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# Surrey County Council

# ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1954

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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 1954.

The population of the Administrative County continues to increase, being estimated by the Registrar-General as 1,385,200 at mid-year 1954 as against 1,375,500 at mid-year 1953. The excess of live births over deaths was 3,014, so that natural increase accounted for nearly one-third of the total increase in population of 9,700. The largest increase in population was in the Southern Division (3,660), while the North-Western, North-Central, Central and South-Western Divisions had increases of 1,620, 1,580, 1,240 and 1,130 respectively; the population of the North-Eastern Division showed a decrease of 500.

The crude birth rate, which had risen slightly to 13.22 in 1953, fell slightly again to 13.13 per thousand population in 1954. The "adjusted birth rate" for the County (which is a figure obtained by multiplying the crude birth rate by a "comparability factor" designed to compensate for differing age and sex distribution of the population) is 13.39 as compared with the birth rate for England and Wales of 15.2.

The infant mortality rate has for the first time fallen below 20 deaths per thousand live births, being 19.35 as compared with 20.56 in 1953. The actual number of infant deaths was 352. This rate is appreciably below that for England and Wales which was 25.5 in 1954. The neo-natal mortality rate also fell to 13.08 per thousand live births.

The death rate decreased from 11.46 in 1953 to 10.96 in 1954. The death rates from heart and vascular diseases increased from 5.66 in 1953 to 5.81 in 1954. The total deaths from cancer remained almost identical with last year: as regards the individual sites of the disease, however, deaths from cancers originating in the lung and bronchus showed their usual steady annual increase. Deaths due to this particular cancer from 1950 to 1954 have been 406 (0.30), 438 (0.32), 496 (0.36), 508 (0.37) and 592 (0.43) respectively, the figures in brackets being the rate per thousand population: no slackening off in this steady increase is apparent. Other forms of cancer, in general, show a slight decrease.

Only 153 persons died from pulmonary tuberculosis and only 26 from non-pulmonary tuberculosis in 1954, representing rates of 0.11 and 0.02 respectively. The corresponding figures for last year were 226 (0.16) and 25 (0.02). The decrease in notifications of new cases of pulmonary tuberculosis which was noted last year was maintained (988 notifications in 1953 and 865 in 1954). The scheme for B.C.G. vaccination of thirteen-year old school children was started in the autumn of 1954, and by the end of the year 57.85 per cent. of the age group had been vaccinated, while a further 13.62 per cent. had been found to be Mantoux-positive and, therefore, not to need vaccination. Attention is once again drawn to the excellent work of the Care Committees and to their Standing Conference for their care work among the tuberculous.

During the year, 17,974 children received a primary immunisation against diphtheria and 24,644 received re-inforcing doses; 12,108 persons were vaccinated and 3,739 were re-vaccinated against smallpox; and 14,757 children were inoculated against whooping cough and 2,277 received re-inforcing doses. All these figures (except that for re-vaccination against smallpox) represent increases over the previous year, and it is apparent that the scheme for inoculation against whooping cough which was introduced in 1952 is being well received by the public. One case of diphtheria was notified in a school child in the year and one death from whooping cough of a child under one year occurred.

New clinics at Addlestone and at Merstham and a new ambulance station at Chertsey were opened during the year.

During the year, the County Council became responsible for the distribution of welfare foods, and the transfer of this function from the Ministry of Food was effected smoothly. The distribution is increasingly being done from the welfare centres but a number of ad hoc premises are being used in addition and the County Council is greatly indebted to the Women's Voluntary Services for their readiness to help both with personnel and premises.

The scheme for radio control of ambulances which was introduced in 1953 was in full operation in the year and has proved most valuable both on grounds of efficiency and of economy.

The average equivalent full-time home helps employed weekly throughout the year was 496.4 and the total number of cases helped was 6,879—both increases over the previous year. Nearly half the total cases helped were chronic patients and over 70 per cent. of the total hours of service were given to these cases.

# SURREY COUNTY COUNCIL

With the Compliments
of the
County Medical Officer

County Health Department, County Hall, Kingston-upon-Thames.

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The School Health Service.

The health of the school children throughout the County continues to be satisfactory. It is noteworthy that in 1953 only 2.6 per cent. of them were considered by the school medical officers to be of poor general condition, while in 1954 this figure has fallen to 2.07 per cent. Similarly the children described as fair (normal) have fallen from 54.6 per cent. to 50.2 per cent. while the numbers classified as good have risen from 42.8 per cent. to 47.73 per cent.

Twenty-six special investigations were undertaken in schools following the notification of cases of tuberculosis occurring amongst staff or children and a brief account of two of the investigations is given. The importance of Mantoux testing and routine mass radiography as a means of case finding and early diagnosis and the need to remove the infective patient from the school will be appreciated. In this regard the need to encourage teachers and other school workers to take advantage of the voluntary scheme of annual mass radiography is emphasised.

The provision for handicapped pupils in special schools and hostels was again increased during the year by the opening of additional schools for educationally subnormal and deaf children. This augmentation of existing facilities continues the policy of the Education Committee in extending facilities for handicapped pupils which have been made since the war. It should be noted, however, that wherever the condition of the handicapped child permits, education is given in the ordinary school and special placements are only made where it is thought the child will not be able to hold his own in a normal environment. There are great advantages in teaching a child to surmount his difficulties in a normal school surrounded by children possessing normal activities and interests.

In conclusion, I must once more call attention to the high standard of work of all members of the staff of the department both in the office and in the field, and to their willing and friendly co-operation with each other and with the staff of other departments.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

K. A. SOUTAR,

County Medical Officer and Principal School Medical Officer.

# GENERAL STATISTICS AND SOCIAL CONDITIONS.

#### Area.

No changes affecting the area of the Administrative County took place during the year, but under the Guildford (Extension) Order, 1954, part of the parish of Worplesdon in the Rural District of Guildford, comprising approximately 138 acres, was transferred to the Borough of Guildford with effect from the 1st April, 1954.

#### 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 1954 was 1,385,200, an increase of 9,700 over the comparable figure for mid-year 1953. The population under 1 year is given by the Registrar-General as 17,950, the population 1-4 years as 74,350, and the population 5-14 years 201,700.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1950-1954 is shown in the following table:—

	1950.	1951.	1952.	1963.	1954.
Urban Districts Rural Districts	1,211,720 146,790	1,204,700 151,000	1,211,300 154,200	1,219,600 155,900	1,228,760 156,440
Administrative County	1,358,510	1,355,700	1,365,500	1,375,500	1,385,200
Increase or decrease over previous year	+21,250	-2,810	+9,800	+10,000	+9,700

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 1953 and 1954:—

	DISTRI	CTS.			Area in	Census Po	opulation.	Registrar-Gene of Mid-year	ral's Estimates populations.
					Acres.	1931.	1951.	1953.	1954.
	M.B. and U	rban.							
1.	Banstead		***		12,821	18,734	33,529	34,300	35,010
2.	Barnes				2,519	42,440	40,567	40,110	40,170
3.	Beddington and W	allington	***		3,045	26,328	32,757	32,510	32,620
4.	Carshalton				3,346	28,586	62,721	61,680	61,610
5.	Caterham and Wa	rlingham			8,233	21,774	31,293	31,970	32,920
6.	Chertsey				9,983	16,988	30,852	32,120	32,640
7.	Coulsdon and Purl	ey			11,143	39,795	63,773	64,810	64,650
8.	Dorking				9,511	15,204	20,252 -	20,100	20,270
9.	Egham				9,350	17,196	24,690	25,800	26,190
10.	Epsom and Ewell				8,427	35,231	68,055	67,600	67,130
11.	Esher		200	444	14,847	32,407	51,432	51,610	52,470
12.	Farnham				9,039	19,005	23,928	24,150	24,520
13.	Frimley and Camb			***	7,768	16,532	20,386	24,320	22,880
14.	Godalming	The state of the s			2,393	10,940	14,244	15,110	15,270
15.	Guildford				7,322	34,237	47,496	48,450	49,500
16.	Haslemere				5,751	9.168	12,003	11,840	11,740
17.	Kingston-on-Thame				1,408	39,825	40,172	39,940	39,160
18.	Leatherhead				11,187	16,483	27,206	28,910	29,780
19.	Malden and Coom				3,164	23,350	45,566	45,500	45,910
20.	Merton and Morde				3,237	41.227	74,730	73,240	73,270
21.	Mitcham				2,932	56,872	67,269	66,430	66,050
22.	Reigate			***	10,255	34,547	42,248	44,890	47,610
23.	Richmond			***	4,109	39,276	41,944	42,440	42,480
24.	Surbiton				4,709	30,178	60,875	62,230	63,320
25.	Sutton and Cheam		***		4,338	48,363	80,673	79,040	79,200
26.	Walton and Weyb		***	10000	9,052	25,671	38,112	39,420	40,220
27.	William L. Landon			***	3,212	59,515	58,141	58,300	58,150
28.	Woking				15,708	35,987	47,596	52,780	54,020
	2000		otal		198,809	835,859	1,202,510	1,219,600	1,228,760
1.	Bagshot				16,083	11,080	14.109	14,380	14,480
0	Dorking and Horle		***	***	53,943	18,485	25,832	27,060	27,580
3.	Ondeton	*	***	***	52,507	25,866	32,823	33,830	34,070
4.	0.016.1		***	***	59,644	31,554	45,488	47,850	47,040
5.	Hambledon				68,175	24,926	31,851	32,780	33,270
		T	otal		250,352	111,911	150,103	155,900	156,440
Adı	ministrative Count	у	***		449,161	947,770	1,352,613	1,375,500	1,385,200

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 1954, 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, 1954. Included in these figures are houses re-erected after destruction by enemy action and buildings converted into flats.

	une	der assist	Authoriti	168	Private	y Persons.	Public Soci	Utility eties.	To	tal.	
SANITARY DISTRICT	Houses a rected during a year 1954.	Houses in course of of creetion at end of 1954.	Houses erected during page year 1954.	Houses in course of or creetion at course of 1954	Houses erected during year 1954.	Houses in course of erection at end of 1954.	But.	Houses in course of erection at end of 1954.	Houses erected during year 1954.	Houses in course of erection at end of 1954.	Inhabited Houses on Rate Books at 31/12/1954.
Urban  1 Banstead  2 Barnes (M.B.)  3 Beddington and Wallington	65 19	30	430	258 —	254 26	106 54	-	1-1	749 46	394 54	11,229 12,000
(M.B.) 4 Carshalton 5 Caterham and Warlingham	24 23 56	27 71 28		_9	84 41 123	20 39 188		=	108 64 179	47 119 216	9,822 17,116 8,400
6 Chertsey	24 83 56 94 103	118 17 159 204 16		11111	223 461 62 110 190	190 320 47 234 105	11111	11111	247 544 118 204 293	308 337 206 438 121	8,352 18,895 5,619 7,050 18,750
11 Esher	153 90 186 60 210	73 30 116 30 216	_ _ _ _	111111	460 116 94 59 167	481 129 50 37 193		11111	613 206 280 121 377	554 159 166 67 409	16,331 7,626 5,462 4,544 14,612
16 Haslemere	58 55 — 127 158	22 105 9 40 12	_ _ _ _ 9		44 64 393 40 13	13 61 335 43 27	11111	11111	102 119 393 167 180	35 166 344 83 41	3,557 11,790 8,885 14,480 22,454
21 Mitcham (M.B.) 22 Reigate (M.B.) 23 Richmond (M.B.) 24 Surbiton (M.B.) 25 Sutton and Cheam (M.B.)	395 241 8 —	284 55 — 20 57	-1 -1 48 -	  105 	15 196 70 94 234	31 93 50 70 139			410 458 78 142 234	315 148 50 195 196	19,522 13,462 11,569 18,072 23,100
26 Walton and Weybridge 27 Wimbledon (M.B.) 28 Woking	188 50 148	68 89 269	_ 217	_ 30	237 61 321	177 47 256	=	=	425 111 686	245 136 555	11,955 16,223 14,325
Totals	2,674	2,165	728	404	4,252	3,535	-	-	7,654	6,104	355,202
RURAL.  1 Bagshot  2 Dorking and Horley  3 Godstone  4 Guildford  5 Hambledon	37 97 176 67 112	34 102 68 94 36	_ _ _ _ _		24 144 139 347 100	37 128 95 256 87	===		61 241 324 414 212	71 230 163 350 123	4,105 8,205 9,640 13,728 9,620
Totals Administrative County	489 3,163	334	9 737	404	754 5,006	603	_	-	1,252 8,906*	937	45,298
Administrative County	3,163	2,499	101	404	3,006	4,135		-	8,900*	7,0417	400,000

<sup>\*</sup> Includes 28 dwellings provided for agricultural workers.

