake work. Since then, the quarterly mileage tends to rise in the winter months and to fall in the summer months. There has, in addition, been a small annual rise in 1952 as compared with 1951; thus the mileage of the Hospital Car Service increased by 3.7 per cent. in 1952. The total figures, however, are still below the 1950 total.

Whilst it is difficult to forecast future trends, it is considered that the amount of work may be held approximately at its present level if the need for the proper use of the Service is continually impressed upon all concerned. There will inevitably be an upward trend, however, if hospitals are able to increase the number of in-patients and/or out-patients.

Except at Milford Chest Hospital and Green Lane, Farnham—at each of which one ambulance is situated—all the infectious diseases work is done by the general ambulances.

## 3. Arrangements with Hospitals and General Practitioners to Ensure the Proper and Economical Use of the Service.

### (a) GENERAL.

All hospitals and general practitioners have been informed that transport can only be provided for "patients who are unable to use any form of public transport because of illness, etc., and where the proposed journeys are closely connected with the treatment and care of the patient."

Ambulance Station Officers and Hospital Car Service Area Transport Officers may make arrangements for the provision of transport on their own initiative only for the following types of cases :—

- (i) Emergency and maternity cases (provided that there is an assurance that a bed has been booked for maternity cases).
- (ii) All other cases if the journey commences or terminates at a hospital and there is written or verbal medical authority that the patient is unable, because of illness, etc., to use public transport; that the journey is necessary for medical reasons; and that the patient is not being taken a longer distance than necessary for treatment, etc.

All long journeys, i.e., of over 40 miles in one direction, all journeys which do not either commence or terminate at a hospital, and any other journeys of a doubtful nature, must be referred to the County Medical Officer for his authority.

### (b) HOSPITALS.

In February, 1951, the County Council suggested to Hospital Management Committees, inter alia, that each should appoint one of their staff to act as transport officer and that all requests for ambulances or cars should go through him. Six of the general hospital groups in Surrey have appointed transport officers but Epsom has not yet done so.

Difficulty is still being experienced in obtaining the initials of doctors on request forms.

All general hospital management committees have been asked to classify their emergency hospitals as (a) hospitals which will accept major emergencies without notice, and (b) hospitals which will treat minor emergencies without notice. Lists of these hospitals, one in alphabetical order and one grouped in local districts, are carried on each ambulance and the arrangements have worked smoothly.



At some hospitals ambulance personnel are still asked to convey patients to or from the wards on admission or discharge. If the hospitals would take over responsibility for the patients at the casualty or out-patient department much delay would be avoided. In the hospitals where this difficulty occurs, it appears to be attributable to shortage of accommodation for stretcher cases in casualty and out-patient departments, and to shortages of stretchers and trolleys.

(c) **GENERAL PRACTITIONERS.**

Transport of patients to and from hospitals is usually arranged by the hospital concerned. Telephone requests for local ambulance journeys from the general practitioner or someone authorised on his behalf are accepted, but a written medical certificate is always requested for long journeys or journeys which do not commence or terminate at hospitals and in all other doubtful cases.

(d) **GENERAL PUBLIC.**

Members of the public may request ambulance transport direct for emergency cases (i.e., accidents in the home or elsewhere and sudden illness in streets, public places and places of employment), and for maternity cases.

In cases of sudden illness at home the patient should first be seen by a medical practitioner to ensure that he is fit to travel and to ensure that he is a suitable case for admission to hospital.

**4. Maintenance of Vehicles.**

Seventy-two ambulances and 6 sitting case cars were transferred to the County Council in July 1948, but most of these vehicles were old. Since then 68 old ambulances have been replaced by 60 new ambulances, and 5 old cars have been replaced by 24 new sitting case vehicles.

In 1950 the County Council decided to provide a centralised vehicle maintenance section for all its vehicles (except Fire Brigade and Police) and temporary arrangements with private contractors for servicing the ambulances have been continued pending development of this section. As an interim measure, three temporary mechanics were appointed on the staff of the Ambulance Service for inspection, servicing and repairs, but the vehicles have to be sent to private contractors for anything beyond this. Improvement of the technical inspection and control of the vehicles is very necessary in the interests of the Service.

**5. Summary.**

During the four years since the National Health Service was introduced, the number of patients carried and the total mileage of the Ambulance Service has steadily increased until in 1952 the number of patients carried was more than three times that carried before the Appointed Day and the mileage more than double. Despite this, the number of ambulances is now actually less than before the Appointed Day although the number of sitting case cars is greater. This has been made possible only by complete unification of the service and by ensuring maximum efficiency in the use of all vehicles and personnel.

The resources of the Service are now stretched almost to their limit and any further substantial increase in demands, occasioned either by increased total demands or by transferring demands made upon the Hospital Car Service, will necessitate increased resources if the present standard of efficiency is to be maintained.

In this connection, however, it is hoped that the introduction of radio telephone control to part of the Ambulance Service in 1953 will give greater flexibility.

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

(a) **Tuberculosis.**

**CHEST CLINIC ORGANISATION.**

There are 17 independent Chest Clinics which are grouped under the respective Chest Physicians into 11 Chest Clinic areas, each area being in charge of a Chest Physician (one of whom is in charge of the Mass Radiography Unit, another of whom is Physician Superintendent of Milford Chest Hospital). The 5 Chest Clinic areas of the St. Helier Group (Carshalton, Mitcham, Merton and Morden, Sutton and Wimbledon) are centred on St. Helier Hospital at present. Consultant supervision of the Mitcham, Merton and Morden and Mortlake Chest Clinic areas is exercised by the Chest Physicians of the Carshalton, Sutton and Kingston areas respectively.

The future development of the Chest Clinic Service provides for the transfer of the Mitcham, Merton and Morden and Wimbledon Chest Clinics to a new central clinic at Cumberland Hospital for which plans have already been approved. In addition the centralisation of the Woking, Weybridge and Egham Chest Clinics at St. Peter's Hospital, Chertsey, has been approved in principle and schemes have been drawn up to transfer the present Epsom and Farnham Chest Clinics to Epsom District Hospital and to the Aldershot Infectious Diseases Hospital where a new clinic to serve both Aldershot and Farnham will be developed. Plans also for the development of Purley Chest Clinic at Purley District Hospital have been approved, and also for the development of Redhill Chest Clinic at Redhill Hospital.

Three of the Clinic areas have Assistant Chest Physicians appointed and a further 3 Assistant Chest Physicians' posts have been approved and will be filled in due course.



# WORK OF THE CHEST CLINICS.

The Chest Physician of the Chest Clinic is responsible for all the work of the Anti-Tuberculosis Schemes in his area. In addition to his work in relation to the treatment of tuberculous persons, in respect of which he is responsible to the Regional Hospital Board, he is responsible to the County Council for the work in relation to the prevention of tuberculosis. This latter includes:—

## (1) Examination of Contacts.

After examination of the index case at the Chest Clinic the Chest Physician arranges for the contacts to be invited to the Clinic for clinical and X-ray examination and for Mantoux Testing when desirable. In securing the attendance of contacts the Chest Physician relies to a large extent on the Health Visitor who visits the homes of patients whose names are on the Tuberculosis Register for her area. Most of the County is now covered by whole-time Tuberculosis Health Visitors who also take the Chest Clinics in their areas with the advantage that they have the complete picture of each case, i.e., clinical and environmental. The contacts are recalled to the Chest Clinics for supervision as often as is considered desirable by the Chest Physicians.

## (2) Segregation of Contacts.

Where an infectious case of tuberculosis is for any reason obliged to remain at home, and where the environmental conditions are unsatisfactory, arrangements are made with the consent of the parents or guardian for boarding-out child contacts who are in danger of infection. Similar arrangements are made as required to enable a patient to accept institutional treatment. Hitherto such children have been sent to approved foster parents, residential nurseries, private nurseries and relatives. The County Council have now established a Hostel for such cases at Sendhurst Grange, near Woking, where there is accommodation for 40 children. It is intended also to use Sendhurst Grange for children who are receiving B.C.G. Vaccination and who cannot be properly isolated at home.

The number of child contacts boarded-out during the year was 245 (231): 122 (110) new cases were boarded-out and 143 (109) cases returned to their own homes during the year. The average duration of stay of those who returned home during the year was 51 (46) weeks.

## (3) B.C.G. Vaccination.

The Scheme introduced by the Minister of Health to provide for B.C.G. Vaccination of contacts was put into operation in Surrey in 1950 and the work is undertaken by the Chest Physicians. In some areas the Chest Physicians are helped by Assistant Medical Officers who are formally approved for the purpose by the Minister of Health. The numbers undergoing vaccination show a steady increase.

The following table shows the number of Vaccinations carried out in each Chest Clinic area during the year 1952:—

Chest Clinic.	Total.
Carshalton ... ..	132
Dorking ... ..	6
Egham ... ..	18
Epsom... ..	108
Farnham ... ..	—
Guildford ... ..	40
Kingston ... ..	157
Merton and Morden... ..	175
Milford ... ..	15
Mitcham ... ..	175
Mortlake ... ..	95
Purley ... ..	47
Redhill ... ..	195
Sutton ... ..	143
Weybridge ... ..	29
Wimbledon ... ..	55
Woking ... ..	32
Total ... ..	1,422

## (4) Garden Shelters.

For over 30 years the County Council has provided a supply of garden shelters for use by patients living in the Administrative County who are recommended for such provision by the Chest Physicians. In view of the deterioration in the condition of most of these old shelters the County Council provided 20 shelters of an up-to-date design in 1950-51 and a further 20 during 1951-52. The suitability of the garden and the siting are agreed by the County Health Inspector and the Engineer and Surveyor of the Local Authority concerned.

## (5) Priority Rehousing.

Cases where the home conditions are crowded or otherwise unsatisfactory come to the notice of Chest Physicians from time to time and the Chest Physician communicates directly with the appropriate Local Authority for the purpose of reporting the conditions or else to support a housing application which has already been made. A copy of the report made to the County Medical Officer by the Health Visitor on the home conditions of each case is sent to the District Medical Officer of Health so that he may have all available information to assist him in framing a suitable recommendation to the County District Authority.



The following table shows the work of the 17 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													1,147	
		301	270	26	28	9	25	17	7	310	295	43	35	683		
		256	130	4	1	9	12	—	2	265	142	4	3	414		
		16	4	1	—	—	—	—	—	16	4	1	—	21		
		16	12	1	—	—	—	—	—	16	12	1	—	29		
		—	—	—	—	—	—	—	—	36	19	4	9	68		
		—	—	—	—	—	—	—	—	1,679	1,800	444	386	4,309		
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													79	
		9	14	13	17	—	—	—	2	9	14	13	19	55		
		8	10	—	1	—	—	—	—	8	10	—	1	19		
		1	—	—	—	—	—	2	—	1	—	2	—	3		
		—	1	—	—	—	—	—	1	—	1	—	1	2		
		—	—	—	—	—	—	—	—	5	11	4	7	27		
		—	—	—	—	—	—	—	—	614	1,087	903	909	3,513		
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													90	
		10	26	15	8	1	—	3	3	11	26	18	11	66		
		10	8	—	—	—	1	—	—	10	9	—	—	19		
		—	—	—	—	—	—	1	—	—	—	1	—	1		
		—	2	—	2	—	—	—	—	—	2	—	2	4		
		—	—	—	—	—	—	—	—	434	907	935	952	3,228		
4	Transferred Cases ...	(a) From other Areas 1. "A" cases* 2. "B" cases* (b) To other Areas (other than 1 (c), 2 (c) and 3 (c))													566	
		105	101	17	5	4	7	2	3	109	108	19	8	244		
		177	137	1	1	5	1	—	—	182	138	1	1	322		
		239	197	7	8	11	14	3	—	250	211	10	8	479		
5	Cases Written Off Register (Old Cases only)	(a) Recovered ... (b) Died ... (c) Lost sight of ...														
		113	67	11	5	21	17	6	5	134	84	17	10	245		
		130	51	—	1	2	1	—	—	132	52	—	1	185		
		102	51	4	5	9	18	3	6	111	69	7	11	198		
6	Cases Lost Sight of Returned to Register	1. "A" cases* 2. "B" cases*													66	
		9	18	—	2	1	2	2	1	10	20	2	3	35		
		20	9	—	—	—	1	—	—	20	10	—	1	31		
7	Cases on Register on 31st December	(a) Definitely Tuberculous 1. "A" cases* 2. "B" cases* (b) Diagnosis not completed													9,757	
		2,201	2,095	308	245	171	216	135	117	2,372	2,311	443	362	5,488		
		2,422	1,691	10	20	46	58	10	12	2,468	1,749	20	32	4,269		
		—	—	—	—	—	—	—	—	41	30	8	16	95		

\* "A" cases = T.B. negative.

