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Surrey County Council

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# ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

**For the Year 1953**

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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 Reports for the year 1953.

The population of the Administrative County at mid-year 1953 is estimated by the Registrar-General to be 1,375,500, an increase over the estimate for the previous year of 10,000. The excess of births over deaths was 2,423; so that over three-quarters of the increase was the result of movement of population into the County. The largest increases in population were in the Southern and North-Western Divisions (due mainly to the development of the housing estates at Merstham and Sheerwater): notable increases occurred also in the South-Western and North-Central Divisions while the population of the North-Eastern Division showed an appreciable decrease.

The birth rate, which has been steadily falling from its immediate post-war peak level of 18.48 in 1947 to 12.91 in 1952, rose slightly in 1953 to 13.22 live births per thousand population. Attention is drawn to the figure for the "adjusted birth rate" given in the table on p. 9. The Registrar-General now provides a "comparability factor" for each local authority unit in the country and this figure multiplied into the crude birth rate has the effect of correcting for difference of age and sex distribution so as to make the adjusted birth rate in the area truly comparable with that of England and Wales. Only in the aggregated rural areas do the figures for the district in Surrey approximate to that of the country as a whole, namely 15.5 births per thousand population.

The infant mortality rate has again fallen, being now 20.56 per thousand live births as compared with 26.8 per thousand for England and Wales. The rates in the last four years have each in succession been the lowest ever recorded in Surrey: each has been appreciably lower than the rate for the whole country. The neo-natal mortality rate is falling also, but more slowly than the infant mortality rate.

The death rate is higher this year as compared with last (11.46 per thousand as against 10.57). The corresponding rate for England and Wales was 11.4 per thousand. Out of 2,708 deaths from malignant disease, the cancer originated in the lung or bronchus in 508 cases and this is now much the commonest site for cancer in Surrey, the death rate for cancer of the lung in Surrey being 0.37 per thousand as against 0.26 for the next commonest site, namely cancer of the stomach. This position differs from that in the country as a whole, where the death rate from cancer of the stomach (0.323 per thousand) is very little less than that for cancer of the lung and bronchus (0.343 per thousand). It is interesting also to note that the deaths from cancer of the lung and bronchus in Surrey greatly exceeded the deaths from pulmonary tuberculosis (0.16 per thousand). This is similar to the position in the whole country where the deaths from pulmonary tuberculosis number 0.20 per thousand.

The death rate from tuberculosis is slightly lower than last year but there was a notable decrease in the number of cases of pulmonary tuberculosis notified, and the attack rate (0.72 per thousand population) is the lowest recorded in Surrey since the war. This is most encouraging since the falling death rate in recent years has not so far been paralleled by a fall in notifications. The Mass Radiography Units also report a fall in the proportion of cases found to be suffering from active pulmonary tuberculosis.

Once again the number of confinements taking place in hospitals has increased and the number of domiciliary confinements has decreased. Of total births in the County, 72.2 per cent. took place in hospitals and 22.0 per cent. in the homes of the people. The survey which has been carried out over the past two years shows clearly that there is a proportion of cases where there is no medical or social reason for a hospital confinement. It would appear that maternity units in general are keeping mothers in hospital for ten days after the confinement. This is the minimum period permitted by the Central Midwives Board and it would seem that there are sufficient maternity beds in the County for it to be well worthwhile to consider the advantages of extending the stay in hospital to at least fourteen days.

The state of the child community as regards immunisation against diphtheria has been calculated differently this year. The "Immunity Index" shows the percentage of children in the age groups 0-4 and 5-14 years, and also for all children under the age of 15 years, who are known to have received a course of immunisation or a re-inforcing dose within a period of five years. The three percentages are 53.4, 54.9 and 54.4 respectively. Although no cases of diphtheria have occurred among children in Surrey in the past two years, it is clearly desirable that these figures should be higher. The scheme for immunisation against whooping cough which was introduced in 1952 has been well received by the parents and over 11,000 children were inoculated with vaccine in 1953, a most encouraging beginning. Towards the end of the year the County Council agreed to a scheme for the B.C.G. vaccination of 13-year old school children and it is hoped to commence this in 1954.





## 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 1953 was 1,375,500, an increase of 10,000 over the comparable figure for mid-year 1952. The population under 1 year is given by the Registrar-General as 17,820, the population 1-4 years as 76,180, and the population 5-14 years 194,900.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1949-1953 is shown in the following table :—

	1949.	1950.	1951.	1952.	1953.
Urban Districts...	1,192,800	1,211,720	1,204,700	1,211,300	1,219,600
Rural Districts ...	144,460	146,790	151,000	154,200	155,900
Administrative County	1,337,260	1,358,510	1,355,700	1,365,500	1,375,500
Increase or decrease over previous year ...	+12,360	+21,250	-2,810	+9,800	+10,000

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 1952 and 1953 :—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1931.	1951.	1952.	1953.
<b>M.B. and Urban.</b>					
1. Banstead ... ..	12,821	18,734	33,526	33,690	34,300
2. Barnes ... ..	2,519	42,440	40,558	40,400	40,110
3. Beddington and Wallington ... ..	3,045	26,328	32,751	32,510	32,510
4. Carshalton... ..	3,346	28,586	62,804	61,630	61,680
5. Caterham and Warlingham ... ..	8,233	21,774	31,290	32,380	31,970
6. Chertsey ... ..	9,983	16,988	31,029	31,990	32,120
7. Coulsdon and Purley ... ..	11,143	39,795	63,770	64,180	64,810
8. Dorking ... ..	9,511	15,204	20,252	20,050	20,100
9. Egham ... ..	9,350	17,196	24,515	25,410	25,800
10. Epsom and Ewell ... ..	8,427	35,231	68,049	67,660	67,600
11. Esher ... ..	14,847	32,407	51,217	51,060	51,610
12. Farnham ... ..	9,039	19,005	23,911	24,030	24,150
13. Frimley and Camberley... ..	7,768	16,532	20,376	24,220	24,320
14. Godalming... ..	2,393	10,940	14,239	15,020	15,110
15. Guildford ... ..	7,184	34,237	47,484	47,990	48,450
16. Haslemere ... ..	5,751	9,168	11,992	11,810	11,840
17. Kingston-on-Thames ... ..	1,408	39,825	40,168	39,990	39,940
18. Leatherhead ... ..	11,187	16,483	27,203	28,230	28,910
19. Malden and Coombe ... ..	3,164	23,350	45,559	45,390	45,500
20. Merton and Morden ... ..	3,237	41,227	74,602	73,670	73,240
21. Mitcham ... ..	2,932	56,872	67,273	66,950	66,430
22. Reigate ... ..	10,255	34,547	42,234	42,460	44,890
23. Richmond ... ..	4,109	39,276	41,945	42,130	42,440
24. Surbiton ... ..	4,709	30,178	60,675	61,590	62,230
25. Sutton and Cheam ... ..	4,338	48,363	80,664	79,300	79,040
26. Walton and Weybridge ... ..	9,052	25,671	38,091	38,710	39,420
27. Wimbledon ... ..	3,212	59,515	58,158	58,550	58,300
28. Woking ... ..	15,708	35,987	47,612	50,300	52,780
<b>Total</b> ...	<b>198,671</b>	<b>835,859</b>	<b>1,201,947</b>	<b>1,211,300</b>	<b>1,219,600</b>
<b>Rural.</b>					
1. Bagshot ... ..	16,083	11,080	14,096	14,460	14,380
2. Dorking and Horley ... ..	53,943	18,485	25,809	26,420	27,060
3. Godstone ... ..	52,507	25,866	32,815	33,290	33,830
4. Guildford ... ..	59,782	31,554	45,458	47,480	47,850
5. Hambledon ... ..	68,175	24,926	31,838	32,550	32,780
<b>Total</b> ...	<b>250,490</b>	<b>111,911</b>	<b>150,016</b>	<b>154,200</b>	<b>155,900</b>
<b>Administrative County</b> ... ..	<b>449,161</b>	<b>947,770</b>	<b>1,351,963</b>	<b>1,365,500</b>	<b>1,375,500</b>

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 1953, 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, 1953. 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				By Private Persons.		By Public Utility Societies.		Total.		Inhabited Houses on Rate Books at 31/12/1953.
	of District		of other Districts		Houses erected during year 1953.	Houses in course of erection at end of 1953.	Houses erected during year 1953.	Houses in course of erection at end of 1953.	Houses erected during year 1953.	Houses in course of erection at end of 1953.	
	Houses erected during year 1953.	Houses in course of erection at end of 1953.	Houses erected during year 1953.	Houses in course of erection at end of 1953.							
URBAN											
1 Banstead ... ..	144	63	—	400	189	164	—	—	333	627	10,012
2 Barnes (M.B.) ... ..	21	19	12	116	10	9	—	—	43	144	11,912
3 Beddington and Wallington (M.B.) ... ..	41	36	—	—	48	79	—	—	89	115	9,658
4 Carshalton ... ..	27	94	—	—	30	21	—	—	57	115	16,500
5 Caterham and Warlingham	103	60	—	—	126	158	—	—	229	218	7,750
6 Chertsey ... ..	106	66	—	1	99	148	—	—	205	217	8,084
7 Coulsdon and Purley ...	247	90	—	—	228	310	—	—	475	400	17,996
8 Dorking ... ..	6	56	—	—	35	35	—	—	41	91	5,523
9 Egham ... ..	118	94	—	—	69	91	—	—	187	185	6,903
10 Epsom and Ewell (M.B.) ...	137	93	—	—	108	102	—	—	245	195	18,107
11 Esher... ..	203	143	—	—	236	283	—	—	439	426	15,712
12 Farnham ... ..	169	90	—	—	94	68	—	—	263	158	7,480
13 Frimley and Camberley ...	140	130	2	—	64	62	—	—	206	192	5,198
14 Godalming (M.B.) ... ..	88	54	—	2	28	29	—	—	116	85	4,353
15 Guildford (M.B.) ... ..	319	354	—	—	96	170	—	—	415	524	13,898
16 Haslemere ... ..	70	66	—	—	25	21	—	—	95	87	3,241
17 Kingston-on-Thames (M.B.)	36	—	—	—	26	47	—	—	62	47	11,667
18 Leatherhead ... ..	190	—	—	—	192	403	—	—	382	403	8,610
19 Malden and Coombe (M.B.)	150	114	84	36	33	33	—	—	267	183	14,209
20 Merton and Morden ... ..	116	158	—	8	45	14	—	—	161	180	22,269
21 Mitcham (M.B.) ... ..	238	382	—	—	32	14	—	—	270	396	19,421
22 Reigate (M.B.) ... ..	194	151	614	100	134	117	—	—	942	368	12,893
23 Richmond (M.B.) ... ..	169	17	—	—	56	16	—	—	225	33	11,528
24 Surbiton (M.B.) ... ..	160	—	10	54	70	55	—	—	240	109	17,874
25 Sutton and Cheam (M.B.) ...	63	26	—	—	147	137	—	—	210	163	22,985
26 Walton and Weybridge ...	218	140	—	—	224	150	—	—	442	290	11,273
27 Wimbledon (M.B.) ... ..	112	121	—	—	53	40	—	—	165	161	16,104
28 Woking ... ..	409	141	334	161	180	159	—	—	923	461	14,339
Totals ... ..	3,994	2,758	1,056	878	2,677	2,935	—	2	7,727	6,573	345,499
RURAL.											
1 Bagshot ... ..	43	22	—	—	38	16	—	—	81	38	4,036
2 Dorking and Horley ... ..	135	89	—	—	88	115	—	—	223	204	7,926
3 Godstone ... ..	175	116	8	—	71	78	—	—	254	194	9,319
4 Guildford ... ..	140	55	—	—	150	203	—	—	290	258	13,336
5 Hambledon ... ..	116	94	—	—	105	73	—	—	221	167	9,322
Totals ... ..	609	376	8	—	452	485	—	—	1,069	861	43,939
Administrative County ... ..	4,603	3,134	1,064	878	3,129	3,420	—	2	8,796*	7,434†	345,499

\* Includes 51 dwellings provided for agricultural workers.

† Includes 33 dwellings in course of erection for agricultural workers.



## RURAL HOUSING.

The position of the housing survey of the Rural Districts on the 31st December, 1953, 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.	Requiring repair : structural alterations or improve- ments.	Unfit for habitation and beyond repair at a reasonable expense.	
			(1)	(2)	(3)	(5)	
Bagshot ... ..	2,010	2,010	321	420	1,097	172	—
Dorking and Horley ... ..	3,910	3,910	745	2,150	727	288	—
Godstone ... ..	4,804	4,804	1,721	938	1,781	364	—
Guildford ... ..	8,399	8,399	2,574	3,486	1,780	559	—
Hambledon ... ..	5,791	5,746	1,472	2,199	1,822	253	45
	24,914	24,869	6,833	9,193	7,207	1,636	45
		100%	27.5%	37%	28.9%	6.6%	

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, 1953, was £15,033,535, and the estimated produce of a 1d. rate for general County purposes for the year 1953-54 was £60,728.

## VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1953 with the previous year and with the mean of the five years 1948-52.

	Per 1,000 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.		
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
1952 ... ..	12.91	10.57	0.17	1.90	0.72	20.93
Mean of 5 years, 1948-52 ...	14.02	10.44	0.24	1.84	0.73	22.51
1953 ... ..	13.22	11.46	0.16	1.97	1.03	20.56
Increase or decrease in 1953 on:						
5 years' average ... ..	—0.80	+1.02	—0.08	+0.13	+0.30	—1.95
Previous year ... ..	+0.31	+0.89	—0.01	+0.07	+0.31	—0.37

## 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 five years but this decline was arrested in 1953.

The live births registered in or belonging to the County during the year numbered 18,187, as compared with 17,633 in the previous year, showing an increase of 554. The birth rate for the year was 13.22, as compared with 12.91 for the previous year.

The live birth rate is based on the number of live births per 1,000 of the estimated population of the area. The local rates shown in the Table on page 10 are not validly comparable by reason of the fact that the areal populations on which they are based may be of widely differing sex-age

constitutions. With a view to eliminating this element of variation the Registrar-General has supplied a comparability factor for each area and this when multiplied by the live birth rate of the area produces an adjusted rate which may be regarded as comparable with the adjusted rate of any other area or with the crude live birth rate for England and Wales.

The factor for the Administrative County is 1.02, for the aggregate of Urban Districts 1.02 and for the Rural Districts 1.07. The effect of these factors on the 1953 crude live birth rates is shown below :—

			<i>Administrative County.</i>	<i>Urban Districts.</i>	<i>Rural Districts.</i>
			<i>per 1,000 of estimated home population.</i>		
Crude rates	...	...	13.22	13.09	14.28
Adjusted rates	...	...	13.48	13.35	15.28

The birth rate for England and Wales for 1953 was 15.5 and for 1952, 15.3.

In addition to the 18,187 live births in Surrey, there were 337 still births and the rate of still births per 1,000 live and still births was 18.2.

Of the 18,187 live births 751 or 4.13 per cent. were illegitimate, as compared with 682 or 3.87 per cent. in 1952.

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
1953 ...	18,187	13.22	337	18.2	751	4.12

## 2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1953 was 15,764, as compared with 14,439 in the year 1952. The crude death rate for 1953 was 11.46, compared with 10.57 for 1952. The death rate for England and Wales was 11.4 compared with 11.3 for 1952.

## 3. Infant Mortality.

The number of infants under one year who died during 1953 was 374 compared with 369 in 1952. This represents an infant mortality rate of 20.56 per 1,000 live births as compared with a corresponding rate of 20.93 for the year 1952 and is the lowest ever recorded in Surrey. The comparable figures for England and Wales were 26.8 in 1953, and 27.6 in 1952.

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
1953 ...	26.8	17.7	9.1	20.56	13.86	6.70



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 1953:—

DISTRICTS	Live births.	Live birth rate.	Adjusted 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...	406	11.84	13.38	5	12.17	492	14.34	13.05	-86	4	—
Barnes ...	434	10.82	10.82	7	15.87	563	14.04	11.37	-129	9	1
Beddington and Wallington	388	11.93	12.65	4	10.20	337	10.37	9.23	51	3	2
Carshalton ...	772	12.22	12.02	24	30.15	523	8.48	10.26	249	12	6
Caterham and Warlingham	419	13.11	13.37	10	23.31	348	10.89	11.65	71	11	1
Chertsey ...	502	15.63	14.69	10	19.53	300	9.34	10.55	202	10	5
Coulsdon and Purley	750	11.57	12.50	14	18.32	990	15.28	13.29	-240	16	6
Dorking ...	253	12.59	13.60	10	38.02	270	13.43	11.15	-17	2	—
Egham ...	362	14.03	13.75	6	16.30	294	11.40	10.60	68	6	4
Epsom and Ewell	679	10.04	11.24	13	18.79	1,146	16.95	14.92	-467	11	3
Fisher ...	661	12.81	13.19	7	10.48	577	11.18	10.17	84	12	—
Farnham...	331	13.71	14.40	3	8.98	382	15.82	11.55	-51	3	4
Frimley and Camberley	401	16.49	19.13	5	12.32	199	8.18	9.24	202	4	2
Godalming ...	181	11.98	12.58	1	5.49	159	10.52	9.05	22	3	1
Guildford ...	744	15.36	14.90	18	23.62	561	11.58	10.07	183	8	9
Haslemere ...	155	13.09	12.83	1	6.41	144	12.16	9.36	11	3	1
Kingston-on-Thames	609	15.25	14.49	19	30.25	465	11.64	10.01	144	9	6
Leatherhead ...	394	13.63	14.58	5	12.53	276	9.55	8.12	118	1	3
Malden and Coombe	595	13.08	13.73	14	22.99	430	9.45	9.54	165	6	2
Merton and Morden	868	11.85	12.32	17	19.21	654	8.93	9.64	214	10	2
Mitcham ...	924	13.91	13.21	26	27.37	613	9.23	10.52	311	11	6
Reigate ...	683	15.21	15.97	7	10.14	637	14.19	11.07	46	13	8
Richmond ...	570	13.43	12.49	15	25.64	510	12.02	9.62	60	3	3
Surbiton ...	856	13.76	13.76	9	10.40	570	9.16	9.25	286	15	3
Sutton and Cheam	938	11.87	12.34	17	17.80	782	9.89	9.20	156	4	7
Walton and Weybridge	609	15.22	15.07	8	13.16	420	10.65	10.01	180	21	4
Wimbledon ...	739	12.68	12.17	15	19.89	732	12.56	10.05	7	9	3
Woking ...	747	14.15	14.29	9	11.90	701	13.28	12.22	46	7	8
<b>Total ...</b>	<b>15,061</b>	<b>13.09</b>	<b>13.35</b>	<b>299</b>	<b>18.39</b>	<b>14,075</b>	<b>11.54</b>	<b>10.73</b>	<b>1,886</b>	<b>226</b>	<b>100</b>
<b>Rural</b>											
Bagshot ...	202	14.05	15.03	1	4.93	158	10.99	9.78	44	2	1
Dorking and Horley	421	15.56	16.49	7	16.36	251	9.28	8.35	170	3	3
Godstone ...	445	13.15	14.20	11	24.12	459	13.57	11.94	-14	5	3
Guildford ...	709	14.82	16.15	9	12.53	466	9.74	9.35	243	10	9
Hambleton ...	449	13.70	14.25	10	21.79	355	10.83	9.10	94	6	6
<b>Total ...</b>	<b>2,296</b>	<b>14.28</b>	<b>15.28</b>	<b>38</b>	<b>16.78</b>	<b>1,689</b>	<b>10.83</b>	<b>9.75</b>	<b>537</b>	<b>26</b>	<b>22</b>
<b>Administrative County</b>	<b>18,187</b>	<b>13.22</b>	<b>13.48</b>	<b>337</b>	<b>18.19</b>	<b>15,764</b>	<b>11.46</b>	<b>10.54</b>	<b>2,423</b>	<b>252</b>	<b>122</b>

\* The standardised death rate is based on information supplied by the Registrar-General, and the effect of standardising 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 20.42 and 21.56: the neo-natal mortality rates for the urban and the rural districts respectively were 14.16 and 11.68.

#### 4. Maternal Mortality.

In 1953 19 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 1.03 per thousand live and still births. The corresponding figures for England and Wales in 1953 were 525 and 0.76: and for Surrey in 1952 were 13 and 0.72.