<sup>†</sup> Includes 19 dwellings in course of erection for agricultural workers.

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1954, was £15,325,675, and the estimated produce of a 1d. rate for general County purposes for the year 1954-55 was £62,011.

#### VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1954 with the previous year and with the mean of the five years 1949-53.

						Per 1,00	0 Population		Maternal	Deaths of
					Birth Rate	Death Rate	Death Rate from Pulmonary Tuberculosis.	Death Rate from Malignant Disease.	Mortality per 1,000 Live and Still Births.	Infants under 1 year per 1,000 Live Births.
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	***	444	444	+44	12.91	10.57	0.17	1.90	0.72	20.93
1953	***	***	***	***	13.22	11.46	0.16	1.97	1.03	20.56
Mean (	of 5 ye	ars, 19	49-53		13.51	10.79	0.20	1.88	0.72	21.83
1954	***	***	***		13.13	10.96	0.11	1.96	0.38	19.35
nerea	se or d	ecrease	in 195	4 on:						
	ars' av		111	144	0.38	+0.17	-0.09	+0.08	-0.34	-2.48
Prev	rious y	car	***	***	-0.09	-0.50	-0.05	0.01	-0.65	-1.21

#### 1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 18,193, as compared with 18,187 in the previous year, showing an increase of 6. The birth rate for the year was 13.13, as compared with 13.22 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 1954 crude live birth rates is shewn below:—

		Administrative County. per 1,000 of	e Urban Districts. estimated home	Rural Districts. population.
Crude rates	 	 13.13	13.04	13.88
Adjusted rates	 	 13.39	13.30	14.85

The birth rate for England and Wales for 1954 was 15.2 and for 1953, 15.5.

In addition to the 18,193 live births in Surrey, there were 352 still births and the rate of still births per 1,000 live and still births was 18.98.

Of the 18,193 live births 778 or 4.28 per cent. were illegitimate, as compared with 751 or 4.13 per cent. in 1953.

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	444	16,445	13.52	482	28.5	710	4.32
1941	1.67	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	145	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	111	17,633	12.91	344	19.1	682	3.87
1953	***	18,187	13.22	337	18.2	751	4.12
1954		18,193	13.13	352	19.0	778	4.28

#### 2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1954 was 15,179, as compared with 15,764 in the year 1953. The crude death rate for 1954 was 10.96, compared with 11.46 for 1953. The death rate for England and Wales was 11.3 compared with 11.4 for 1953.

# 3. Infant Mortality.

The number of infants under one year who died during 1954 was 352 compared with 374 in 1953. This represents an infant mortality rate of 19.35 per 1,000 live births as compared with a corresponding rate of 20.56 for the year 1953 and is the lowest ever recorded in Surrey. The comparable figures for England and Wales were 25.5 in 1954, and 26.8 in 1953.

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

			England and Wales.			Surrey.	
Year.		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
940	***	56.8	29.6	27.2	41.62	24.57	17.05
941	***	60.0	29.0	31.0	44.60	26.17	18.43
942	***	50.6	27.2	23.4	38.26	23.09	15.17
943	***	49.1	25.2	23.9	36.70	22.36	14.34
944	***	45.4	24.4	21.0	36.90	22.03	14.87
945	***	46.0	24.8	21.2	34.05	22.06	11.99
946	***	42.9	24.5	18.4	27.85	18.84	9.01
947		41.4	22.7	18.7	27.68	18.22	9.46
948	***	33.9	19.7	14.2	23.94	16.06	7.88
949	***	32.4	19.3	13.1	24.05	16.07	7.98
950		29.8	18.5	11.3	21.86	15.45	6.41
951		29.6	18.8	10.8	21.75	16,31	5.44
952		27.6	18.3	9.3	20.93	14.57	6.36
953		26.8	17.7	9.1	20.56	13.86	6.70
954		25.5	17.7	7.8	19.35	13.08	6.27

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 1954:—

and Urban  and Urban  and Urban  and Urban  and Urban  and Walkington  and Wal			Line	Adinstod		Rate per		Chenda	Standard-	Excess of	Infants dying	lying
and Urban  and Yaringdon  417  A Pricky  418  A Pricky	DISTRICTS	Live births.	birth rate.	birth rate.	Still births.	1,000 live and still births.	Deaths.	douth rate.	ised Death Rate.	over deaths.	under 1 month.	1-12 months.
and Wallingforn 447 1120 1137 19 72.0664 5133 14456 1533 - 8-86 1533 14456 1533 14456 1533 14456 1533 14456 1533 14456 1533 1433 1534 1534 1535 1536 1539 1536 1539 1433 1536 1539 1539 1539 1539 1539 1539 1539 1539	M.B. and Urban	-										1
and Waltington	Samstead	427	12.20	13.79	6.01	20.64	513	14.65	13.33	98-	09 1-	
Abritication   458   13.34   13.34   13.54   29   21.77   29   29   11.73   29   29   29   29   29   29   29   2	Beddington and Wallington	416	19.75	13.52	00	18.87	347	10.64	9.47	69	. 00	
Particle	Catchan and Warlingham	436	13.24	13.50	8 8	18.02	498 598	8.08	9.78	325	23 00	
and Princh         8549         15.20         14.37         18         11.73         914         11.63         16.20         16.73	1	-	-					1				
Ewell   Second   Se		834	19.90	13.93	0 00	91.12	914	14.14	19.30	103	- 1-	
Ewell         346         13.23         12.06         8         8.00         10.01         10.03         6.5         10.01         10.03         10.03         10.00 <td>:</td> <td>000</td> <td>13.52</td> <td>14.60</td> <td>01</td> <td>7.25</td> <td>252</td> <td>11.20</td> <td>9.30</td> <td>41</td> <td>9</td> <td></td>	:	000	13.52	14.60	01	7.25	252	11.20	9.30	41	9	
Comberley 342 1324 1325 1525 16 1724 360 1607 971 119 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1			13.21	12.95	00 0	8.60	291	11.11	10.33	200	10	
Camberley         670         1194         18.35         16.37 <t< td=""><td></td><td> 003</td><td>9.73</td><td>10.90</td><td>9</td><td>9.10</td><td>1,141</td><td>17.00</td><td>14.96</td><td>188</td><td>×</td><td></td></t<>		003	9.73	10.90	9	9.10	1,141	17.00	14.96	188	×	
Cambrelley         347         13.26         14.65         6         17.24         369         15.05         16.05         17.24         369         15.05         16.05         12.05         16.05         226         10.99         22.05         13.29         14.05         16.20         18.25         16.05         22.05         13.29         14.70         18.25         14.50         18.25         14.50         18.25<			12.94	13.33	120	17.37	260	10.67	9.71	119	1	
County   C			13.95	14.65	9 :	17.24	369	15.05	10.99	27	00 5	
Thannes	a Camperiey		10.22	12.05	11	14.56	134	0.00	3.00	077	00	
Substitution         Auge         146         12.14         12.19         4         26.67         160         13.63         10.50         —14         1         2         4         5         5         12.64         12.19         4         26.67         16.90         18.54         18.64         12.10         18.56         18.56         18.59         18.69         18.50         27.32         415         9.94         18.97         7         4           Abdeer and Coombe         7.57         11.04         11.26         18.7         18.62         415         9.94         17.9         4         4           Actions and Morden         657         11.44         11.26         18.6         18.7         8.37         9.04         17.9         4         4           Reighte         6.57         14.43         15.16         18.7         18.5			15.15	14.70	. 5	11.86	199	11.33	9.97	189	14.	
Authorised Coombe (252) 12.56 12.56 12.56 15.5 27.22 45.5 11.46 0.88 8.4 7 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			19.44	19.19	7	26.67	160	13.63	10.50	-14	-	
Authorized contented on information and Morden         382         12.83         13.73         8         20.51         21.3         8.16         6.84         13.9         7         3           Gettor and Morden         572         11.24         11.24         12.96         26         28.05         61.3         8.16         6.84         17.9         4 <td>n-Thames</td> <td></td> <td>13.64</td> <td>12.96</td> <td>15</td> <td>27.32</td> <td>450</td> <td>11.49</td> <td>9.88</td> <td>84</td> <td>Į.</td> <td>. +</td>	n-Thames		13.64	12.96	15	27.32	450	11.49	9.88	84	Į.	. +
Continue and Coombe     507   11.104   11.24   7   13.62   4115   9.04   9.13   9.04   4   4   4   4   4   4   4   4   4	****		12.83	13.73	90	20.51	243	8.16	6.94	139	1	00
Stephen and stortest   1.00		1510	11.04	11.59		13.62	415	9.04	9.13	20 1		00
Seligate	-		10.81	11.24	128	22.22	613	8.37	9.04	179	+	+
Sugglete 687 14.43 15.15 13 18.57 572 12.01 9.37 115 5 4 4 Sughthon 6821 14.62 12.89 13 18.57 572 12.01 9.37 115 5 4 4 Suthton and Cheam 9569 12.11 12.59 13 16.68 596 19.41 9.50 22.0 5 4 4 Suthton and Weybridgo 565 14.05 13.29 14 14.39 810 10.23 8.59 18.1 150 14 4 4 Nolking 820 15.18 12.94 18 16.79 686 12.70 11.68 13.4 111 10  Total 16.021 13.04 13.30 304 18.62 13.55 11.03 10.15 2.466 203 94 Sughot 15.84 14.74 6 29.85 11.03 10.15 2.466 203 94 Sughot 15.84 14.74 16.79 6 29.85 11.03 10.15 2.466 203 94 Sughot 15.84 14.74 18 27.20 464 13.62 11.09 11.99 1 10.04 Sughot 15.84 14.74 13.30 304 18.62 11.62 11.89 10.15 2.466 203 94 Sughot 15.84 14.74 18 27.20 464 13.62 11.89 1 10.9 1 10.0 1 10.		- 572	13.64	12.96	98	28.05	581	8.80	10.03	320	00	4
Varieties and Cheam   Color		687	14.43	15.15	13	18.57	575	12.01	9.37	115	9	4
Supporting and Weybridge		300	10.02	10.80	121	17.41	526	12.38	0.90	990	D 10	4 4
Nation and Weybridge         565         14.05         13.91         10         17.39         384         9.55         181         8         181         8         181         8         181         8         181         18         22.44         619         10.64         8.51         165         11         1	Cheam		12.11	12.59	17	14.39	810	10.23	9.51	150	7	
Noking   1846   1848   1848   1848   1849			20.00	10.01	0.	00 44	100	2000	000	101		
Total   16,021   13.04   13.30   14   16.79   686   12.70   11.68   13.4   11   10   10.00			12.40	10.01	10	00.11	610	30.64	0.00	181	0 :	14
Total			15.18	15.33	14	16.79	989	12.70	11.68	134	==	10
Rural   195   13.47   14.41   6   29.85   151   10.43   9.28   44   4   4   4   4     Booking and Horley   457   15.84   16.79   6   13.54   248   8.99   8.99   189   5   5   3     Booking and Horley   465   13.65   14.74   13   27.20   464   13.62   11.99   1   10   4     Buildford   465   13.65   14.74   13   27.20   464   13.62   11.99   1   10   4     Administrative County   2,172   13.88   14.85   48   21.62   1,624   10.96   10.08   3,014   238   114     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 see and age distribution so as to make the death rate of that district truly comparable with those of other districts, and with regard to the death rate of that district truly comparable with those of other districts, horners for the area from where the means, but are shown as deaths attributable to the district from where them persons canno but are deaths and death district from where them persons canno for the area of the district from where them persons canno for the area of the district from where them persons canno for the area of the district from where them persons canno for the area of the district from where them persons canno for the area of the district from where them persons canno for the area of the district from where them persons canno for the area of the district from where them persons canno for the death attributable to the district from where them persons canno for the district from where them persons canno for the death attributable to the district from where them persons are constant where the death attributable to the district from where them persons are constant and death attributable to the district from where them persons are constant and the death attributable to the district from where them are also as the death attributable to the district from where the death attributable tof the death attributable to the death attributable to the death a		_	13.04	13.30	304	18.62	13.555	11.03	10.15	9.466	903	94
Sugable to   Sug												
Origing and Horley         437         15.84         16.79         6         13.54         248         8.99         8.09         189         5         3           Jodstone          465         13.65         14.74         13         27.20         464         13.62         11.99         1         1         10         4           Sulldford           445         12.47         12.97         7         16.59         317         9.53         8.01         98         7         4           Administrative County          2,172         13.88         14.85         48         21.62         1,624         10.38         9.34         548         3         20           Administrative County          18,193         13.13         13.39         352         18,193         16,179         10.06         10.08         3,014         238         114           **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.         **With regard to the deaths and doubt rates, it should be noted that owners from the su	war an	-	13.47	14.41	9	29.85	151	10.43	85.6	44	4	1
Second collection	and Horley		15.84	16.79	9	13.54	248	8.99	8.09	189	10	00
Total   2,172   13.88   14.85   48   21.62   1,624   10.38   9.34   548   35   20   44   44   44   44   44   44   44			13.65	14.74	10 9	27.20	464	13.62	11.99	010	10	-
Total 2,172 13.88 14.85 48 21.62 1,624 10.38 9.34 548 35 20 20 20 20 20 20 20 20 20 20 20 20 20			12.47	12.97	1	16.59	317	9.53	8.01	98	- 10	. 4
* 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 regard to the death rates, it should be noted that owing to a recent raling of the Registrar-General deaths occurring in mental hospitals, homes for the area of one referred to the district from where thous persons came, but are shown as deaths attributable to the district in which			13.88	14.85	48	21.62	1.694	10.38	9.34	548	35	06
* 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.  With regard to the deaths and death rates, it should be noted that owing to a recent ruling of the Registrar-General deaths occurring in mental hospitals, houses for the area, etc. are no longer referred to the district from where shown persons came, but are shown as deathn attributable to the district in which								-		-	-	-
* 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 regard to the deaths and death rates, it should be noted that owing to a recent ruling the Registrar-General deaths occurring in mental hospitals, homes for the area, etc. are no longer referred to the district from where those persons came, but are shown as deaths attributable to the district in which			13.13	13.39	352	18.98	15,179	10.96	10.08	3,014	238	114
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 regard to the death rates, it should be noted that owing to a recent ruling of the Registrar-General deaths coccurring in mental hospitals, hornes for the ared, etc. are no longer referred to the district from where those persons came, but are shown as death satisfactor to the district in which	* The standardised death	rata is base	d on informs	tion annulia	d by the B	orietwen Cor	the lone	to office of	otondondisin	or the death	make is to a	direct the
With regard to the deaths and death rates, it should be noted that owing to a recent ruling of the Registrar-General deaths occurring in mental hospitals, homes for the arred, etc., are no longer referred to the district from where these persons came, but are shown as deaths attributable to the district in which	population of a district in re-	gard to sex a	and age distri	bution so as	to make th	to death rat	e of that di	strict truly	comparable	with those o	f other dista	djust tare
hornes for the ared, etc., are no longer referred to the district from where those persons came, but are shown as deaths attributable to the district in which	With recard to the deaths as	nd doath rate	to it should	W notor of the	ith the cour	ntry as a wh	nole.	Zariotran Co	morel death	- Constitution	in months!	comitale
THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I	homes for the aged, etc., are	no longer re	ferred to the	district fron	n where the	se persons c	ame, but a	to shown as	deaths attri	butable to t	he district	n which
							The state of the s					