"B" cases = T.B. positive.

No. of attendances at Chest Clinics (including Contacts) ... 42,303

No. of consultations with medical practitioners :—

(a) Personal ... 471

(b) Other ... 18,981

No. of visits by Chest Physicians to homes (including personal consultations) ... 2,063

No. of visits by Health Visitors to homes of T.B. patients ... 23,963

No. of referrals given at A.P. Clinics ... 28,487 at 738 sessions.

(seasonal average 38.6).

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

Chest Clinic.	Population of Clinic Area (mid-year 1952).	No. of T.B. Cases on the Register on 1/1/52.	No. of New Cases Definitely T.B. (including contacts).	No. of T.B. Cases on the Register on 31/12/52.	No. of T.B. Cases on the Clinic Register per 1,000 Population on 31/12/52.	No. of Contacts Attending during 1952.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances per Clinic Session.	
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	61,630	672	64	745	12.09	224	262	486	6	5	11	189	3,677	19
Dorking ...	30,620	117	18	125	4.08	67	41	108	3	—	3	28	642	23
Egham ...	25,410	152	21	187	7.36	49	89	138	2	3	5	24	510	21
Epsom ...	95,890	639	64	625	6.52	212	266	478	6	—	6	116	3,015	26
Farnham ...	62,930	180	23	167	2.65	43	52	95	—	9	9	53	1,042	20
Guildford ...	114,730	573	73	577	5.03	184	68	252	2	27	29	163	3,422	21
Kingston ...	198,030	1,090	216	1,217	6.15	554	450	1,004	13	4	17	338	5,983	18
Merton and Morden ...	73,670	950	145	1,052	14.28	412	291	703	11	4	15	184	4,149	23
Milford ...	25,440	149	7	164	6.45	71	43	114	—	1	1	29	642	22
Mitcham ...	99,460	920	137	989	9.94	380	423	803	5	13	18	180	3,876	22
Mortlake ...	82,530	575	89	609	7.38	225	240	465	11	11	22	164	2,659	16
Purley ...	96,560	440	59	492	5.10	224	203	427	1	5	6	77	1,901	25
Redhill ...	109,120	428	50	496	4.55	216	143	359	5	1	6	63	1,643	26
Sutton ...	95,470	942	105	948	9.93	259	255	514	4	4	8	225	4,369	19
Weybridge ...	70,700	301	42	355	5.02	150	194	344	1	—	1	50	1,272	25
Wimbledon...	58,550	452	57	499	8.52	163	210	373	4	1	5	110	2,000	18
Woking ...	64,760	374	56	510	7.88	186	88	274	5	2	7	60	1,501	25
Totals ...	1,365,500	8,954	1,226	9,757	7.15	3,619	3,318	6,937	79	90	169	2,053	42,303	20.6



## Care and After-Care.

### (1) TUBERCULOSIS CARE COMMITTEES.

(a) The County is served by 20 voluntary Care Committees, each of which is associated with a Chest Clinic. The various voluntary and official bodies concerned in the treatment and prevention of tuberculosis in the district are represented on the Care Committee so that by joint effort the best possible service is obtained for the patients and their families and there is no overlapping.

The following members of the Care Committees form important links with the national and local government services: Chest Physician, District Medical Officer of Health, Health Visitor, Tuberculosis Care Almoner, Disablement Rehabilitation Officer of the Ministry of Labour, Officers of the Ministry of National Insurance and the National Assistance Board, General Practitioner, District Nurse, representatives of County and District Councils, etc.

Applications for help from the Care Committees are investigated beforehand by the County Tuberculosis Care Almoners and are prepared and presented to the Committee by them.

The annual expenditure of the 20 Care Committees is approximately £7,800, the main items of expenditure being bedding, clothing, food, household goods, fares, pocket money and training schemes. They raise approximately £7,500 annually by voluntary effort and receive £1,000 annually from the County Council.

The voluntary care work within the County is co-ordinated by the Standing Conference of Surrey Tuberculosis Care Committees, which consists of two representatives from each of the 20 District Care Committees and the County Health Committee of the County Council. Its meetings are attended by the County Medical Officer and it has as its secretary the County Tuberculosis Care Organiser. Thus liaison between the voluntary workers and the County Council's tuberculosis care scheme is assured.

The Standing Conference organises certain schemes which are best dealt with centrally for the County as a whole, such as summer holidays for Child Contacts and Art Therapy.

The funds of the Standing Conference are derived from three main sources—donations from District Care Committees, the Sunday Cinema Fund and a grant of £200 per annum from the County Council.

#### (b) *Beds, Bedding, Clothing, Household Necessities, etc.*

These items are supplied by the District Tuberculosis Care Committees on behalf of the County Council.

#### (c) *Provision of Free Milk.*

The County Council supplies milk free of charge in accordance with the Chest Physician's recommendation to tuberculous patients in necessitous circumstances. The assessment of need is carried out by the Tuberculosis Care Almoners. The cost of the milk supplied amounts to approximately £11,000 per annum.

### (2) CARE ALMONERS.

The Council's scheme whereby social help is available to the patients at the clinic as part of treatment has developed from one Care Almoner in 1937 to the present team of 10 Care Almoners, each of whom is responsible to the County Medical Officer for the care of the tuberculous in an area of the County approximately conforming to a Chest Physician's area. The Care Almoners work at the Chest Clinics under the control of the Chest Physicians. As family case workers they are in touch with all available sources of help, both voluntary and official. They have important duties in connection with the rehabilitation and resettlement of the patients which bring them into close co-operation with the Disablement Rehabilitation Officers appointed by the Ministry of Labour under the Disabled Persons (Employment) Act, 1944.

One of the Care Almoners, who is designated Tuberculosis Care Organiser, has senior duties mainly of co-ordination which include administration of the County scheme for the boarding out of child contacts and secretarial duties for the Standing Conference of Surrey Tuberculosis Care Committees. She is responsible to the County Medical Officer for the smooth working of the County tuberculosis care scheme.

### (3) DOMICILIARY OCCUPATIONAL THERAPY.

A scheme in an advanced state is operative within the Administrative County Boundary. Close co-operation exists between the Occupational Therapy Unit, Chest Physicians, and Care Almoners.

Patients are visited in their homes as soon after diagnosis as recommended by the Chest Physicians. Visits are continued for patients in the following categories:—

- (a) Whilst awaiting admission to hospital.
- (b) Throughout the period of domiciliary treatment.
- (c) Chronic patients for an indefinite period.

In the above category (a), when the patients are admitted to certain specified hospitals they are visited regularly there. After patients are discharged from hospitals they are either re-visited in their homes or they may attend out-patient centres until such time as they are considered medically fit to resume normal employment, suitable alternative employment or entrance to a Training Scheme, etc.



Close co-operation and contact exists between the Unit and the Standing Conference of Surrey Tuberculosis Care Committees. The stocks of consumable materials used in the scheme are provided by the latter. Material assistance is given to patients in necessitous circumstances. In a great number of cases the initial cost of materials is met by the various care committees in their particular areas. In regard to the disposal of articles made by patients, several means exist for the sale of articles, viz. :—

- (a) Disposal by the patient's individual contacts.
- (b) Regular sales throughout the year.
- (c) Liaison with shops in various parts of the County and in London. These articles are either brought outright by the shops or sold on a commission basis with the underlying principle of "Sale or Return."

In sections (b) and (c) above the occupational therapy staff arrange for collection from patients, delivery to various shops and return of unsold articles to patients : and for the clearance of any cash. In all cases the prices are fixed by the individual patient.

Exhibitions and Sales of Work were held in conjunction with the Annual Meeting of the Standing Conference of Surrey Tuberculosis Care Committees, the Royal Agricultural Show and the British Red Cross Society Sale of Work at Guildford. An invitation was again received from the National Association for the Prevention of Tuberculosis to exhibit at the Third Commonwealth Health and Tuberculosis Conference at Central Hall, Westminster.

The Occupational Therapy Service was extended to Harrowlands Hospital which an occupational therapist visits for one half-day per week.

The number of patients registered during the year was 418. The amount expended on materials was £1,886 5s. 2d. The average number of domiciliary visits is high, and a very good standard of work has been maintained.

The following table shows the number of patients receiving occupational therapy at the end of the year :—

St. Helier Hospital	...	...	...	43
Redhill Hospital	...	...	...	40
Dorking Hospital	...	...	...	8
Harrowlands Hospital	...	...	...	25
Cumberland Hospital	...	...	...	30
Broom Close Hospital	...	...	...	20
Cuddington Hospital	...	...	...	20
Tolworth Hospital	...	...	...	24
Out-patient Centres	...	...	...	50
Domiciliary	...	...	...	440
Postal	...	...	...	150
Total	...	...	...	850

#### (4) REHABILITATION AND COLONISATION.

The County Council agree to accept responsibility in respect of the maintenance of tuberculous patients who are recommended by the Chest Physician for admission to the Rehabilitation Units at institutions approved for this purpose. The three centres to which Surrey patients are sent are :—

Papworth Hall, Cambridge.  
 Preston Hall, Maidstone.  
 Enham-Alamein, Andover.

The rates paid are in accordance with an agreed scale of charges and are reduced from time to time on the basis of the patients' fitness for work and the period of residence without a relapse. No responsibility is undertaken by a local authority until such time as a patient is able to work for five hours daily. The number of patients for whom the County Council are at present liable is 18—7 at Papworth Hall, 4 at Preston Hall and 7 at Enham-Alamein.

#### (5) HOLIDAY HOMES.

The County Council provides recuperative holidays for tuberculous patients on the recommendation of the Chest Physicians. Most of the cases are quiescent. Difficulty has been encountered in finding Holiday Homes which will accommodate tuberculous cases with a positive sputum although such cases frequently require a short period of recuperation.



## (6) HOME HELPS.

Home Helps are supplied on the recommendation of the Chest Physicians as for other sick persons, but a more favourable scale of assessment for recovery of cost is applied in the case of tuberculous persons.

## (7) UTILISATION OF DISTRICT NURSES.

District Nurses are utilised for cases strictly confined to bed rest for general nursing attention, blanket baths, etc. Their services are also utilised to an increasing extent in the administration of streptomycin and other chemo-therapeutic drugs used in the treatment of tuberculosis.

## MASS RADIOGRAPHY.

The following is extracted from the report for the year 1952 of the Medical Director of the two Mass Radiography Units operating from the Worcester Park Centre which provide facilities for mass radiography in the County of Surrey, the County Borough of Croydon, North Sussex and North East Hampshire.

(i) During the year 1952, the Units examined 114,258 people, an increase of 17,754 over the number examined in 1951.

(ii) *Number of Active Cases of Pulmonary Tuberculosis Discovered.*

244 new cases of active pulmonary tuberculosis were detected.

78 were subsequently proved to be infectious; 100 were found to be non-infectious, and in 66 cases it has not been possible to ascertain this information.

From details supplied by the Surrey Chest Physicians, 21.6 per cent. of cases notified in 1952 were as a result of mass miniature radiography.

(iii) *Incidence of Active Cases of Pulmonary Tuberculosis.*

In 1952 the incidence of active pulmonary tuberculosis was 2.1 per thousand examinations. This incidence declined in 1952 by 0.4 per thousand persons examined compared with 1951. The incidence for the years 1950 and 1949 respectively, in contrast to the 1952 figures, shows a decline of 1.0 per thousand, and 1.9 per thousand persons examined. To some extent this is because the Units are now re-examining an increasingly large proportion of the population previously examined and found healthy. In 1945, less than 5 per cent. of the examinations were people previously X-rayed but in 1952, 43 per cent. of the examinees had previously been X-rayed by Mass Radiography. The Units continue to persuade large numbers of the population who have not been X-rayed before to volunteer, and to a limited extent exclude those previously examined and found normal.