## 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 1953, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table :—

DISTRICTS.	Heart and Vascular Disease.										Tuberculosis.				Malignant Disease.												
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Pulmonary.		Non-Pulmonary.		Respiratory diseases (Non-Tuberculous).		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant lymphatic neoplasms.		
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	
<b>M.B. and Urban.</b>																											
Banstead .....	62	1.81	40	1.17	13	0.28	105	3.06	27	0.79	8	0.23	1	0.03	84	2.45	14	0.41	8	0.23	8	0.23	5	0.15	33	0.96	
Barnes .....	91	2.27	71	1.77	10	0.25	70	1.75	40	1.00	11	0.27	1	0.02	57	1.42	11	0.27	14	0.35	9	0.22	9	0.22	51	1.27	
Bedington and Wallington .....	44	1.35	59	1.81	4	0.12	63	1.94	19	0.58	5	0.15	2	0.06	30	0.92	8	0.25	8	0.25	5	0.15	3	0.09	40	1.23	
Carshalton .....	56	0.91	69	1.12	8	0.13	69	1.12	28	0.45	11	0.18	2	0.03	58	0.94	20	0.32	32	0.52	10	0.16	3	0.05	61	0.99	
Caterham and Wadlingham .....	35	1.09	45	1.41	6	0.19	50	1.56	14	0.44	2	0.06	2	0.06	33	1.03	15	0.47	18	0.56	6	0.19	2	0.06	28	0.88	
Chertsey .....	29	1.21	41	1.28	6	0.19	29	0.90	21	0.65	6	0.19	—	—	42	1.31	6	0.19	14	0.44	8	0.25	2	0.06	20	0.62	
Condon and Purley .....	112	1.73	146	2.25	21	0.32	168	2.59	39	0.60	19	0.29	—	—	137	2.11	17	0.26	28	0.43	15	0.23	5	0.08	90	1.39	
Dorking .....	29	1.44	32	1.50	7	0.35	48	2.39	17	0.85	6	0.30	—	—	27	1.34	4	0.20	9	0.45	2	0.10	6	0.30	31	1.54	
Egham .....	48	1.86	42	1.63	3	0.12	68	2.64	10	0.39	2	0.08	—	—	29	1.12	1	0.04	7	0.27	3	0.12	3	0.12	31	1.20	
Epsom and Ewell .....	147	2.17	101	1.49	18	0.27	318	4.70	58	0.86	21	0.31	2	0.03	139	2.06	21	0.31	27	0.40	22	0.33	7	0.10	75	1.11	
Esler .....	82	1.50	80	1.55	8	0.16	74	1.43	41	0.79	5	0.10	1	0.02	52	1.01	8	0.16	19	0.37	9	0.17	7	0.14	64	1.24	
Farnham .....	66	2.73	42	1.74	10	0.41	68	2.82	15	0.65	3	0.12	—	—	43	1.78	8	0.33	11	0.46	5	0.21	2	0.08	29	1.20	
Frimley and Camberley .....	36	1.48	19	0.78	5	0.21	27	1.11	16	0.66	2	0.08	—	—	14	0.58	12	0.49	8	0.33	4	0.16	3	0.12	17	0.70	
Godalming .....	18	1.10	21	1.30	2	0.13	24	1.50	6	0.40	5	0.33	—	—	22	1.45	2	0.13	10	0.66	1	0.07	1	0.07	16	1.06	
Guildford .....	81	1.67	84	1.73	12	0.25	74	1.53	35	0.72	4	0.08	2	0.04	73	1.51	9	0.19	12	0.25	15	0.31	3	0.06	52	1.07	
Haslemere .....	16	1.35	26	2.20	3	0.25	17	1.44	17	1.44	1	0.08	—	—	11	0.93	6	0.51	2	0.17	—	—	2	0.17	16	1.35	
Kingston-on-Thames .....	61	1.53	61	1.53	12	0.30	47	1.18	33	0.83	8	0.20	1	0.03	60	1.50	8	0.20	15	0.38	10	0.25	3	0.08	59	1.48	
Leatherhead .....	30	1.04	34	1.18	7	0.24	40	1.38	21	0.73	1	0.03	—	—	23	0.80	10	0.35	12	0.42	9	0.31	3	0.10	31	1.07	
Malden and Coombe .....	64	1.41	69	1.52	14	0.31	47	1.03	29	0.64	10	0.22	—	—	48	1.05	11	0.24	9	0.20	8	0.18	3	0.07	33	0.73	
Merton and Morden .....	69	0.94	110	1.50	22	0.30	81	1.11	34	0.46	10	0.14	—	—	74	1.01	20	0.27	36	0.49	14	0.19	10	0.14	53	0.72	
Mitcham .....	68	1.02	92	1.38	13	0.29	73	1.10	24	0.36	10	0.15	—	—	91	1.37	26	0.39	17	0.26	17	0.26	3	0.05	66	0.99	
Reigate .....	77	1.72	58	1.29	15	0.33	86	1.92	31	0.69	4	0.09	—	—	74	1.65	13	0.29	12	0.27	10	0.22	4	0.09	51	1.14	
Richmond .....	64	1.51	49	1.15	6	0.14	91	2.14	26	0.61	8	0.19	—	—	57	1.34	7	0.16	12	0.28	6	0.14	2	0.05	48	1.13	
Sutton and Cheam .....	60	0.96	72	1.16	10	0.16	74	1.19	39	0.63	10	0.16	—	—	71	1.14	13	0.21	22	0.35	10	0.16	3	0.05	61	0.98	
Sutton and Cheam .....	110	1.39	110	1.39	19	0.24	123	1.56	41	0.52	11	0.14	3	0.04	76	0.96	16	0.20	39	0.49	16	0.20	5	0.06	73	0.92	
Walton and Weybridge .....	53	1.34	51	1.29	7	0.18	54	1.37	29	0.74	6	0.15	—	—	46	1.17	13	0.33	20	0.51	5	0.13	2	0.05	33	0.84	
Wimbledon .....	109	1.87	107	1.84	15	0.26	99	1.70	35	0.60	16	0.27	1	0.02	85	1.46	16	0.27	26	0.45	11	0.19	5	0.09	54	0.93	
Woking .....	111	2.10	73	1.38	16	0.30	142	2.69	29	0.49	8	0.15	—	—	90	1.71	10	0.19	15	0.28	14	0.27	4	0.08	57	1.08	
<b>Total</b> .....	1,838	1.51	1,804	1.48	292	0.24	2,229	1.83	771	0.63	213	0.17	22	0.02	1,540	1.35	325	0.27	462	0.38	252	0.21	110	0.09	1,273	1.04	
<b>Rural.</b>																											
Bagshot .....	27	1.88	14	0.97	1	0.07	25	1.74	14	0.97	—	—	—	—	8	0.56	2	0.14	4	0.28	4	0.28	2	0.14	22	1.53	
Dorking and Horley .....	29	1.07	30	1.11	5	0.18	52	1.92	20	0.74	1	0.04	—	—	28	1.03	8	0.30	12	0.44	5	0.18	3	0.11	22	0.81	
Godstone .....	50	1.74	43	1.27	6	0.18	96	2.84	34	1.01	3	0.09	2	0.06	59	1.74	8	0.24	11	0.33	12	0.35	—	—	41	1.21	
Guildford .....	70	1.46	48	1.00	6	0.13	84	1.76	19	0.40	4	0.08	—	—	51	1.07	5	0.10	10	0.21	9	0.19	7	0.15	42	0.88	
Hambleton .....	53	1.62	42	1.28	10	0.31	63	1.92	10	0.31	5	0.15	1	0.03	31	0.95	12	0.37	9	0.27	7	0.21	2	0.06	27	0.82	
<b>Total</b> .....	238	1.53	177	1.14	28	0.18	329	2.05	97	0.62	13	0.08	3	0.02	177	1.14	35	0.22	46	0.30	37	0.24	14	0.09	154	0.99	
<b>Administrative County 1953</b>	2,076	1.51	1,981	1.44	320	0.23	2,549	1.85	868	0.63	226	0.16	25	0.02	1,823	1.33	360	0.26	508	0.37	289	0.21	124	0.09	1,427	1.04	
Percentage of Total Deaths in 1953	13.17 (13.83)	12.57 (13.07)	2.03 (2.13)	16.17 (16.38)	5.31 (4.94)	1.43 (1.57)	0.16 (0.18)	1.83 (2.15)	3.22 (3.44)	0.28 (0.26)	0.79 (0.61)	0.05 (0.53)															

The figures shown in brackets relate to the year 1952.



## ADMINISTRATIVE COUNTY OF SURREY.

## 6. Causes of Death at Different Periods of Life, 1953.

The causes of all deaths during 1953 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.	6,805	190	40	47	65	306	1,809	1,895	2,453	859	28	6	6	10	38	180	243	348
	F.	7,270	136	39	35	39	272	1,272	1,746	3,731	830	20	3	5	4	29	130	188	451
1. Tuberculosis, Respiratory ...	M.	146	—	—	—	1	37	64	29	15	9	—	—	—	—	3	4	2	—
	F.	67	1	1	—	6	22	20	11	6	4	—	—	—	—	3	—	1	—
2. Tuberculosis, Other...	M.	15	—	2	3	2	2	4	2	—	2	—	—	—	—	—	1	1	—
	F.	7	—	—	1	—	—	2	2	2	1	—	—	—	—	1	—	—	—
3. Syphilitic Disease ... ..	M.	27	—	—	—	—	—	12	11	4	3	—	—	—	—	—	1	2	—
	F.	11	—	—	—	—	—	2	5	4	5	—	—	—	—	—	3	2	—
4. Diphtheria ... ..	M.	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ... ..	M.	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	M.	1	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
	F.	3	1	1	—	—	—	—	1	—	2	—	1	—	—	—	1	—	—
7. Acute Poliomyelitis...	M.	5	—	—	4	1	—	—	—	—	1	—	—	—	—	—	1	—	—
	F.	5	—	—	2	—	3	—	—	—	1	—	—	—	—	—	1	—	—
8. Measles ... ..	M.	9	2	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	4	—	3	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—
9. Other Infective and Parasitic Diseases	M.	10	—	—	—	1	1	6	1	1	4	—	—	1	—	1	2	—	—
	F.	16	2	1	1	1	6	—	1	4	1	—	—	—	—	—	—	1	—
10. Malignant Neoplasm, Stomach	M.	172	—	—	—	—	2	68	61	41	19	—	—	—	—	1	7	6	5
	F.	153	—	—	—	—	5	38	40	70	16	—	—	—	—	—	6	4	6
11. Malignant Neoplasm, Lung, Bronchus	M.	398	—	—	—	—	14	230	124	30	42	—	—	—	—	3	22	15	2
	F.	64	—	—	—	—	2	25	26	11	4	—	—	—	—	—	1	2	1
12. Malignant Neoplasm, Breast	M.	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
	F.	250	—	—	—	—	25	116	60	40	37	—	—	—	—	5	10	11	11
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	110	—	—	—	—	3	45	32	30	14	—	—	—	—	—	7	3	4
14. Other Malignant and Lymphatic Neoplasms	M.	649	—	4	3	7	38	204	193	200	85	—	—	1	2	5	25	23	29
	F.	624	—	4	2	2	40	200	188	188	69	—	—	1	1	3	32	15	17
15. Leukæmia, Aleukæmia ...	M.	34	1	4	1	1	6	13	1	7	4	—	1	—	2	1	—	—	—
	F.	37	1	2	3	1	5	14	6	5	—	—	—	—	—	—	—	—	—
16. Diabetes ... ..	M.	34	—	—	—	—	3	9	10	12	3	—	—	—	—	—	—	—	3
	F.	54	—	—	—	—	—	7	21	26	7	—	—	—	—	—	—	5	2
17. Vascular Lesions of Nervous System	M.	694	1	—	—	1	10	133	209	340	92	—	—	—	—	4	12	32	44
	F.	1,144	—	—	—	—	9	168	285	682	146	—	—	—	—	—	17	40	89
18. Coronary Disease, Angina...	M.	1,083	—	—	—	—	23	381	375	304	105	—	—	—	—	4	29	33	39
	F.	721	—	—	1	—	—	101	245	374	72	—	—	—	—	—	12	21	39
19. Hypertension with Heart Disease	M.	124	—	—	—	—	—	28	52	44	14	—	—	—	—	—	4	7	3
	F.	168	—	—	—	—	—	21	52	95	14	—	—	—	—	—	2	8	4
20. Other Heart Disease ...	M.	825	1	—	—	2	14	95	188	525	126	—	—	1	—	2	11	24	88
	F.	1,404	—	—	—	2	20	124	268	990	194	—	—	—	—	1	8	37	148
21. Other Circulatory Disease ...	M.	350	—	—	—	—	13	70	96	171	47	—	—	—	—	1	6	16	24
	F.	421	—	—	—	1	12	45	117	246	50	—	—	—	—	2	10	7	31
22. Influenza ... ..	M.	145	3	—	1	2	5	34	35	65	18	—	—	—	—	—	5	5	8
	F.	178	1	—	—	1	8	26	42	100	22	—	—	—	—	—	2	5	15

Continued overleaf





# 7. Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1953, giving the number of cases of each disease notified and the attack rate :—

Disease.	1953	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective ... ..	5	0.004
Post infectious ... ..	6	0.004
Acute pneumonia ... ..	987	0.72
Acute poliomyelitis—		
Paralytic ... ..	125	0.09
Non-Paralytic ... ..	73	0.05
Diphtheria ... ..	—	—
Dysentery ... ..	502	0.36
Enteric or Typhoid Fever ... ..	4	0.003
Erysipelas ... ..	160	0.12
Food poisoning ... ..	264	0.19
Measles, excluding Rubella ... ..	19,303	14.03
Meningococcal Infection ... ..	18	0.01
*Ophthalmia neonatorum ... ..	8	0.44
Paratyphoid fevers ... ..	24	0.02
†Puerperal Pyrexia ... ..	640	34.55
Scarlet Fever ... ..	1,754	1.28
Tuberculosis—Pulmonary ... ..	988	0.72
Non-pulmonary ... ..	131	0.10
Whooping cough ... ..	4,655	3.38

\* 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 ... ..	13 (3)
Whooping Cough ... ..	2 (4)
Diphtheria ... ..	1 (—)
Influenza ... ..	323 (75)
Meningococcal infections ... ..	4 (3)
Acute Poliomyelitis ... ..	10 (21)

The figures in brackets relate to the year 1952.

## 8. Tuberculosis.

## (a) NOTIFICATIONS.

The summary of returns for 1953 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 988 cases of pulmonary tuberculosis and 131 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 1953 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
1953	988	0.72	226	0.16	131	0.10	25	0.02

The table shows that the case-rate for pulmonary tuberculosis is the lowest recorded since 1939, and also shows a drop in 221 cases notified over the 1952 figure. This reflects an encouraging trend as, during the year, there has been further intensification of case finding techniques. The case-rate for non-pulmonary tuberculosis is the same as that for 1952 (the lowest recorded in Surrey).

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

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year	1	2	—	—	3
One and under 2 years	5	4	—	—	9
2 " " 5	6	6	4	4	20
5 " " 10	17	19	8	9	53
10 " " 15	17	23	3	5	48
15 " " 20	57	50	3	10	120
20 " " 25	60	89	10	11	170
25 " " 35	113	81	6	14	214
35 " " 45	77	74	8	10	169
45 " " 55	103	27	5	10	145
55 " " 65	81	15	1	3	100
65 " " 75	39	8	2	2	51
75 and upwards	11	3	1	2	17
Totals	587	401	51	80	1,119
1952	707	502	58	78	1,345
1951	655	463	78	77	1,273
1950	657	490	83	104	1,334
1949	677	460	67	82	1,286
1948	621	427	90	92	1,230
1947	719	473	88	90	1,370
1946	631	425	92	96	1,244
1945	671	446	102	111	1,330
1944	711	507	123	138	1,479
1943	652	488	136	173	1,449

In view of the Minister's decision announced towards the end of the year, to permit local health authorities to introduce schemes of B.C.G. vaccination of thirteen-year-old school children, it is



interesting to note that between the age periods 10-15 and 15-20 the total number of new notifications rises sharply from 48 to 120 and this is maintained throughout the two succeeding quinquennial periods.

Emphasis is again directed to the large number of new notifications occurring in males between the ages of 45 and 55.

Apart from the above new notifications, during the year 634 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc. (The corresponding figure for 1952 was 528.) The transfers from other areas comprised just over 91 per cent. of this group and there were 54 deaths of unnotified cases of tuberculosis.

The site of disease and place of death in the 54 unnotified cases were as follows :—

	In Hospitals	At Home	Total
Pulmonary tuberculosis ... ..	13	9	22
Tuberculous meningitis ... ..	1	—	1
Miliary Tuberculosis ... ..	4	—	4
Genito-urinary tuberculosis ... ..	1	—	1
Deaths from other causes (T.B. also present) ...	15	6	21
Deaths from other causes (Arrested T.B. present)	2	—	2
Tuberculous osteitis ... ..	2	—	2
Tuberculous peritonitis ... ..	—	1	1
	38	16	54

The age distribution of the 22 unnotified deaths from pulmonary tuberculosis was 0-1, 1; 2-4, 1; 35-44, 2; 45-54, 3; 55-64, 6; 65 and over, 9.

The age distribution of the 32 unnotified deaths from non-pulmonary tuberculosis and from other causes, tuberculosis being also present was, 5-14, 2; 25-34, 1; 35-44, 1; 45-54, 8; 55-64, 5; 65 and over, 15.

The reduction of unnotified cases of tuberculosis from 91 in 1951 and 64 in 1952, respectively, is encouraging, but the need for prompt notification must still be emphasised. Unnotified deaths in hospitals comprise 70 per cent. of the total unnotified deaths and the Regional Hospital Board has drawn the attention of medical and surgical staff in hospitals to this fact and to the Public Health (Tuberculosis) Regulations 1952.

Each District Medical Officer keeps a register of the known cases of tuberculosis resident in his sanitary district. The numbers of cases on the district registers on the 31st December, 1953, were as follows :—

	Pulmonary	Non-Pulmonary
Males ... ..	5,857	841
Females ... ..	4,646	992
Totals ... ..	10,503	1,833
Grand Total ... ..	12,336	

The total of 12,336 is an increase of 300 as compared with the figure (12,036) for 1952. The number of pulmonary cases has risen by 387 and the non-pulmonary figure has decreased by 87. The corresponding total for 1951 was 11,505.

It is of interest to compare the total cases shown on the District Medical Officers' non-statutory registers with those of the chest clinics which are now considered to be the "essential" registers.

The total of 9,926 cases on chest clinic registers for 1953, as set against 12,336 on the District Medical Officers' registers represents a difference of 2,410. This discrepancy is inevitable since it is the practice to remove a name from the register of the chest clinic if the person has not attended for two years; such persons may, of course, still have active tuberculosis. It is therefore vitally necessary for the District Medical Officer of Health to continue to keep a register which will show the total tuberculous cases in his area. On the other hand, the District Medical Officers' registers may contain old cases which the Chest Physician would consider could be removed as recovered or for other reason: and, although it is not possible completely to reconcile both registers, steps are being taken to compare and review the District Medical Officers' registers with those of chest clinics in order to make them reasonably comparative.

(b) DEATHS.

The deaths and the death rate per 1,000 of the population from pulmonary tuberculosis and from other forms of tuberculosis are shown in the table on page 15. The death rate for pulmonary tuberculosis (0.16) was the lowest recorded in Surrey, the previous low record being 0.17 in 1952. The death rate for non-pulmonary tuberculosis, namely 0.02, equalled the lowest recorded in Surrey, in 1952.

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 1,753. The corresponding figure for 1952 was 1,873, and for 1951 was 1,725.

Of the 251 deaths which occurred during the year 1953, 54 or 21.5 per cent. occurred in non-notified cases. The corresponding figure for the year 1952 was 64 or 25.3 per cent.



## WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the department are given in the subsequent sections of the Report, and it is only necessary here to refer to the Capital Building Programme.

### Capital Building Programme.

The County Council are required to submit for the Minister's approval each year a provisional programme of capital building works which they plan to undertake in the ensuing financial year.

The following table sets out the present position of all projects included in the annual Capital Building Programme since the inception of the present procedure in 1950, with the exception of those projects which were shown as completed in my previous Report.