The infant mortality rates in the urban and the rural districts respectively were 18.54 and 25.32: the neo-natal mortality rates for the urban and the rural districts respectively were 12.67 and 16.11.

# 4. Maternal Mortality.

In 1954 7 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 0.38 per thousand live and still births. The corresponding figures for England and Wales in 1954 were 478 and 0.69: and for Surrey in 1953 were 19 and 1.03.

# 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 1954, 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:—

1	Other malignant and lymphatic neoplasms.	Rate per 1,000	2511188 2510128	0.80 1.27 0.84 0.92 1.13	18858 1685 1685 1685 1685 1685 1685 1685	1.45 1.07 1.01 0.89 0.96	120011	0.82 1.13 1.06	1.02	0.98	0.96	1.01 (1.04)	9.22
	malla lymp neopi	No.	22818	88225	882228	19842	24182	882	1,249	20000	150	1,399 (1,427)	0.0
	Malignant neoplasm, uterus.	Rate per 1,000	0.00	0.05	0.00 0.00 0.04 0.04	0.03	98888	0.00	0.00	0.00	60.0	0.06 (0.09)	0.52
case.	Mally	No.	00000	100010	10.01 01	1	-+01010	918	33	1 60 01 10 -4	14	721)	000
Malignant Disease	Malignant neoplasm, breast,	Rate per 1,000	0.31 0.30 0.31 0.13	2000000	2000 2000 2000 2000 2000 2000 2000 200	0000 0000 0000 0000 0000	200 200 200 200 200 200 200 200 200 200	0.15 0.31 0.28	0.22	0.04 0.05 0.05 0.05 0.05 0.05	0.20	0.22 (0.21)	010
Maligno	Malig neop bre	No.	135004	85946	glouse	-ened	52-18	188	273	<b>むサ(+ (+ 0)</b>	600	306 (289)	2,01
	namt asm, K. hus.	Rate 1,000	200000 200400	0.0000 888 888 888 888	24.0000 24.0000 84.0000	0.50 0.46 0.56 0.50	0.48	0.45	0.45	0.30	0.20	0.43	22
	Malignant neoplasm, lung, bronchus.	No.	18282	182228	820-2	98255	02028	182	547	441140	45	596 (508)	3.90
	namt, sem, sch.	Rate Per 1,000	0.0000	22872	32288	92232	55555	222	0.24	0.21	0.92	0.24 (0.28)	610
	Malignant neophysm, stomach.	No.	01050	0841-0	22240	-0008	28011	155	208	20000	36	332	2.19
-	necy neces alous)	Rate per 1,000	2.51 0.89 0.70 0.94	1.16 0.69 0.84 1.42	11000	0.85 0.65 0.64 0.65 0.65 0.65 0.65 0.65 0.65 0.65 0.65	0.00	0.70	1.02	0.00 0.72 0.72 0.54	0.80	1.00 (1.83)	- 69
Donnla	diseases (Non- Tuberculous)	No.	88878	88288	82228	68768	32438	31313	1,248	e8228	135	1,383	(11.56)
		Rate 1,000	0.00	0.03	1000	000	9711100	0.02	20'0	0.00	20'0	0.02	(2)
alosis.	Non- Pulmonary.	No.	-1-01			-  01	eo       ea	1"1	22	1-1	99	25 (25)	(0.16)
Tuberculosis.	nary.	Rate per 1,000	0.00 0.00 0.00 0.00 0.00 0.00	0.10 0.10 0.10 0.10 0.10 0.10 0.10 0.10	0.09	0.00	000000 0000000000000000000000000000000	0.00	0.11	0.14 0.09 0.09 0.06	0.08	(0.16)	33
	Pulmonary	No.	0.00111	9 8 9 9	1 -01 6	-8000	&0.000	-0000	140	01:0:00=01	13	153 (226)	1.01
	atory ase.	Rate 1,000	0.89 0.75 0.39 0.36	0.49 0.99 0.73	0.05	0.54	0.50 0.55 0.55 0.53	0.75	0.61	0.41 0.58 0.57 0.76	0.65	(0.63)	23
	Other circulatory disease.	No.	28123	22122	82222	0228E	80385	888	240	22228	102	(898)	(5.51)
	528	Rate per 1,000	24233	2500 1168 4.77	255E5	28488	123	1.12	1.79	118824	1.72	1.78	30
Disease.	Other heart disease.	No.	133334	48258	58422	25668	<u>18882</u>	385	2,196	22 28 28 28 28	209	2,465 (2,549)	(16.17)
_	on the seart	Rate per 1,000	000000000000000000000000000000000000000	820008 60008 60008	881188	710000	20222	0.33	0.26	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.24	0.25 (0.23)	99
Heart and Vascular	Hyper- tension with heart disease	No.	0700+	08000	21-700	02011	22222	222	315	89020	37	352 (320)	(2,03)
feart a	ary ne.	Rate per 1,000	180811	35555	128812	168 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	52833	11.72	1.60	1,52	1.41	1.58	38
=	Coronary disease, angina	No.	84848	28888	88228	Passes	58888	852	1,96,1	888888	221	2,182 (1,981)	14.38 (12.57)
	llar n. of n.	Rate per 1,000	14255	112 123 123 123 123 123 123 123 123 123	186228	1,788 1,188 1,198 1	12888	1.86	1.60	1.80 1.87 1.57 1.05	1.53	1.59 (1.51)	22
	Vascular letions of nervous system.	No.	28283	*8±±8	82558	88425	13888	381	1,963	83228	240	2,203 (2,076)	(18.17)
			11111	11111	11111	11111	11111	1111	400	11111			a a
	#		ban. Ilington ngham	11111	11511	11111	11111	180	1	11111	-	ounty !	Dont
	DISTRICTS		M.B. and Urban. Barries Beddington and Wallington Carehalton Caterham and Warlingham	ind Puries	Esher Farnkam Frimley and Camberley Godalming Gulidford	Hashmere Kingston-on-Thames Leatherhead Malden and Coombe Merton and Morden	i Cheam	d Weybridge	***	Rural.	***	Administrative County 1954	e of Total Doaths
	a		M.B Barnes Beddingtor Carshalton Caterham	Chertsey Coulsdon and Purk Dorking Eghan Epson and Ewell	Esher Farnham Frimley and Godalming Guildford	Hasbemere Kingston- Leatherber Malden and Merton and	Mitcham Reigate Richmond Surbiton Surbiton and	Walton and Wimbledon Woking	Total	Bagshot Dorking and Godstone Guildford Hambledon	Total	Administ	Percentage 1954

The figures shown in brackets relate to the year 1953.