It has been shown that the highest incidence of pulmonary tuberculosis per thousand examinations is to be found in cases referred for chest X-ray by their private doctors. The Surrey Units have for some years circulated all general practitioners in an area about to be surveyed, offering facilities for chest X-ray of their patients but so far this has met with a poor response, largely because they are able to visit the district for only a few weeks each year. This is unavoidable if they are to cover the whole of the Unit's large geographical area. The provision of an additional static centre for Mass Radiography in the Metropolitan area of Surrey would appear to provide some solution in this matter and has been taken up with the Regional Hospital Board.

In January, 1952, the Regional Hospital Board authorised the appointment of an additional member of the staff whose duty it is to arrange the examination of groups of volunteers in towns, factories, offices, etc. Due to his services, it is now possible to be more selective in the groups examined. This should enable the use of limited facilities more successfully and avoid a lot of wasted effort in re-examining groups already found to be healthy.

(iv) *Protection of Children from Pulmonary Tuberculosis.*

In the analysis of results, contrary to previous years, the highest incidence of cases was found in children under 15 years of age. This is due to the increased selectivity practised in X-raying this group by the preliminary tuberculin testing of numbers of healthy youngsters, the Mass Radiography Units only X-raying those children previously tuberculin tested and found to be positive.

In one such school where the children had been exposed to infection from a tuberculous teacher, 11 active cases of primary pulmonary tuberculosis were detected from amongst 57 children.

Arrangements have been made to offer facilities for periodical X-ray examination to all teachers and those whose work brings them into contact with children.



TABLE I.

Total numbers examined by miniature film and cases showing evidence of active tuberculosis analysed by age group distribution.

	Age Group Distribution.						TOTAL
	Under 15 yrs.	15-24	25-34	35-44	45-59	Over 60	
<i>Numbers examined</i>							
Male ... ..	2,222 (1.9%)	11,774 (10.3%)	14,544 (12.7%)	12,183 (10.6%)	11,811 (10.3%)	3,207 (2.8%)	55,741 (48.7%)
Female ... ..	1,608 (1.4%)	17,753 (15.5%)	13,577 (12.0%)	11,949 (10.5%)	11,038 (9.7%)	2,592 (2.3%)	58,517 (51.3%)
Total ... ..	3,830 (3.3%)	29,527 (25.8%)	28,121 (24.7%)	24,132 (21.1%)	22,849 (20.0%)	5,799 (5.1%)	114,258 (100%)
Numbers recalled for large film examination=3,971 (3.5%).							
" " " clinical " =1,313 (1.1%).							

Cases showing evidence of active pulmonary tuberculosis:—

Male ... ..	7 *(3.2)	23 (2.0)	49 (3.4)	27 (2.2)	29 (2.5)	6 (1.9)	141 (2.5)
Female ... ..	7 *(4.4)	40 (2.2)	30 (2.2)	16 (1.3)	9 (0.8)	1 (0.4)	103 (1.8)
Total ... ..	14 *(3.7)	63 (2.1)	79 (2.8)	43 (1.8)	38 (1.7)	7 (1.2)	244 (2.1)

The figures in parentheses are the incidence per 1,000 in each group.

\* The very high incidence of active cases of pulmonary tuberculosis in this age group is explained on page 40, para. iv.

TABLE II.

*Analysis of Abnormal Findings.*

	M.	F.	Total	Rate per 1,000
<b>A. Newly discovered cases of pulmonary tuberculosis.</b>				
1. Cases of inactive pulmonary tuberculosis:				
(a) Primary lesions (21) ... ..	1,417	1,274	2,691	23.6
(b) Post-primary lesions (24) ... ..	945	787	1,732	15.2
2. Cases of active pulmonary tuberculosis:				
(a) Primary disease (20 a & b) ... ..	8	8	16	.14
(b) Unilateral post primary disease (22 a & b) ... ..	74	64	138	1.2
(c) Bilateral post primary disease (23 a & b) ... ..	54	31	85	.7
(d) Pleural effusions ... ..	5	—	5	.04
3. Cases recommended for Hospital or Sanatorium ... ..	135	96	231	2.0
4. Cases recommended for observation ... ..	229	201	430	3.8
<b>B. Non-tuberculous conditions.</b>				
(a) Abnormalities of bony thorax and lungs (1) ... ..	521	607	1,128	9.9
(b) Bronchitis and emphysema (2) ... ..	345	42	387	3.4
(c) Bronchiectasis (6) ... ..	83	41	124	1.1
(d) Pneumonia and pneumonitis (3, 4, 5) ... ..	47	35	82	.7
(e) Pneumoconiosis (8, 9) ... ..	25	1	26	.2
(f) Pleural thickening and fibrosis (7, 10, 11) ... ..	805	315	1,120	9.8
(g) Intra thoracic new growths (14)				
(i) Malignant ... ..	28	8	36	.3
(ii) Non-malignant ... ..	4	10	14	.12
(h) Cardiovascular lesions				
(i) Congenital (15) ... ..	29	34	63	.5
(ii) Acquired (16) ... ..	128	171	299	2.6
(i) Miscellaneous ... ..	380	328	708	6.2

N.B.—Numbers in brackets refer to the Ministry of Health classification.



TABLE III.

*Survey Analysis (Organised Groups).*

SOURCE OF EXAMINEES.		NUMBERS EXAMINED.			NUMBERS SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS.					
		MALE.	FEMALE.	TOTAL.	MALE.		FEMALE.		Combined Total.	Combined Incidence per 1,000.
					No.	Incidence per 1,000.	No.	Incidence per 1,000.		
A	General Public ... ..	24,802	40,900	65,702	73	2.9	66	1.6	139	2.1
B	Industrial Groups ... ..	25,184	11,750	36,934	46	1.8	21	1.8	67	1.8
C	School Groups ... ..	3,353	2,855	6,208	8	2.4	10	3.5	18	2.9
D	General Practitioner Groups	162	152	314	2	12.3	—	—	2	6.4
E	Institutional Groups ... (Mental Hospital Patients)	2,240	1,580	3,820	12	5.4	3	1.9	15	4.0
F	Others : Ante-natal clinic patients	—	1,280	1,280	—	Nil	3	2.3	3	2.3

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—Patients referred by General Practitioner Services.  
 E—Hospital Staff and Patients only.

**(b) Recuperative Holidays.**

As mentioned in my report for 1951, the Recuperative Holiday Homes Scheme was suspended from the 17th November, 1951, until the 31st March, 1952. The following particulars, therefore, relate to the period 1st April to 31st December, 1952.

The groups for whom the County Council is willing to provide recuperative holidays are hospital out-patients, cases who required a holiday on social grounds after discharge from hospital, cases of mental illness not under certificate and tuberculous cases. The County Council has agreed, however, to extend the scheme in 1953 so as to include persons who have been ill at home. The length of the holiday does not normally exceed three weeks, but may be prolonged to four weeks in exceptional cases. Special provision is made in regard to certain groups (e.g., the tuberculous, cases of mental illness, mental defectives) where the duration of the stay may have to be fairly prolonged, but in no case does it exceed three months.

All patients, except those suffering from tuberculosis, sent to " holiday homes " under the scheme are required to pay a standard charge of 25s. 0d. per week towards their maintenance ; if they claim to be unable to do so they are required to submit a statement of their financial circumstances, on which the amount they will be asked to pay is assessed.

Only patients who do not require organised medical and nursing care are provided for by the County Council's scheme : the Regional Hospital Board provides a similar scheme for those requiring such care. This apportionment of responsibility between the Board and the County Council is unrealistic and haphazard. It is in practice usually impossible to distinguish between these two groups ; there are in fact few cases which, on discharge from hospital, require anything more than a trivial amount of medical or nursing care and very few homes which could provide true continuation treatment. There is the further anomaly that while patients sent by the Regional Hospital Board receive their convalescence free, County Council patients have to pay, and these two types may co-exist in the same institution, and even in adjacent beds.

Mothers and young children are dealt with under Section 22 of the National Health Service Act and school children under the Education Act.

Particulars of the cases dealt with during the year ended 31st December, 1952, are as follows :—

	Hospital In-Patients.	Hospital Out-Patients.	Total.
Number of patients sent to Holiday Homes ...	76	78	154
Cost (excluding contributions by patients) ...	£609 2s. 8d.	£686 7s. 10d.	£1,295 10s. 6d.
Length of stay : 1 week ... ..	2	2	4
2 weeks ... ..	56	53	109
3 " ... ..	16	17	33
4 " ... ..	2	5	7
over 4 " ... ..	—	1	1



**(c) Nursing Equipment.**

The agreement with the British Red Cross Society for loaning articles of nursing equipment to patients being nursed at home continued to operate satisfactorily. A similar agreement with the St. John Ambulance Brigade came into operation on the 1st May, 1952.

The extent of the loans of nursing equipment during the year ended 31st December, 1952, was as follows :—

Article.	No. of Loans.	Article.	No. of Loans.
Air beds ... ..	125	Bed cradles ... ..	368
„ bellows ... ..	116	Crutches ... ..	159
„ rings ... ..	1,694	Douche cans... ..	33
Bed rests ... ..	1,188	Feeding cups ... ..	219
„ pans ... ..	1,853	Inhalers ... ..	24
„ tables ... ..	237	Mackintosh sheets ... ..	1,757
Invalid chairs ... ..	745	Steam kettles ... ..	57
Commodore ... ..	248	Urinals ... ..	663

In addition to the above, the County Council has supplied various patients, usually on discharge from hospital, with such articles as special bedsteads, mattresses, lifting apparatus, etc., on the same terms as mentioned above referring to articles needed for periods exceeding six months.

**(d) Venereal Diseases.**

The venereal disease clinics at Guildford, Woking, Redhill, St. Helier and Kingston were taken over by the Regional Hospital Board on the 5th July, 1948, but close liaison between the curative work carried out there and the preventive duties of the County Council has been maintained. At most of the clinics the curative work is still undertaken by medical officers on the staff of the County Council acting for the Regional Board. All sessions for females are attended by a "special services visitor" on the staff of the County Council, who interviews all new cases with a view to discovering the source of infection, endeavours through the patient to obtain the attendance of possibly infected contacts, encourages regular and continuous treatment, and endeavours to rehabilitate the patient to a change of life and outlook. Outside visiting also makes up a considerable part of this officer's duties. As regards male patients similar work is carried out by officers of the Regional Hospital Board.

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 :—

1952	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
<b>New Cases (Surrey).</b>								
Syphilis... ..	11	3	2	22	3	10	23	74
	(13)	(8)	(2)	(38)	(2)	(6)	(36)	(105)
Gonorrhœa ... ..	17	3	3	33	9	16	75	156
	(14)	(3)	(3)	(23)	(5)	(8)	(67)	(123)
Other conditions ... ..	161	14	50	390	91	117	616	1,439
	(190)	(10)	(44)	(383)	(74)	(105)	(660)	(1,466)
<b>Totals ... ..</b>	189	20	55	445	103	143	714	1,669
	(217)	(21)	(49)	(444)	(81)	(119)	(763)	(1,694)

The figures in brackets relate to the year 1951

■ The progressive decrease in the number of new cases of venereal diseases amongst Surrey patients attending clinics in the County, which had taken place since the end of the war, was halted somewhat in 1952 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
1951	63	48	701	812
1952	41	65	706	812

\* The great majority of these conditions are not venereal.



**(e) Public Education in Health.**

The duty of carrying out functions connected with health education is referred to Divisional Health Sub-Committees. The methods used and the activity shown have varied considerably between various areas.

In general, the urban areas have found it easier to organise formal approaches to the public than the more rural areas. These approaches have mainly taken the form of lectures and film displays to various organised bodies. Attendances at such meetings vary, but an average of 50 persons is usual. This is an indication of the limitations of such methods of approach. The services of a professional speaker have been employed for most lectures, but in a number of instances members of the County Health staff have addressed meetings themselves. Use has been made of press advertisements and posters, particularly in relation to diphtheria immunisation.

A proportion of the lectures and other means of propaganda relate to accidents in the home.

## HOME HELPS.

**(a) Administration of the Scheme.**

The principal features of the County Council's Scheme for the provision of Home Help remains as in previous years.