Submitted in Financial Year	Project.	Purpose.	Present Position.
1950/51 & 1952/53	Grand Drive, Morden (Land)	Welfare Centre/School Clinic	Negotiations nearing conclusion.
1950/51 & 1952/53	Haslemere ... ..	Ambulance Sub-Station ...	Site not yet determined.
1950/51 & 1952/53	"Everleigh," Addlestone...	Welfare Centre/School Clinic	Nearing completion.
1950/51 ... ..	The Roselands, New Malden	Main Ambulance Station ...	Completed December, 1953.
1950/51 ... ..	Botley's Park, Chertsey ...	Main Ambulance Station ...	Nearing completion.
1951/52 & 1952/53	Grand Drive, Morden (Building)	Welfare Centre/School Clinic	Tender accepted June, 1954.
1951/52 ... ..	Hill House, St. Helier ...	Welfare Centre/School Clinic	Project deferred.
1951/52 & 1952/53	Hill House, St. Helier ...	Main Ambulance Station ...	Awaiting starting date.
1951/52 & 1952/53	L.C.C. Estate, Merstham	Welfare Centre/School Clinic	Nearing completion.
1951/52 & 1952/53	The Roselands, New Malden	Welfare Centre/School Clinic	Completed January, 1954.
1951/52 & 1953/54	Manor Drive, Malden ...	Welfare Centre/School Clinic	Sketch plans and estimates being prepared.
1951/52 ... ..	Wimbledon... ..	Ambulance Sub-Station ...	Deferred as suitable property leased.
1951/52 & 1952/53	"Capri," Purley ... ..	Ambulance Sub-Station ...	Completed November, 1953.
1951/52 & 1952/53	Walton Lodge Estate, Banstead	Ambulance Sub-Station ...	Sketch plans and estimates being prepared.
1951/52 & 1953/54	Cannon Way, Molesey ...	Welfare Centre/School Clinic	Negotiations proceeding.
1952/53 ... ..	Chaldon Road, Caterham-on-the-Hill	Welfare Centre/School Clinic	Sketch plans and estimates being prepared.
1952/53 ... ..	Pollards Hill, Mitcham ...	Welfare Centre/School Clinic	Sketch plans and estimates being prepared.
1952/53 ... ..	Between Streets, Cobham	Welfare Centre/School Clinic	Awaiting Ministry's approval of sketch plans and estimates.
1952/53 ... ..	"The Roselands," New Malden	Nurses' Home ... ..	Completed January, 1954.
1953/54 ... ..	Morden Road, Morden ...	Welfare Centre/School Clinic	Sketch plans and estimates being prepared.
1953/54 ... ..	Stonecot Hill, Sutton ...	Welfare Centre/School Clinic	Work commenced.
1953/54 ... ..	9, Amity Grove, Raynes Park	Welfare Centre/School Clinic	Awaiting Ministry's approval of sketch plans and estimates.
1953/54 ... ..	Victoria Road, Horley ...	Welfare Centre/School Clinic	Part of a County owned site to be appropriated.
1953/54 ... ..	Woking ... ..	Ambulance Sub-Station ...	Suitable premises being purchased.
1953/54 ... ..	Mitcham ... ..	Ambulance Sub-Station ...	Replaced by North Cheam in 1954/55 Programme.
1953/54 ... ..	Surbiton ... ..	Ambulance Sub-Station ...	Site not yet determined.

The Council were again requested by the Minister to submit a Capital Building Programme for the financial year 1954-55 and, after careful consideration, were of the opinion that the following ten projects were sufficiently urgent to warrant their inclusion in the 1954-55 Programme :—

Walton Lodge Estate, Banstead ... ..	Welfare Centre/School Clinic.
Junction of Lloyd Avenue and The Mount, Carshalton	Welfare Centre/School Clinic.
Rochester Road Clinic, Carshalton ... ..	Extension of dental suite and possible group medical practice accommodation.
Junction of Green Wrythe Lane and Middleton Road, Carshalton	Welfare Centre/School Clinic and Day Nursery.
Junction of Acre and Cross Roads, Kingston...	Welfare Centre/School Clinic.
Church Street, Epsom ... ..	Welfare Centre/School Clinic and Ambulance Station.
Oxted ... ..	Welfare Centre/School Clinic.
North Cheam ... ..	Ambulance Sub-Station.
Reigate ... ..	Ambulance Main Station.
*Morden ... ..	M.D. Occupation and Training Centre.

\* Since deferred for inclusion in a subsequent Programme and replaced by a more urgent, similar, project at Guildford.



## 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.

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

The following is an analysis of all births (live and still) notified during 1953 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT.										Number Born Outside Administrative County but Normally Resident within the County.			No. of Regis- tered Births (Live and Still).
	and Normally Resident Therein.					and Normally Resident Outside County of 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.		
<b>M.B. and Urban.</b>														
Banstead ... ..	81	—	—	—	—	—	—	—	—	1	16	289	13	411
Barnes ... ..	100	—	—	—	—	—	1	—	—	—	—	141	206	441
Beddington and Wallington	113	—	—	—	—	—	2	—	—	—	6	262	18	392
Casualties ... ..	167	—	545	—	—	1,502	—	—	26	2	13	88	1	796
Caterham and Warlingham	126	2	—	—	—	—	—	—	—	—	17	232	2	429
Chertsey ... ..	118	—	—	—	—	—	—	—	—	—	2	355	1	512
Coulsdon and Purley	203	58	1	1	20	158	1	9	1	2	2	231	239	764
Dorking ... ..	66	29	162	1	20	—	1	5	75	2	—	22	3	263
Egham ... ..	109	—	—	—	—	—	—	—	—	—	—	223	2	368
Epsom and Ewell ...	98	30	479	—	34	862	—	4	6	—	3	32	3	692
Essex ... ..	142	—	—	—	—	—	2	—	—	1	1	300	8	668
Farnham ... ..	102	13	153	1	4	57	—	6	77	1	10	18	1	334
Frimley and Camberley	74	—	120	—	—	2	2	—	28	—	2	28	2	406
Godalming ... ..	28	25	—	1	24	—	—	6	59	1	—	137	3	182
Guildford ... ..	127	49	545	1	72	700	—	19	188	—	3	15	—	762
Haslemere ... ..	21	—	124	—	—	42	—	—	45	1	—	37	3	156
Kingston-on-Thames	111	—	389	—	—	1,151	—	—	—	—	19	255	90	628
Leatherhead ... ..	79	27	1	—	12	—	—	5	—	—	—	12	12	399
Malden and Coombe	122	45	—	2	48	—	—	3	—	—	—	388	4	609
Merton and Morden ...	122	—	268	—	—	466	—	—	110	2	6	430	1	37
Mitcham ... ..	220	—	102	1	—	9	2	—	24	1	2	552	3	885
Reigate ... ..	132	—	539	—	—	860	2	—	82	1	1	5	2	950
Richmond ... ..	138	—	—	—	—	—	—	—	—	—	1	263	17	690
Surbiton ... ..	169	—	101	2	—	41	—	—	5	1	1	474	16	585
Sutton and Cheam ...	160	2	239	2	1	194	2	—	10	1	4	76	3	865
Walton and Weybridge	97	30	315	—	18	65	—	8	29	—	3	155	3	955
Wimbledon ... ..	79	123	—	1	93	—	—	625	1	1	19	475	27	608
Woking ... ..	260	—	484	—	—	715	1	—	34	—	4	45	63	754
													11	756
<b>Rural.</b>														
Bagshot ... ..	35	—	83	—	—	166	—	—	170	—	—	58	9	203
Dorking and Horley	124	—	—	2	—	—	—	—	—	1	8	258	6	428
Godstone ... ..	184	4	—	1	—	—	1	—	—	—	—	210	31	456
Guildford ... ..	214	—	—	1	—	—	—	—	—	—	39	388	3	718
Hambleton ... ..	113	—	—	—	—	—	1	—	—	—	35	266	7	459
Totals ... ..	4,034	437	4,650	17	347	6,990	15	690	970	22	243	7,077	185	18,524



## (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 and Guildford.

Division.  (1)	Number of Clinics provided at end of year (whether held at Infant Welfare Centres or other premises). (2)	Number of sessions now held per month at clinics included in Col. (2).		Number of Women who:		Total number of attendances during the year. (7)
		Medical Officers' sessions. (3)	Midwives' sessions. (4)	attended during the year. (5)	were new cases and included in Col. (5). (6)	
<b>Ante-Natal Clinics.</b>						
Northern ... ..	5	18	6	1,005	689	4,188
North-Central ... ..	9	33	16	681	677	4,767
North-Eastern—						
Wimbledon ... ..	2	6	9	332	172	1,409
Merton & Morden and Mitcham ... ..	5	24	4	1,062	869	3,201
Central ... ..	5	24	8	1,461	951	7,521
South-Eastern ... ..	5	18	—	829	604	2,944
Mid-Eastern—						
Carshalton ... ..	5	20	—	414	322	1,767
Beddington and Wallington... ..	1	4	—	178	148	702
Southern ... ..	7	15	—	291	233	1,165
South-Western—						
Guildford ... ..	1	1	—	77	75	82
Excluding Guildford ... ..	3	8	—	508	508	2,611
North Western ... ..	8	35	2	700	500	3,164
Total ... ..	56	206	45	7,538	5,748	33,521
<b>†Post-Natal Clinics.</b>						
				*	*	*
Northern... ..	—	—	—	359 (359)	359 (359)	359 (359)
North-Central ... ..	—	—	—	303 (303)	298 (298)	334 (334)
North-Eastern—						
Wimbledon ... ..	—	—	—	9 (9)	9 (9)	9 (9)
Merton & Morden and Mitcham ... ..	1	1	—	94 (23)	94 (23)	97 (23)
Central ... ..	—	—	—	403 (403)	372 (372)	504 (504)
South-Eastern ... ..	—	—	—	198 (198)	198 (198)	208 (208)
Mid-Eastern—						
Carshalton ... ..	—	—	—	49 (49)	49 (49)	60 (60)
Beddington and Wallington... ..	—	—	—	17 (17)	17 (17)	17 (17)
Southern ... ..	—	—	—	99 (99)	88 (88)	115 (115)
South-Western—						
Guildford ... ..	—	—	—	—	—	—
Excluding Guildford ... ..	—	—	—	176 (176)	176 (176)	187 (187)
North-Western ... ..	—	—	—	148 (148)	148 (148)	201 (201)
Total ... ..	1	1	—	1,855 (1,784)	1,808 (1,737)	2,091 (2,017)

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

\* The figures in brackets are for women examined post-natally 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 rely 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, 162 cases were admitted to mother and baby homes, 42 cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, and 59 cases were sent by the Council to other Homes, payment being made per capitum.

In addition, 54 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 1953 was 19 which gives a maternal mortality rate of 1.03 per thousand live and still births compared with 0.76 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 8.

There were 19 deaths which actually occurred in the County all of which were investigated. Five patients were confined at home and the remainder in Surrey hospitals.

(f) **Puerperal Pyrexia.**

During 1953, 640 cases of puerperal pyrexia were notified representing an attack rate of 34.55 per thousand live and still births as compared with 18.23 for England and Wales. Of these cases 38 occurred in domiciliary confinements and the remainder in institutional confinements.

(g) **Infant Mortality.**

The infant mortality rate in the Administrative County of 20.56 compares with 26.8 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics" (page 9).

The urban infant mortality rate in 1953—namely 20.42 (326 deaths)—is lower than the rural rate—namely 21.56 (48 deaths).

During the year an enquiry into every death in the first year of life occurring in the County was undertaken. In all 361 deaths were investigated. Of these 261 were born in hospitals, 78 at home, 20 in nursing homes and in 2 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 ... ..	52 (45)	4 (4)	1 (—)	57 (49)
Prematurity with associated conditions ... ..	51 (58)	1 (3)	— (—)	52 (61)
Congenital malformations ... ..	32 (45)	9 (18)	28 (27)	69 (90)
Birth injury (including intracranial haemorrhage)	23 (21)	— (—)	— (—)	23 (21)
Haemolytic disease ... ..	17 (8)	— (—)	— (—)	17 (8)
Pneumonia ... ..	5 (—)	13 (8)	33 (36)	51 (44)
Other respiratory diseases ... ..	1 (—)	1 (—)	9 (9)	11 (9)
Gastro enteritis ... ..	— (—)	3 (—)	20 (4)	23 (4)
Meningitis ... ..	— (—)	2 (—)	5 (1)	7 (1)
Accidents ... ..	— (1)	— (—)	7 (11)	7 (12)
Miscellaneous ... ..	26 (32)	3 (7)	15 (10)	44 (49)
<b>Totals ... ..</b>	<b>207 (210)</b>	<b>36 (40)</b>	<b>118 (98)</b>	<b>361 (348)</b>



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.
	Premature.	Premature and associated conditions.	Other.	Premature.	Premature and associated conditions.	Other.	Premature.	Premature and associated conditions.	Other.	All.	All.	All.	
Under 2 lb. ...	14 (11)	9 (7)	— (1)	3 (5)	4 (2)	— (2)	1 (1)	— (1)	— (—)	1 (1)	— (—)	— (—)	32 (31)
2-3 lb. ...	10 (7)	7 (14)	1 (1)	4 (3)	9 (7)	1 (5)	1 (1)	1 (1)	— (3)	1 (—)	— (1)	— (—)	35 (43)
3-4 lb. ...	8 (8)	6 (5)	2 (1)	5 (3)	4 (4)	4 (2)	1 (2)	— (—)	1 (—)	4 (—)	1 (—)	— (—)	36 (25)
4-5 lb. ...	2 (4)	5 (4)	4 (7)	2 (2)	5 (3)	5 (5)	— (—)	— (1)	3 (1)	8 (3)	1 (1)	— (—)	35 (31)
5-6 lb. ...	1 (—)	1 (3)	11 (12)	— (—)	— (3)	8 (12)	— (—)	— (—)	9 (5)	16 (7)	5 (2)	— (—)	51 (44)
6-7 lb. ...	— (—)	— (—)	17 (12)	— (—)	— (—)	16 (12)	— (—)	— (—)	7 (12)	23 (26)	7 (6)	— (—)	70 (68)
Over 7 lb. ...	— (1)	— (1)	14 (15)	— (—)	— (—)	14 (14)	— (—)	— (—)	11 (9)	26 (33)	20 (12)	— (—)	85 (85)
Not recorded ...	2 (1)	1 (3)	2 (3)	1 (—)	— (2)	5 (3)	1 (—)	— (—)	— (3)	5 (4)	— (2)	— (—)	17 (21)
Totals ...	37 (32)	29 (37)	51 (52)	15 (13)	22 (21)	53 (55)	4 (4)	1 (3)	31 (33)	84 (74)	34 (24)	— (—)	361 (348)

Figures in parentheses in the above two tables relate to 1952.

## (h) Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1953 as adjusted by transferred notifications :—

1. Premature infants (i.e.,  $5\frac{1}{2}$  lb. or less at birth, irrespective of period of gestation) :—
  - (a) Number of premature live births in hospitals ... 832
  - (b) Number of premature live births at home ... 187
  - (c) Number of premature live births in private nursing homes ... 34
2. Premature still births (i.e.,  $5\frac{1}{2}$  lb. or less, irrespective of period of gestation) :—
  - (a) Number of premature still births in hospitals ... 132
  - (b) Number of premature still births at home ... 17
  - (c) Number of premature still births in private nursing homes ... 3

Weight at birth.	PREMATURE LIVE BIRTHS.												PREMATURE STILL-BIRTHS.		
	† Born in Hospital			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day.		
	Total (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	Total (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	Total (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)
(1)															
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	111	43	47	10	4	6	9	2	4	2	—	1	—	—	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	156	11	133	23	3	20	15	—	10	5	—	5	—	—	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	205	5	197	27	—	27	7	—	5	12	2	9	—	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	360	3	346	88	—	84	8	—	6	15	—	14	—	—	—
Totals ...	832	63	723	148	7	137	39	2	25	34	2	29	—	—	—
													132	17	3

† The group under this heading will include cases which may be born in one hospital and transferred to another.



(i) **Ophthalmia Neonatorum.**

In 1953 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 165 babies and 8 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 0.44.

Of the 8 cases notified by medical practitioners 2 occurred in the practice of midwives. Six of these were treated at home, two cases occurred in hospital and in no case was vision impaired.

(j) **Infant Welfare Centres.**

The County Council maintained 180 infant welfare centres in the year as against 175 in 1952. Additional centres were started at :—

- (i) Marchard Hall, South Park Road, S.W.19.
- (ii) Methodist Church Hall, Hythe, Egham.
- (iii) Church Rooms, Bletchingley.
- (iv) Village Hall, Burpham.
- (v) All Saints Church Hall, Kingston Road, Leatherhead.
- (vi) Peldon Passage, Sheen Road, Richmond.

The following centre was closed during the year :—

Wandle Park House, S.W.19.

The following table shows the attendance at the centres for the year 1953 :—

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 a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age.	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year.	Number of attendances during the year made by children who at the date of attendance were :		Total Attendances during the year.
				1953	1952	1951-48		Under 1 year.	1 but under 5.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Northern ...	7	36	1,045	894	861	930	2,685	14,147	4,335	18,482
North-Central ...	14	86	2,301	2,115	1,795	3,605	7,515	34,447	17,184	51,631
North-Eastern—										
Wimbledon ...	5	25	591	577	542	1,049	2,168	12,600	7,313	19,913
Merton & Morden ...	5	44	748	696	664	1,165	2,525	12,629	8,043	20,672
Mitcham ...	5	28	824	785	750	762	2,297	13,271	4,846	18,117
Central ...	23	92	1,966	1,828	1,717	3,429	6,974	31,986	26,848	58,834
South-Eastern ...	15	59	914	893	875	1,751	3,519	14,425	9,737	24,162
Mid-Eastern—										
Carshalton ...	5	38	696	648	552	1,555	2,755	10,260	6,113	16,373
Wallington ...	4	12	332	309	239	396	944	4,257	3,075	7,332
Southern ...	29	96	1,233	1,109	1,166	1,882	4,157	18,578	14,822	33,400
South-Western—										
Rural ...	32	90	1,287	1,091	1,121	2,070	4,282	17,664	15,222	32,886
Borough ...	6	36	692	654	552	956	2,162	9,758	6,235	15,993
North-Western ...	30	100	2,171	2,049	1,933	3,087	7,069	29,909	18,738	48,647
	180	742	14,800	13,648	12,767	22,637	49,152	223,931	142,511	366,442
<b>Voluntary.</b>										
South Western (Rural)	1	2	14	9	6	13	28	110	51	161
Southern ...	1	1	18	14	9	24	47	83	113	196
North Western ...	1	2	30	25	29	67	121	334	200	534
	3	5	62	48	44	104	196	527	364	891

(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 27 children under the age of five years and 33 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.**

At the end of the year there were 24 day nurseries with a total number of 933 places.

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.

**(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 1953.**

Patients examined and treated under the above heading were those referred by medical officers in charge at ante-natal and welfare centres, health visitors, midwives and in some cases by general medical practitioners.

No form of routine inspection was engaged upon, but the service was open to receive any of these priority patients.

The treatment was carried out by dental officers primarily engaged in the School Dental Service. No definite treatment sessions were reserved, but the time occupied was the equivalent of 1,228 sessions, and the total number of attendances was 11,147.

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

Statistical information is provided by the appended table.

D. M. McCLELLAND,

*County Dental Surgeon.*

**(a) Numbers provided with dental care.**

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	1,317	1,192	1,327*	1,044
Children under 5 ... ..	2,706	2,158	2,930*	2,439

\* Includes cases carried over from 1952.

**(b) Forms of treatment provided.**

	Extractions.	Anaesthetics.		Fillings.	Scalings and/or gum treatment.	Silver Nitrate treatment.	Dressings.	Radio-graphs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing Mothers	1,985	336	475	1,987	548	—	320	28	148	150
Children under 5...	2,696	35	1,421	3,374	—	897	590	1	—	—



## MIDWIFERY AND HOME NURSING.

## (1) Local Supervising Authority (Midwives).

The County Council, as the Local Supervising Authority, are 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 1953 was 608 compared with 604 in 1952.

## (b) WORK OF THE MIDWIVES DURING 1953.

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases					Cases in Institutions
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Doctor or another).	Doctor not present at time of delivery of child.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority...	98	1,282	1,010	1,492	3,882	—
(b) Midwives employed by Voluntary Organisations :—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ... ..	—	—	—	—	—	750
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ... ..	—	—	—	—	—	12,086
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	2	2	37	7	48	698
Total ... ..	100	1,284	1,047	1,499	3,930	13,534

It will be noted that of 17,464 confinements attended by midwives during the year, only 3,930 (or 22.5 per cent.) occurred in the homes; of the remainder, 12,086 (or 69.2 per cent.) were confined in hospital and 1,448 (or 8.3 per cent.) in nursing homes and hospitals not transferred to the Ministry of Health.