# ADMINISTRATIVE COUNTY OF SURREY.

# 6. Causes of Death at Different Periods of Life, 1954.

The causes of all deaths during 1954 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—  $\,$ 

					Aggre	gate o	C Urbo	an Dis	tricts.				A	greg	nte of	Rur	al Di	strict	8.	
	Causes of Death.	Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
	All Causes	M. F.	6,533 7,022	181 116	32 20	40 27	67 36	289 265		1,829 1,693		799 825	36 19	3 7	6 5	6 3	37 30		290 206	309 423
1.	Tuberculosis, Respiratory	M. F.	91 49	=	=	- 1	4 1	12 20	37 14	25 7	13 6	10 3	_	-	-	-	2 1	7	1 -	-
2.	Tuberculosis, Other	M. F.	15 8	-	1	- 2	-	5	4 2	2	3	1 2	-	1	=	=	=	-	1-	1
3.	Syphilitic Disease	M. F.	40 23	=	=	-	-	5	13 2	13 10	9 11	3 2	-	-	=	=	1 -	1 -	-	1
4.	Diphtheria	M. F.	=	=	11	-	-	=	=	=	-	-	-	=	=	=	-	-	1	-
5.	Whooping Cough	M. F.	1 _	1	=	=	=	=	=	=	=	_	-	-	-	-	-	-	-	-
6.	Meningococcal Infections	M. F.	2 3	1	1 2	=	-	- 1	=	-	-	-	-	-	-	=	-	-	-	-
7.	Acute Poliomyelitis	M. F.	1	=	=	1 _	=	=	=	=	-	- 1	-	-	-	=	=	-	-	-
8.	Measles	M. F.	1 _	=	=	Ξ	1	=	-	-	=	-	-	-	-	=	=	=	-	-
9.	Other Infective and Parasitic Diseases	M. F.	12 15	=	=	=	=	2 3	4 7	3 5	3	=	-	-	=	-	=	-	-	-
10.	Malignant Neoplasm, Stomach	M. F.	143 155	-		-	=	5 3	46 37	49 52	43 63	21 13	-	=	-	=	1 1	6 3	7 6	2 43
11.	Malignant Neoplasm, Lung, Bronchus	M. F.	470 77	=	=	=	=	20 8	255 31	155 25	40 13	39 6	-	-	-	-	=	19	15 2	-
12.	Malignant Neoplasm, Breast	M. F.	1 272	=	=	=	_		127	- 66	1 55	32	-	11	_	-	-3	-	10	- 8
13.	Malignant Neoplasm, Uterus	M. F.	65	-	=	=	=	-6	30	 16	_ 13	 14		11	-	=	-	- 3	- 6	-
14.	Other Malignant and Lymphatic Neoplasms	M. F.	639 610	=	2	4 8	11	41 31	196 205	184 170	201 195	71 79	1 1	11	-	2	3 7	16 23	26 23	24 26
15.	Leukæmia, Aleukemia	M. F.	39 26	=	2	6 3	-	3 5	17 6	6 8	5 3	2 9	-	-1	- 2	- 1	-	- 2	2 2	-
16.	Diabetes	M. F.	13 42	=	=	=	=	2 3	2 5	2 18	7 16	3 6	_	-	-	_	1 1		2 2	2
17.	Vascular Lesions of Nervous System	M. F.	751 1,212	=	=	-	3	9 17	163 159	207 332	369 704	92 148	-	-	=	-	3 2	10 18	30 36	49
18.	Coronary Disease, Angina	M. F.	1,183 778	=	=	=	1 _	30 5	420 113	388 268	344 392	138 83		11	-	-	2 2	40 10	46 30	50 41
19.	Hypertension with Heart Disease	M. F.	120 195	=	=	=	=	2 2	22 21	40 60	56 112	17 20		=	-	-	=	4 4	8	5 10
20,	Other Heart Disease	M. F.	834 1,362	-	=	=	1 1	18 17	93 114	215 255	507 975	111 158	- 1	-	-	=	3 1	11 6	31 31	66
21.	Other Circulatory Disease	M. F.	314 435	=	=	=	-	9 8	65 47	89 80	151 299	48 54	-	=	=	=	2 -	9 10	15 13	22
22.	Influenza	M. F.	13	-	-	-	-	1 2	5 2	3	4 9	2 3	_		=	=	=	-	1 2	1

# ADMINISTRATIVE COUNTY OF SURREY-continued.

# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1954-continued.

The causes of all deaths during 1954 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table:—

				-	Aggreg	nte o	f Urb	an Di	stricts	-			Ag	grega	ste of	Rur	al Di	istrict	is.	
	Causes of Death,	Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
23.	Pneumonia	M. F.	280 347	22 11	7 3	2 1	4 4	11 7	50 32	71 66	113 223	44 30	2	1	11	-	3 1	3 1	7 7	20
24.	Bronchitis	M. F.	333 164	- 2	1	2	1	2 2	95 23	120 37	112 100	34 14	1	1	-	=	1	8	10 6	13
25.	Other Diseases of Respiratory System	M. F.	78 46	1	2 -	- 2	-	3 2	25 13	21 10	26 18	5 8		-	1 -	11	-	1 2	1	3 4
26.	Ulcer of Stomach and Duo- denum	M. F.	112 44	=	=	-	=	3	39 8	37 10	33 25	11 6	_	_	=	-	=	3 2	5 2	20.00
27.	Gastritis, Enteritis and Diarrhoxa	M. F.	23 35	4 2	1 1	-	-	- 2	7 4	7 7	4 18	4 7	3 3	_	=	-	_	1	1	- 49
28.	Nephritis and Nephrosis	M. F.	67 59	=	1	1	3 2	11 5	23 22	15 9	13 21	7	-	_	=	-	2	1	1	-
29.	Hyperplasia of Prostate	M. F.	106	-	-	-	=	-	3 —	35	68	8	-	_	-	-	-	_	4	-
30.	Pregnancy, Childbirth, Abortion	M. F.	-6	=	=	-	- 1	-4	- 1	-	=	<u></u>	-	-	-	-		_	_	-
31.	Congenital Malformations	M. F.	69 45	45 25	5	3 1	1 4	4 3	5 8	3	3	10 6	7 5	1	=	_	1	1 1	-	
32.	Other Defined and Ill-defined Diseases	M. F.	477 684	97 70	4 6	10 2	11 10	38 49	86 119	84 128	147 300	68 86	20 9	_	1 3	- 1	2 5	15 18	12 13	18
33.	Motor Vehicle Accidents	M. F.	93 29	=	1 -	5 2	18 3	14 7	21 6	16 5	18 6	20 4	-	_	1	2	4	10 2	2	1
34.	All Other Accidents	M. F.	130 158	10 6	4 6	6 5	7 3	14 9	24 16	26 32	39 81	19 21	3 -	3	2	2	3 1	4	2 5	11
35.	Suicide	M. F.	78 62	_	=	=	1	25 18	28 23	13 14	11 6	11 7	=	_	1	=	3 1	3 4	2 2	-
36.	Homicide and Operations of War	M. F.	4 3	=	- 1	=	=	-	4	11	- 1	- 1	-	-	=	=	1	-	=	-

# 7. Infectious Diseases: Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1954, giving the number of cases of each disease notified and the attack rate:—

						1	954
	Disease					Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis-							
Infective		***	***			3	0.002
Post infectious						4	0.003
Acute pneumonia	***					623	0.45
Acute poliomyelitis-	-						1
Paralytic				***	***	30	0.02
Non-Paralytic	***					14	0.01
Diphtheria						8	0.006
Dysentery			***			595	0.43
Enteric or Typhoid I	Pever		***	****		5	0.004
Erysipelas	***					123	0.09
Food poisoning		***				210	0.15
Measles, excluding R						2,452	1.77
Meningococcal Infect						25	0.02
*Ophthalmia neonator						10	0.55
Paratyphoid fevers	111	***				31	0.02
†Puerperal Pyrexia			***			636	34.29
Scarlet Fever						1,129	0.82
Tuberculosis-Pulmo						859	0.62
	ulmon					135	0.10
Whooping cough						2,687	1.94

<sup>\*</sup> Rate per 1,000 live births.

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

Measles		 	 1	(13)
Whooping Cough		 	 1	(2)
Diphtheria		 	 -	(1)
Influenza		 	 31	(323)
Meningococcal infe	ctions	 	 5	(4)
Acute Poliomyelitis	5	 	 2	(10)

The figures in brackets relate to the year 1953.

<sup>†</sup> Rate per 1,000 live and still births.

#### 8. Tuberculosis.

#### (a) NOTIFICATIONS.

The summary of returns for 1954 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 865 cases of pulmonary tuberculosis and 142 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 1954 and in certain preceding years were as follows:—

Year.	Pt	LMONARY !	TUBERCULO	815	Отн	OTHER FORMS OF TUBERCULOSIS.							
Year.	Primary cases notified.	Case- rate per 1,000 popula- tion.	Deaths.	Death- rate per 1,000 popula- tion.	Primary cases notified.	Case- rate per 1,000 popula- tion,	Deaths.	Death- rate per 1,000 popula- tion.					
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					
1954	865	0.62	153	0.11	142	0.10	26	0.02					

The case-rate of pulmonary tuberculosis per thousand of the population was the lowest recorded since tuberculosis became notifiable in 1912, namely, 0.62. The previous lowest record was 0.66 in 1935. The number of notifications of pulmonary tuberculosis decreased by 123 in comparison with the 1953 figure. These reductions re-emphasise the value of sustaining a programme which incorporates intensification of preventive measures and the continued up-grading of chest clinic and diagnostic facilities.

The case-rate of non-pulmonary tuberculosis for 1954 was the same (0.10) as that for the two previous years (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:—

			Pulm	onary.	Non-Pu	lmonary.	
Age period.			Male.	Female.	Male.	Female.	Totals
Under one year One and under 2 2 " " 5 5 " " 10 10 " 15 15 " 20 20 " 25 25 " 35 35 " 45 45 " 55 55 " 65 65 " 75 75 and upwards	,,		2 5 13 11 36 66 109 77 85 52 34	2 	1 7 7 10 5 6 10 5 6 11 1 2	3 3 6 11 9 20 9 8 5 4 3	2 3 22 31 46 107 153 218 136 139 79 48 23
and appeared	Totals	1953 1952 1951 1950 1949 1948 1947 1946 1945	502 587 707 655 657 677 621 719 631 671 711	363 401 502 463 490 460 427 473 425 446 507	61 51 58 78 83 67 90 88 92 102 123	81 80 78 77 104 82 92 90 96 111 138	1,007 1,119 1,345 1,273 1,334 1,286 1,230 1,370 1,244 1,330 1,479

In comparison with the figures for 1953 the following noteworthy decreases occur in the number of notifications of pulmonary tuberculosis:—

Males.—Age	7				21	Females.—Age group 20-25 =	
31	33	45-55			18	,, ,, 35-45 =	43
31	33	55-65	***	2002	29		
					-		-
					68		46
			-		-		-

The only outstanding increase (13) occurs in the pulmonary females, age group 45-55.