**(b) Establishment.**

The establishment of equivalent full-time Home Helps for the County for the financial year ending March, 1953, was 484 and their allocation between each of the Health Divisions is shown in the table on page 45. The average number of equivalent full time helps employed weekly throughout the year was 437.

**(c) Supervision.**

During the year the Divisional Supervisors paid 4,790 first visits, 12,244 revisits and 2,776 miscellaneous visits in connection with the scheme.

**(d) The Work of the Scheme.**

The scope of the work of the service is indicated in the accompanying statistical table on page 45. This table of statistics shows divisionally the average number of Home Helps and the average number of equivalent full-time Home Helps employed weekly, together with the total number of cases dealt with during 1952.



Division.	Population.	Acreage.	Average number of Home Helps employed weekly during 1952.				Weekly Target 1952.	Cases dealt with during 1952—Yearly total.				
			Total equivalent Full-Time.			Maternity.		Acute.	Chronic.	Tuberculosis.	Total.	
			Full-Time.	Part-Time.	Total equivalent Full-Time.							
Northern ...	82,530	6,628	7	35	33	33	59	82	195	27	363	
North-Eastern ...	199,170	9,381	5	216	117	135	128	179	691	96	1,094	
North Central ...	198,030	24,128	17	67	62	62	226	206	347	32	811	
North-Western ...	194,235	84,592	13	73	53	55	188	142	160	42	532	
Central ...	211,650	42,841	29	80	58	66	156	347	417	32	952	
Mid-Eastern ...	94,140	6,391	7	42	28	33	88	149	103	33	373	
Southern ...	122,510	124,846	7	24	20	26	139	97	58	14	308	
South-Eastern ...	102,160	22,413	18	24	29	36	271	311	101	12	695	
South-Western ...	161,075	127,940	7	52	37	38	127	173	198	12	510	
County ...	1,365,500	449,160	110	613	437	484	1,382	1,686	2,270	300	5,638	

## MENTAL HEALTH SERVICES.

### (1) Administration.

#### (a) COMMITTEE RESPONSIBLE FOR SERVICE.

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

#### (b) STAFF.

The general medical administration of the Mental Health Service devolves on one of the administrative Medical Officers of the Central Health Department. The Mental Health Services Section of the Department consists of a Clerk-in-Charge, a deputy, and a clerical staff of three. The Clerk-in-Charge and his deputy are both Duly Authorised Officers. Two Assistant Medical Officers with special experience in mental deficiency are responsible for the routine medical work in connection with the Mental Deficiency Service. An Assistant Superintendent Health Visitor is responsible for the supervision and care of defectives in the community including the administration of the Occupation and Training Centres.

There are eleven Duly Authorised Officers each in charge of an area of the County. The Duly Authorised Officers are responsible for the ascertainment of persons of unsound mind and their initial care, certification and conveyance to hospital; and for visiting male defectives over the age of 16 years who are under voluntary or statutory supervision, or guardianship, or who are on licence. The office of each of these officers is situated in his own district so as to ensure that they are readily available to deal with mental health problems arising in the areas. In addition there are (a) two Duly Authorised Officers, one for sickness and holiday reliefs and the other to enable a night and week-end rota to be operated in Metropolitan Surrey, (b) an Assistant Duly Authorised Officer who assists mainly in the Reigate District, but is also available for emergencies elsewhere in that part of the County, and (c) a clerical assistant who divides his work between the Kingston and Epsom Officers. The domiciliary visiting of female defectives and of male defectives under the age of 16 years is undertaken by the general body of Health Visitors.

There are at present six Occupation and Training Centres, each in charge of a Supervisor qualified by Diploma and supporting staff necessary according to the number of defectives on the registers.

#### (c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS, ETC.

(i) Since 1948 close co-ordination with the Hospital Services has been maintained. On request of the institution concerned arrangements are made to supervise patients on trial or who are licensed from institutions for defectives. There is a grave shortage of institutional accommodation for mental defectives and a considerable proportion of the time of senior officers is taken up in trying to find vacancies for urgent cases.

Following up of mentally sick persons after discharge is done by psychiatric workers on the staffs of the mental hospitals.

(ii) *Clinics.* Psychiatric out-patient clinics and mental deficiency clinics under arrangements made by the Regional Hospital Board continue unchanged from the previous year.

### (2) Account of Work Undertaken in the Community.

#### (a) CARE AND AFTER-CARE.

The duty of providing for the care and after-care of the mentally ill and defective in the community rests with the Authorised Officers and Health Visitors. Provision is made for recuperative holidays for patients suffering from mental illness for periods up to three months. Every year a number of defectives who are attending Occupation and Training Centres are sent for a seaside holiday for two weeks, the Council providing transport and paying for the cost in necessitous cases. The Council's officers are not normally informed of and are only rarely called upon to follow up cases discharged from mental hospitals.

Arrangements for admitting defectives to institutions and for placing them under guardianship have proceeded satisfactorily, but there is an increase in the numbers on the waiting list for institutional care. Some hospitals have been most helpful in providing accommodation temporarily to alleviate domestic crises.

#### (b) LUNACY AND MENTAL TREATMENT.

The following table gives statistics of the cases dealt with by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts during 1952. The total number of cases reported to officers from all sources was 2,610.

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.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
222	342	66	75	215	205	3	10	155	291	68	47	89	158	209	455



In addition, 869 voluntary patients were admitted direct from their homes, having previously passed through the psychiatric clinics.

Until 1952 the County was served by two Mental Hospitals, viz., Brookwood (Woking) and Netherne (Coulson), but in May, 1952, the South West Metropolitan Regional Hospital Board found it necessary to revise these arrangements and patients from certain districts are now admitted to Banstead, West Park and Horton Hospitals.

#### *Observation Wards.*

Observation Wards are available at Kingston Hospital (six male beds) and St. Helier Hospital (ten female beds).

#### *(c) MENTAL DEFICIENCY.*

Notifications of alleged defectives are received from various sources, i.e., the Duly Authorised Officers, Health Visitors, Medical Practitioners, hospitals and parents, but the majority are reported by the Education Authority in accordance with Section 57 of the Education Act, 1944. The arrangements for statutory and voluntary supervision by Duly Authorised Officers and Health Visitors have operated successfully and adequately.

During 1952, 30 petitions were presented for Orders sending defectives to institutions or placing them under guardianship and Orders were obtained in all these cases. In addition, 67 cases were admitted to institutions under Section 3 of the Mental Deficiency Act, the parents or guardians being advised by the Council of the procedure under this section. Four cases were admitted to institutions on the authority of Orders made by Courts under Section 8 of the Act and 3 cases as a result of Orders made by the Home Secretary under Section 9 of the Act.

The number of defectives on the waiting list for admission to institutions increased from 84 on the 31st December, 1951, to 115 at the end of 1952.

Surrey patients are still being received mainly at The Manor Hospital, Epsom, The Royal Earlswood Institution, Redhill, The Fountain Hospital, Tooting, and Botleys Park Hospital, Chertsey.

The following table gives particulars of defectives on the Council's register on 31st December, 1952, and of all new cases coming to the notice of the Council. In addition, it shows how these cases were dealt with:—

#### *A. Particulars of Cases Reported During 1952.*

		Under age 16.		Aged 16 and over.	
		M.	F.	M.	F.
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—					
(i) Local Education Authorities on children:—					
(1) While at school or liable to attend school ...	...	46	36	—	—
(2) On leaving special schools ...	...	5	1	4	4
(3) On leaving ordinary schools ...	...	7	11	—	1
(ii) Police or by Courts ...	...	—	—	3	—
(iii) Other sources ...	...	13	8	16	9
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground ...	...	6	6	18	34
Total number of cases reported during the year ...	...	77	62	41	48

#### *B. Disposal of Cases Reported During 1952.*

(a) Of the cases ascertained to be defectives "subject to be dealt with" number:—					
(i) Placed under Statutory Supervision ...	...	49	44	9	9
(ii) Placed under Guardianship ...	...	—	—	1	—
(iii) Taken to "Places of Safety" ...	...	—	—	1	1
(iv) Admitted to Institutions ...	...	22	12	12	4
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number:—					
(i) Placed under Voluntary Supervision ...	...	6	6	16	26
(ii) Action unnecessary ...	...	—	—	2	8
Totals ...	...	77	62	41	48

#### *C. Total Number of Cases on Registers as at 31st December, 1952.*

(a) Cases "subject to be dealt with":—					
(i) Under Statutory Supervision ...	...	183	181	176	145
(ii) Under Guardianship ...	...	—	—	35	49
(iii) In "Places of Safety" ...	...	—	—	1	2
(iv) In Institutions ...	...	190	135	683	649
(b) Cases not at present "subject to be dealt with":—					
(i) Under Voluntary Supervision ...	...	9	9	125	153
Totals ...	...	382	325	1,020	998



**D. Total Number of Defectives on Waiting List for Institutional Care at 31st December, 1952.**

							Under age 16.		Aged 16 and over.	
							M.	F.	M.	F.
(1) In urgent need of institutional care :—										
(i) "Cot and chair" cases	...	...	...	...	...	...	2	—	1	—
(ii) Ambulant low grade cases	...	...	...	...	...	...	—	8	—	—
(iii) medium grade cases	...	...	...	...	...	...	1	—	—	—
(iv) high grade cases	...	...	...	...	...	...	—	—	—	2
(2) Not in urgent need of institutional care :—										
(i) "cot and chair" cases	...	...	...	...	...	...	7	5	1	—
(ii) ambulant low grade cases	...	...	...	...	...	...	12	23	6	18
(iii) medium grade cases	...	...	...	...	...	...	1	3	11	14
Totals ...	...	...	...	...	...	...	23	39	19	34
Of the cases included in (C) items (a) (i) and (ii) and (b) (i) number con-										
sidered suitable for Occupation and Training Centres ...							136	113	25	62
Number of defectives receiving training on 31st December, 1952, at										
Occupation Centres ...							94	79	20	46

*Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.*

							M.	F.	T.
(a) Ceased to be under care	...	...	...	...	...	...	18	12	30
(b) Died, removed from area, or lost sight of	...	...	...	...	...	...	40	41	81
Total	...	...	...	...	...	...	58	53	111

*Of the total number of Mental Defectives under supervision or guardianship or no longer under care.*

(a) Number who have given birth to children while unmarried during 1952	...	...	...	...	...	...	...	4
							Males.	Females.
(b) Number who have married during 1952	...	...	...	...	...	...	1	5

**(3) Occupation and Training Centres.**

The Council now have Occupation and Training Centres at the following addresses :—

Purley	...	...	Railwaymen's Hall, Whytecliffe Road, Purley.
Kingston	...	...	Methodist Church Hall, Victoria Road, Kingston.
Wimbledon	...	...	Trinity Hall, The Broadway, Wimbledon, S.W.19.
Sutton	...	...	3, Robin Hood Lane, Sutton.
Guildford	...	...	St. Francis' Hall, Foxburrows Avenue, Guildford.
Weybridge	...	...	Mayfield Church Hall, Mayfield Road, Weybridge.

On the 1st October, 1952, the centre hitherto situated in unsatisfactory temporary accommodation in Carshalton was transferred to new *ad hoc* premises at Robin Hood Lane, Sutton. This is the first *ad hoc* centre to be developed in the County.

The Weybridge Centre, which was opened on the 21st January, 1952, has been working well and the premises there, although in a Church Hall, are good. This centre has been able to reduce the waiting list for the centres at Guildford and Kingston.

It is hoped that premises at Old Schools Lane, Ewell, will be available for an additional *ad hoc* centre in 1953. In addition to the six Occupation and Training Centres, five defectives from the Redhill-Reigate-Horley area attend daily at the Royal Earlswood Institution, Redhill, the Council being financially responsible for the conveyance to and from their homes.



## WELFARE SERVICES.

The County Medical Officer continues to be responsible to the County Welfare Committee for the health and medical aspects of the services which they provide and, in particular, for the services provided under Section 29 (Welfare arrangements for blind, deaf, dumb and crippled persons, etc.) and Section 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 1952 was 2,260 as compared with 2,123 at the end of 1951.