## (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:—

(a) Where the Medical Practitioner had arranged to provide the patient with maternity medical services ... ..	671
(b) Others ... ..	325

(ii) For cases in Institutions ... ..	675
---------------------------------------	-----

## (d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives:—

Sending for medical aid...	1,671
Stillbirths...	87
Laying out dead body ...	40
Liability to be a source of infection ...	300
Death of mother or baby ...	26
Artificial feeding (in addition to or in place of breast feeding) ...	1,806
	<u>3,930</u>

It will be noted that notifications for artificial feeding—having increased from 877 in 1951 to 1,617 in 1952—again increased in 1953 to 1,806. The increase in notifications in the two years has come from the hospitals, the figures for 1951, 1952 and 1953 being 764, 1,490 and 1,675, respectively. Corresponding figures in respect of domiciliary confinements were 113, 127 and 131. Thus, of total confinements in the year notification of artificial feeding was received in respect of 13.9 per cent. and in respect of total domiciliary confinements of 3.3 per cent.

(e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid...	...	...	...	...	...	...	...	284
Stillbirths...	...	...	...	...	...	...	...	73
Liability to be a source of infection	...	...	...	...	...	...	...	236
Death of mother or baby	...	...	...	...	...	...	...	26
Total...	...	...	...	...	...	...	...	619

(f) ADMINISTRATION OF ANALGESICS.

During the year 1953, gas and air analgesia was given by midwives in 3,215 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	...	...	...	212

At the end of the year 132 sets of apparatus were available for the use of the domiciliary midwives.

During the year pethidine was administered by midwives in domiciliary practice in 1,430 cases.

(2) Domiciliary Midwifery and Home Nursing.

The main features of the County Council's scheme for these services remain unchanged from the previous year.

(a) SELECTION OF MATERNITY CASES FOR ADMISSION TO HOSPITAL.

The report for 1952 made reference to an investigation which was being conducted into the home conditions of all mothers applying for admission to Surrey hospitals on social grounds. This enquiry was continued throughout 1953 and the following table shews an analysis of the recommendations.

INVESTIGATION INTO SELECTION OF MATERNITY CASES FOR ADMISSION TO HOSPITAL  
YEAR ENDED 1953

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	2,586	1,827	254	220	19	8	9	—	2
Mid-Eastern	1,241	895	144	128	30	11	18	—	1
South-Eastern	1,199	464	22	16	6	2	3	—	1
Northern	1,024	404	11	6	5	3	2	—	—
North-Central	2,743	1,689	161	131	17	4	13	—	—
Central	2,342	1,735	329	198	95	—	93	—	2
North-Western	2,854	1,866	224	202	7	3	3	1	—
South-Western	2,574	1,651	455	460	132	22	104	5	1
Southern	1,844	1,196	184	142	33	11	19	1	2
	18,407	11,727	1,784	1,503	344	64	264	7	9

\* The figures in Col. 1 represent the total of all births notified during 1953 (applicable to each Division). Col. 2 shows the total number of births which took place in hospitals in the County in 1953 assigned to the Divisions in which the mothers properly belong.

Note.—The hospitals were asked 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 (Col. 3). The Divisional Medical Officer then made arrangements for either a Health Visitor or a Midwife or visit the home and complete a form for transmission to the hospital (Col. 4 and 5). 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 it was hoped that he would thereby be able to decide whether or not to reserve a hospital bed for the case.

(b) 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.

(c) 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.

(d) WORK OF THE DISTRICT NURSES.

At the end of the year there were 271 full-time and 43 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1953 was as follows :—

Division.	No. of Cases attended by District Nurses.	No. of Visits paid by District Nurses.
C. ... ..	5,721	140,969
S.W. ... ..	6,884	112,820
N.W. ... ..	5,370	87,304
N.E. ... ..	4,971	80,106
S. ... ..	3,406	68,025
N. ... ..	2,881	53,254
S.E. ... ..	2,148	35,523
N.C. ... ..	6,360	97,031
M.E. ... ..	1,819	29,980
Total ... ..	39,560	705,012

(e) GERIATRIC SERVICES.

During the year the Guildford Group Hospital Management Committee set up a central geriatric unit to deal with all aspects of the care of the aged in their area. Some of the domiciliary services provided were the loan of mattresses and linen, a free laundry service, meals on wheels, visiting and regular "sitters in" and a special out-patient clinic under the charge of a consultant who has control of hospital beds and is available for consultations in the home.

In work of this nature the services of a special social worker to visit the elderly and assess their needs are essential, and a District Nurse with district training and the Health Visitor's Certificate was appointed within the existing staffing establishment. This worker devotes one-half of her time to geriatric duties and the remainder as a district nurse-midwife attached to the Guildford District Nurses' Home.

This appointment, to what may well be an expanding branch of the domiciliary services provided by the County Council, is in the nature of an experiment and it is hoped to report more fully on the work in the next report.

### HEALTH VISITING.

(a) Establishment.

The establishment of health visitors was increased during the year by four; two being whole time Tuberculosis Health Visitors and two on general relief duties throughout the County as required. 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.

At the end of the year the establishment of Health Visitors was 199.

## (b) Work of the Health Visitor.

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

Division.	Population Total Mid-1953.	Equiv. No. of Full- Time Health Visitors.	Expectant mothers.		Children under 1 year of age.		Children age 1 and under 5 years.		Tuberculous Households.	Other cases, †	Mental Deficiency visits to cases under super- vision and patients.	Immunisation. Total visits.	TUBER- CULOSIS VISITORS. Total visits paid to Tuberculous Households.
			First visits. (4)	Total visits. (5)	First visits. (6)	Total visits. (7)	Total visits. (8)	Total visits. (9)					
N. ...	82,550	7.8	473	846	912	5,492	6,568	—	2,777	219	39	—	20,312**
N.C. ...	199,280	17.0	838	1,328	2,595	13,916	22,164	—	8,458	492	107	—	
N.E. ...	139,670	17.0	775	1,188	1,713	8,814	12,959	—	6,676	362	14	—	
Merton & Morden and Mitcham	58,300		286	428	731	2,647	4,137	—	1,380	53	37	—	
Wimbledon	211,900	16.3	1,649	2,849	2,921	12,607	19,580	291	7,593	331	205	—	
C. ...	102,500	7.9	391	531	1,196	6,979	11,954	4	4,777	294	37	—	
S.E. ...	61,680	10.0	302	487	745	2,780	5,045	1	1,845	128	—	—	
M.E.— Carshalton	32,510		165	295	397	1,654	2,900	—	68	49	—	—	
Beddington and Wallington	126,180	12.8	737	1,223	1,739	10,217	16,986	345	4,063	311	47	—	
S. ...	48,450	14.9	319	423	726	4,600	5,850	—	2,557	148	12	—	
S.W.— Borough	113,720		647	937	1,581	7,942	12,197	406	5,390	258	156	—	
Rural	198,760	17.0	877	1,548	3,126	17,015	25,234	188	8,074	475	596	—	
N.W. ...	1,375,500	120.7	7,459	12,083	18,382	94,663	145,574	1,235	54,258*	3,120	1,250	20,312**	
TOTAL ...	...	...	...	...	...	...	...	...	...	...	...	...	...

\* Includes 29,042 ineffectual visits.

\*\* Includes 3,074 ineffectual visits.

† Includes visits to day and residential nurseries, child life protection and adoption cases, reporting on still births and infant deaths, infectious disease, care of old people, hospital after care, etc.



**(c) Other Duties of Health Visitors.**

The general health visitors combine with their other duties the duties of school nurse and details of their work in the School Health Service are given on page 55.

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

Thirteen students were selected to take the Health Visitors' Training Course at Brooklands College, Weybridge, which commenced in September, 1953. 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 thirteen students who entered for the examination of the Royal Sanitary Institute held in April, 1954, ten were successful in obtaining the H.V.'s Certificate.

Five 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 1953 and the immunised state of the child population at the 31st December, 1953.

District.	No. of children.			Total No. of children who completed a course of immunization whether primary or reinforcing at any time since 1st January 1939.		Immunity index.		
	Immunized in 1953.		Who received a re-inforcing injection.			0-4 yrs.	5-14 yrs.	Under 15 Total.
	0-4 yrs.	5-14 yrs.						
M.B. and Urban.								
Banstead ... ..	250	56	642	1,063	2,214	40.9	46.2	44.4
Barnes ... ..	334	27	309	1,410	3,405	57.6	76.7	69.8
Beddington and Wallington ...	249	74	575	1,026	2,345	51.3	51.5	51.5
Carshalton ... ..	597	141	1,026	2,158	6,245	52.4	70.0	64.5
Caterham and Warlingham ...	379	101	758	1,202	3,578	53.3	79.5	70.8
Chertsey ... ..	364	81	270	1,375	1,307	56.2	25.5	35.4
Coulsdon and Purley ... ..	628	61	709	2,409	5,172	62.5	60.8	61.4
Dorking ... ..	207	26	448	721	1,877	49.2	58.9	55.9
Egham ... ..	254	7	175	1,149	1,914	58.0	52.4	54.4
Epsom and Ewell ... ..	503	48	2,103	2,189	6,660	65.3	68.4	67.6
Esher ... ..	444	17	781	1,860	4,092	53.4	57.6	56.2
Farnham ... ..	252	45	948	954	1,743	55.7	49.2	51.3
Frimley and Camberley ...	230	48	459	977	1,818	57.9	83.9	72.5
Godalming ... ..	146	7	345	567	1,630	62.3	73.8	70.4
Guildford ... ..	463	71	791	1,956	4,149	61.9	64.5	63.5
Haslemere ... ..	121	14	256	482	1,673	50.2	84.5	72.8
Kingston-on-Thames ... ..	454	6	27	1,683	564	60.9	11.7	29.7
Leatherhead ... ..	211	34	714	1,065	2,502	57.1	62.3	60.7
Malden and Coombe ... ..	394	48	579	1,548	3,962	56.7	58.0	58.1
Merton and Morden ... ..	483	15	1,311	2,532	6,219	56.1	57.0	56.7
Mitcham ... ..	441	115	1,041	2,226	6,556	43.4	69.1	60.1
Reigate ... ..	532	25	444	1,948	2,578	54.6	42.9	47.1
Richmond... ..	441	19	544	1,923	3,734	65.1	76.9	72.5
Surbiton ... ..	395	22	228	2,933	2,776	58.8	34.7	42.9
Sutton and Cheam ... ..	621	85	1,871	2,720	7,248	47.3	73.2	63.7
Walton and Weybridge ... ..	314	91	267	1,309	1,392	45.5	23.4	30.6
Wimbledon ... ..	392	43	682	2,085	4,299	52.2	57.9	55.9
Woking ... ..	432	167	866	1,798	3,724	46.3	49.1	48.2
Rural.								
Bagshot ... ..	110	26	113	527	749	51.8	34.4	39.9
Dorking and Horley ... ..	295	36	503	1,115	2,005	52.0	51.5	51.7
Godstone ... ..	325	101	166	709	256	47.2	80.3	64.7
Guildford ... ..	465	140	1,063	1,755	5,169	44.7	72.6	62.7
Hambledon ... ..	329	86	687	1,321	3,472	53.3	70.1	64.6
Totals ... ..	12,075	1,883	21,601	50,695	107,027	53.4	54.9	54.4

## (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 year.

DISTRICTS.	AGE	VACCINATED.					RE-VACCINATED.				
		—1	1—4	5—14	15+	Total.	—1	1—4	5—14	15+	Total
M.B. and Urban.											
Banstead ... ..	...	243	28	17	19	307	—	12	19	81	112
Barnes ... ..	...	334	18	18	15	385	—	3	10	117	130
Beddington and Wallington ...	...	129	108	9	35	281	1	3	21	83	108
Carshalton ... ..	...	233	196	14	54	497	—	5	12	94	111
Caterham and Warlingham ...	...	238	28	17	25	308	—	4	22	76	102
Chertsey ... ..	...	159	139	16	19	333	1	2	6	65	74
Coulsdon and Purley ...	...	447	39	19	24	529	1	5	22	119	147
Dorking ... ..	...	91	10	3	7	111	—	—	6	29	35
Egham ... ..	...	146	16	1	16	179	—	2	9	40	51
Epsom and Ewell ... ..	...	382	23	8	33	446	—	12	42	154	208
Esher ... ..	...	263	161	7	18	449	2	10	16	112	140
Farnham ... ..	...	147	70	8	7	232	—	2	29	68	99
Frimley and Camberley ...	...	134	111	15	22	282	—	22	63	99	184
Godalming ... ..	...	55	44	9	10	118	—	2	6	36	44
Guildford ... ..	...	336	20	15	16	387	—	7	36	93	136
Haslemere ... ..	...	112	11	2	9	134	—	—	10	22	32
Kingston-on-Thames ...	...	404	29	5	17	455	—	—	11	116	127
Leatherhead ... ..	...	212	19	8	18	257	—	2	15	124	141
Malden ... ..	...	368	28	12	17	425	—	6	18	67	91
Merton and Morden ...	...	255	275	11	4	545	32	33	30	133	228
Mitcham ... ..	...	275	182	20	26	503	—	4	10	79	93
Reigate ... ..	...	317	37	21	37	412	—	4	16	120	140
Richmond ... ..	...	468	22	14	42	546	—	6	11	138	155
Surbiton ... ..	...	528	44	23	17	612	—	6	14	196	216
Sutton and Cheam ...	...	484	65	15	49	613	—	5	28	174	207
Walton and Weybridge ...	...	214	58	16	16	304	—	13	32	154	199
Wimbledon ... ..	...	348	35	7	15	405	—	2	15	82	99
Woking ... ..	...	180	183	16	20	399	—	4	23	96	123
Rural.											
Bagshot ... ..	...	59	39	2	7	107	—	1	4	16	21
Dorking and Horley ...	...	200	20	9	14	243	—	5	18	93	116
Godstone ... ..	...	140	160	6	10	316	—	3	35	115	153
Guildford ... ..	...	319	24	3	19	365	—	7	13	71	91
Hambleton ... ..	...	289	12	37	16	354	—	6	52	99	157
Totals ... ..	...	8,509	2,254	403	673	11,839	37	198	674	3,161	4,070
Totals 1952 ...	...	8,230	2,379	604	1,065	12,278	18	243	862	4,277	5,400

There was one mild case of post-vaccinal meningo-encephalitis and one case of post-vaccinal encephalomyelitis during the year. No deaths from these or other complications were reported.

## (c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1953. The vaccine used under the County Council scheme is prescribed from time to time by the County Medical Officer. In interpreting these figures it should be borne in mind that many children are inoculated with a combined diphtheria-pertussis prophylactic.

District.	No. of children who completed a course of inoculation during 1953.		No. of children who received a re-inforcing injection during 1953.	
	0-4 years.	5-14 years.	0-4 years.	5-14 years.
<b>M.B. and Urban</b>				
Banstead ... ..	252	11	4	—
Barnes ... ..	400	7	8	17
Beddington and Wallington ...	258	12	2	4
Carshalton ... ..	606	34	14	23
Caterham and Warlingham ...	335	22	10	82
Chertsey ... ..	289	13	5	31
Coulsdon and Purley ... ..	351	7	27	50
Dorking ... ..	137	3	—	3
Egham ... ..	312	18	26	13
Epsom and Ewell ... ..	383	15	40	23
Esher ... ..	430	7	44	22
Farnham ... ..	188	5	2	8
Frimley and Camberley ... ..	91	17	19	51
Godalming ... ..	106	8	—	—
Guildford ... ..	411	9	1	31
Haslemere ... ..	108	4	—	9
Kingston-on-Thames ... ..	504	24	—	—
Leatherhead ... ..	158	7	5	8
Malden and Coombe ... ..	127	4	—	16
Merton and Morden ... ..	357	20	14	23
Mitcham ... ..	437	42	—	11
Reigate ... ..	499	6	10	21
Richmond ... ..	552	10	43	104
Surbiton ... ..	686	57	25	32
Sutton and Cheam ... ..	448	15	26	33
Walton and Weybridge ... ..	288	29	2	55
Wimbledon ... ..	370	9	4	17
Woking ... ..	469	23	8	52
<b>Rural.</b>				
Bagshot ... ..	105	14	4	2
Dorking and Horley ... ..	215	—	1	9
Godstone ... ..	220	13	13	—
Guildford ... ..	432	25	2	15
Hambleton ... ..	234	25	1	6
Total ... ..	10,658	515	360	771



## AMBULANCE SERVICE.

### (1) Organisation, Administration and Strength.

Except for the development referred to in paragraph (2) below, there have been no changes since my last report for 1952, and the strength and disposition of the service remains substantially the same.

### (2) Development.

The Council's policy of providing adequate ambulance station premises in place of the temporary premises (often shared with other services) made steady progress during the year.

By means of new building or adaptations to existing buildings, new stations were opened at Richmond, Camberley, Egham, Purley and New Malden.

The station at New Malden is the main control station for the Kingston district and is the first of four such stations which will eventually be provided. Other control stations will serve the St. Helier, Redhill and Chertsey control areas. A fifth control station at Guildford is already housed in adequate accommodation provided by the St. John Ambulance Brigade.

In addition to the provision of these new stations, radio-telephone control was introduced for the Kingston and St. Helier Control areas (i.e., for the Metropolitan Area of the Administrative County).

### (3) Radio Telephone Control.

The main transmitter and receiver is located at Banstead, some 600 feet above sea level, in a small brick building.

There are no personnel at this radio station which is operated by remote control panels from the control stations at New Malden and St. Helier Hospital.

Small receiver/transmitters are fitted in each of the vehicles concerned and control stations can then speak by radio to any of their vehicles within a radius of over 15 miles. Vehicle crews can also speak to the controls in return.

Over two-thirds of the total of vehicles available may be out from their stations on ambulance work during the busy periods of each day. Without radio-telephone there can be little control over the movement of these vehicles.

With radio-telephone all vehicles are always under control (except those on long journeys) and they can be given additional work, redirected and diverted to emergency incidents. It is thus possible to reduce the number of vehicles standing idle at their stations waiting for emergency calls. Ambulance crews can inform hospitals (via Ambulance Controls) of the condition of seriously injured and sick patients and can seek instructions and guidance on any of the many problems which arise. The capital cost of installing radio was £8,000 and against this there was a concrete saving of at least £9,000 in the first year. The subsequent maintenance will amount to approximately £1,000 per annum and it is expected that there will be an annual nett saving of £2,000. In addition it is considered that there has been a substantial saving in mileage which is difficult to calculate without a degree of research which is impracticable.

Despite the fact that the total work showed a substantial increase, the number of ambulances was reduced by three and the number of personnel was reduced by six.

### (4) Voluntary Organisations.

Under a system of annual grants and mileage allowances the voluntary organisations have continued to play a considerable part in the unified service.

The St. John Ambulance Brigade provide one control station at Guildford, nine agency sub-stations and six supplementary stations, which give occasional help to the service.

The British Red Cross Society provide two agency sub-stations and two supplementary stations.

Both the St. John Ambulance Brigade and the British Red Cross Society have a number of full-time ambulance personnel whose salaries and wages are reimbursed by the Council. Volunteers also play a large part in these services, but because of the increase in work and other difficulties, it is not easy to increase or even maintain the number of volunteers required.

The Hospital Car Service continues to provide transport for the bulk of the outpatients whose need is for a car rather than an ambulance. The 550 drivers in the service are paid a mileage allowance, by the Council, for the use of their own private cars.



### (5) Vehicle Maintenance.

It was not possible to effect any improvement in the technical maintenance and inspection of the vehicles during the year, when only three temporary mechanics were available to assist the Chief Ambulance Officer with this work.

This aspect of the service, which is equally important both as regards efficiency and economy, is becoming increasingly important as the new vehicles which have been provided since 1948, become older and need more attention.

The seriousness of this can be illustrated by the increasing number of vehicles which have become defective whilst out on ambulance work.

Just after the end of the year, a vehicle maintenance officer for the ambulance fleet was appointed on the staff of the County Engineer, and it is hoped that it will now be possible to improve the standard of technical maintenance and inspection.

### (6) Emergency Work.

(i.e. accidents anywhere, and sudden illness in streets and public places).

Except in so far as the risks of modern life increase, due to road traffic, etc., the total number of emergency cases each year should not be expected to increase. There has, however, been a steady increase in the number of emergency calls on the service since 1950 as shown below :—

Year.	No. of Patients.	Increase over 1950.
		%
1950 ... ..	10,039	—
1951 ... ..	12,104	21
1952 ... ..	13,581	35
1953 ... ..	14,621	46

During the year the average time taken to reach emergency incidents, after calls had been received, was between five and six minutes for the direct service, and just over seven minutes for the voluntary organisation services, which, in the main, operate in the more rural parts of the County. The Service was fully extended in trying to maintain these standards, and it will become more and more difficult to maintain them if the increase in emergency calls continues.