Apart from the above new notifications, during the year 545 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc. (The corresponding figure for 1953 was 634.) The transfers from other areas comprised just over 92 per cent. of this group and there were 40 deaths of unnotified cases of tuberculosis.

The site of disease and place of death in the 40 unnotified cases were as follows :-

-				In Hospitals	At Home	Total
Pulmonary tuberculosis	 		71.0	11	4	15
Tuberculous meningitis	 		***	2		15
Miliary tuberculosis	 			4		4
Genito-urinary tuberculo				3		3
Deaths from other cause				6	6	12
Tuberculous adenitis	 	****	***		1	1
Tuberculous peritonitis	 			2		2
Tuberculous septicaemia				1	-	1
				29	11	40

The age distribution of the 15 unnotified deaths from pulmonary tuberculosis was 25-34, 4; 45-54, 3; 55-64, 3; 65 and over, 5.

The age distribution of the 25 unnotified deaths from non-pulmonary tuberculosis, miliary tuberculosis, and from other causes, tuberculosis being also present, was 2-4, 1; 25-34, 2; 35-44, 1; 45-54, 3; 55-64, 5; 65 and over, 13.

The reduction of unnotified cases of tuberculosis from 64 in 1952 and 54 in 1953, respectively, is encouraging, but the need for prompt notification must again be emphasised. Unnotified deaths in hospitals comprise 72 per cent, of the total unnotified deaths. It is hoped by continued emphasis on the statutory duty to notify cases suffering from tuberculosis further to reduce this figure.

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, 1954, were as follows:—

					Pulmonary	Non- Pulmonary
Males Females	 	 			5,926 4,749	803 960
			Totals	***	10,675	1,763
		Grand	Total	***	12	438

The total of 12,438 is an increase of 102 as compared with the figure (12,336) for 1953. The number of pulmonary cases has risen by 172 and the non-pulmonary figure has decreased by 70. The corresponding total for 1952 was 12,036.

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 figures of cases both on the registers of the chest physicians and those of the district medical officers indicate the need to sustain an effective tuberculosis service, and serves in a measure to correct any over-optimism which may be derived from the reduction in the present notification and death rates. The registers of the District Medical Officers continue to be reviewed in relation to those of chest clinics so that they may approximate one another, except for known causes of variation.

The total of 10,027 cases on chest clinic registers for 1954, as set against 12,438 on the District Medical Officers' registers, represents a difference of 2,411. 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.

# (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 (0.11) was the lowest recorded in Surrey, the previous low record being 0.16 in 1953. The death rate for non-pulmonary tuberculosis, namely 0.02, equalled the lowest recorded in Surrey, in 1952 and 1953.

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 1,552. The corresponding figure for 1953 was 1,753, and for 1952 was 1,873.

Of the 179 deaths which occurred during the year 1954, 40 or 22.3 per cent. occurred in non-notified cases. The corresponding figure for the year 1953 was 54 or 21.5 per cent.

# WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the department are given in the subsequent sections of the Report. There are, however, four matters which I would like also to refer to here, either because they were of special importance or because they were new developments.

#### 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 is a list of such projects submitted in previous years which have been completed or are in the course of erection since my last Report:—

Project.	Purpose.	Present Position.
"Everleigh," Addlestone Botley's Park, Chertsey Grand Drive, Morden Hill House, St. Helier L.C.C. Estate, Merstham Stonecot Hill, Sutton Woking	 Welfare Centre/School Clinic Main Ambulance Station Welfare Centre/School Clinic Main Ambulance Station Welfare Centre/School Clinic Welfare Centre/School Clinic Ambulance Sub-Station	 Completed November, 1954. Completed August, 1954. Work in progress. Work in progress. Completed November, 1954. Work in progress. Suitable existing premises purchased

During the year the Council were informed by the Ministry that as they were committed to schemes on which building had already started costing some £70,000 in the current financial year, it would be unlikely that any new clinic schemes would receive approval before the beginning of the financial year 1955-56. Following discussions with officers of the Ministry, the Council were informed that subject to consideration of the need, building details and cost in each case, they could go forward with four clinic schemes at Amity Grove, Wimbledon; Between Streets, Cobham; Junction of Green Wrythe Lane and Middleton Road, Carshalton, and Chaldon Road, Caterham-on-the-Hill, in readiness for the building work to commence at the beginning of the financial year 1955-56.

When later in the year the Ministry requested the submission of the Council's Building Programme for 1955-56, they made it clear that any schemes submitted would not be likely to start in the financial year unless they were of special urgency or sufficiently well advanced to be submitted with full details. The Ministry asked at the same time for the Council's Building Programme for the financial year 1956-57.

In view of all the circumstances the Council decided to include in their Programme for 1955-56 the four clinics mentioned above and also, on the grounds of urgency, the clinic project at Pollards Hill, Mitcham, together with two Ambulance Sub-Station proposals which are of sufficient urgency and have reached the stage necessary to satisfy the Ministry's requirement. The complete Programme, as submitted to the Ministry, is shown below with the present position of each project:—

Project.	Purpose.	Present Position.
Amity Grove, West Wimbledon Between Streets, Cobham Junction of Green Wrythe Lane and Middleton Road, Carshalton		Proceeding to tender stage. Proceeding to tender stage. Proceeding to tender stage.
Pollards Hill, Mitcham	Welfare Centre/School Clinic	Sketch plans and estimates being prepared,
Chaldon Road, Caterham-on-the-Hill	Welfare Centre/School Clinic	Sketch plans and estimates being prepared.
Haslemere	Ambulance Sub-Station	Sketch plans and estimates being prepared.
Walton Lodge Estate, Banstead	Ambulance Sub-Station	<ul> <li>Sketch plans and estimates being prepared.</li> </ul>

In addition, the Council submitted the following projects for 1956-57, which were selected from those projects submitted in previous years and still outstanding.

Welfare Centres/School Clinics.

Manor Drive, Malden. Molesey. Victoria Road, Horley. Walton Lodge Estate, Banstead.

This programme did not include the proposal to erect a joint Library/Welfare Centre/School Clinic at Morden Road, Morden, as it was hoped that this work could be carried out by the Education Committee, with a subsequent apportionment of cost. Ambulance Stations.

Reigate (Main).
Wimbledon.
Surbiton.
North Cheam.
One of these three Sub-stations to be selected later.

M.D. Occupation and Training Centre. Guildford.

This leaves the following projects still outstanding from Programmes submitted in previous years and these, with the addition of one new clinic project at Sanderstead, the Council decided to defer for inclusion in subsequent Programmes.

Welfare Centres School Clinics.

Junction of Lloyd Avenue and The Mount, Carshalton. Rochester Road, Carshalton (extension of existing clinic). Junction of Acre and Cross Roads, Kingston. Church Street, Epsom (and Ambulance Sub-Station). Oxted. Sanderstead (new project).

The Council decided to defer indefinitely the Welfare Centre/School Clinic proposal previously envisaged at Hill House, St. Helier.

# B.C.G. Vaccination of School Children.

As from 1950, the County Council has arranged for the B.C.G. vaccination of persons known to have been in contact with cases of tuberculosis where the risk of conveyance of infection existed and at the discretion of the Chest Physicians. Since the inception of this scheme over 3,000 persons have been B.C.G. vaccinated.

In the latter months of 1953, the Minister indicated that he was prepared to approve applications from local health authorities to make B.C.G. vaccination available to 13-year-old school children. B.C.G. vaccination is the same in principle as smallpox vaccination, namely, to produce in the body an artificially acquired resistance to the disease by injecting its causal organism in a form which does not cause active development of the disease itself. The decision whether to extend B.C.G. vaccination to 13-year-old children was left by the Minister to the discretion of the local health authorities and the County Council, after careful consideration, approved the extension of their scheme of B.C.G. vaccination to school children between their 13th and 14th birthdays, subject to parental consent and the necessary preliminary tests. Further details of the implementation of the scheme are given on page 38.

#### Distribution of Welfare Foods.

During the year, the Ministry of Health asked local health authorities to undertake the distribution of welfare foods (national dried milk, cod liver oil, vitamin A and D tablets, and orange juice) to beneficiaries under the National Welfare Foods Scheme when the local offices of the Ministry of Food closed at the middle of the year. As this duty is closely related to the County Council's duties under the Scheme for the Care of Mothers and Young Children, it was decided to undertake as much of this distribution as possible from the Welfare Clinics and other premises owned by the County Council, but it was found to be necessary to supplement this provision by a limited amount of additional accommodation and to recruit certain additional staff to assist in working the scheme. In this respect, I should like to pay tribute to the valuable and willing assistance given by the Women's Voluntary Services both in staffing distribution centres provided by the County Council and in permitting the use of part of their own accommodation for storage and distribution.

Further details of the scheme will be found on page 27.

# Care of the Elderly Sick.

The Joint Liaison Committee comprising representatives of the County Health Committee, the Regional Hospital Board and the Executive Council gave much attention during the year to the problem of caring for the elderly sick, and has consulted the County Welfare Committee and also the Hospital Management Committees of general hospital groups through their Chairmen.

After due consideration that Committee came to the conclusion that the first essential is to provide for a proper assessment of the needs of the old people and to decide how each case should be dealt with, e.g., in their own homes, in welfare accommodation, or in hospital: that such assessment must be done by a medical officer who should be responsible for the running of the geriatric unit, including a geriatric out-patient clinic and all proper facilities for diagnosis, and who should

be in a position to recommend admission to hospital or welfare accommodation for cases requiring it, attendance at out-patient clinics, either general or special, and provision of the various domiciliary services as may be needed.

It was also proposed that consideration should be given to setting up a geriatric unit in each hospital group in the County and to the appointment of a medical officer, preferably on the establishment of the Regional Hospital Board, to whose salary both Board and Council should contribute and who would be responsible for the duties outlined above: and to make arrangements for integrating the Council's domiciliary services for the care of the elderly sick with the work of the geriatric units by appointing nurses or social workers seconded to these units.

Some progress was made towards implementation of these proposals during the year, in particular in relation to the Kingston Group, where a geriatric medical officer was appointed on the lines indicated above. Although the unit was not in operation by the end of the year considerable progress had been made. The services of a nurse and of a social worker have also been made available partime in association with the care of the elderly in the areas of the Guildford and of the Woking and Chertsey Hospital Groups.

Further reference is made to the former of these on page 31.