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 the 31st December, 1952.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1 ... ..	—	—	—	—	—	—
1... ..	1	—	1	1	—	1
2... ..	—	—	—	2	3	5
3... ..	1	—	1	3	—	3
4... ..	—	—	—	2	5	7
5—10 ... ..	—	1	1	15	15	30
11—15 ... ..	1	—	1	6	10	16
16—20 ... ..	3	1	4	15	15	30
21—30 ... ..	1	1	2	42	40	82
31—39 ... ..	1	—	1	59	43	102
40—49 ... ..	4	4	8	110	89	199
50—59 ... ..	6	5	11	125	124	249
60—64 ... ..	5	7	12	67	110	177
65—69 ... ..	3	9	12	84	96	180
70 and over ... ..	47	99	146	389	789	1,178
Unknown ... ..	—	—	—	1	—	1
	73	127	200	921	1,339	2,260

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 212. They 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 National Service and Royal National Institute for the Blind Employment Department arranges for their training and subsequent employment.

## (ii) HOME TEACHERS FOR THE BLIND.

Ten certificated Home Teachers are employed by the County Council and their duties include the visitation of persons in their homes, tuition in reading and writing embossed type, handicrafts and assisting them to overcome the handicap of blindness. In addition, several Home Teachers hold Handicraft Classes weekly or fortnightly and also arrange for those who desire Social Activities to become Members of Clubs for the Blind which are organised by local voluntary Committees.

## (iii) 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 16 children under school age, 1 is maintained in a Sunshine Home by the County Council, 1 is in a Surrey County Council Nursery, 1 at the Ellen Terry Home, 11 are at home and 2 are in Mental Deficiency Institutions. Of the 46 blind children of school age in the County, 21 attend schools for the Blind, 2 attend the Rudolf Steiner School in Scotland, 6 are not at school and 17 are ineducable on account of other defects, 11 being in mental hospitals and mental deficiency institutions.

*Workshop and Home Employment.*

In conjunction with the Royal National Institute for the Blind Employment Department and the Ministry of Labour, the Welfare Officer for the Blind promotes the Rehabilitation and Training of registered blind and certain Partially Sighted Persons with a view to subsequent employment in sheltered or open industry. There are at present 15 blind persons employed in Workshops for the Blind, 57 engaged in work at home under the Home Workers Scheme and 225 persons employed in a variety of "open" trades and professions. The County Council continues to supplement the weekly earnings of blind persons employed in Workshops for the Blind by means of capitation fees



paid to the Workshop Management Committee. The County Council also augments the earnings of those who are approved Home Workers and pays a capitation fee to the Home Industries Department of the Royal National Institute for the Blind, which supplies materials for some of the workers and helps with the sale of goods produced.

(iv) SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.

Close co-operation continues to exist between the County Council and the Voluntary Association whose Honorary Secretary is the officer in charge of the Blind Welfare Section of the Health Department.

The Association provides accommodation for some 25 blind persons at the two Hostels "Camden House," East Molesey, and "Walden," Corkran Road, Surbiton.

The British Wireless for the Blind Fund continues to provide wireless sets and during the past year the Surrey Voluntary Association expended £882 6s. 5d. on the installation and maintenance of these sets. Materials for teaching and handicraft purposes cost the Association £1,361 2s. 8d., but sales of work brought in £1,280 19s. 9d.

Holiday grants to blind persons incurred an expenditure of £796 1s. 6d., and grants for miscellaneous purposes amounted to £339 9s. 11d. Charity pensions payable to certain blind persons are administered by the Association who also grant financial assistance to the Local Committees who organise Social Activities and Summer Outings.

(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 bodies which have for a number of years carried out social welfare work amongst them.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year, the Committee approved the registration, or alteration in registration, of six Nursing Homes. Two were Homes first registered during the year. On the 31st December, 1952, there remained 71 registered Nursing Homes and 12 exempted Homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The County Council as local health authority are 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 1952 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1952.	Number of children provided for.
Premises ... ..	13	306
Daily Minders ... ..	58	591

MILK AND DAIRIES.

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

Under these regulations, the County Council is 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. The total number of pasteurisers licences in force on 31st December, 1951, was twenty.

During the year 1952, no new licences were granted, although in one instance a licensee transferred his establishment to new premises and installed new plant. Two establishments ceased to pasteurise milk during the year; the total number of pasteurisers licences in force on 31st December, 1952, therefore, was eighteen.

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 by acting as agents for the County Council, both in carrying out investigations prior to granting a new licence and in taking milk samples, and also in making routine inspections of premises for which licences are held.



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

	<i>Pasteurised.</i>	<i>Tuberculin-Tested (Pasteurised).</i>
No. of Milk Samples taken ... ..	849	51
Failed Phosphatase test only ... ..	6	1
Failed Methylene Blue test only ... ..	13	2
Failed both tests ... ..	—	—

**(b) Tubercle Infected Milk.**

During the year nine reports of samples of milk, which on biological examination had been found to be infected with the tubercle bacillus, were received; this is four less than the previous year. (Two of these were referred from the London County Council as the milk had been produced in Surrey.)

Every District Council in Surrey submits each year at least four samples from each source of production in their respective districts and not heat-treated before sale to the public to a biological test for tubercle bacilli.

The number of samples taken by the District Councils during 1952 are summarised below with the results :—

<i>Description of Milk.</i>	<i>Number of Samples Examined.</i>	<i>Number Positive to Tubercle Bacilli.</i>	<i>Percentage Positive to Tubercle Bacilli.</i>
Tuberculin Tested ... ..	451	—	—
Accredited ... ..	89	6	6.74
Undesignated ... ..	346	1	0.29
Heat Treated—			
Pasteurised ... ..	31	—	—
Other ... ..	1	—	—

**THE USE OF CARAVANS AS PERMANENT OR SEMI-PERMANENT DWELLINGS.**

This problem, which derives largely from the post-war housing shortage, has attained a considerable size in Surrey and is most difficult to deal with under existing legislation. Permanent or long-term caravan dwelling is in effect a system of sub-standard housing, resulting from shortage of or high cost of normal houses, and conditions under which such caravan dwellers live constitute a serious health and social problem.

As regards health, in general permanent caravan sites lack reasonable sanitary amenities—such, for example, as an adequate water supply, satisfactory means of sewage and refuse disposal, washing and laundry facilities—and the individual caravans are often overcrowded. Such conditions negate much of the advance made in sanitary science and environmental hygiene which has taken place over the past century. Persons living under such conditions tend to accept—and to bring up their children to accept—a lower standard of sanitary and personal hygiene which exposes them—and especially babies and young children—to increased risk of disease, and they, in their turn, increase the risk to the general community.

On the social aspect, clearly the difficulties of bringing up a family under caravan conditions are much increased. The cramped conditions prevent the enjoyment of a normal home life; children have no room to work or play; much greater effort on the part of the mother is required to maintain a decent standard of cleanliness: problems of separation of the sexes arise as the children grow: social and community life is difficult and churches, schools, shops, clinics, etc., are seldom readily available.

There are two distinct codes of law dealing with caravans; one directed to the public health problems involved and the other to the planning and amenity aspects of caravan sites. The public health code is administered by the County District Councils as sanitary authorities. They can control, in the interest of public health, the initial establishment of caravan sites by a system of licensing and can attach conditions to such licences as to the number and classes of moveable dwellings which may be kept on the site, the space to be kept free between such dwellings, the provision of water supply, and for securing sanitary conditions. In addition, certain parts of the normal code of public health law which the sanitary authorities administer for the houses in their district is applied to moveable dwellings. The planning code is administered jointly by the County Council and the County District Councils acting under delegated powers. It provides for a system of licensing by means of planning consents similar to that in the public health code except that any conditions imposed must be directed to planning matters. Secondly, the planning authorities are given powers to close or restrict on planning grounds existing sites on payment of compensation: and to provide sites themselves.

Experience gained over the last few years in operating both codes suggests that satisfactory use can only be made of the powers available if newly developing sites are promptly dealt with and existing sites are regularly inspected: that attempts at evicting caravan users are not likely to be successful unless suitable alternative sites are available; that the possibility of the application of



the many exemptions and exceptions in both codes introduces an element of risk in all proceedings which must be accepted by the administering authority if the powers available under both codes are not to be frustrated ; and that close and effective co-operation between the two administrations involved is essential.

The County Council have laid down a policy in regard to caravan sites used for permanent and semi-permanent occupation and in consultation with the County District Councils have agreed :—

- (a) that in general the permanent or semi-permanent occupation of sub-standard dwellings such as shacks and caravans is undesirable and that all possible steps should be taken to check the continuing increase in the number of scattered sites in the County upon which caravans are occupied permanently :
- (b) that steps should be taken wherever possible to establish special sites for the re-grouping of caravans at present improperly sited, and that such sites should be either owned and managed by a local authority or in some other manner under the strict control of the local authority :  
The Council urge all County District Councils to acquire and control sites on the lines suggested for the re-grouping of caravans now improperly sited in their district.
- (c) that a standard set of conditions should be applied to all future permissions granted for the use of land for this purpose :
- (d) that such steps as are practicable should be taken to bring existing caravan sites up to the standard conditions.

The County Council intends that, upon land under their control in future no new sites shall be approved for the parking of caravans for permanent or semi-permanent occupation, except those essential under (b) above or those required for short periods on agricultural grounds. The Council have asked the County District Councils to adopt a similar policy in respect of the areas which, under their delegated powers, they themselves control.

Progress in implementing this policy has been slow and uneven. Unauthorised development is still going on although at a diminishing pace both by starting new sites and by increase in the number of dwellings on existing sites. Several new sites for development by private owners are at present under consideration, but as yet few County District Councils have decided to develop and manage their own sites.

The standard conditions referred to under (c) above were re-drafted in 1952, and in so far as they relate to planning conditions (for which the County Council are responsible) are as follows :—

<i>Site.</i>	The site shall have suitable soil and subsoil. The site shall be readily accessible from public roads. The site shall have a low water table and be free from the risk of flooding during periods of permissive occupation.
<i>Water Supply.</i>	An adequate, pure and wholesome water supply must be available on the site.
<i>Sewage Disposal.</i>	Permanent sanitary block(s) shall be provided on the site.
<i>Fire Precautions.</i>	Adequate arrangements to the satisfaction of Local Planning Authority to be readily available for dealing with outbreaks of fire.
<i>Footways.</i>	Roadways to be provided properly constructed of suitable materials, to give adequate access about the site and to each caravan or dwelling. Footways to be provided from each caravan to the roadway.
<i>Density.</i>	The maximum permitted density to be not more than 25 caravans estimated to accommodate 75 persons per acre.
<i>Domestic Animals.</i>	No ancillary buildings shall be brought on to or erected or constructed on the site.
<i>Additions or Annexes to Caravans.</i>	No annexe to the caravan, other than a tent or awning, shall be erected unless it forms part of the original design and can readily be dismantled and transported with the caravan.
<i>Bicycles, Perambulators, etc.</i>	Buildings of approved design to be provided as required in approved positions on the site for the collective storage of bicycles, perambulators, camp equipment, etc.

Detailed requirements in relation to certain of the above conditions and also in relation to refuse disposal must be dealt with under the public health code. It is, therefore, most necessary to have the closest liaison between the County Council and the County District Councils, and consultations with officers of the County District Councils, both in general terms and also with regard to individual sites, have taken place in the past and continue as the need arises.



## 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 1952 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—		
Dorking and Horley R.D.C.	Horley ... ..	1,570
" " " " " "	Abinger Hammer ... ..	4,360
Hambledon R.D.C....	Frensham, Tilford and Hindhead. (Scheme originally submitted in 1950, now amended and re-submitted.)	169,650
Water Supply Schemes ...	None ... ..	—

## REFUSE DISPOSAL.

No new applications for the depositing of refuse under Section 94 of the Surrey County Council Act, 1931, were received during the year; six renewals were, however, granted. The total number of approved refuse dumps in the County continues to be ten and all are conducted satisfactorily.