Although the total number of emergencies is small compared to the total work of the service any increase of emergency calls creates a problem out of proportion to the actual number of calls received. This is because emergency calls must be dealt with immediately and cannot be held over until an engaged ambulance becomes available.

A small number of ambulances is always held back in readiness for emergencies and additional ambulances are diverted from non-emergency to emergency work as necessary. This sometimes means that non-emergency, but nevertheless important work cannot be attended to promptly, with consequent complaints from patients and hospitals.

Without radio-control in the most thickly populated part of the County the position would already have become critical.

It is considered that, whilst there may have been some overall increase in the number of road accidents, etc., the main reason for the increasing number of emergency calls upon the service is that the general public are becoming more "ambulance minded."

Emergency ambulances are called for minor cases which would previously have been treated at home or at a local doctor's surgery. A further reason may be the increased use of Hospital Emergency Bed Bureaux, many of whose calls have to be dealt with on an emergency basis.

As any member of the public may call an ambulance by using the telephone emergency system (i.e., "999," etc.) the ambulance service has no control over the number of calls received. The service must provide an ambulance immediately in response to each call, and even if, on arrival at an incident, the injuries or illness appear to be of a minor nature, ambulance personnel have no alternative but to take patients to the nearest hospital for medical diagnosis and treatment.

### (7) Non-Emergency Work.

(i.e., routine hospital admissions and discharges, out-patients, etc.).

Ambulances and cars for this type of case can only be requested on the authority of a registered medical practitioner, and constant efforts have been made to ensure that doctors are aware that ambulance transport should only be requested for essential cases.

As stated in my report last year, a small reduction in the total volume of work was achieved in 1951, probably due to the action which the Council took to impress upon Hospital Management Committees, etc. the need for the proper use of the service. I did consider then, however, that there would be an inevitable upward trend if hospitals were able to increase the number of in-patient and/or out-patient treatments.



There has in fact been a steady upward trend since 1951 as shown below :—

Year.	Total Patients.	% decrease or increase over previous year.
1950 ... ..	283,390	—
1951 ... ..	274,379	3 per cent. decrease.
1952 ... ..	279,887	2 per cent. increase.
1953 ... ..	288,753	3 per cent. increase.

This increased work, coupled with the increased number of emergency calls, has stretched the service almost to breaking point at certain peak times, and it is becoming increasingly difficult to carry out non-emergency work promptly in accordance with timings requested by doctors and hospitals. In particular outpatients sometimes have to wait for considerable periods at hospitals before the service can provide transport to take them home again.

#### (8) Summary of Work.

The total work done by each of the component services and the grand total of work for the unified service, are given in the following table :—

Service.	1950		1951		1952		1953	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
County Service (including Contractors)	129,252	1,083,051	137,037	1,137,094	136,874	1,110,129	136,913	1,142,356
Infectious Disease Hospitals ... ..	2,391	36,416	1,120	17,422	597	12,021	710	12,918
Voluntary Organisations—								
S.J.A.B. ... ..	30,008	388,830	33,335	444,829	36,243	458,707	40,077	513,925
B.R.C.S. ... ..	4,253	68,135	5,317	71,636	5,343	75,202	4,717	70,548
Hospital Car Service	124,458	1,799,888	108,751	1,560,146	114,411	1,618,521	120,957	1,663,581
County Fire Brigade	3,067	19,099	923	6,197	—	—	—	—
Total ... ..	293,429	3,395,419	286,483	3,237,324	293,468	3,274,580	303,374	3,403,328

It will be seen that the figures for 1953 are higher than ever before, and there may have to be some increase in resources, or some re-arrangement of the existing methods, unless the standard of the service is to deteriorate.

The annual rate of increase in ambulance work for the Administrative County of Surrey has, however, been below the annual increase for the whole country, as indicated in the following table :—

#### Annual Percentage Increase in Ambulance Mileage Since 1949. Surrey Ambulance Service. Ministry of Health Figures for Whole Country.

Year (Jan.-Dec.).	Increase.	Year (April-Mar.)	Increase.
	%		%
1950	10.6	1950/51	14
1951	5.4	1951/52	17
1952	6.7	1952/53	19
1953	10.8	1953/54	not yet available

### 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 although building has not yet started. In addition the centralisation of the Woking, Weybridge and Egham Chest Clinics at St. Peter's Hospital, Chertsey,

has been approved in principle. The transfer of Epsom Chest Clinic to Epsom District Hospital will be carried out during 1954 as will the transfer of the Farnham Chest Clinic to Aldershot Infectious Diseases Hospital where new clinics to serve both Farnham and Aldershot will be developed. Re-organisation of the area served by the present Farnham and the Guildford Chest Clinics may be required. Plans also for the development of Purley Chest Clinic at Purley District Hospital have been approved, but have been held up by the Regional Board because of financial stringency, and also for the future 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 filled during the year.

#### 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, for 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.*

The examination of contacts continues at a high level. In 1953, a total of 3,562 new contacts were seen at chest clinics, of which 28 were diagnosed as suffering from tuberculosis (7.9 per 1,000 examined). The total new contacts examined in 1953 represents a decrease of 57 on the 1952 figure. Whereas 79 were diagnosed tuberculous in 1952, only 28 were so diagnosed in 1953.

The ratio of new cases of tuberculosis definitely tuberculous to new contacts examined was 3.8, which can be considered very satisfactory. A close follow up of school contacts was maintained by Divisional Medical Officers, Chest Physicians, and the Director of the Surrey Mass Radiography Units, and the examination and tuberculin testing of children exposed to risk from a confirmed case of tuberculosis was carried out whenever such a risk was known to have occurred.

##### (2) *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.

In 1954 it is hoped to extend the scope of B.C.G. Vaccination to include all school children between their 13th and 14th birthdays, the vaccination being carried out by designated medical officers on the staff of the County Council.

The following table shows the number of vaccinations carried out in each Chest Clinic area during the year 1953 :—

Chest Clinic.	Total.
Carshalton ... ..	128
Dorking ... ..	52
Egham ... ..	14
Epsom... ..	60
Farnham ... ..	—
Guildford ... ..	32
Kingston ... ..	119
Merton and Morden... ..	103
Milford ... ..	21
Mitcham ... ..	149
Mortlake ... ..	73
Purley ... ..	17
Redhill ... ..	37
Sutton ... ..	102
Weybridge ... ..	46
Wimbledon ... ..	53
Woking ... ..	59
Total ... ..	1,065

##### (3) *Garden Shelters.*

The County Council have provided 53 shelters of an up-to-date design since 1950. 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.

During the current year the requests for garden shelters through Chest Physicians have diminished sharply.



The following table shows the work of the 17 chest clinics in the year :—

		Respiratory (R)						Non-Respiratory (NR)						Totals					
		Adult.			Child. (under 15 years)			Adult.			Child. (under 15 years)			Adult.			Child. (under 15 years)		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1	New Cases (Excluding Contacts)	247	130	5	5	11	10	1	3	258	140	6	8	412	5,784				
	(a) Diagnosed Tuberculous—	261	190	19	21	9	14	7	5	270	204	26	26	526	}				
	(2) T.B. Minus	—	—	—	—	—	—	—	—	2,158	1,810	431	405	4,804					
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	21	15	4	2	42					
	(c) Not determined...	—	—	—	—	—	—	—	—	—	—	—	—	—	}				
2	Contacts First Examined ...	6	7	6	6	—	—	2	1	6	7	8	7	28		}			
	(a) Diagnosed Tuberculous—	—	—	—	—	—	—	—	—	561	1,094	946	929	3,530					
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	1	3	—	—	4					
	(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	—	—	}				
3	Contacts Re-examined (Excluding those under Paragraph 2 above)	22	17	5	6	—	4	—	—	22	21	5	6	54		}			
	(a) Diagnosed Tuberculous	—	—	—	—	—	—	—	—	523	1,126	1,281	1,260	4,190					
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	—					
	(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	—	—	}				
4	Transferred Cases ...	238	206	16	12	4	6	4	1	242	212	20	13	487		}			
	(a) From other Areas (outside the County)	215	224	12	10	5	5	3	1	220	229	15	11	475					
	(b) To other Areas (outside the County)...	—	—	—	—	—	—	—	—	—	—	—	—	—					
5	Cases Written off Register	114	128	5	6	15	22	10	8	129	150	15	14	308	}				
	(a) Recovered	141	54	—	—	—	2	—	—	141	56	—	—	197					
	(b) Died	133	82	6	3	24	20	5	8	157	102	11	11	281					
	(c) Lost sight of	33	31	5	7	1	3	—	—	34	34	5	7	80	}				
	(d) Other reasons	—	—	—	—	—	—	—	—	—	—	—	—	—					
6	Cases Returned to Register	29	9	2	—	2	3	1	—	31	12	3	—	46		}			
	(a) Diagnosed Tuberculous	4,772	3,837	328	275	212	266	122	114	4,984	4,103	450	389	9,926	9,926				
7	Cases on Register on 31st December	251	127	—	1	—	—	—	—	251	127	—	1	379	}				
	(b) With known positive sputum previous six months	11	7	—	1	1	4	—	2	12	11	—	3	26					
	(c) With other positive findings	—	—	—	—	—	—	—	—	—	—	—	—	—					

1. No. of attendances at Chest Clinics (including Contacts) ... 47,481

2. No. of consultations held by Medical Staff :—

(a) Domiciliary ... 296

(b) Hospital ... 496

3. No. of visits by Medical Staff to homes (excluding those shown in 2 (a)) ... 1,576

No. of visits by Health Visitors to homes of T.B. patients ... 21,547

No. of referrals given at A.P. Clinics ... 29,149 at 946 sessions.  
(seasonal average 30.8).

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 1/1/53.	No. of New Cases Definitely T.B. (including contacts).	No. of T.B. Cases on the Register on 31/12/53.	No. of T.B. Cases on the Register per 1,000 Population on 31/12/53.	No. of Contacts Attending during 1953.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	61,630	745	68	757	12.28	201	287	488	3	2	5	190	3,871	20
Dorking ...	30,620	125	18	148	4.83	129	61	190	2	—	2	49	956	20
Egham ...	25,410	167	11	179	7.04	69	110	179	—	—	—	24	567	23
Epsom ...	95,890	625	60	601	6.27	229	339	568	1	3	4	117	3,097	26
Farnham ...	62,930	167	15	172	2.73	50	53	103	—	1	1	52	980	19
Guildford ...	114,730	577	48	574	5.00	247	183	430	1	1	2	153	3,573	23
Kingston ...	198,030	1,217	134	1,248	6.30	441	505	946	3	11	14	331	5,901	18
Merton and Morden ...	73,670	1,052	63	971	13.18	256	443	699	—	4	4	217	4,467	21
Milford ...	25,440	164	18	180	7.08	39	48	87	1	—	1	48	782	16
Mitcham ...	99,460	989	108	1,037	10.43	449	468	917	3	5	8	212	4,662	22
Mortlake ...	82,530	609	80	559	6.77	269	314	583	5	11	16	156	3,820	24
Purley ...	96,560	492	54	539	5.58	246	258	504	3	5	8	107	2,268	21
Redhill ...	109,120	496	44	561	5.14	228	241	469	4	6	10	64	2,161	34
Sutton ...	95,470	948	148	970	10.16	244	141	385	—	3	3	207	5,148	25
Weybridge ...	70,700	355	54	409	5.78	119	287	406	—	—	—	49	1,237	25
Wimbledon ...	58,550	499	49	481	8.22	184	198	382	2	2	4	112	2,236	20
Woking ...	64,760	461	48	540	8.34	162	308	470	—	—	—	62	1,755	28
Totals ...	1,365,500	9,688	1,020	9,926	7.27	3,562	4,244	7,806	28	54	82	2,150	47,481	22



## Care and After-Care.

### (i) TUBERCULOSIS CARE COMMITTEES.

The County is served by twenty voluntary Care Committees each of which is associated with a Chest Clinic and includes in its membership the Chest Physician, Health Visitor, Care Almoner, and representatives of official and voluntary bodies concerned in the treatment and prevention of tuberculosis.

During the year the twenty Committees raised £7,426 by voluntary effort. In addition they each received a grant of £50 from the County Council. A total of £8,076 was expended on items such as the following:—bedding (£334), clothing (£840), food (£1,415), household goods (£479), training schemes (£260), pocket money to patients in sanatoria (£824), fares for relatives to visit (£860).

The work of the twenty district Care Committees is co-ordinated by the Standing Conference of Surrey Tuberculosis Care Committees, which consists of representatives of the Care Committees and the County Health Committee. The annual income of the Conference is approximately £1,600 which is spent mainly on summer holidays for child contacts, art therapy schemes in the chest hospitals within the County and the provision of grants to the Care Committees and similar care schemes.

### (ii) CARE ALMONERS.

There is no change in the staff of almoners which consists of the County Tuberculosis Care Organiser and nine Tuberculosis Care Almoners each of whom is attached to a Chest Clinic in the County.

### (iii) PROVISION OF MILK FREE OF CHARGE.

An average of 665 patients have received a quart of milk daily free of charge from the County Council during the year on the recommendation of the Chest Physicians. The Care Almoners are responsible for ascertaining that there is need in accordance with the scale laid down by the County Council.

### (iv) SEGREGATION OF CONTACTS.

The following figures show the number of children who were dealt with during the year under the scheme for the boarding-out of child contacts to protect them from danger of infection or to enable a patient to accept institutional treatment. Children over five years of age were sent to approved foster homes and private children's homes. Those under five years were accommodated mainly at Sendhurst Grange, the County Council Hostel for the segregation of contacts.

The number of children boarded-out during the year was 198 (245): 95 (122) new cases were placed and 114 (143) returned to their own homes during the year. The average duration of stay of those who returned home was 48 (51) weeks. (The corresponding figures for the previous year are shown in brackets.)

There has been a steady fall in the number boarded out each week since June, 1952, when the figure was 130 children. At the end of 1953, only 80 children remained away under the scheme.

### (v) OCCUPATIONAL THERAPY.

The establishment of the Section remains the same as in previous years. A revision of duties has taken place with regard to the Clerk Storekeeper with upgrading of salary. His duties now include the organising of sales and other means of disposing of patients' goods.

Students have attended for periods of three months for practical experience.

The organisation is largely the same as in previous years. Exhibitions and Sales of Work were held in conjunction with the Annual Meeting of the Standing Conference of Surrey T.B. Care Committees at County Hall on 24th June, the B.R.C.S. at Guildford for one week in November, a Sale organised by the Occupational Therapy Staff in the Tennis Pavilion for one week in November and a one day Sale at the Headquarters of the Dorking A.T.C. Squadron. The Standing Conference has again given valuable help to the section, and the various Care Committees to individual patients. Entries have been forwarded to the N.A.P.T. Art sponsored competitions. The number of new patients registered during the year was 393. The amount expended on consumable materials was £1,950 11s. 7d., the accounts being audited by the County Treasurer.

Generally a high average number of domiciliary visits has been carried out during the year, and a high standard of work maintained. The organised sales of goods made by patients has increased. Home and overseas visitors have visited the Headquarters during the year.

The number of patients receiving Occupational Therapy on 31st December, 1953 was 847 of whom 226 were in hospital, 56 were out-patients attending centres, 403 were domiciliary cases and 162 were postal.

### (vi) 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 were liable at the end of 1953 was 16—3 at Papworth Hall, 4 at Preston Hall and 9 at Enham-Alamein.

(vii) HOLIDAY HOMES.

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

(viii) 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.

(ix) 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 1953 of the Medical Director of the two Mass Radiography Units operating from the Worcester Park Centre and covering the County of Surrey, together with the County Borough of Croydon and part of West Sussex and Hampshire.

- (i) During 1953, the two Units examined 104,621 people. This is a decrease of 9,637 people when compared with the figures for 1952.

The lower number examined was part of a deliberate policy which aimed at taking the Units to less densely populated areas and to small factory groups in the hope that we should be able to examine a greater number of people who had not been X-rayed previously. This group of unexamined people was expected to contain a higher proportion of unsuspected tuberculosis than groups who had been passed as healthy at previous examinations.

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

174 new cases of active Pulmonary Tuberculosis were detected.

50 were subsequently proved to be infectious cases ; 64 were found non-infectious and in 60 cases we have been unable to ascertain this information.

From information supplied by the County Medical Officer, 15.7 per cent. of the new notifications in Surrey during 1953 were as a result of mass miniature radiography.

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

In 1953 the overall incidence of active Pulmonary Tuberculosis was 1.7 per 1,000 examinations as compared with 2.1 per 1,000 in 1952. (Further analysis by age and sex is given in the table below.)

	Under 15 years	15-24	25-34	35-44	45-59	Over 60 years	TOTAL
Male ... ..	2	17	25	17	21	7	89
Female ... ..	*12	35	15	17	4	2	85
Total ... ..	14	52	40	34	25	9	174

\* The large number of active cases in this age group is due to examination of tuberculin positive school contacts.



It is interesting to note that in 1949 the Units examined 54,707 people and detected 208 cases of active Pulmonary Tuberculosis giving an incidence rate of 3.9 per 1,000 examinations, while in 1953 the Units examined 104,621 people of whom 53,501 (51 per cent.) were initial examinations, but in spite of this the whole group of 104,621 yielded only 174 active cases of pulmonary tuberculosis—an incidence of 1.7 per 1,000.

This suggests a lower incidence of unsuspected tuberculosis in the community, and the fall in the notification rate in Surrey of pulmonary tuberculosis from .89 per 1,000 for 1952 to .72 per 1,000 in 1953 would appear to confirm this.

(iv) *Summary.*

The diminishing returns from the Mass Radiography surveys should not be construed as an indication to reduce the size or scope of the service. If tuberculosis is to be finally eradicated, it is essential that all unsuspected cases should be detected and this can only be achieved by more intensive case finding surveys in which Mass Radiography still plays a large and important part. A large proportion of the total population has never been X-rayed and the importance of such an examination can only be brought to their notice by repeated publicity in local papers and by handbill distribution.

*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) ... ..	868	889	1,757	16.7
(b) Post-primary lesions (24) ... ..	802	703	1,505	14.3
2. Cases of active pulmonary tuberculosis:				
(a) Primary disease (20 a & b) ... ..	6	15	21	.2
(b) Unilateral post primary disease (22 a & b) ... ..	43	43	86	.8
(c) Bilateral post primary disease (23 a & b) ... ..	38	26	64	.6
(d) Pleural effusions ... ..	2	1	3	.02
3. Cases recommended for Hospital or Sanatorium ... ..	45	41	86	.8
4. Cases recommended for observation ... ..	163	111	274	2.6
<b>B. Non-tuberculous conditions.</b>				
(a) Abnormalities of bony thorax and lungs (1) ... ..	351	402	753	7.1
(b) Bronchitis and emphysema (2) ... ..	255	56	311	2.9
(c) Bronchiectasis (6) ... ..	62	49	111	1.0
(d) Pneumonia and pneumonitis (3, 4, 5) ... ..	78	55	133	1.2
(e) Pneumoconiosis (8, 9) ... ..	30	—	30	.2
(f) Pleural thickening and fibrosis (7, 10, 11) ... ..	688	270	958	9.1
(g) Intra thoracic new growths (14)				
(i) Malignant ... ..	33	7	40	.3
(ii) Non-malignant ... ..	—	5	5	.04
(h) Cardiovascular lesions				
(i) Congenital (15) ... ..	30	28	58	.5
(ii) Acquired (16) ... ..	116	186	302	2.8
(i) Miscellaneous ... ..	194	183	377	3.6

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

*Survey Analysis.*

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 ... ..	24,619	37,635	62,254	51	2.0	55	1.4	106	1.7
B	Industrial Groups ... ..	22,485	15,106	37,591	33	1.4	18	1.1	51	1.3
C	School Groups ... ..	1,753	762	2,515	1	.5	11	*14.4	12	4.7
D	General Practitioner Groups	109	139	248	Nil	—	Nil	—	Nil	—
E	Institutional Groups ... (Mental Hospital Patients)	693	1,035	1,728	4	5.7	1	.9	5	2.9
F	Ante-natal clinic patients	—	**285	285	—	—	Nil	—	Nil	—

\* The large number of active cases in this age group is due to examination of tuberculin positive school contacts.

\*\* St. Helier Hospital ante-natal clinic patients are now examined in the hospital X-ray department which explains the decrease in examinations in this group.

### (b) Recuperative Holidays.

The groups for whom the County Council have been willing to provide recuperative holidays have been hospital patients, cases who required a holiday on social grounds after discharge from hospital, those who have been ill in their own homes, cases of mental illness not under certificate and tuberculosis cases.