# 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 1954 including any births registered but not notified and properly belonging to the County:—

erea	but	t not n	otified and properly belonging to the County:—		
No. of	Regis- tered Births		436 444 444 4444 4444 4444 852 852 852 852 853 853 853 853 853 853 853 853 853 853	201 443 478 676 422	18,545
taide mty but	within triet.	Hospital/ Maternity Home.	282 282 282 282 282 282 282 282 282 282	462195	1,858
Number born outside Administrative County but	emally resident with the County District.	Private Nursing Home.	91 80   4   10   8 91 E 8 -     20     91 80 - 15 10 I 91	4-04	175
Num	the	At Home.			30
here in nty but	within let.	Hospital/ Maternity Home.	200 200 200 200 200 200 200 200 200 200	221 221 252 252	7,281
Number born elsewhere in Administrative County but	ormally resident with the County District	Private Nursing Home.	8   8 6 4 4 6     8 4 8 4 4   9 6 8   1 1 1   9 8 1   1 1	18   38   58	277
Numbe	the O	At Home.	-  01 01-1     -     01 0101	01	17
	ident Surrey.	Hospital/ Maternity Home.	1   1   1   1   1   1   1   1   1   1	174	1,184
	and normally resident outside County of Surrey	Private Nursing Home.		11111	651
	and n	At Home.	[4-   -	01	24
STRICT.	rey.	Hospital/ Maternity Home.	1,641	133	7,302
BORN IN COUNTY DISTRICT	and normally resident elsewhere in Surrey.	Private Nursing Home.		11111	321
	and n	At Home.	-         - - - - - -	111-1	16
NUMBER	, g	Hospital/ Maternity Home.	233 232 232 232 233 236 236 237 238 238 238 238 238 238	18   1	4,424
	and normally resident therein	Private Nursing Home.		11111	01000
	res	At Home.	2012 2012 2012 2013 2013 2013 2013 2013	41 105 193 163 85	4,064
	COUNTY DISTRICT	AUTHORITY.	M.B. and Urban.  Banatead Barnes Backenlaton Caterhan and Warlingtan Caterhan and Purloy Coulsdon and Purloy Dorking Eghan Eghan Franhan Epson and Ewell Eghan Franhan Gaildford Haslemere Kingston-on-Thames Leatherhead Malden and Morden Mitchan Mitchan Sutton and Chean Sutton and Chean Walkon and Chean Sutton and Chean Walkon and Chean Walkon and Weybridge	Rural.  Bagshot  Dorking and Horley  Guildford  Hambledon	sh
	COU		M.B.  Banatead Banatead Backington Carshalton Caterhan Coulsdon and Coulsdon and Doking Eshar Es	Bagshot Dorking and Godstone Guildford Hambledon	Totals

# (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. In addition, in recent years there have been two developments of the work associated with the ante-natal services provided by the County Council which call for comment. Firstly, the number of mothercraft classes held separately from the ante-natal clinics has increased considerably. They are run as a course of lectures and demonstrations, usually six to eight in number, and are mainly taken by health visitors, but in some districts the Council's midwives also take part in the syllabus. At these courses extensive use is made of film strips. Secondly, relaxation classes for expectant mothers are being held increasingly throughout the County. These are taken either by a physiotherapist or a health visitor and are designed to prepare the expectant mother for her confinement. Apart entirely from the physical advantages of these courses, every opportunity is taken to increase the expectant mother's knowledge of the mechanism of labour so as to allay her fears and secure her informed co-operation. Both these classes are proving very popular with the mothers and are well attended.

Mothers are encouraged to attend also at the County Council clinics after their confinement to make sure that full health and normality are 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,	Number of Clinics provided at end of year (whether	now held at clinics	of sessions per month included d. (2).	Number of V	Vomen who :	Total number of during the	
	held at Infant Welfare Centres or other	Medical Officers' sessions,	Midwives' sessions.	attended during the year.	were new cases and included in Col. (5).	Medical Officers' sessions.	Midwives' sessions.
(1)	premises).	(3)	(4)	(5)	(6)	(7)	(8)
Ante-Natal Clinics.							
March Washing	16	35	24	1,016	730	2,472	2,874
Charteri	5	24	8	1,392	998	6,715	517
North Control	10	34	27	1,070	813	4,986	1,703
0	6	15		279	193	1,054	-
Courtly Doctors		18		753	460	2,564	-
37 /3		18	6	1,181	844	4,268	733
Northern South-Western—	0	10	0	1,101	044	4,500	100
Ct. 21 LC. 1							
12 1 11 01 11 10 1		8		410	410	0.001	1
Excluding Guildford North-Eastern—	3		-	419	419	2,261	-
110 11 1				0.08	200	***	00=
	2	4	6	287	206	519	687
	2	8	-	382	300	1,153	
	3	14	8	948	784	1,760	1,422
Mid-Eastern—							
	5	20	-	379	275	1,643	
Beddington & Wallington	on 1	4	-	142	101	553	-
Total	63	202	79	8,248	6,123	29,948	7,936
Post-Natal Clinics.							
37 11 317 1				150 (150)	150 (150)	174 (174)	5 (5)
Phone Acros 3				The second second	The second second	636 (636)	0 (0)
Month Control	702						
O			_	363 (363)		426 (426)	-
D 41 D 4			_	98 (98)		115 (115)	-
37 11		-	_	180 (180)		184 (184)	-
Northern South-Western—		-	-	375 (375)	375 (375)	376 (376)	
Cl-21.161		-	_				
Th. 1. 12 (1. 11.10 1		1330		212 (212)	212 (212)	219 (219)	
North-Eastern—				212 (212)	212 (212)	210 (210)	
Windstadon	1 150			7 (7)	7 (7)	7 (7)	
Mantan & Mantan		-	-				
Milestone		1					-
	1	1	-	62	62	66	100
Mid-Eastern-	A CONTRACTOR		100	***	10 1101	10 (10)	
			100	40 (40)		48 (48)	-
Beddington & Wallington	on —		-	11 (11)	11 (11)	11 (11)	-
Total	1	1			2.004.12.000	0.000 10.000	× 170
	1		4000	A STORE OF CAROL	1,884 (1,822)	12 12 12 12 12 12 12 12 12 12 12 12 12 1	5 (5)

<sup>†</sup> Except in one district, separate post-natal clinics are not held, cases being seen at ante-natal clinics. \* The figures in brackets refer to 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, 161 cases were admitted to mother and baby homes, 59 cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, and 62 cases were sent by the Council to other Homes, payment being made per capitum.

In addition, 49 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 1954 was 7 which gives a maternal mortality rate of 0.38 per thousand live and still births compared with 0.69 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 8.

There were 10 deaths which actually occurred in the County all of which were investigated, three patients were confined at home, one at a private nursing home and the remainder in Surrey hospitals.

# (f) Puerperal Pyrexia.

During 1954, 636 cases of puerperal pyrexia were notified representing an attack rate of 34.29 per thousand live and still births as compared with 17.74 for England and Wales. Of these cases 24 occurred in domiciliary confinements and the remainder in institutional confinements.

# (g) Infant Mortality.

The infant mortality rate in the Administrative County of 19.35 compares with 25.5 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 1954—namely 18.54 (297 deaths)—is lower than the rural rate—namely 25.32 (55 deaths).

During the year an enquiry into deaths in the first year of life occurring in the County was undertaken. In all 341 deaths were investigated. Of these 266 were born in hospitals, 60 at home, 10 in nursing homes and in 5 cases the place of birth was not recorded. The deaths were classified by causes as follows:—

		Caus	0.					the first days.		n 8th and h days.		een 1 and months.	Т	otal.
Prematurity							41	(52)	1	(4)	_	(1)	42	(57)
Prematurity Congenital m						***	56 43	(31)	14	(1)	39	(28)	59 96	(52) (69)
Birth injury				mial ha	emorri	hagel	18	(23)	14	(-)	90	(=0)	18	(23)
Haemolytic							9	(17)	-	(-)	-	()	9	(17)
Pneumonia				411			3	(5)	6	(13)	26	(33)	35	(51)
Other respire	story d	iseases					-	(1)	-	(1)	5	(9)	5	(11)
Gastro enter	itis	***	***	444			-	()	1	(3)	10	(20)	11	(23)
Meningitis	211	****	***	***			-	()	1	(2)	3	(5)	4	(7)
Accidents		***		***	***		1	()	1	()	16	(7)	18	(7)
Miscellaneou	8	***		***			31	(26)	4	(3)	9	(15)	44	(44)
		Tot	als				202	(207)	31	(36)	108	(118)	341	(361)

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:—

				1 Day.			2-7 Days	-	8	-28 Day		1-6 Months	6-12 Months.	Not re- corded.	Totals
Birth V	Weight.		Prema- ture.	Premature and associated conditions.	Other.	Prema- ture.	Premature and associated conditions.	Other.	Prema- ture.	Premature and associated conditions.	Other.	All.	AJI.	All.	
Under 2 lb			9 (14)	11 (9)	(-)	1 (3)	2 (4)	(-)	(1)	(-)	(-)	(1)	(-)	(-)	23 (32)
2-3 lb.	***	***	9 (10)	7 (7)	5 (1)	7 (4)	8 (9)	2 (1)	1 (1)	1 (1)	()	1 (1)	(_)	(_)	41 (35)
3-4 lb.	***		8 (8)	7-(6)	3 (2)	4 (5)	9 (4)	5 (4)	(1)	(-)	1 (1)	3 (4)	(1)	(_)	40 (36)
4-5 lb.		***	2 (2)	6 (5)	7 (4)	(2)	3 (5)	2 (5)	(_)	2 ()	2 (3)	6 (8)	1 (1)	(_)	31 (35)
5-6 lb.			(1)	(1)	12 (11)	<del>-</del>	( <del>-</del> )	13 (8)	(-)	(-)	4 (9)	12 (16)	6 (5)	(-)	47 (51)
6-7 lb.			( <del>-</del> )	( <del>-</del> )	12 (17)	(-)	(-)	10 (16)	(_)	()	5 (7)	19 (23)	10 (7)	(_)	56 (70)
Over 7 lb.			()	(-)	19 (14)	<del>-</del>	( <del>-</del> )	12 (14)	()	(_)	13 (11)	33 (26)	11 (20)	(-)	88 (85)
Not record	ed	***	1 (2)	3 (1)	2 (2)	(1)	<del>(-)</del>	1 (5)	(1)	(_)	(—)	3 (5)	3 (—)	(-)	15 (17)
Totals			29 (37)	34 (29)	60 (51)	12 (15)	22 (22)	45 (53)	1 (4)	3 (1)	27 (31)	77 (84)	31 (34)	(-)	341 (361)

Figures in parentheses in the above two tables relate to 1953.