In my last report I referred to the experiment of tipping ordinary household refuse into wet pits which is being carried out at Egham. The main difficulty is to overcome the intolerable smell created by the reduction of sulphates to sulphides by anaerobic bacteria. After trying a number of methods which proved unsatisfactory, an air blower has been introduced in the hope of rendering the conditions in the pit unfavourable for the multiplication of anaerobic bacteria by constant aeration. The blower has a capacity of 250 cubic feet of air per minute and the air is introduced through four flexible pipes at a depth of 9 feet below the water surface. At the same time, wet tipping was discontinued in the hope of oxidising the existing sulphides and reducing the biological oxygen demand of the fluid already in the pit. Both the amount of sulphide and the biological oxygen demand have been considerably reduced as a result of this procedure, but unfortunately it has never been possible to refrain from wet tipping for sufficiently long to reduce these figures to nil and to produce aerobic conditions in the pit. Whenever wet tipping has been resorted to, smell from the pit has recommenced, and from time to time justifiable complaints have been received, often from considerable distances away. It is quite apparent that the capacity of the present blower is not sufficient to deal with tipping at the present rate and it is understood that the Authorities using the tip are endeavouring to procure a second blower which will double the aerating capacity. In the meantime, the first pit is now nearly filled in and the tipping authorities are anxious to start on a second pit of very much larger size.

An important point which has been established is that, while dissolved salts from the refuse may appear in the underground water at quite considerable distances, the distance of travel of bacterial pollution is negligible. This is, no doubt, a feature of filtration through a gravel stratum and would not necessarily be the case in different circumstances.

## FOOD AND DRUGS ACTS, 1938-50.

*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 Acts.*

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 1952 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1951 and 1950 are also given:—

Year.	Estimated population.	Milk.				Food other than Milk.		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.	Samples per 1,000 population.	Percentage Adulterated or Irregular.
1952 ... ..	599,830	1,264	100	2.10	7.91	320	32	43	9	1,627	141	2.71	8.66
1951 ... ..	584,046	1,445	140	2.48	9.69	371	39	52	4	1,868	183	3.20	9.79
1950 ... ..	581,520	1,443	143	2.48	9.91	408	33	13	—	1,864	176	3.21	9.44



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 Acts, 1938-50.

Altogether 97 varieties of food and 18 different drugs were sampled. There were 8 successful prosecutions and appropriate administrative action was taken in each case where a sample showed an irregularity. The Labelling Division of the Ministry of Food used to advise traders, on enquiry, regarding the suitability of the wording on their labels, but in April, 1952, owing to the need for staff economies they were forced to discontinue this function. I have, however, found that manufacturers invariably responded when alleged labelling irregularities were brought to their notice by the Public Control Department and they not infrequently discontinued the use of old labels, withdrew faulty stock from sale or altered their mixtures to accord with the labelling.

#### **Drugs—Vitamin Products.**

Attention has been paid to the sampling of vitamin products. Since October, 1951, some 27 samples were procured, of which 3 were deficient in Vitamin A and 2 were deficient in Vitamin C. There were two prosecutions. The problem connected with the sale of Vitamin products, where the length or manner of storage has resulted in a deterioration of the vitamin content, was brought to the notice of the Pharmaceutical Society of Great Britain for observations in November, 1952, and the matter is still receiving their consideration.

#### **Distribution of Information.**

The Public Analyst for this County is also the Public Analyst for 13 of the 14 autonomous Food and Drugs Authorities in the County, and his distributed lists of samples of food and drugs taken from time to time in the whole County, and found to be adulterated or irregular, have proved a valuable addition to his day-to-day co-operation with Divisional Inspectors.



## THE SCHOOL HEALTH SERVICE.

The work of the School Health Service continued in 1952 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.

### AREA AND POPULATION.

Since 1st April, 1945, the Council have been the Local Education Authority for primary, secondary and further education for the whole of the Administrative County.

The estimated population of the Administrative County at mid-year 1952 was 1,365,500 of whom 159,252 were children on the registers of 471 primary and 150 secondary maintained schools. This represents an increase of 7,344 in the number of children on the school registers compared with the respective figures for 1951. At the end of the year 1,432 places were available in 19 nursery classes and 17 nursery schools for children between the ages of three and five years.

### MEDICAL INSPECTION.

#### (a) Maintained Schools.

Arrangements for the medical inspection of children in maintained schools remain unchanged.

The number of children examined in primary and secondary schools was 66,816 and 39,223 parents were present at these routine inspections. Further details of periodic and other medical inspections carried out during the year at maintained schools are shown in Table 1.

#### (b) Independent Schools.

Medical inspection and treatment and dental inspection of children attending independent schools is made available on application by the principal and subject to the school itself being considered efficient.

### AUDIOMETRY.

The Committee's scheme for the use of the gramophone audiometer for routine testing of the hearing of school children was put into operation in January, 1952. The scheme is designed to ascertain children who are deaf or partially deaf in order that the cause may be suitably treated. A trained operator carries out the actual testing by means of a gramophone record which repeats a series of numbers in decreasing intensity. The numbers are in groups of three and the fall in intensity from one group to the next in the series is 3 decibels. A headphone is placed over the child's ear, each ear being tested separately three times. A hearing level of 6 decibels or better is regarded as passing the test, a satisfactory response being two correct digits out of three. A beginning was made in the Central Division. The age range of the pupils examined was between 7 and 11 years. The ready co-operation of Head Teachers was obtained and groups of between 10 and 40 pupils were tested at a time. Normally this testing was done in schools but in some instances where extraneous sounds had an adverse effect on the accuracy of the tests, the audiometer was operated in suitable halls within easy reach of the schools.

Of the 7,760 pupils tested in the Central Division, 5.1 per cent. failed the test and were referred to minor ailment clinics for further investigation by Assistant Medical Officers.

In the follow-up of many pupils who had been group tested, and who at minor ailment clinics were found to be suffering from conditions which included the presence of wax in external auditory meatus, catarrhal conditions and/or otorrhoea, treatment was carried out at minor ailment clinics or by the family doctor. There were 65 cases referred by Assistant Medical Officers in consultation with the family doctors to E.N.T. Hospital Consultants and of these 15 pupils have since had tonsils and adenoids removed or are on the waiting list for tonsillectomy. Otosclerosis was diagnosed in two cases and in one case of bilateral nerve deafness the mother had contracted rubella in the third month of pregnancy. Where necessary a pure tone audiogram was obtained in a hospital out-patient department.

Full hearing was restored in a high proportion of cases after treatment of the causes of minor degrees of deafness which included wax, chronic upper respiratory catarrh, catarrhal conditions of the middle ear, allergy causing variable deafness and diseased tonsils and adenoids.

This survey re-emphasised the need for the easy and efficient treatment of otitis media due to bacterial infection if one of the most common causes of acquired incomplete deafness in children is to be controlled.

The audiometer was transferred at the beginning of the autumn term to the South-Western Division and all the schools were visited by the spring term of 1953. It is not yet possible to give the full results of the survey in the South-Western Division because the follow-up has not yet been completed and in some cases the reports of the specialists are still awaited.



The following table contains an analysis of the results in the Central Division and in the South-Western Division so far as they are available :—

	Central Division	S.W. Division (excluding Guildford Boro')
(1) No. of children tested ... ..	7,760	4,621
(2) No. of children who failed test in one or both ears and referred to A.M.O.s ...	393 (5.1%)	163 (3.5%)
(3) Result of investigations by Assistant Medical Officers :—		
(a) No appreciable hearing loss on clinical examination ... ..	152	38
(b) History of otitis media ... ..	86	43
(c) Wax in external auditory meatus ... ..	66	31
(d) Catarrhal conditions, etc. ... ..	26	12
(e) No local cause found for deafness ... ..	29	4
(f) Unhealthy tonsils ... ..	8	12
(g) Mental retardation ... ..	10	3
(h) Miscellaneous causes ... ..	6	5
(i) Untraced or left district ... ..	10	2
(j) Referred to general practitioners or still awaiting appointments ...	—	11
(k) Already supplied with hearing aid ... ..	—	2
	393	163
(4) Children referred to specialists for investigation and treatment ... ..	65	49
(5) Special educational treatment recommended in selected cases :—		
(a) Favourable position in class ... ..	10	Results of investigation not yet completed
(b) Hearing aid provided ... ..	2	
(c) Lip reading instruction ... ..	2	

#### DISEASES AND DEFECTS.

##### (a) Incidence.

Of the 66,816 pupils examined at periodic medical inspections, 9,282 (or 13.9 per cent.) were found to be in need of treatment for 10,637 diseases and defects. Table II shows these diseases and defects from which it will be seen that 45.9 per cent. of them were defects of the nose and throat and of vision and squint.

1,318 cases of chronic tonsillitis and adenoids were recommended for treatment and 4,659 for observation following the medical inspection of the four age groups during 1952.

##### (b) Medical Re-examination and Follow-up Visits.

During 1952, Assistant Medical Officers carried out 14,469 special inspections and 19,825 re-inspections of children while 8,922 visits were paid by Health Visitors to the homes of the children with regard to the treatment of defects or diseases.

21,714 defects in need of treatment were discovered at the routine and special inspections in 1952 and 25,731 defects found in 1952 and in previous years were treated during the year.

##### (c) Malnutrition.

The Ministry of Education 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."

The number and percentage of children placed in each of these three categories for each age group examined during 1952 are given in Table IIB.

##### (d) Cleanliness.

During the year 1952 the Health Visitors reported 1,789 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1948-1952 are given below :—

	1948	1949	1950	1951	1952
Number of visits to Schools by nurses for all purposes ... ..	15,638	14,529	14,742	13,672	14,874
Cases with nits in the hair ... ..	9,989	8,334	6,827	4,130	3,721
Cases with lice in the hair ... ..	887	539	466	240	283
Cases with verminous bodies ... ..	17	14	10	17	11
<i>Exclusions—</i>					
1st Time ... ..	1,031	683	642	513	367
2nd Time ... ..	176	86	114	111	68
3rd Time... ..	92	32	26	66	29



During the year, 18 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.

By the end of the year, 110 children with dirty heads had been cleansed at the Cleansing Stations.

### MEDICAL TREATMENT.

#### (a) Minor Ailments.

The principal ailments treated at the minor ailments clinics are ringworm, scabies, impetigo, ear disease and external disease of the eyes. Details of the number of such cases treated are given in Table IV. The total number of minor ailments treated at the clinics during 1952 was 15,868; the corresponding figure in 1951 was 15,710.

#### (b) Eye Diseases, Defective Vision and Squint.

Table IV (Group 2) gives an analysis of the treatment provided for visual defects. Orthoptic treatment is the responsibility of the Regional Hospital Board and children requiring this are referred to those hospitals where facilities exist.

#### (c) Dental Defects.

Information concerning the school dental service will be found in the County Dental Surgeon's report on page 10 and in Table V.

#### (d) Orthopaedic and Postural Defects.

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 ... ..	82	107
Guildford, Stoughton ... ..	56	68
Wimbledon, Pelham Road ... ..	192	293

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

Centre.	No. of Sessions During the Year.	No. of New Cases Admitted.	No. of Cases Discharged.
Ash ... ..	32	17	—
Byfleet ... ..	25	17	7
Camberley ... ..	65	63	54
Carshalton ... ..	255	72	53
Caterham ... ..	57	59	37
Chertsey ... ..	37	21	30
Cranleigh ... ..	32	7	2
Egham ... ..	76	46	48
Farnham ... ..	29	10	3
Godalming ... ..	29	20	15
Guildford, Stoke Road ... ..	76	54	30
Guildford, Stoughton ... ..	72	45	38
Haslemere ... ..	26	7	5
Horley ... ..	78	31	47
Leatherhead ... ..	133	60	55
New Haw ... ..	39	32	22
North Cheam ... ..	97	159	92
Oxted ... ..	78	30	26
Purley ... ..	132	155	129
Reigate ... ..	114	50	52
Shalford ... ..	7	3	—
Sutton ... ..	2	4	—
Wallington ... ..	260	125	121
Walton ... ..	65	39	30
Wimbledon ... ..	78	27	36

Other treatment as shown in Table IV is provided by Hospitals and private practitioners.



## (e) Diseases and Defects of Ear, Nose and Throat.

The treatment of minor diseases of the ear, nose and throat were undertaken at minor ailment clinics and in addition the services of a part-time aural consultant continued to be available in the Borough of Guildford. The arrangements for a part-time aural consultant to attend the Wimbledon Clinic once a month were terminated at the end of 1951. Children requiring operative treatment were referred to the appropriate hospitals for their area. Details of such treatment are given in Table IV.