As a result of a conference with the Regional Hospital Board, whose legal responsibility for providing convalescence for hospital in-patients is limited to those requiring organised medical and nursing care, the Council have now decided that in future they will accept within the limits of the monies provided for this purpose discharged hospital in-patients, hospital out-patients and patients having had severe illness at home, for a maximum period of three weeks, to be extended to four weeks in exceptional cases, and as regards those special groups towards whom the Council have special responsibilities (e.g., tuberculosis, cases of mental illness, mental defectives) to accept financial responsibility for a maximum period of three months, to be extended only in exceptional circumstances.

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.

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, 1953, are as follows :—

	<i>Hospital In-Patients</i>	<i>Hospital Out-Patients</i>	<i>General Practitioners' Cases</i>	<i>Total</i>
Number of patients sent to Holiday Homes	121	121	22	264
Cost (excluding contributions by patients)	£1,012 15s. 6d.	£1,048 13s. 1d.	£207 15s. 6d.	£2,269 4s. 1d.
Length of stay : 1 week ... ..	5	7	—	12
2 weeks ... ..	95	80	17	192
3 " ... ..	16	25	3	44
4 " ... ..	3	8	2	13
over 4 " ... ..	2	1	—	3

### (c) Nursing Equipment.

#### (i) LOANS.

Under the Agreements concluded with the British Red Cross Society and the St. John Ambulance Brigade these Organisations have continued to maintain at approved standard Medical Loan Depots throughout the County from which nursing equipment can be borrowed for a maximum period of six months. All loans are free of charge but a deposit, which is returnable, is required. The number of Depots maintained was increased during the year from 54 to 56.

The extent of the loans of nursing equipment during the year ended 31st December, 1953, was as follows :—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds ... ..	120	Bed cradles ... ..	343
" bellows ... ..	115	Crutches ... ..	166
" rings ... ..	1,615	Douche cans... ..	24
Bed rests ... ..	1,140	Feeding cups ... ..	166
" pans ... ..	1,938	Inhalers ... ..	19
" tables ... ..	191	Mackintosh sheets ... ..	1,821
Invalid chairs ... ..	807	Steam kettles ... ..	48
Commodes ... ..	306	Urinals ... ..	654

#### (ii) PURCHASE.

In cases where a patient needs an article of nursing equipment permanently, the County Council have agreed to supply it provided an undertaking is given to repay the full cost, which in the case of the more expensive articles may be made by instalments. In necessitous cases the article is provided and the patient is assessed by the County Treasurer as to the amount, if any, required to be contributed.



## (d) Venereal Diseases.

The former County Council Clinics at Guildford, Woking, Redhill, Carshalton and Kingston were continued during the year by the respective Hospital Management Committees. The duty of persuading women defaulters to resume attendance and of securing the attendance of persons exposed to infection continued to be exercised by the Council's Special Services Visitor.

Information as to Surrey residents having been treated at Clinics is obtained from the annual return which is made by the Medical Officer of the Clinic to the Ministry of Health; copies of which the Medical Officer is required to send to the Medical Officer of Health of each County and County Borough in which patients treated at the Clinic reside. The following summarises the information received:—

1953	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Heller Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
<b>New Cases (Surrey).</b>								
Syphilis... ..	13	3	3	11	1	10	26	67
	(11)	(3)	(2)	(22)	(3)	(10)	(23)	(74)
Gonorrhoea ... ..	32	8	2	31	7	9	76	165
	(17)	(3)	(3)	(33)	(9)	(16)	(75)	(156)
Other conditions ... ..	176	14	35	316	87	149	692	1,469
	(161)	(14)	(50)	(390)	(91)	(117)	(616)	(1,439)
<b>Totals ... ..</b>	<b>221</b>	<b>25</b>	<b>40</b>	<b>358</b>	<b>95</b>	<b>168</b>	<b>794</b>	<b>1,701</b>
	(189)	(20)	(55)	(445)	(103)	(143)	(714)	(1,669)

The figures in brackets relate to the year 1952.

A considerable decrease in the number of new cases of venereal disease amongst Surrey patients has taken place since the end of the war as the following table shews:—

Year.	Syphilis.	Gonorrhoea	Other Conditions.	Total.
1945	250	451	2,490	3,191
1946	294	572	2,549	3,415
1947	255	415	2,068	2,738
1948	192	291	2,244	2,727
1949	148	218	1,919	2,285
1950	110	176	2,102	2,388
1951	105	123	1,466	1,694
1952	74	156	1,439	1,669
1953	67	165	1,469	1,701

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

## (e) Public Education in Health.

The Council's scheme under the National Health Service Act provided for the development of a comprehensive health education programme as opportunity permits. The duty of carrying out functions connected with this is referred to Divisional Health Sub-Committees.

Activities during the past year have mainly taken the form of lectures and film exhibitions to selected audiences and on the whole these have been well attended and appreciated. However useful these meetings are it is obvious that only a limited proportion of the population is contacted and those families which are most in need of instruction are usually the most difficult to approach. The personal contacts made by members of the staff, in particular the Health Visitors and Nurses, are most influential in the transfer of knowledge and ideas.

## 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, 1954, was 472, and their allocation between each of the Health Divisions is shown in the table on page 46. The average number of equivalent full-time helps employed weekly throughout the calendar year was 462.

**(c) Supervision.**

During the year the Divisional Supervisors paid 5,073 first visits, 14,188 revisits and 2,233 miscellaneous visits in connection with the scheme.

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

The scope of the service is indicated in the accompanying statistical table on page 46. This table 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 1953.

The total number of cases dealt with during 1953 shows an increase of 815 cases over 1952. The number of cases of tuberculosis dealt with decreased by 29 cases but all other categories showed increases over the previous year as follows: Maternity 20, Acute 217, Chronic 607.



Division.	Population.	Acreage.	Average number of Home Helps employed weekly during 1953.			Weekly Target 1953.	Cases dealt with during 1953—Yearly total.				
			Full-Time.	Part-Time.	Total equivalent Full-Time.		Maternity.	Acute.	Chronic.	Tuberculosis.	Total.
Northern ...	82,550	6,628	8	41	37.3	34	71	81	220	18	390
North-Eastern ...	197,970	9,381	4	241	128	127	124	131	949	73	1,277
North Central ...	199,280	24,128	18	70	62.7	64	249	204	418	30	901
North-Western ...	198,760	84,592	10	75	53.6	56	185	151	190	41	567
Central ...	211,900	42,841	17	80	57.7	66	145	340	527	39	1,051
Mid-Eastern ...	94,190	6,391	7	49	29.7	31	82	175	161	23	441
Southern ...	126,180	125,760	7	27	21.6	24	162	117	107	9	395
South-Eastern ...	102,500	22,414	12	36	31	32	230	416	139	23	808
South-Western ...	162,170	127,026	8	58	40.4	38	154	288	166	15	623
County ...	1,375,500	449,161	91	677	462	472	1,402	1,903	2,877	271	6,453

# MENTAL HEALTH SERVICES.

## (1) Administration.

### (a) RESPONSIBLE COMMITTEE.

The Mental Health Sub-Committee is responsible for dealing with all matters relating to Mental Health Services in the County. This Sub-Committee is comprised of fourteen members of the County Health Committee and the Chairman and Vice-Chairman of that Committee (ex officio). During 1953 the Sub-Committee met on seven occasions.

### (b) STAFFING.

The staffing arrangement remains the same as described in my Annual Report for 1952.

The number of Occupation and Training Centres was increased to seven during the year by the opening of a new Centre at Ewell. Each Centre is in charge of a Supervisor qualified by Diploma and is staffed according to the number of defectives on the register. The number of defectives on the Centre registers increased from 239 to 279.

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

Close co-ordination with the Hospital Services is maintained. There is still a shortage of institutional accommodation for mental defectives and the numbers on the waiting list have not been appreciably reduced.

The visiting of persons discharged from Mental Hospitals who require after-care is mainly done by the Psychiatric Social Workers on the staffs of the Mental Hospitals and very rarely are the Authorised Officers and Health Visitors called upon to do this work.

Psychiatric out-patient clinics and mental deficiency clinics under arrangements made by the Regional Hospital Board continued 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. A number of defectives attending Occupation and Training Centres were sent for a seaside holiday for two weeks during the summer, the Council providing transport and paying the cost in necessitous cases.

Arrangements for admitting defectives to institutions and placing them under guardianship have proceeded satisfactorily. Some hospitals have been most helpful in providing accommodation temporarily to alleviate domestic crises. During the year 44 cases were dealt with in this way.

### (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 1953. The total number of cases reported to officers from all sources was 2,888.

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.
230	359	67	85	211	281	5	1	159	327	42	40	113	180	293	495

In addition, 934 voluntary patients were admitted direct from their homes, having previously passed through the psychiatric clinics.

Surrey patients are admitted to the following Mental Hospitals—Brookwood, Netherne, Banstead, West Park and Horton, according to the part of the County in which they are living.

### Observation Wards.

Beds in Observation Wards are available at Kingston Hospital (six male) and St. Helier Hospital (10 female).

### (c) MENTAL DEFICIENCY.

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

During 1953, 32 petitions were presented for Orders sending defectives to institutions or placing them under guardianship and Orders were obtained in all these cases. In addition, 70 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. Twelve cases were admitted to institutions on the authority of Orders made by Courts under Section 8 of the Act.



The number of defectives on the waiting list for admission to institutions was 115 on the 31st December, 1952, and 113 at the end of 1953.

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, 1953, 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 1953.

						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 ... ..						48	36	—	—
(2) On leaving special schools ... ..						1	1	15	14
(3) On leaving ordinary schools... ..						7	3	—	—
(ii) Police or by Courts ... ..						1	—	6	4
(iii) Other sources ... ..						13	3	10	4
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground ... ..						7	9	11	17
Total number of cases reported during the year ... ..						77	52	42	39

#### B. Disposal of Cases Reported During 1953.

(a)	Of the cases ascertained to be defectives "subject to be dealt with" number:—							
	(i)	Placed under Statutory Supervision	...	...	55	37	20	15
	(ii)	Placed under Guardianship	...	...	—	—	—	1
	(iii)	Taken to "Places of Safety"	...	...	—	—	—	—
	(iv)	Admitted to Institutions	...	...	15	6	11	6
(b)	Of the cases not ascertained to be defectives "subject to be dealt with" number:—							
	(i)	Placed under Voluntary Supervision	...	...	4	9	7	14
	(ii)	Action unnecessary	...	...	3	—	4	3
Totals					77	52	42	39

#### C. Total Number of Cases on Registers as at 31st December, 1953.

(a)	Cases "subject to be dealt with":—							
	(i)	Under Statutory Supervision	...	...	203	165	204	171
	(ii)	Under Guardianship	...	...	—	—	15	25
	(iii)	In "Places of Safety"	...	...	—	—	1	—
	(iv)	In Institutions	...	...	197	137	699	679
(b)	Cases not at present "subject to be dealt with":—							
	(i)	Under Voluntary Supervision	...	...	7	13	134	198
Totals					407	315	1,053	1,073

#### D. Total Number of Defectives on Waiting List for Institutional Care at 31st December, 1953.

(1)	In urgent need of institutional care:—							
	(i)	"Cot and chair" cases	...	...	1	1	—	1
	(ii)	Ambulant low grade cases	...	...	1	—	—	1
	(iii)	medium grade cases	...	...	—	—	—	2
	(iv)	high grade cases	...	...	—	—	—	—
(2)	Not in urgent need of institutional care:—							
	(i)	"Cot and chair" cases	...	...	8	7	—	1
	(ii)	ambulant low grade cases	...	...	15	20	3	13
	(iii)	medium grade cases	...	...	5	10	3	20
	(iv)	high grade cases	...	...	—	—	—	1
Totals					30	38	6	39

Of the cases included in (C) items (a) (i) and (ii) and (b) (i) number considered suitable for Occupation and Training Centres					136	105	39	62
--	--	--	--	--	-----	-----	----	----

Number of defectives receiving training on 31st December, 1953, at Occupation Centres					102	81	38	58
---	--	--	--	--	-----	----	----	----



*Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.*

	M.	F.	T.
(a) Ceased to be under care ... ..	17	14	31
(b) Died, removed from area, or lost sight of ... ..	35	51	86
Total ... ..	52	65	117

*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 1953 ... ..	2
	Males. Females.
(b) Number who have married during 1953 ... ..	3 1

During 1953, three cases were referred back to the local education authority as educable.

### (3) Occupation and Training Centres.

The Council now have seven 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 Hall, Mayfield Road, Weybridge.
Ewell ... ..	Old Schools Lane, Ewell.

In June, 1953, the Council were able to open premises at Old Schools Lane, Ewell, to deal with the waiting list of cases in the surrounding area and to relieve pressure on the Centres at Kingston, Sutton and Wimbledon. The opening of the Centre at Ewell has meant the virtual disappearance of a waiting list in this part of Surrey. As at Sutton the premises are used solely by the County Council for the purposes of occupation and training and have many advantages over those Centres which have to be carried on in rented premises. Through the kind co-operation of the Medical Superintendent of The Royal Earlswood Institution up to 12 defectives from the Reigate and Dorking area are enabled to attend daily for occupation and training at the Institution. Transport is provided by the County Council.

Inspectors from the Board of Control visited Weybridge, Sutton, Purley, Kingston, Wimbledon and Guildford Centres during the year and their reports on the whole were very satisfactory.

During 1953 a survey of all defectives living in the community was undertaken at the request of the Committee with a view to ascertaining the extent to which the need for occupation and training was being met and particularly whether a need existed for separate adult Centres. The survey indicated that the needs of the great majority as regards occupation and training were being met and there was little justification for the opening of an adult Centre in any part of the County. A further point investigated in the survey was whether a need existed, apart from the Occupation and Training Centres whose main function is, of course, to provide training, for a crèche where untrainable defectives could be looked after either daily or for certain days in the week so that relatives might be relieved of an otherwise intolerable burden. The survey indicated that the demand for this type of care is very small.

Trainable adult defectives may be divided roughly into three grades (1) those who can be taught a handicraft or trained in other work and can earn at least a contribution towards their keep; (2) those who can do simple jobs or make useful articles slowly without any hope of appreciable monetary return; (3) those who can be occupied, but whose capacity for training is negligible. The higher grades of defectives do not usually find their way to day occupation and training centres. Many have attended ordinary or special schools and can support themselves and lead a happy life without the need of any special training. Others on account of anti-social characteristics are committed to an institution for mental defectives where they may remain indefinitely or, after a period of training and stabilisation they may be discharged to earn their own living in the outside world. It would have to be accepted that by far the greater number of defectives attending an adult centre would belong to the latter two groups. At the present time in Surrey there is a small number of adult defectives of both sexes attending the junior centres. These are all well behaved, and apart from an apparent incongruity in the mixing of adult males with young children, they fit in well with the activities of the Centre. In fact, by adopting an elder brother attitude to the younger children they sometimes enhance the family atmosphere of the Centre. The need for special provision at the present time for adult defectives is very small. While it is not desirable to swamp a junior Centre with large numbers of adults, experience has shown that a small number can be absorbed without detriment. This can be done still more easily in our newer Centres where it is possible to allocate a separate room for the adult males and where they can be occupied to a great extent with outdoor work.



## 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 1953 was 2,345 as compared with 2,260 as at the end of 1952.

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 on the 31st December, 1953.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1...	1	—	1	—	—	—
2...	—	1	1	—	1	1
3...	—	—	—	3	2	5
4...	2	1	3	5	—	5
5—10	—	1	1	17	16	33
11—15	1	1	2	5	12	17
16—20	1	—	1	13	11	24
21—30	4	—	4	41	36	77
31—39	1	2	3	62	37	99
40—49	4	3	7	107	87	194
50—59	13	14	27	137	136	273
60—64	10	11	21	66	108	174
65—69	8	15	23	92	110	202
70 and over	69	110	179	410	830	1,240
Unknown	—	—	—	1	—	1
	114	159	273	959	1,386	2,345

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 236, 63 having been registered during the year ended 31st December, 1953. They are visited periodically by the Home Teachers and, when necessary, arrangements for their training and subsequent employment are made in co-operation with the Ministry of Labour and Royal National Institute for the Blind.

Before the name of any person is included on the Blind or Partially Sighted Register, medical certificate Form BD 8 must be completed by an Ophthalmologist. During the year 380 forms were received and the following Table is a summary of the number of cases in which the forms show that treatment—medical, surgical or optical—is required and of the follow-up action taken in such cases.

## (A) Follow-up of Registered Blind and Partially Sighted Persons.

(I) Number of cases registered during the year in respect of which the Form BD8 recommends :—	Cause of Disability			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	39	20	1	112
(b) Treatment (Medical, Surgical or Optical)	31	18	—	53
(II) Number of cases at (I) (b) above which on follow-up action have received treatment.	8	7	—	40

## (B) Ophthalmia Neonatorum.

(I) Total number of cases notified during the year...	Nil.
(II) Number of cases in which :—	
(a) Vision lost.	
(b) Vision impaired.	Nil.
(c) Treatment continuing at end of year.	

Although cataract is one of the commonest causes of blindness in old people and, in many cases, is remediable by operation, a number of difficulties often arise in connection with treatment. Owing to advanced age or ill-health, operation is frequently inadvisable on general grounds. Many old people also have a particular fear of any operation and prefer to remain as they are rather than to face one. This particularly applies to the considerable number who have a degree of residual sight. It is an unfortunate financial complication of a successful operation leading to removal from the Blind Register that a patient may be deprived of pension allowance and National Assistance at the special rate without in most cases any increase in earning power.



## (ii) HOME TEACHERS FOR THE BLIND.

There have been changes in the staff during the year but there are still ten certificated Home Teachers for the Blind whose duties include visiting blind persons in their homes, tuition in reading and writing embossed type, handicrafts, and assisting them to overcome the handicap of blindness. Several of the 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 in Epsom, Farnham, Guildford, Kingston, Mitcham, Redhill, Surbiton, Sutton and Wimbledon. In addition there are Evening Clubs at Surbiton and Wimbledon which have been formed for the enjoyment of blind persons who go to work and are thus prevented from attending the afternoon clubs.

## (iii) TRAINING, EMPLOYMENT AND UNEMPLOYMENT.

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 11 children under school age one is maintained in a Sunshine Home by the County Council and, of the 50 blind children of school age in the County, 20 attend Schools for the Blind, two attend the Rudolf Steiner School in Scotland, nine are not at school and 19 are ineducable on account of other defects, two being in Mental Hospitals, 11 in Mental Deficiency Institutions and six are at home.

*Workshop and Home Employment.*

During the past year the County Council have included in their Blind Welfare Scheme a Placement Service in connection with the employment of Blind Persons in open industry. This enables registered blind and certain partially sighted persons between the ages of 16 and 59 years to be assisted by a Placement Officer of the Royal National Institute for the Blind, in co-operation with the Ministry of Labour, to find suitable employment after Rehabilitation and Training.

There are at present 16 blind persons employed in Workshops for the Blind, 56 engaged in work under the Home Workers' Scheme and 235 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 and under the Home Workers' Scheme and to pay capitation fees to the Workshop Management Committees as well as to the Royal National Institute for the Blind in respect of the supervision of Home Workers and the Placement Service.

## (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.

During the year the Association held the official opening of the Hostel at Surbiton which has been adapted to provide self-contained bed-sitting rooms for the use of 11 blind persons and is run on similar lines to the Hostel at East Molesey which has been open since 1948.

The British Wireless for the Blind Fund continues to provide wireless sets which the Surrey Voluntary Association maintains. During the year an expenditure of £784 was incurred for this purpose and in addition £1,005 was spent on holiday grants. A further £209 was expended for miscellaneous grants and £1,205 on materials for teaching and handicrafts purposes. Charity Pensions payable to certain blind persons are administered by the Association and financial assistance is accorded 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 voluntary 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, 1953, there remained 68 registered nursing homes and 10 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 1953 the following number of premises and of persons had been registered :—



	Number registered at 31.12.1953.	Number of children provided for.
Premises ... ..	19	423
Daily Minders ... ..	68	657

#### 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 1953 and reported to the Rivers and Streams Committee, who in each case advised the Council to give the recommendation asked for :—

<i>Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost. £</i>
Dorking and Horley R.D.C. ... ..	Sewerage—Charlwood ... ..	73,900
Guildford, Godalming and District Water Board	Water supply—Forest Green/Mayes Green	2,675

#### REFUSE DISPOSAL.

Three new applications for the depositing of refuse under Section 94 of the Surrey County Council Act, 1931, were received during the year and six renewals granted. The total number of approved refuse dumps in the county is thirteen, and all are conducted satisfactorily.