# (h) Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1954 as adjusted by transferred notifications:—

1. Premature infants (i.e., 5½ lb. or less at birth, irrespective of period of gestation):—

(a) Number of premature live births in hospitals ... ... ... 857

(b) Number of premature live births at home... ... ... ... ... 167

(c) Number of premature live births in private nursing homes ... ... 29

2. Premature still births (i.e., 5½ lb. or less, irrespective of period of gestation):—

(a) Number of premature still births in hospitals ... ... ... ... 135

(b) Number of premature still births at home ... ... ... ... ... ... 19

(c) Number of premature still births in private nursing homes ... ... ... ... 4

Place   Hope							PR	PREMATURE LIVE BIRTHS.	RE LIVE	S BIRTI	18.					PR	PREMATURE STILL-BIRTHS	RE THS.
Sur-	9	Hos	pital	Bo an entir	en at hor	d d kme,	Born tra bor befe	at home spital on ore 28th d	and to or any	Borne	n in nursi e and nur irely ther	pag sed	Per	one and neferred spital on re 28th d	ay or a	4	1	-
(4)         (6)         (6)         (7)         (8)         (9)         (10)         (11)         (12)         (13)         (14)         (15)         (15)         (15)         (16)         (17)         (18)         (19)         (11)         (11)         (11)         (11)         (12)         (13)         (11)         (11)         (12)         (13)         (11)         (12)         (13)         (11)         (12)         (13)         (14)         (15)<	9£33	the third	Sur- vived 28 days	Total	Died within 24 hrs. of	Sur- vived 28 days	Total	Pled within hrs. of Nets	Sur- vived 28 days	Total	Died within 24 hrs. of	Sur- rived 28 days	Total	Died within 24 hrs. of	Sur- vived 28 days	phis phis	at home	ing in
42     1 </td <td></td> <td>(8)</td> <td>(4)</td> <td>(9)</td> <td>(9)</td> <td>(3)</td> <td>(8)</td> <td>(6)</td> <td>(01)</td> <td>(11)</td> <td>(12)</td> <td>(13)</td> <td>(14)</td> <td>(15)</td> <td>(16)</td> <td>(11)</td> <td>(18)</td> <td>(19)</td>		(8)	(4)	(9)	(9)	(3)	(8)	(6)	(01)	(11)	(12)	(13)	(14)	(15)	(16)	(11)	(18)	(19)
152     13     1     11     15     2     9     3     1     2     - <td< td=""><td></td><td>36</td><td>429</td><td>1</td><td>1</td><td>1</td><td>1</td><td>-</td><td>1</td><td>60</td><td>01</td><td>1</td><td>1</td><td>1</td><td>1</td><td>99</td><td>1-</td><td>01</td></td<>		36	429	1	1	1	1	-	1	60	01	1	1	1	1	99	1-	01
144     26     -     26     9     1     8     8     2     6     -     -       402     91     -     91     11     -     10     15     -     -     -       740     131     1     129     36     4     27     29     5     23     -     -		11	152	13	-	п	15	01	6	00	1	03	1	1	1	00 00	00	1
402     91     —     91     —     10     —     15     —     —     —       740     131     1     129     36     4     27     29     5     23     —     —		4	144	26	1	56	6	-	00	00	01	9	1	1	1	1.5	04	04
740 131 1 129 36 4 27 29 5 23		4	402	16	1	16	п	Ł	10	15	1	15	1	1	1	26	1-	1
The state of the s		555	740	131	1	129	36	4	101	53	10	65	1	1	- 1	135	19	4

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

#### (i) Ophthalmia Neonatorum.

In 1954 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 124 babies and 10 cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

The case rate (i.e., the number of notified cases per thousand live births) was 0.55.

Of the 10 cases notified by medical practitioners 3 occurred in the practice of midwives. Seven of these were treated at home, three cases occurred in hospital and in no case was vision impaired.

# (j) Infant Welfare Centres.

The County Council maintained 183 infant welfare centres in the year as against 180 in 1953. Additional centres were started at:—

- (i) Wesley Hall, Ruskin Drive, Worcester Park.
- (ii) Wells House, Spa Drive, Epsom.
- (iii) The Village Hall, Kingston Vale.
- (iv) The Village Hall, Weybourne, Farnham.
- (v) Red Cross Hut, Pirbright.

The following centres were closed during the year:-

- (i) The Old Schoolroom, Puttenham.
- (ii) Revoan, Pilgrims Way, Westhumble.

The following table shows the attendance at the centres for the year 1954:-

		Number	Number of children who first attended a centre of this Local Health	attende	er of child ed during ho were b	the year	Total	atte the chi the	Number o ndances di year mad- ildren who date of att ance were	aring by at end-	Total attend-
Division.	Number of centres provided at end of year.	of Child Welfare sessions now held per month at centres in col. (2).	Authority during the year, and who at their first attend- ance were under 1 year of age.	1954.	1953.	1952-49.	number of children who attended during the year.	Under 1 year.	1 but under 2.	2 but under 5.	ances during the year.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
North-Western Central North-Central Southern South-Eastern Northern South-Western Rural Borough North-Eastern Wimbledon Merton & Morden Mitcham Carshalton Beddington & Wallington	31 25 15 28 15 7 32 6 5 5 5 5	102 102 87 95 59 36 90 36 25 44 28 39 12	2,268 2,128 2,085 1,380 1,032 970 1,315 660 693 747 802 696 329	1,986 2,057 1,861 1,189 1,261 762 1,099 678 644 671 649 313	2,104 1,967 1,828 1,188 587 786 1,183 633 572 690 659 562 310	3,343 3,712 3,314 1,973 1,056 1,077 2,018 859 1,003 1,239 739 1,566 439	7,433 7,736 7,033 4,350 2,904 2,625 4,300 2,170 2,219 2,600 2,149 2,777 1,062	31,004 34,908 33,528 18,385 14,425 14,652 18,552 10,167 11,801 12,587 12,421 9,779 4,916	10,555 12,860 7,650 7,159 4,263 3,066 6,854 2,970 2,787 4,004 2,780 2,319 1,657	9,138 17,575 8,433 8,337 4,710 2,039 8,002 4,044 4,460 4,172 1,743 3,806 1,600	50,697 65,343 49,611 33,881 23,398 19,757 33,408 17,181 19,048 20,763 16,944 15,904 8,173 374,108
Voluntary. Southern	1	1	14	11	13	18	42	82	59	80	221

In certain areas circles have been started for mothers and fathers. Regular meetings are held to discuss various aspects of the management of children of all ages. Either an assistant medical officer or a health visitor acts as discussion leader. At these meetings also the film strip projector forms a valuable adjunct.

#### (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 30 children under the age of five years and 31 mothers and babies were sent for convalescence. Patients sent under this scheme are normally required to pay a standard charge towards their maintenance.

#### (l) Day Nurseries.

At the end of the year there were 22 day nurseries with a total number of 894 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.

# (n) Distribution of Welfare Foods.

Reference has already been made on page 19 to this further duty which was undertaken by the County Council as from the 28th June, 1954, as part of their duties to provide services for the care of expectant and nursing mothers and young children under Section 22 of the National Health Service Act, 1946, the proposals made by the Council for carrying out these functions under this Section being modified in order to make clear their future responsibility for local distribution.

Wherever possible clinics and other premises owned by the Council have been used for the purpose, but it was necessary to rent a limited amount of additional accommodation, to carry out minor adaptation works at a number of other properties and to purchase certain essential items of furniture and equipment already in use in the distribution centres from the Ministry of Works. A small number of staff were also recruited from those previously employed in local offices. The staffing of the distribution centres has in the main, however, been undertaken by voluntary workers and in particular by the W.V.S. whose help both in staffing many of the distribution centres with voluntary helpers and in permitting the use in some instances of part of their own accommodation for storage and distribution purposes is much appreciated.

During the 26 weeks, 5th July, 1954, to 1st January, 1955, the following issues of welfare foods were made through the distribution centres:—

Nat	tional Dried 3.	Iilk.	Cod Liver Oil	Orang	e Juice.	
Free. 1,017	$10\frac{1}{2}d$ . $226,569$	4/ 208	A and D. 125,249	Free. 1,921	5d. 536,394	,
	227,794			53	8,315	

# DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

## Report of County Dental Surgeon for the year 1954.

As previously the patients examined and treated under the above heading were those referred to the dental clinics by medical officers, health visitors, general medical practitioners, etc.

The dental inspection and treatment was carried out by officers primarily engaged in the School Dental Service. The time occupied was the equivalent of 1,314 sessions, and the number of attendances was 11,219.

Treatment facilities included X-rays at six centres and the provision of dentures when necessary.

The appended table provides statistical information, which calls for little comment except for a slight increase in the number of fillings carried out for both mothers and children.

#### D. M. McClelland,

County Dental Surgeon.

# (a) Numbers provided with dental care.

	Examined.	Needing treatment.	Treated.	Made dentally fit,
Expectant and Nursing Mothers	1,217	1,098	1,260*	873
Children under 5	2,938	2,300	2,826*	2,395

<sup>\*</sup> Includes cases carried over from 1953.

# (b) Forms of treatment provided.

					-			111111	Dentures	provided.	
			Scalings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extrac- tions.	General anaes- thetics.	Full upper or lower.	Partial upper or lower.	Radio- graphs
Expectant Mothers	and	Nursing	 458	2,091	-	35	1,917	404	98	149	19
Children un	der 5		 -	3,668	715	-	2,695	1,332	-	-	16

# MIDWIFERY AND HOME NURSING.

# 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 1954 was 569 compared with 608 in 1953.

#### (b) Work of the Midwives During 1954.

	NUMBER	OF DELIVE	DURING T	DED BY MID HE YEAR.	WIVES IN	THE AREA
		r	Omiciliary Cas	es		1
	Doctor n	ot booked.	Doctor	booked.		
(1)	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.	Totals.	Cases in Institutions (7)
(a) Midwives employed by the Authority	86	1,172	927	1,668	3,853	1 -
(b) Midwives employed by Voluntary Organisations:—  (i) Under arrangements with the Local Health Authority in pur- suance 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)	_	_	_	_	_	688
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act		_	_	_		12,359
(d) Midwives in private practice (including midwives employed in Nursing Homes)	10	5	25	5	45	530
Total	96	1,177	952	1,673	3,898	13,577

It will be noted that of 17,475 confinements attended by midwives during the year, only 3,898 (or 22.3 per cent.) occurred in the homes; of the remainder, 12,359 (or 70.7 per cent.) were confined in hospital and 1,218 (or 7.0 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	Medica	l Practi	itioner	had a	rrange	d to p	rovide	the pa	tient	700
(b) Others			medical	servi	ces uno	er the	Nation	nal Hea	uth Se	rvice	700 289
(ii) For cases in											582

# (d) Notifications from Midwives.

The following notifications were received from midwives :-

Sending for medical aid						***		***	1,571
Stillbirths	***						***		97
Laying out dead body						***			35
Liability to be a source of	of infec	tion							270
Death of mother or baby			***			111			29
Artificial feeding (in addi	ition to	or in	place of	breast	feedi	ing)	***	411	1,832
									0.004
									3,834

In previous reports I have drawn attention to the steady increase in notifications of artificial feeding. The number of these cases appears now to be stabilised and the following table gives detailed information relating to the last four years:—

			Notifications	in respect of:		confinements where ng was adopted.
Ye	ar.	Total notifications.	Hospital confinements.	Domiciliary confinements.	Hospital.	Domiciliary.
1951 1952 1953 1954		 877 1,617 1,806 1,832	764 1,490 1,675 1,664	113 127 131 168	6.1 12.5 13.9 13.5	3.0 3.4 3.3 4.3

#### (e) Special Investigations.

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

Sending for medical aid				 			245
Stillbirths				 	***		97
Liability to be source of infect	tion		***	 ***		***	204
Death of mother or baby			***	 ***		***	26
Total		***		 	'		572

# (f) Administration of Analgesics.

During the year 1954, gas and air analgesia was given by midwives in 3,305 domiciliary cases, and there were 134 sets of apparatus available for their use.

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
(iii)	In institutions	 		211

During the year pethedine was administered by midwives in domiciliary practice in 1,622 cases.

# 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 reports for 1952 and 1953 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 1954 and the following table shews an analysis of the recommendations.