## (f) Ultra-Violet Light Treatment.

During 1952, 336 children made 3,505 attendances at artificial sunlight treatment clinics held at Cheam, Guildford, Kingston, Leatherhead, Mitcham and Wallington.

## HANDICAPPED PUPILS.

The Education Act, 1944, places on local education authorities the duty of ascertaining handicapped pupils in their areas and of providing for the special educational treatment of such children.

The following special schools and hostels are provided by the Education Committee :—

*Educationally Sub-Normal Children.*

Gosden House, Bramley. (Boarding special school.)  
St. Nicholas, Redhill. (Boarding special school.)  
St. Christopher's, Mitcham. (Day.)

*Delicate Children.*

Limpsfield Grange, Limpsfield. (Boarding special school.)  
Sunnydown, Guildford. (Boarding special school.)  
Kingston, Grange Road. (Day.)

*Deaf Children.*

Portley House, Caterham. (Boarding special school.)

*Maladjusted Children.*

Starhurst Hostel, Dorking.  
Thornchace Hostel, Guildford.

The Committee is also responsible for the provision of education to the following Hospital Schools :—

*Physically Handicapped.*

Queen Mary's Hospital School, Carshalton.  
Rowley Bristow Orthopaedic Hospital School, Pyrford.  
Tadworth Court Hospital School, Tadworth.

Children found to be ineducable are reported to the Local Health Authority.

The following table shows the number of handicapped pupils who were in day or boarding special schools at the 31st December, 1952, with comparative figures for 1951 :—

Category.	1951			1952		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Blind ... ..	10	18	28	8	18	26
Partially sighted ... ..	22	13	35	21	16	37
Deaf ... ..	62	43	105	63	43	106
Partially deaf ... ..	8	11	19	9	11	20
Delicate ... ..	145	80	225	138	76	214
Diabetic ... ..	2	—	2	2	1	3
Educationally sub-normal ... ..	211	148	359	237	150	387
Epileptic ... ..	13	10	23	15	9	24
Maladjusted ... ..	90	25	115	92	24	116
Physically handicapped ... ..	91	77	168	98	78	176
Speech defect ... ..	1	1	2	2	1	3
Total ... ..	655	426	1,081	685	427	1,112

Of the 1,112 children, 488 were pupils in the Committee's own special schools and hostels, the remainder being accommodated in schools maintained by other Local Education Authorities, Voluntary Bodies or private managements.



In addition, 69 handicapped pupils were at the 31st December, 1952, being visited in their own homes by whole-time or part-time teachers and a further 119 children were being visited while receiving in-patient treatment in hospitals.

In June, 1952, the Council authorised the acquisition of the property known as Limpsfield Grange for use as a boarding special school for delicate children to replace the Barbara Edith School at Hillside, Bletchingley.

The new school, which was opened in February, 1953, will be able to accommodate a larger number of delicate children than the previous property. Whereas the school at Hillside was limited to 19 children, Limpsfield Grange, which was eventually opened with relatively small initial adaptation, started with 20 children. Arrangements will be made to admit another 10 children in September, 1953, and a further 10 children about Easter, 1954, making a total of 40 places. When final adaptations are complete during the year 1954-55 it is hoped the school will accommodate 60 children. In accordance with the policy of the Education Committee, the school is in charge of a Head Teacher who receives the advice of a Matron and Assistant Matron on the care of the health of the children.

During the year, two other properties were also acquired for adaptation as special schools, namely Nutfield Priory to be a residential special school for senior deaf pupils and part of Beddington Orphanage to be known as the Carew Manor Day Special School for educationally sub-normal pupils. It is anticipated that these will be opened in 1954.

### Convalescent Treatment.

257 children were admitted to Convalescent Homes during the year. The normal period of stay is from two to four weeks.

## SPECIAL FORMS OF TREATMENT.

### (a) Child Guidance.

There are six clinics—those at Guildford, Kingston, Reigate, Wimbledon and Woking being staffed by part-time psychiatrists, for six sessions a week, while the clinic at Sutton was temporarily reduced from full-time to six sessions late in the year. The shortage of psychiatric social workers makes recruitment to these posts difficult.

During the year the Woking clinic carried out a survey of 59 cases seen and treated at that clinic between 1st March, 1950, and the 28th February, 1951. Of these cases, the main interest was in those who had been treated at the clinic for a considerable period and the survey was done by enquiry by letter to parents, to the residential schools/hostels and to the Head Teachers of the schools which the children attended. The co-operation from the parents and schools was good, some teachers and parents taking the trouble to send additional information to that which had been asked for. The survey gave the following information :—

	<i>No. of Cases</i>	<i>Boys</i>	<i>Girls</i>
<i>Group 1.</i> Children who were apparently completely stabilised	14	9	5
<i>Group 2.</i> Children very much improved, i.e., returned to normal life in home and school but perhaps with slight character difficulties still left ... ..	31	19	12
<i>Group 3.</i> Improved. Now stable at school and home, but still finding new adjustments difficult, and with some tendency to revert under particular stress ... ..	6	5	1
<i>Group 4.</i> Unchanged. These were all enuretic or epileptic cases ... ..	4	2	2
<i>Group 5.</i> Regressed. These cases became worse after discharge ... ..	4	4	—

The survey was done soon after the children had been discharged from the clinic and it is desirable to follow up progress later, say in two years and again in four years, to see how they react to new stresses or under the emotional phases normal in all development.

The available places in the Education Committee's two hostels for maladjusted children have been fully occupied throughout the year. Starhurst Hostel at Dorking has accommodation for 25 boys of an age range 11-16, whilst Thornchace Hostel at Guildford accommodates 20 girls (all ages) and junior boys up to 11 years. Children at the hostels as a rule attend the nearest Child Guidance Clinic for treatment, and a close liaison is maintained between the wardens and the respective psychiatrists. In addition Committee members, officers and appointed visitors from the surrounding district hold regular meetings to discuss the progress of the children, the work of the hostel, and their future treatment. Where possible, children who have adjusted themselves satisfactorily are returned to their own homes but unhappily it is often not possible to do this as the home circumstances, which are frequently a contributory cause of the child's emotional disturbance, remain unsuitable.



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

CLINIC	Guildford	Kingston	Reigate	Sutton	Wimbledon	Woking	Total
No. of Cases Referred during Year ...	158	117	102	181	113	72	743
No. of New Cases seen ...	136	85	91	173	97	56	638
No. of Cases Discharged ...	123	77	91	175	62	19	547
Analysis :—							
(a) Treatment Completed ...	50	17	41	69	21	9	207
(b) No Treatment Required ...	43	38	6	90	21	2	200
(c) Non Co-operation of Parents ...	8	10	8	10	14	3	53
(d) Other Arrangements Made ...	22	12	36	6	6	5	87
No. of Cases Under Treatment at End of Year	51	29	25	45	27	24	201
No. of Cases Under Supervision at End of Year ...	71	70	149	21	58	1	370
No. of Cases Withdrawn from Waiting List During Year...	13	25	16	18	15	14	101
No. of Cases Remaining on Waiting List at End of Year ...	44	47	16	23	23	12	165
No. of Interviews by Psychiatrists ...	1,579	755	886	1,462	855	846	6,383
Analysis :—							
(a) With Children for Examination ...	129	83	88	173	109	58	640
(b) With Children for Treatment ...	1,014	480	603	927	570	735	4,329
(c) With Parents ...	377	128	178	337	161	21	1,202
(d) With Others ...	59	64	17	25	15	32	212
No. of Sessions Held :—							
Psychiatrists ...	318	286	278	435	300	284	1,901
Educational Psychologists ...	298	208	269	468	292	282	1,817
Play Therapist ...	88	—	—	161	—	—	249
Psychiatric Social Workers ...	468	468	468	650	382	351	2,787

#### (b) Speech Defects.

There were 23 Speech Clinics in operation at the end of the year at which a total of 79 treatment sessions were held each week. New clinics were opened during the year at Lingfield, Hook and Barnes. The Lingfield clinic was staffed by the therapist from Reigate clinic and a balancing reduction in the number of sessions held at Reigate was effected. Similar arrangements were made in respect of Hook and Surbiton clinics thus providing an improved service with minimum expenditure. Regular sessions were also held at St. Nicholas Special School, Redhill, and at Gosden House Special School, Bramley.

A total of 1,256 children received treatment at the clinics during the year as compared with 1,123 in 1951, mainly for stammer, lisp or undeveloped speech. Of these 231 were discharged as cured, 162 discharged greatly improved, 93 discharged as showing some improvement and 48 as showing little or no improvement. A table showing the work undertaken at these clinics during 1952 is given at the end of this report.

### INFECTIOUS DISEASES.

The following tables give the number of notifications of cases by Head Teachers of schools and the total exclusions on account of the principal infectious diseases during 1952 :—

Disease.	Suffering.	Excluded on Suspicion.	Infection at Home.	Total Exclusions.
Small Pox ...	—	—	3*	3*
Diphtheria ...	—	—	2	2
Scarlet Fever ...	1,260	24	583	1,867
Enteric Fever ...	—	—	2	2
Measles ...	3,076	30	149	3,255
Whooping Cough ...	1,338	24	62	1,424
German Measles ...	2,489	14	130	3,133
Chicken-pox ...	7,146	34	201	7,381
Mumps ...	3,569	57	170	3,796
Jaundice ...	32	—	12	44
Other ...	517	9	57	583
Totals ...	19,927	192	1,371	21,490

\* Not confirmed by Ministry of Health.



## CONTAGIOUS DISEASES.

Disease.					Suffering.	Excluded on Suspicion.	Total Exclusions.
Ringworm	...	...	...	...	23	1	24
Impetigo	...	...	...	...	50	—	50
Scabies	...	...	...	...	8	—	8
Other	...	...	...	...	68	2	70
Totals					149	3	152

## DIPHTHERIA IMMUNISATION AND VACCINATION.

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

No case of diphtheria in a school child was 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.

During the year 1952-53 much has been done to improve the standard of physical education in schools, though many difficulties remain. In primary schools classes are, on the whole, larger than normal, and often no indoor accommodation exists: in such circumstances the standard may be lower than one would wish. In secondary schools, classes have tended to grow smaller: most schools have satisfactory halls with gymnastic apparatus which many have improved by adding fixed apparatus and some have fully equipped gymnasias. Here the work has tended to improve.

During the year a good deal of attention has been given to improving the surfacing and increasing the size of school playgrounds and extra playing field space has been made available. In the main schools are well equipped with small apparatus for physical education and games, but more climbing apparatus in the primary schools is needed. Experiments have been tried with this type of equipment in various infant and junior schools, and it is hoped that further developments along these lines will be possible in the next few years.

Changing into suitable clothing for physical education and games is still not as satisfactory as could be wished, especially in schools with poor accommodation but teachers are doing their best to encourage parents to provide proper kit and in many cases the response is good.

The following courses have been successfully run during the year. They have been well attended and have had a good effect on the quality of work in the schools represented:—

## 1. WOMEN TEACHERS.

- (a) Physical Education for Infants.
- (b) Physical Education for Juniors.
- (c) Games for Secondary pupils.
- (d) Scottish dancing.
- (e) Outdoor activities (school leavers).
- (f) Swimming.

## 2. MEN TEACHERS.

- (a) Physical Education for Juniors (4).
- (b) Intensive Course for Secondary Schools (Gymnastics, Athletics, Games, Boxing).
- (c) Field event Athletics (2).
- (d) Cricket coaching (4).
- (e) Swimming.

## 3. EVENING INSTITUTE TEACHERS.

Course in recreative physical activities in conjunction with the Central Council of Physical Recreation.

In some areas of the County, facilities for teaching swimming are lacking. Elsewhere, however, there has been an increase in the number of teachers qualifying during the year to teach swimming as a result of courses for both men and women.



(b) **Open Air Education.**

(i) **SUMMER CAMP.**—During 1952 the Henley Fort Camp was opened for 20 weeks. During this period no serious illness occurred. The following statistics are given for 1952 together with those for the preceding year :—

				1951 (30th season)	1952 (31st season)
Number of children	...	...	...	503	534
Number of teachers	...	...	...	27	27
Number of schools	...	...	...	9	11
Average cost of food per head per week				12/11½	14/8½d.
Number of weeks	...	...	...	20	20

(ii) **SHEEPHATCH CAMP SCHOOL.**

Throughout 1952, there was accommodation for 180 children and 15 teaching staff, together with a qualified nurse and permanent domestic staff. Children continued to be recruited voluntarily from all parts of the county from the age of 13 upwards.