#### MILK AND DAIRIES.

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

Under these regulations, the County Council are responsible for the licensing and supervision of the pasteurisation or sterilisation of milk in those districts of the County for which they are the Food and Drugs Authority. The total number of pasteuriser's licences in force on 31st December, 1952, was eighteen.

During the year 1953 one new pasteuriser's licence was granted and three licensees ceased pasteurising milk. Two further licensees surrendered their licences which were transferred to the new proprietors of the establishments. The total number of pasteuriser's licences in force on the 31st December, 1953, was therefore 16.

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 are 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 ... ..	781	66
Failed Phosphatase test only ... ..	19	1
Failed Methylene Blue test only ... ..	5	—
Failed both tests ... ..	—	—

##### (b) Tubercle Infected Milk.

During the year eleven reports of samples of milk, which on biological examination had been found to be infected with the tubercle bacillus, were received; this is two more 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 to a biological test for tubercle bacilli each year at least four samples from each source of production in their respective districts and not heat-treated before sale to the public.

The number of samples taken by the District Councils during 1953 are summarised below with the results :—

Description of Milk.				Number of Samples Examined.	Number Positive to Tubercle Bacilli.	Percentage Positive to Tubercle Bacilli.
Tuberculin Tested	...	...	...	520	2	0.38
Accredited	...	...	...	68	2	2.94
Undesignated	...	...	...	231	2	0.87
Heat Treated—						
Pasteurised	...	...	...	28	—	—
Other	...	...	...	—	—	—

(c) "SPECIFIED AREAS."

By an Order made by the Minister of Food under the Food and Drugs (Milk Dairies and Artificial Cream) Act, 1950, that part of Surrey which is included in the Metropolitan Police District was scheduled as a "Specified Area" as from the 1st October, 1951, and as from the 1st January, 1954, the Urban Districts of Chertsey, Egham, Frimley and Camberley, Walton and Weybridge and Woking, together with the Rural District of Bagshot, were included in a further "Specified Area." The Minister of Food after giving public notice of his intention to do so has laid before Parliament a draft Order which will provide for the specification of the whole of the remainder of the Administrative County as a "Specified Area" in which, from the appointed day, milk of special designation only may be sold. The appointed day will not be earlier than October 1st, 1954.

In a "Specified Area" all sales of milk by retail for human consumption and catering sales must be of a special designation, i.e. it must be Pasteurised, Sterilised, Tuberculin Tested or, until the 1st October, 1954, Accredited derived from a single herd.

### 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 this department in respect of the above Acts.*

During 1953, the County Council was 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 in 1953 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1952 and 1951 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.
1953 ...	606,760	1,294	59	2.13	4.56	335	19	43	8	1,672	86	2.76	5.32
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

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 80 varieties of food and 23 different drugs were sampled. It was considered necessary to institute proceedings in only one case : this related to a sample of chocolate roll, which was deficient in cocoa matter, and the manufacturers were fined. Appropriate administrative action was taken in each case when necessary where a sample showed an irregularity.



# THE SCHOOL HEALTH SERVICE.

## 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 1953 was 1,375,500 which includes 194,900 children between the ages of 5-14 inclusive. In January, 1954 there were 165,564 children on the registers of 634 county and voluntary schools an increase of 6,172 in the number of children on the school registers compared with January, 1953.

## 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 67,144 and 39,616 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 which was first put into operation in January, 1952, continued during the year 1953. 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 three decibels. A headphone is placed over the child's ear, each ear being tested separately three times. A hearing level of six decibels or better is regarded as passing the test, a satisfactory response being two correct digits out of three. The age range of the pupils examined is between 7 and 11 years. There is ready co-operation of Head Teachers and groups of between 10 and 40 pupils are tested at a time. Normally this testing is 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.

The following table contains an analysis of the results of the work carried out in 1953 in the South Western, Southern and North Central Divisions so far as they are available. The figures for the South Western and North Central Divisions are necessarily incomplete because the testing in the former Division started in 1952 and in the latter Division was not completed until the Spring of 1954.

	Division.			Total
	S.W.	S.	N.C.	
(1) No. of children tested	2,908	5,922	4,350	13,180
(2) No. of children who failed test in one or both ears and referred to A.M.O.'s...	154 (5.3%)	307 (5.2%)	203 (4.7%)	664 (5.0%)
(3) Result of investigations by Assistant Medical Officers :—				
(a) No appreciable hearing loss on clinical examination	49	37	19	105
(b) History of otitis media	13	21	14	48
(c) Wax in external auditory meatus	19	51	21	91
(d) Catarrhal conditions, etc.	21	19	1	41
(e) No local cause found for deafness	7	44	10	61
(f) Unhealthy tonsils	11	16	1	28
(g) Mental retardation	2	12	—	14
(h) Miscellaneous causes	17	42	23	82
(i) Untraced or left district	2	22	—	24
(j) Referred to general practitioners or still awaiting appointments	12	41	—	53
(k) Already supplied with hearing aid	1	2	1	4
	154	307	90	551
(4) Children referred to specialists for investigation and treatment	38	22	16	76
(5) Special educational treatment recommended in selected cases :—				
(a) Favourable position in class	4	—	—	4
(b) Hearing aid provided	—	—	—	—
(c) Lip reading instruction	—	—	—	—



## DISEASES AND DEFECTS.

## (a) Incidence.

Of the 67,144 pupils examined at periodic medical inspections, 9,440 (or 13.9 per cent.) were found to be in need of treatment for 10,693 diseases and defects. Table II shows these diseases and defects from which it will be seen that 42.9 per cent. of them were defects of the nose and throat and of vision and squint.

During the year 1,300 cases of chronic tonsillitis and adenoids were recommended for treatment and 4,260 placed under observation following the medical inspection of the four age groups during 1953.

## (b) Medical re-examination and following-up.

During 1953 School Medical Officers carried out 14,804 special inspections and 21,733 re-inspections of children while 16,241 visits were paid by Health Visitors to the homes of the children for all purposes. An analysis of these is given in the following table:—

Division	Children suffering from infectious or contagious disease	Children excluded for verminous or unclean condition	Treatment or observation	Educationally Sub-Normal	Miscellaneous Visits	Ineffectual Visits	Absence from school and clothing problems
N. ... ..	86	46	211	104	83	49	5
N.C. ... ..	229	165	972	148	394	235	29
N.E. ... ..	115	64	669	89	298	141	27
C. ... ..	533	203	578	129	493	227	41
S.E. ... ..	137	40	278	50	133	39	25
M.E. ... ..	125	49	455	81	63	124	2
S. ... ..	1,308	97	347	105	692	89	76
S.W. ... ..	524	173	811	156	472	143	70
N.W. ... ..	495	224	973	224	839	377	82
Totals ... ..	3,552	1,061	5,294	1,086	3,467	1,424	357

There were 21,753 defects found to be in need of treatment in the course of periodic and special inspections in 1953, and 21,179 defects, a proportion of which were found in previous years, were actually treated by the end of the year.

## (c) Malnutrition.

The Ministry of Education recognizes 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 1953 are given in table IIB.

## (d) Cleanliness.

During the year 1953 the Health Visitors reported 1,475 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1949-1953 are given below:—

	1949	1950	1951	1952	1953
Number of visits to Schools by nurses for all purposes ... ..	14,529	14,742	13,672	14,874	14,174
Cases with nits in the hair ... ..	8,334	6,827	4,130	3,721	2,341
Cases with lice in the hair ... ..	539	466	240	283	220
Cases with verminous bodies ... ..	14	10	17	11	3
Exclusions—					
1st Time ... ..	683	642	513	367	264
2nd Time ... ..	86	114	111	68	42
3rd Time... ..	32	26	66	29	7

Only three 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, 54 children with dirty heads had been cleansed at the Cleansing Stations.



## MEDICAL TREATMENT.

## (a) Minor Ailments.

The principal ailments treated at the minor ailment 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 1953 was 11,174; the corresponding figure in 1952 was 15,868.

## (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 Principal School Dental Officer's report on page 63 and in Table V.

## (d) Orthopaedic and Postural Defects.

Three clinics staffed by sessionally employed orthopaedic surgeons, continued to be held; two of these are held in the Borough of Guildford and one in the Borough of Wimbledon. A total of 309 children made 449 attendances during the year.

In addition to these clinics, the Committee's physiotherapists undertook the remedial treatment of school children at clinics and schools during the year as follows:—

Division.	Centre.	No. of Sessions During the Year.	No. of New Cases Admitted.	No. of Cases Discharged.
N.E. ... ..	Wimbledon...	87	36	33
M.E. ... ..	Carshalton ...	260	83	61
	Wallington ...	246	208	194
S.E. ... ..	Caterham ...	41	63	35
	Purley ... ..	137	98	183
N. ... ..	Barnes ... ..	29	33	4
	Ham ... ..	16	33	5
	Richmond, Windham Road	29	119	32
	Richmond, Sheen Road ...	7	7	—
C. ... ..	Epsom ... ..	26	15	7
	Ewell ... ..	45	78	51
	Leatherhead ...	141	81	50
	North Cheam ...	94	87	92
	Sutton ... ..	90	48	39
N.W. ... ..	Byfleet ... ..	35	23	21
	Camberley ...	73	43	44
	Chertsey ... ..	35	15	11
	Egham ... ..	75	48	39
	Hersham ... ..	33	21	17
	New Haw ... ..	38	29	18
	Walton-on-Thames ...	32	45	39
S.W. ... ..	Ash ... ..	47	38	30
	Cranleigh ... ..	48	18	14
	Farnham ... ..	49	33	10
	Godalming ... ..	46	35	27
	Guildford, Stoke Road ...	87	78	50
	Guildford, Stoughton ...	90	55	44
	Haslemere ... ..	48	8	19
	Shalford ... ..	38	18	15
S. ... ..	Horley ... ..	74	16	36
	Oxted ... ..	78	29	28
	Reigate ... ..	109	51	48

## (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. 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 1953, 516 children made 5,845 attendances at artificial sunlight treatment clinics held at Cheam, Guildford, Kingston, Leatherhead, Mitcham and Wallington.

## HANDICAPPED PUPILS.

It is the duty of the County Council to make suitable provision for handicapped pupils in the County. The new School Health Service and Handicapped Pupils Regulations, 1953, specify ten categories of Handicapped Pupils, namely:—



Blind.  
Partially sighted.  
Deaf.  
Partially deaf.  
Educationally subnormal.

Epileptic.  
Maladjusted.  
Physically handicapped.  
Delicate.  
Speech defect.

Diabetic pupils are no longer a separate category and in future are to be dealt with in the general category of delicate pupils. The definition of delicate pupils has been changed so as to make this the residual category covering all handicapped pupils who do not come under the heading of one of the other handicaps.

Children who are handicapped in any of the above ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories can continue their education at ordinary schools if suitable provision is made for them but many must be educated in special schools if their abilities and aptitudes are to be developed to the fullest extent. The new Regulations are more elastic in their requirement as to the place in which handicapped pupils are to be educated. For example, only the blind and deaf must be educated in special schools unless the Minister otherwise approves, whereas formerly the blind, deaf, physically handicapped, epileptic or asphasic pupils were to be so educated and the blind and epileptic were to be educated in boarding schools.

The provision of special educational treatment for handicapped pupils in special schools and hostels has again been increased during the year 1953 and a comparison of the figures for 1946 shows that the numbers have more than doubled since the immediate post war years. At the 31st December, 1946, there were 554 handicapped pupils receiving education appropriate to their needs in day or residential special schools and hostels. By the end of 1953 the figure had reached 1,184 of which 437 were educationally sub-normal pupils as compared with 118 pupils of this category in 1946. The other categories worthy of note are the maladjusted pupils: 124 compared with 50, and the partially deaf: 25 compared with 10.

The following special schools and hostels had been provided by the Education Committee up to the end of the year:—

*Educationally Sub-Normal.*

				Accommodation.	Age Range.
Gosden House Boarding School, Bramley	...	...	...	80 girls	5—16
				20 boys	5—10
				20 mixed (day)	
St. Nicholas Boarding School, Redhill	...	...	...	100 boys	10—16
				20 boys (day)	
St. Christophers Day School, Mitcham	...	...	...	110 mixed	7—16
The Mansion, Leatherhead (Special class)	...	...	...	15 mixed	8—13

*Delicate.*

Limpsfield Grange Boarding School, Limpsfield	...	...	...	30 girls (eventually 60)	5—16
Sunnydown Boarding School, Guildford...	...	...	...	40 boys	10—16
Bedelsford Day School, Kingston-on-Thames	...	...	...	72 mixed (including spastic unit)	5—16

*Deaf.*

Portley House Boarding School, Caterham	...	...	...	20 mixed (eventually 40)	4—11
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*Maladjusted.*

Starhurst Hostel, Dorking	...	...	...	25 boys	11—15
Thornchace, Grove Road, Merrow, Guildford	...	...	...	20 mixed	5—10 boys 5—15 girls

During 1953, the Education Committee opened Limpsfield Grange boarding special school for delicate children at Limpsfield. Twenty girls were accepted initially, increasing to 30 by the end of the year. It is intended that the school shall ultimately accommodate 60 children including a number of junior boys. The Committee also provided a special class for educationally sub-normal children at The Mansion, Leatherhead.

Plans were made for providing in 1954 two more day special schools for educationally sub-normal children—one at Beddington and one at Chessington to accommodate eventually 120 and 100 children aged 7-16 respectively. In addition, the Committee are providing in 1954 for a school for senior deaf children at Nutfield with accommodation initially for some 40 children.

The Education Committee are also responsible for the provision of education to three hospital schools namely, Queen Mary's Hospital, Carshalton, Rowley Bristow Orthopaedic Hospital, Pyrford, and Tadworth Court Hospital, Tadworth.



The following table shows the number of handicapped pupils who were in day or boarding special schools at the 31st December, 1953, with comparative figures for 1952 :—

Category.	1952			1953		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Blind ... ..	8	18	26	8	16	24
Partially sighted ... ..	21	16	37	25	15	40
Deaf ... ..	63	43	106	61	47	108
Partially deaf ... ..	9	11	20	14	11	25
Delicate ... ..	138	76	214	129	103	232
*Diabetic ... ..	2	1	3	—	—	—
Educationally sub-normal ... ..	237	150	387	263	174	437
Epileptic ... ..	15	9	24	16	10	26
Maladjusted ... ..	92	24	116	100	24	124
Physically handicapped ... ..	98	78	176	87	78	165
Speech defect ... ..	2	1	3	1	2	3
Total ... ..	685	427	1,112	704	480	1,184

\*Now included under "delicate."

Of the 1,184 children, 516 were pupils in the Committee's own special schools and hostels, the remainder being accommodated in schools maintained by other local education authorities, voluntary or private bodies.

*Review of Pupils who received Special Educational Treatment at Sunnydown Open Air School and Barbara Edith Open Air School.*

A review of cases discharged from Sunnydown School from the time of its establishment in March, 1949, up to December, 1950 and from May, 1947, up to December, 1950 in the case of Barbara Edith School (now transferred to Limsfield Grange) was carried out in order to ascertain the benefit derived from such special educational treatment and the extent to which these benefits were sustained in respect of children who return to unsatisfactory home conditions.

The following table analyses the reasons for admission of the 108 pupils investigated and shows which of these children maintained the benefit they derived from their stay and which children failed, after discharge from special school, to sustain the improvement they had made.

Diagnosis.	Pupils.		
	Admitted.	Improvement Maintained.	Improvement Not Maintained.
Delicate or debilitated ... ..	56	39	17
Asthma ... ..	18	12	6
Bronchitis and other respiratory infections ... ..	13	10	3
Poor nutrition ... ..	13	7	6
Rheumatic and other allied conditions ... ..	8	7	1
Totals ... ..	108	75	33

Of the 75 pupils who have maintained good health sixty-two enjoyed good home conditions and thirteen returned to a poor environment.

Two children were removed because of failure to settle down before any benefit could be derived and the remaining thirty-one were considered to have derived some benefit from their stay although the improvement was not sustained on returning home. A further analysis of these thirty-one pupils is given in the table below :—

*Discharged to Good Home Conditions.*

Further periods at Open Air Schools recommended ...	6
Admitted to hospital ... ..	1
Attending ordinary school ... ..	7

*Discharged to Poor Home Conditions.*

Further periods at Open Air School recommended ...	7
Fit to attend ordinary schools ... ..	8
Staying with relatives in Devon ... ..	1
Now in regular employment ... ..	1

31

It is considered that these results are satisfactory and fully justify the provision which has been made for this category of handicapped pupil.

*Convalescent Treatment.*

There were 252 children 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 at the end of 1952.

The available places in the Education Committee's two hostels for maladjusted children have been fully occupied throughout the year. 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.

Play Therapy forms an important part of the treatment given at child guidance clinics and an interesting analysis was made of the 40 children who were treated during the year by the part-time play therapist at the Sutton Clinic.

Though children referred for one special symptom almost always show a variety of symptoms on investigation, the 40 children can be classified as follows:—

Behaviour problems ... ..	10
Various anxiety states ... ..	8
School problems ... ..	13
Children suffering from enuresis or faecal incontinence ...	9

## BEHAVIOUR PROBLEMS.

Of these ten children, six were small children who were excessively aggressive and of these, one needed treatment in a residential home whereas the others were successfully helped in the clinic. The remaining four were all referred for lying and stealing and of these one was admitted to a boarding special school and three discharged after treatment as satisfactory.

## ANXIETY STATE.

Of these eight children, four were discharged after treatment as satisfactory, two were still undergoing treatment, one was under supervision and one was discharged as unsatisfactory. In the latter case, the mother failed to co-operate. These children take much longer to improve than the behaviour problems which often clear up very quickly.

## SCHOOL PROBLEMS.

Of the 13 children referred primarily as educational problems, four were discharged after treatment during the year, three were passed on to the educational psychologist for remedial coaching and six were still undergoing treatment.

School problems are roughly of three kinds:—

- Children who through acute anxiety refuse to go to school.
- Children who are below average in intelligence and lack confidence.
- Children with high I.Q.'s who for emotional reasons are unable to make use of their good intelligence.

In the first group much can be done during treatment to relieve anxiety sufficiently to enable the child to return happily to school. In the second, a change of school is often helpful and such children are greatly helped if they can be somewhere where the classes are smaller. The third group of children with high intelligence generally respond very well to treatment and are able to attain their appropriate educational standard when their emotional problems have been dealt with. In this connection it is interesting to note that five children who had not been progressing at school and who were not expected to pass the common entrants examination gained admission to grammar schools in 1953 after having been treated at Sutton Clinic for emotional disturbance.

## CHILDREN SUFFERING FROM ENURESIS AND FAECAL INCONTINENCE.

Of these nine children, one was discharged symptom free, another was discharged because of a lack of co-operation from the parents, and two were on the waiting list for Thornchace Hostel. The remaining five children were still under treatment at the end of the year.

## GENERAL.

It is desirable to treat children of six years old and less with as little delay as possible and a number of young children were treated in 1953, but at the end of the year 17 children of this age were waiting to be seen. Some attempt is made to deal with the situation by seeing young children in groups wherever practicable.



By the end of the year the position as regards the 40 children was as follows :—

Under supervision ... ..	10
Closed as satisfactory ... ..	9
Closed as unsatisfactory ... ..	2
Left district ... ..	1
Passed to educational psychologist ... ..	3
Still undergoing treatment ... ..	15

Sixteen of these were seen regularly once a week.

Of the children under supervision two were on the waiting list for Thornchace, two were going to open air schools and another had been accepted for a boarding special school. The rest were children who had greatly improved after a long term of treatment but whom it was considered it would be beneficial to keep in touch with for some months.