The health at the Camp School continued to be excellent.

(c) **Provision of Meals and Milk.**

The following table gives statistics as to the number of day pupils receiving milk and mid-day meals at school on a day in October, 1952 :—

No. in Attendance.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Free of Cost
147,651	96,451	5,077	123,475

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.**

At 31st December, 1952, the Education Committee was responsible for the maintenance and training at residential institutions of 8 handicapped persons over special school leaving age.

**EMPLOYMENT OF CHILDREN.**

The examinations are undertaken by the Assistant Medical Officers at the Clinics nearest to the homes of the applicants. During the year 3,938 children were specially examined for this purpose ; 29 children were, on medical grounds, considered unfit to undertake part-time employment.

During the year special licences were applied for in respect of 77 pupils to take part in entertainments ; all were examined by Assistant Medical Officers and none was found to be unfit.

**REPORT OF THE COUNTY DENTAL SURGEON ON THE SCHOOL DENTAL SERVICE FOR THE YEAR 1952.**

Although, during the past five years, the staff of dental surgeons in the service of the Council was never so greatly depleted as in many other Local Authorities, the deficiency in numbers and the lack of recruits has been the major problem facing the School Dental Service.

The experiences of the year 1952 have been happier in this respect. A number of offers of part-time service from general dental practitioners have been received and there were also a few applications for permanent staff appointments.



It has consequently been possible, during the year, gradually to increase the strength of personnel, and to carry out some desirable changes in its distribution.

At 31st December, 1952, the total number of dental surgeons engaged on the Council's service was 52. This staff consisted of 28 full-time permanent staff, 1 part-time permanent staff, and 23 officers on sessional engagement. Their total value in terms of full-time officers was 38.9, and to the school service alone 35. This, in comparison with the staff at the end of 1951, was an increase equivalent to 7 full time officers for the inspection and treatment of school children.

This increase was gradual throughout the year, and its effect appears in the amount of dental service provided. Against the 1951 figures there was an increase of 4,651 in the number of children inspected, an increase in the amount of conservative treatment of 13,860 fillings and 10,809 other operations, while the number of teeth extracted decreased by 1,627.

The recognised establishment of orthodontists is two and this number was reached during the year by transferring one member of the staff, after suitable post-graduate study, from routine clinical work to the more specialised branch of orthodontics, and by engaging another part-time orthodontist in addition to the part-time orthodontist already on the staff. The need and demand for orthodontic treatment is great, and control over it can only be maintained by careful selection of cases, by discharge of unco-operative patients and by the willingness of clinic officers to undertake treatment of selected cases, either on their own professional judgment, or with the help of the orthodontists. It must be emphasised, however, that orthodontic treatment cannot, with the present staff, be provided for all children who would benefit thereby.

At the end of 1952, the staff of the County Dental Laboratory consisted of 1 Senior Technician-in-Charge, 3 Technicians and 1 final year apprentice.

Over the year, the Laboratory carried out 3,064 mechanical operations, of which 83.5 per cent. were connected with the dental treatment of school children, the greater part consisting of the provision of orthodontic appliances.

A considerable amount of the mechanical work continued to be sent to outside laboratories. It is considered advisable to continue this practice for the present rather than to add to the number of directly employed technicians. The County Laboratory depends for its intake of work on clinic officers and it seems undesirable to increase the permanent staff of technicians so long as a large proportion of the dental staff are on a temporary sessional basis.

Although it is still too early to generalise for the future, it can at least be said that for the County of Surrey the year has brought an improvement in recruitment to the School Dental Service and an increase in performance; and that general indications justify a degree of optimism concerning the future.

D. M. McCLELLAND,

*County Dental Surgeon.*



TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)**

**A.—PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed Groups :—

Entrants ... ..	20,478
Second Age Group ... ..	14,327
Third Age Group... ..	12,516
<b>Total ... ..</b>	<b>47,321</b>

Number of other Periodic Inspections ... ..	19,495
<b>Grand Total ... ..</b>	<b>66,816</b>

**B.—OTHER INSPECTIONS.**

Number of Special Inspections... ..	14,469
Number of Re-Inspections ... ..	19,825
<b>Total ... ..</b>	<b>34,294</b>

**C.—PUPILS FOUND TO REQUIRE TREATMENT.**

**NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).**

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIIA. (3)	Total individual pupils. (4)
Entrants ... ..	144	2,395	2,496
Second Age Group ... ..	969	1,429	2,281
Third Age Group ... ..	816	1,007	1,708
<b>Total (prescribed groups) ... ..</b>	<b>1,929</b>	<b>4,831</b>	<b>6,485</b>
Other Periodic Inspections... ..	901	2,025	2,797
<b>Grand Total ... ..</b>	<b>2,830</b>	<b>6,856</b>	<b>9,282</b>

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.**

Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring observation. (3)	Requiring treatment. (4)	Requiring observation. (5)
Skin ... ..	692	933	1,710	107
Eyes—				
(a) Vision ... ..	2,830	2,427	1,760	449
(b) Squint ... ..	682	578	151	56
(c) Other ... ..	389	369	506	111
Ears—				
(a) Hearing ... ..	121	372	178	207
(b) Otitis Media ... ..	98	401	57	23
(c) Other ... ..	127	210	244	80
Nose or Throat... ..	1,326	5,467	1,428	549
Speech ... ..	237	459	256	115
Cervical Glands... ..	205	2,629	60	146
Heart and Circulation... ..	370	918	123	113
Lungs ... ..	296	1,313	333	233
Developmental—				
(a) Hernia ... ..	56	153	20	10
(b) Other ... ..	61	490	38	57
Orthopaedic—				
(a) Posture... ..	657	1,050	260	101
(b) Flat foot ... ..	800	1,118	147	75
(c) Other ... ..	940	2,221	429	231
Nervous System—				
(a) Epilepsy ... ..	21	69	16	20
(b) Other ... ..	65	301	115	82
Psychological—				
(a) Development ... ..	40	256	70	61
(b) Stability ... ..	86	441	208	80
Other ... ..	538	1,550	2,968	642



## B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of Col. (2).	No.	% of Col. (2).	No.	% of Col. (2).
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ... ..	20,478	8,479	41.40	11,549	56.39	450	2.19
Second Age Group ... ..	14,327	5,308	37.05	8,594	59.98	425	2.97
Third Age Group ... ..	12,516	4,977	39.77	7,277	58.14	262	2.09
Other Periodic Inspections ... ..	19,495	8,441	43.30	10,638	54.57	416	2.13
Total ... ..	66,816	27,205	40.72	38,058	56.96	1,553	2.32

TABLE III.

## INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons ... ..	382,955
(ii) Total number of individual pupils found to be infested ... ..	1,789
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ..	226
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... ..	Nil

TABLE IV.

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

## GROUP 1.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE III).

	Number of cases treated or under treatment during year.	
	By the Authority.	Otherwise.
Ringworm—		
(i) Scalp ... ..	7	5
(ii) Body ... ..	31	17
Scabies ... ..	32	1
Impetigo ... ..	252	3
Other skin diseases ... ..	2,441	330
Total ... ..	2,763	356

## GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint ... ..	1,842	187
Errors of Refraction (including squint) ... ..	10,888	590
Total ... ..	12,730	777
Number of pupils for whom spectacles were :—		
(a) Prescribed ... ..	6,067	242
(b) Obtained ... ..	4,800	239



## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment :—		
(a) for diseases of the ear ... ..	—	7
(b) for adenoids and chronic tonsillitis ...	—	1,466
(c) for other nose and throat conditions ...	—	66
Received other forms of treatment ... ..	1,293	362
Total ... ..	1,293	1,901

## GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	178	—
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments... ..	2,405	665

## GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	692	27

## GROUP 6.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists ...	1,256	22

## GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments ... ..	9,346	459
(b) Other than (a) above :—		
1. Cervical Glands ... ..	57	27
2. Heart and Circulation ... ..	212	90
3. Lungs... ..	232	183
4. Development... ..	31	59
5. Nervous System ... ..	92	59
Total ... ..	9,970	877



TABLE V.

## DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—						
(a) Periodic age groups ...	...	...	...	...	...	116,392
(b) Specials ...	...	...	...	...	...	14,715
Total (1)...	...	...	...	...	...	131,107
(2) Number found to require treatment ...						
(3) Number referred for treatment ...	...	...	...	...	...	72,950
(4) Number actually treated ...	...	...	...	...	...	68,067
(5) Attendances made by pupils for treatment ...	...	...	...	...	...	50,225
						113,576
(6) Half-days devoted to :—						
Inspection ...	...	...	...	...	...	1,207
Treatment ...	...	...	...	...	...	13,403
Total (6)...	...	...	...	...	...	14,610
(7) Fillings :—						
Permanent Teeth...	...	...	...	...	...	62,996
Temporary Teeth...	...	...	...	...	...	10,578
Total (7)...	...	...	...	...	...	73,574
(8) Number of teeth filled :—						
Permanent Teeth...	...	...	...	...	...	52,124
Temporary Teeth...	...	...	...	...	...	9,956
Total (8)...	...	...	...	...	...	62,080
(9) Extractions :—						
Permanent Teeth...	...	...	...	...	...	8,397
Temporary Teeth...	...	...	...	...	...	44,625
Total (9)...	...	...	...	...	...	53,022
(10) Administration of general anaesthetics for extraction ...						
						23,321
(11) Other operations :—						
Permanent Teeth...	...	...	...	...	...	22,465
Temporary Teeth...	...	...	...	...	...	16,589
Total (11)	...	...	...	...	...	38,054

**SPEECH THERAPY**  
**YEAR ENDED 31st DECEMBER, 1952.**

Clarks.	Barner.	Caterham.	Chertsey.	Dorking.	Egham.	Epsom.	Farnham.	Guildford.	Hook.	Kingston.	Langfold.	Malden.	Mitcham.	Mortlake.	Purley.	Reigate.	Richmond.	Sarblom.	Sutton.	Wallingdon.	Walton.	Wimbledon.	Woking.	St. Nicholas Special School.	Godwin House Special School.	Total.
<b>Number of Sessions held :—</b>																										
Treatment ... ..	13	129	117	38	108	161	74	339	26	114	26	158	244	82	84	182	79	126	151	150	160	166	278	78	76	3,159
Consultation ... ..	1	1	4	3	5	2	—	40	1	44	2	17	13	2	11	5	—	3	3	8	8	7	32	—	—	212
<b>Number of Cases :—</b>																										
On Register at beginning of year																										
Added during year ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	709
Discharged ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	534
<b>Remaining at end of year :—</b>																										
Under treatment ... ..	11	18	19	11	17	40	20	55	11	19	9	48	67	12	35	42	22	24	54	27	49	49	33	15	15	722
Awaiting admission ... ..	6	1	5	10	11	22	7	42	3	16	3	6	10	7	6	8	13	2	5	9	28	13	29	—	4	266
To be admitted next year ... ..	2	1	3	5	7	10	4	7	2	4	3	4	8	3	4	8	5	1	5	10	8	—	6	—	3	113
<b>Analysis of all cases treated during year :—</b>																										
1. Stammering ... ..																										
2. Defects of Articulation :—																										
(a) Dyslalia ... ..																										
(b) Rhinolalia :—																										
(i) Cleft palate																										
(ii) Nasal obstruction																										
(c) Cluttering ... ..																										
(d) Idioglossia ... ..																										
(e) Dysarthria ... ..																										
3. Aphasia ... ..																										
4. Defects of Voice ... ..																										
(a) Amentia																										
(b) Deafness																										
6. Retarded Speech ... ..																										
<b>Analysis of cases discharged :—</b>																										
No. of children discharged during year who—																										
Achieved normal speech ... ..																										
Were greatly improved ... ..																										
Showed some improvement ... ..																										
Showed little or no improvement ... ..																										
<b>No. of cases discharged during year :—</b>																										
By Clinic ... ..																										
Because of non-co-operation of parents ... ..																										
Left district ... ..																										
Because of transfer to special schools ... ..																										
For other reasons ... ..																										