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 ... ..	137	108	91	177	105	77	695
No. of New Cases seen ... ..	119	86	70	92	109	55	531
No. of Cases Discharged ... ..	103	70	85	58	96	22	434
Analysis :—							
(a) Treatment Completed ... ..	43	24	39	34	18	6	164
(b) No Treatment Required ... ..	31	30	2	10	16	4	93
(c) Non Co-operation of Parents ... ..	7	4	14	8	15	4	52
(d) Other Arrangements Made ... ..	22	12	30	6	47	8	125
No. of Cases Under Treatment at End of Year	167	131	157	111	186	30	782
No. of Cases Under Supervision at End of Year ... ..	88	85	136	37	79	1	426
No. of Cases Withdrawn from Waiting List During Year ... ..	16	22	19	17	8	12	94
No. of Cases Remaining on Waiting List at End of Year ... ..	46	47	18	91	11	20	233
No. of Interviews by Psychiatrists ... ..	1,457	820	755	1,152	886	709	5,779
Analysis :—							
(a) With Children for Examination ... ..	115	78	67	103	123	56	542
(b) With Children for Treatment ... ..	913	547	491	861	593	561	3,966
(c) With Parents ... ..	349	134	171	165	160	40	1,019
(d) With Others ... ..	80	61	26	23	10	52	252
No. of Sessions Held :—							
(a) Psychiatrists ... ..	311	285	260	292	298	284	1,730
(b) Educational Psychologists ... ..	298	198	279	301	287	282	1,645
(c) Play Therapist ... ..	88	—	—	197	112	—	397
(d) Psychiatric Social Workers ... ..	468	468	468	570	474	123	2,571

#### (b) Speech Defects.

There were 25 Speech Clinics in operation at the end of the year at which a total of 85 treatment sessions were held each week. New clinics were opened during the year at Godalming and Leatherhead and regular sessions were also held at St. Nicholas and Gosden House Special Schools. In addition, a speech therapist was also appointed to the spastic unit attached to Bedelsford Day Special School when it opened in September, 1953.

A total of 1,269 children received treatment at the clinics during the year as compared with 1,256 in 1952, mainly for stammer, lisp and under-developed speech. Of these 202 were discharged as cured, 175 discharged greatly improved, 88 discharged as showing some improvement and 54 as showing little or no improvement. A table showing the work undertaken at these clinics during 1953 is given at the end of this report.

## INFECTIOUS DISEASES.

The following tables give the number of notifications of cases by head teachers and the total exclusions on account of the principal infectious diseases during 1953 :—

Disease.	Suffering.	Excluded on Suspicion.	Infection at Home.	Total Exclusions.
Small Pox ... ..	—	—	—	—
Diphtheria ... ..	—	—	—	—
Scarlet Fever ... ..	990	11	357	1,358
Enteric Fever ... ..	1	—	—	1
Measles ... ..	7,903	34	322	8,259
Whooping Cough ... ..	2,126	26	164	2,316
German Measles ... ..	1,131	8	27	1,166
Chicken-pox ... ..	3,685	8	86	3,779
Mumps ... ..	1,287	11	33	1,331
Jaundice ... ..	57	—	3	60
Other ... ..	1,976	21	72	2,069
Totals ... ..	19,156	119	1,064	20,339

## CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on Suspicion.	Total Exclusions.
Ringworm ... ..	18	1	19
Impetigo ... ..	26	—	26
Scabies ... ..	19	—	19
Other ... ..	122	15	137
Totals ... ..	185	16	201

## Tuberculosis—School Contacts.

Whenever a pupil or a member of the staff of a school is discovered to be suffering from active tuberculosis, investigation by the tuberculin test and/or by mass X-ray is offered to any contacts amongst pupils or staff. The investigations are carried out by the divisional medical officer in conjunction with the chest physician and the medical director of the mass radiography units.

Eleven such investigations were undertaken in the year and a total of 1,180 pupils were examined by tuberculin testing. Of these 954 were tuberculin negative and 226 tuberculin positive. All the tuberculin positive children were subsequently X-rayed and as a result 18 were discovered to be suffering from notifiable tuberculosis, of which six could be definitely related to index cases arising in schools and five possibly to such a source. In respect of the others, four were related to known domiciliary contacts and in three cases no index case was discoverable. No case of tuberculosis was discovered in the teaching staff.

## 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 details of the work carried out in 1953 are described on page 31.

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 the heading.

## (a) Physical Education and Swimming.

For Primary Schools the year has been notable for the publication by the Ministry of Education of a new Handbook of Physical Education. This is in two parts: (1) "Moving and Growing"; (2) "Planning the Programme" and together they give a clear picture of the modern trends in Physical Education for children of Primary School age, with a fairly wide selection of suitable exercises, activities and games.

In order to show the different methods and techniques required to interpret the new work successfully, courses and demonstrations for teachers have been arranged in many parts of the County and there has been an extremely good response from teachers interested in Physical Education.



Though classes in Junior Schools are still very large—due to the post-war “bulge”—many teachers are finding the new approach to Physical Education less difficult to master than the methods advocated in the “1933 Syllabus” and it is proving far more successful and enjoyable for the children.

Many more Primary Schools have been supplied with climbing apparatus of various types during the year, and this is proving its worth in every case.

The improvement in playground surfacing has continued, more playing fields have come into use, and there has been some improvement in changing into suitable footwear and clothing for Games and Physical Education.

In most Secondary Schools classes are of a reasonable size and the work has tended to improve, partly because of the appointment of more well-trained specialist teachers, and partly because of a general widening of schemes of work to include as many branches of Physical Education as possible.

Many courses and demonstrations have been successfully run for both men and women teachers. They have covered such aspects of the work as:—

Infant activities and games.

Junior activities and games.

Dancing, rounders, netball, athletics, rugger, cricket, boxing, gymnastics, swimming.

“Outdoor activities.”

In swimming the quality of the work is still not as high as could be wished, though it is true to say that there is a steady improvement. More teachers are taking an interest and many are attending courses to qualify as teachers of swimming. Some outstanding results have been achieved, especially in schools situated near to a swimming bath, but the unevenness of the spread of facilities for swimming prevents any large developments in the swimming scheme for schools.

#### (b) Open Air Education.

(i) SUMMER CAMP.—During 1953 the Henley Fort camp was opened for 19 weeks. During this period no serious illness occurred. The following statistics are given for 1953 together with those for the preceding year:—

	1952 (31st season)	1953 (32nd season)
Number of children ... ..	534	453
Number of teachers ... ..	27	29
Number of schools ... ..	11	9
Average cost of food per head per week	14/8½d.	15/0½d.
Number of weeks ... ..	20	19

#### (ii) SHEEPHATCH CAMP SCHOOL.

Throughout 1953 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, 1953:—

No. in Attendance.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Free of Cost
156,138	90,609	4,683	133,068

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.

#### OUTBREAK OF FOOD POISONING.

Outbreaks of food poisoning in association with school canteens occurred in the Epsom and Richmond areas on the 8th, 9th and 10th July. At the Rosebery County School for Girls, Epsom, about 200 pupils and teachers had symptoms of food poisoning out of 371 partaking of the mid-day meal. The meal was supplied from the school's own kitchen. At Richmond 732 pupils and staff had the mid-day meal on July 10th served from Gainsborough Road Central Kitchen which supplies a group of seven schools in Richmond. The number who developed food poisoning was 288. Whilst the initial symptoms were severe all made a quick recovery and only two at Epsom and twelve at Richmond were admitted to hospital.



A careful and complete investigation was made into the cause of the outbreaks and both the public health officers investigating and the medical staff of the hospital independently, from questioning the patients, came to the conclusion that dried milk (which was used to make both custard and whipped cream) was the cause of the trouble.

Instructions were issued on the 12th July forbidding the use of this consignment of dried milk throughout the County and as an additional precaution Gainsborough Central Kitchen was closed temporarily and meal preparation was transferred elsewhere.

Results of bacteriological examination confirmed that the organism (*Staphylococcus aureus* coagulase positive) causing this unfortunate outbreak was present in sealed tins of the dried milk used in the preparation of artificial cream and that the kitchen management and staff were in no way responsible.

Urgent representations were made to the suppliers of the milk with a view to their tracing the source and withdrawing all suspected supplies.

#### FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1953, 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 school medical officers at the clinics nearest to the homes of the applicants. During the year 3,678 children were specially examined for this purpose; 15 children were, on medical grounds, considered unfit to undertake part-time employment.

During the year special licences were applied for in respect of 59 pupils to take part in entertainments; all were examined by school medical officers and one was found to be unfit.

#### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER ON THE SCHOOL DENTAL SERVICE FOR THE YEAR 1953.

At 31st December, 1953, the staff of dental officers consisted of thirty full-time and one part-time salaried officer and twenty-five dental surgeons sessionally employed.

This total of 56, expressed in terms of full-time officers, was the equivalent of 42.2 for all purposes and for the school service alone approximately 37.38 officers. This is an increase on the 1952 staff figure of two full-time salaried and two sessionally paid officers.

Table V gives the statistics for the year. These, taken in conjunction with the increase of staff, shows, when compared with the 1952 figures, that the number of children inspected in the year was lower than in 1952, that a greater number were referred for treatment and that fewer children were actually treated. The table also shows, however, that more time was given to treatment and less to inspection, that the number of attendances for treatment was greater, that the amount of conservative treatment was greater and the number of teeth lost by extraction was lower. The figures for treatment show 9,331 more teeth filled and 2,718 fewer teeth removed. Thus the tendency towards more conservative dentistry noted in 1952 was maintained, and therefore the service to the individual child had improved.

Orthodontic treatment continued in demand through requests from parents, and in some cases from practitioners outside the school service. The place of orthodontia as an essential part of the school service seems to be confirmed. Consideration should now be given to further increasing this service as the existing staff are unable to satisfy the demand.

The staff of the County dental laboratory at the end of the year consisted of one Senior technician-in-charge, one Senior technician and three technicians.

During the year this staff carried out a total of 3,967 mechanical operations, of which 3,248 (82 per cent.) were for the school service. 1,391 orthodontic appliances were constructed and other operations directly connected with orthodontia totalled in the region of 1,500. Some mechanical work was also carried out by outside laboratories, the greater part being in connection with orthodontic cases.

Of the total radiographic work carried out about 98 per cent. was for school children.

It has not been possible to provide an annual inspection for all children but this is counter-balanced by the increase in the conservative work. More frequent dental inspection remains desirable but this can only be attained by a full and stable permanent staff of officers.

D. M. McCLELLAND, L.D.S.,

*Principal School Dental Officer.*



**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 ... ..	...	...	...	...	...	...	...	...	18,524
Second Age Group ... ..	...	...	...	...	...	...	...	...	16,168
Third Age Group... ..	...	...	...	...	...	...	...	...	13,045
Total ... ..	...	...	...	...	...	...	...	...	47,737
Number of other Periodic Inspections ... ..									
Grand Total ... ..	...	...	...	...	...	...	...	...	67,144
B.—OTHER INSPECTIONS.									
Number of Special Inspections... ..	...	...	...	...	...	...	...	...	14,804
Number of Re-Inspections ... ..	...	...	...	...	...	...	...	...	21,733
Total ... ..	...	...	...	...	...	...	...	...	36,537

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 IIA. (3)	Total individual pupils. (4)
Entrants ... ..	105	2,138	2,390
Second Age Group ... ..	978	1,574	2,439
Third Age Group ... ..	832	973	1,726
Total (prescribed groups) ... ..	1,915	4,685	6,555
Other Periodic Inspections... ..	846	2,127	2,885
Grand Total ... ..	2,761	6,812	9,440

**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 ... ..	600	858	1,581	98
Eyes—				
(a) Vision ... ..	2,762	2,930	1,985	581
(b) Squint ... ..	509	630	168	57
(c) Other ... ..	350	354	513	101
Ears—				
(a) Hearing ... ..	139	399	181	142
(b) Otitis Media ... ..	117	547	85	32
(c) Other ... ..	142	198	255	50
Nose or Throat... ..	1,321	5,127	1,462	520
Speech ... ..	195	599	290	96
Cervical Glands... ..	183	2,194	76	103
Heart and Circulation... ..	255	761	75	79
Lungs ... ..	280	1,400	227	160
Developmental—				
(a) Hernia ... ..	56	152	14	8
(b) Other ... ..	73	472	30	57
Orthopaedic—				
(a) Posture... ..	820	1,406	223	103
(b) Flat foot ... ..	1,003	1,411	168	82
(c) Other ... ..	923	2,216	503	209
Nervous System—				
(a) Epilepsy ... ..	29	82	9	11
(b) Other ... ..	111	275	110	80
Psychological—				
(a) Development ... ..	62	270	83	46
(b) Stability ... ..	75	490	140	58
Other ... ..	688	1,279	2,882	772

## 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 ... ..	18,424	7,872	42.7	10,077	54.7	475	2.6
Second Age Group ... ..	16,168	6,598	40.8	9,112	56.4	58	2.8
Third Age Group ... ..	13,045	5,650	43.3	7,099	54.4	286	2.2
Other Periodic Inspections ... ..	19,407	8,632	44.5	10,280	53.0	495	2.5
Total ... ..	67,144	28,752	42.8	36,668	54.6	1,724	2.6

TABLE III.

## INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons ... ..	376,060
(ii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ..	1,475
(iii) 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 ... ..	4	1
(ii) Body ... ..	17	8
Scabies ... ..	31	2
Impetigo ... ..	195	7
Other skin diseases ... ..	2,049	316
Total ... ..	2,296	334

## 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 ... ..	1,149	89
Errors of Refraction (including squint) ... ..	10,654	838
Total ... ..	11,803	927
Number of pupils for whom spectacles were :—		
(a) Prescribed ... ..	5,974	454
(b) Obtained ... ..	5,327	429



## 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 ... ..	—	12
(b) for adenoids and chronic tonsillitis ...	—	1,508
(c) for other nose and throat conditions ...	—	12
Received other forms of treatment ... ..	1,295	428
Total ... ..	1,295	1,960

## GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	174	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments... ..	3,069	1,207

## 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	578	30

## GROUP 6.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists ...	1,269	14

## GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments ... ..	5,906	429
(b) Other than (a) above :—		
1. Cervical Glands ... ..	72	29
2. Heart and Circulation ... ..	103	81
3. Lungs... ..	233	166
4. Development... ..	22	54
5. Nervous System ... ..	103	65
Total ... ..	6,439	824

TABLE V.

## DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—						
(a) Periodic age groups ...	...	...	...	...	...	112,650
(b) Specials ...	...	...	...	...	...	14,893
Total (1)...	...	...	...	...	...	127,543
(2) Number found to require treatment ...						
(3) Number referred for treatment ...	...	...	...	...	...	77,048
(4) Number actually treated ...	...	...	...	...	...	73,435
(5) Attendances made by pupils for treatment ...	...	...	...	...	...	49,078
						121,140
(6) Half-days devoted to :—						
Inspection ...	...	...	...	...	...	1,187½
Treatment ...	...	...	...	...	...	14,908
Total (6)...	...	...	...	...	...	16,095½
(7) Fillings :—						
Permanent Teeth...	...	...	...	...	...	67,455
Temporary Teeth...	...	...	...	...	...	13,421
Total (7)...	...	...	...	...	...	80,876
(8) Number of teeth filled :—						
Permanent Teeth...	...	...	...	...	...	58,639
Temporary Teeth...	...	...	...	...	...	12,772
Total (8)...	...	...	...	...	...	71,411
(9) Extractions :—						
Permanent Teeth...	...	...	...	...	...	7,922
Temporary Teeth...	...	...	...	...	...	42,382
Total (9)...	...	...	...	...	...	50,304
(10) Administration of general anaesthetics for extraction ...	...	...	...	...	...	21,867
(11) Other operations :—						
Permanent Teeth...	...	...	...	...	...	22,128
Temporary Teeth...	...	...	...	...	...	11,564
Total (11)	...	...	...	...	...	33,692



SPEECH THERAPY  
YEAR ENDED 31st DECEMBER, 1953.

Clinics.	Barrow.	Catterham.	Chertsey.	Dorking.	Epsom.	Farnham.	Goslingham.	Guildford.	Hook.	Kington.	Spastic Unit.	Leatherhead.	Langfield.	Malden.	Mitcham.	Mortlake.	Purley.	Reigate.	Richmond.	Sutton.	Wallington.	Walton.	Wimbledon.	Woking.	St. Nicholas Special School.	Gooden House Special School.	Total.			
<b>Number of Sessions held :—</b>																														
Treatment ... ..	35	117	106	57	64	169	73	50	342	40	108	36	98	62	160	234	74	88	165	78	123	156	157	127	150	278	74	74	3,295	
Consultation ... ..	—	2	10	2	5	3	—	2	37	2	45	4	2	2	8	10	—	9	4	—	1	2	5	7	10	40	—	—	212	
<b>Number of Cases :—</b>																														
On Register at beginning of year ... ..	12	18	19	11	17	40	20	—	55	11	19	—	—	9	48	67	12	35	42	22	24	54	27	49	49	33	15	15	723	
Added during year ... ..	7	18	10	10	16	35	10	20	51	10	18	10	20	3	36	40	9	18	24	15	15	26	33	23	26	27	9	7	546	
Discharged ... ..	3	18	7	3	12	38	8	6	44	8	16	—	6	7	47	48	8	25	24	18	19	36	23	27	29	24	8	7	511	
<b>Remaining at end of year :—</b>																														
Under treatment ... ..	16	18	22	18	21	37	22	14	62	13	21	10	14	5	37	59	13	28	42	19	20	44	37	45	46	36	16	15	750	
Awaiting admission ... ..	5	3	9	1	9	17	16	6	23	8	16	—	4	10	12	28	1	18	3	17	3	11	7	22	12	42	—	6	309	
To be admitted next year ... ..	5	3	3	4	7	6	7	4	—	6	—	—	3	5	6	11	—	4	7	5	2	10	4	6	9	7	—	2	127	
<b>Analysis of all cases treated during year :—</b>																														
1. Stammering ... ..	6	10	14	7	5	32	11	7	27	12	9	—	9	2	18	38	11	10	15	14	11	19	12	16	25	25	6	1	372	
2. Defects of Articulation :—																													582	
(a) Dyslalia ... ..	8	16	11	9	21	20	12	11	59	6	21	—	6	4	47	45	9	24	42	12	17	40	30	39	42	13	4	14		
(b) Rhinolalia :—																														
(i) Cleft palate ... ..	3	—	1	1	1	4	1	—	2	1	2	—	1	1	3	3	—	4	2	—	1	6	1	3	2	2	1	2	48	
(ii) Nasal obstruction ... ..	—	—	—	—	—	1	1	—	—	—	—	—	—	—	3	—	—	1	—	—	1	—	—	—	1	—	—	—	6	
(c) Cluttering ... ..	—	1	—	—	—	9	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	9	
(d) Idioglossia ... ..	—	—	—	—	—	4	1	—	1	—	—	—	—	—	2	—	—	3	—	1	—	4	1	4	—	—	—	—	14	
(e) Dysarthria ... ..	—	1	1	—	—	1	1	—	2	—	1	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	32	
(f) Aphasia ... ..	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	1	—	2	—	—	1	—	—	—	—	2	—	—	7	
3. Defects of Voice ... ..	—	—	1	—	—	1	—	—	—	1	—	—	1	1	1	1	—	1	—	—	—	—	—	3	—	1	1	1	17	
4. Defective Speech due to :—																														
(a) Amnesia ... ..	—	—	—	—	—	1	—	—	—	1	—	2	2	—	1	—	—	—	2	—	3	2	3	—	—	3	1	—	9	
(b) Deafness ... ..	—	1	—	—	—	1	—	—	4	—	—	1	1	—	—	1	—	—	2	—	—	2	3	2	—	—	1	—	26	
5. Retarded Speech ... ..	2	7	1	3	6	—	2	2	10	—	3	—	1	3	11	16	1	8	5	8	5	8	13	5	3	14	9	1	147	
<b>Analysis of cases discharged :—</b>																														
No. of children discharged during year :—																														
Achieved normal speech ... ..	2	7	—	3	3	15	2	2	10	1	5	—	2	4	27	20	4	8	13	6	2	19	8	7	16	9	4	3	202	
Were greatly improved ... ..	—	7	3	—	4	9	2	3	17	5	4	—	2	3	11	20	1	13	5	5	11	10	6	12	9	8	2	3	175	
Showed some improvement ... ..	1	4	4	—	3	4	3	1	13	2	2	—	1	—	5	8	1	3	5	1	6	3	2	4	4	5	2	1	88	
Showed little or no improvement ... ..	—	—	—	—	2	10	1	—	4	—	5	—	1	—	4	—	2	1	1	6	—	4	7	4	—	2	—	—	54	
<b>No. of cases discharged during year :—</b>																														
By Clinic ... ..	2	14	2	3	6	22	4	5	25	7	5	—	5	7	34	36	6	17	12	8	17	22	15	19	16	5	7	7	340	
Because of non-co-operation of parents ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	75
Left district ... ..	1	2	3	—	2	4	1	—	5	—	7	—	1	—	7	7	1	1	6	1	—	4	3	2	9	4	—	—	—	40
Because of transfer to special schools ... ..	—	1	—	—	1	—	1	1	2	—	2	—	—	—	3	3	1	1	2	2	—	3	—	2	1	1	3	—	—	15
For other reasons ... ..	—	1	2	—	3	10	1	1	11	—	2	—	—	—	—	—	—	—	2	7	2	3	—	2	—	3	—	—	—	49