		*Births	*No. of these taking	No. of requests	No. of reports given recommending			ases recomm who were/w		
Division.		notified over	place in hospitals	place in from hospitals hospitals in Admin- for home		W.	1000	In hos	spital	Made
		period.	in Admin- istrative County.	for home conditions reports.	Hospital confine- ment.	Home confine- ment.	At home.	As booked cases.	As emer- gency.	private arrange- ments.
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
North-Western	4	 3,043	1,968	186	160	* 3	3	_	-	
Central		 2,467	1,810	231	140	82	-	78	_	4
North-Central		 2,627	1,629	133	110	5	3	2	-	
Southern		 1,862	1,187	95	80	15	7	1	6	1
South-Eastern	111	 1,279	480	23	18	5	3	2	_	-
Northern		 1,039	390	13	10	2	2	_	_	_
South-Western		2,295	1,671	370	310	51	8	36	3	4
North-Eastern		 2,513	1,836	86	54	9	1	7	_	1
Mid-Eastern		 1,266	945	10	10	1	î	-	-	-
		18,391	11,916	1,147	892	173	28	126	9	10

<sup>\*</sup> The figures in Col. 1 represent the total of all births notified during 1954 (applicable to each Division). Col. 2 shows the total number of births which took place in hospitals in the County in 1954 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 Officers then made arrangements for either a Health Visitor or a Midwife to 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. In addition midwives attend ante-natal and post-natal demonstrations and lectures organised by London, Middlesex and Surrey County Councils and midwifery lectures are included in the district nurses/health visitors refresher course held in Surrey every year by the County Council.

In May, the fourth post-certificate refresher course organised by the County Council for health visitors and district nurses was held at Glyn House, Ewell. Some thirty health visitors and an equal number of district nurses attended.

The course, which was non-resident, extended over a fortnight and there is no doubt that the excellent facilities at Glyn House contributed very much to a successful course.

Invitations were sent to other members of the nursing staff and to the medical staff of the County to attend any particular session in which they were interested. Many members of the staff took the opportunity to attend when their duties allowed.

The inaugural address was delivered by Sir Allen Daley, M.D., Ch.B., D.P.H., and the succeeding sessions comprised lectures on a wide variety of subjects, discussions, films and visits of observation, given by lecturers of high professional status.

Advantage is taken of referesher 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 Guildford Training Home as well as to other training centres outside the County.

# (d) Work of the District Nurses.

At the end of the year there were 282 full-time and 49 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1954 was as follows :-

Division.	Medical.	Surgical.	Infectious Diseases.	Tuber-culosis.	Maternal complica- tions.	Others.	Totals.	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year. (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year. (10)	Patients included in (2)-(7) who have had more than 24 visits during the year.
San Carrier Control	-									
Number of cases attended by Home Nurses during the year:—										
North-Western	3,519	754	14	99	8	60	4,454	1,949	310	721
Central	4,028	1,263	56	116	32	114	5,609	2,581	218	1,229
North-Central	3,426	1,202	39	65	56	56	4,844	2,452	226	858
Southern	2,063	745	17	41	6	35	2,907	1,372	244	436
South-Eastern	1,565	320	2	37	16	47	1,987	892	166	231
Northern	1,844	303	2	53	2	13	2,217	1,245	64	406
South-Western-										
Borough	1,797	125	-36	12	. 5	38	2,013	613	71	252
Rural	3,399	835	35	74	11	38	4,392	1,960	337	486
North-Eastern—										100
Merton & Morden	1,348	97	3	61	. 2	7	1,518	585	29	251
Mitcham	1,105	217	1	37	5	-	1,365	434	32	203
Wimbledon	1,469	102	2	37	2	10	1,622	796	31	247
Mid-Eastern—										
Beddington &					-		22.0		40	32
Wallington	511	142	12	5	12	12	694	375	17	97
Carshalton	650	245	-	39	-	5	939	437	27	192
	26,724	6,350	219	676	157	435	34,561	15,691	1,772	5,609
de sus liberals		1000								
Number of visits paid by Home Nurses during the year:—										
AT ALL STE.	64,632	11,034	116	3,955	32	3,758	83,527	50,119	2,027	50,026
Central	102,129	23,410	555	5,077	371	3,239	134,781	88,394	1,147	95,100
North-Central	65,652	19,210	345	5,618	481	1,629	92,935	69,889	1,371	64,927
Southern	42,019	12,153	41	2,574	70	4,140	60,997	40,443	2,138	19,316
South-Eastern	26,369	6,413	6	1,408	106	1,261	35,563	23,159	990	11,013
Northern	43,253	7,739	9	2.172	19	172	53,364	39,502	295	36,067
South-Western-										77.7
Borough	29,837	2.852	363	434	211	1,145	34,842	18,345	412	20,281
Rural	53,324	12,295	334	2,317	57	6,199	74,526	43,889	1,896	43.845
North-Eastern-						18.33	1 22		The same	
North-Eastern-	22,208	2,341	24	2,326	23	897	27,819	16,730	238	15,025
Merton & Morden		9.000	3	1,482	57	334	28,210	16,690	217	15,186
Merton & Morden Mitcham	22,468	3,866		W W 15 150	20	643	26,543	16,988	140	16,907
Merton & Morden Mitcham Wimbledon		3,843	12	1,183	-0					
Merton & Morden Mitcham Wimbledon Mid-Eastern—	22,468			1,183	20					
Merton & Morden Mitcham Wimbledon Mid-Eastern— Beddington &	22,468 20,842	3,843	12							
Merton & Morden Mitcham Wimbledon Mid-Eastern— Beddington & Wallington	22,468 20,842 8,294	3,843 2,509		111	99	649	11,738	8,278	82	7,080
Merton & Morden Mitcham Wimbledon Mid-Eastern— Beddington &	22,468 20,842	3,843	12			649 94	11,738 20,325	8,278 11,884	82 89	7,080 15,136

In my previous report, reference was made to the appointment of a Geriatric Social Worker to work in close co-operation with the central geriatric unit set up by the Guildford Group Hospital Management Committee.

Before the social worker began her duties, local government public health, welfare departments, local hospitals, general practitioners and voluntary organisations interested in the welfare of the aged were told of the appointment and offered her services.

A total of 220 elderly patients were referred during the year, 108 from Guildford Borough and 112 from the surrounding area. 672 visits in all were paid, 410 within the Borough of Guildford and 262 outside.

In only 47 cases referred to the social worker was it considered that no help was needed and that the patient and the relatives could manage.

The patients were referred by local hospitals (136), by general practitioners (72), by local government authorities (7) and by voluntary agencies (5); and the reasons for referral were illness (66), infirmity (101), mental confusion, or incontinence (39) and for help with convalescence (14).

The following table shows in detail the reasons for referring the 84 patients to the hospital:-

		General Practitioner.	Local Government.	Voluntary Agencies.
For beneficial hospital care	 	 12	6	1
To keep patient out of hospital	 	 26	_	_
To hospital for terminal illness	 	 34	1	. 1
For admission to a welfare home	 	 _	_	3

Patients were referred by hospital authorities mainly in order that they could have help provided at home and so be kept out of hospital. A few were with the object of emptying hospital beds and organising admission to a welfare home.

Details of the financial and marital status were as follows:-

					Married.	Single.	Widows.	Widowers.
						M. F.		
Pension and private m	eans			34	8	1 8	13	4
Retirement and other	pensio	ns		79	20	2 4	35	18
National assistance				89	29	1 8	41	10
Husband earning				18	17		_	_
Earning				-	-	1 -	-	-
				-	-	-	-	-
Tota	als		***	220	74	25	89	32
					_	-	_	-

The services of the social worker enabled better assessment of the need and of urgency of the cases to be made, ensured that all domiciliary services available were used by the patient and that where it was impossible to deal with the patient immediately, hardship was alleviated as much as possible, and finally, relieved pressure upon the hospitals.

During the year 547 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis).

#### HEALTH VISITING.

#### (a) Establishment.

The establishment of health visitors was increased during the year by eight; two being wholetime tuberculosis health visitors, two on general relief duties throughout the County as required, two in the North-Western Division and one in the Southern (half time each to general and geriatric visiting) and one in the Central Division. 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 Brooklands Technical College, Weybridge.

At the end of the year the total establishment of health visitors was 207.

# (b) Mothers and Young Children.

The following table shows the home visits paid by health visitors in connection with the care of mothers and young children; home visits paid by these health visitors in respect of school health, mental deficiency and other health services will be found under these heads:—

	Slat IX	establishment at 31st December.	Live births 1954.	riths L	Case	Average No.	No. of children under 5 years	Expectant mothers.	tant ers.	Children under 1 year of age,	under f age.	Children age 1 and under	Children age 2 and under	Other.	No. of families or house-
	11		Registered	No. of 1954	Joad,	H.V.	of age visited					2 years.	5 years.		holds visited by
	D.H.V.	H.V.	adjusted.	birth cards.			year.	First visits.	Total visits,	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Health Visitors.
ATOMOS AND	-	25	2,983	2,428	12,677	199	12,299	734	1,263	3,080	17,433	10,644	16,034	7,220	11,024
Central	1	23	2,463	2,444	11,204	487	11,601	2,021	3,751	2,924	14,092	7,863	13,588	7,122	10,344
North-Central		000	2,536	2,478	091'11	479	13,267	791	1,233	2,459	13,796	7,341	14,260	7,042	10,103
		120	1,503	1,007	5,747	700	5.846	080	466	1,333	7.948	3,639	9.104	3 397	4.985
Northern	-	101	1,028	917	4,279	427	4,810	465	939	922	4,936	2,483	3,500	2,599	03,100
South-Western—	,		200	400	9.050	200	9.041	906	401	200	4 407	9 412	0.000	0 001	0 707
:	71	120	1.513	1 349	6.148	409	7.979	0000	857	1.675	9.179	4.815	8.591	3.044	6,050
North-Eastern—				name's	200					a contra	-	-	- and		-
Merton and Morden		6	792	712	3,711	4 13	4,801	0800	485	787	3,848	2,110	4,274	1,694	3,802
Mitcham	~	6	106	817	3,859	458	4,805	428	282	801	4,418	2,671	4,671	3,054	3,742
Wimbledon Mid Postore	,	-	184	667	3,071	418	4,046	357	266	740	3,270	1,650	3,853	1,444	3,059
Beddington and Wallington	5.	*	416	405	1,827	456	2,172	243	452	435	1,987	943	2,082	800	1,673
Carshalton	1	6	824	111	3,735	381	4,235	271	428	754	2,904	1,636	3,670	1,892	2,832
Relief Staff	1	0	I	1	-	1	1	1	1	1	1	1	I	1	1
Total	6	174	18,193	16,740	18,719	1	87,740	7,479	12,664	18,416	106'86	53,508	100,026	48,691	71,676

#### (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 65.

# (d) The Health Visitors' Training Course.

Fourteen students were selected to take the Health Visitors' Training Course at Brooklands College, Weybridge, which commenced in September, 1954. 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 twelve students who entered for the examination of the Royal Sanitary Institute, eleven were successful in obtaining the health visitors' certificate.

Two students did not enter for the examination: one became ill during the course and the other decided not to proceed with her studies.

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

Recently difficulties have been experienced in recruiting suitable candidates for the course and, owing to a diminishing number of Surrey students it has only been possible to run a course with adequate numbers by including an increasing proportion of out-County or independent students. As a result the number of students taking up employment with the Council on qualifying has steadily declined. The Council has, accordingly, approved proposals which will be put into operation in 1955 designed to encourage recruitment of health visitors by the grant of financial assistance to student health visitors taking the Council's training course.

### (e) Training of Student Nurses.

The General Nursing Council's revised syllabus for the training of student nurses requires that the student nurse shall have knowledge of the social aspects of disease, and the facilities provided by the local health authorities, under the National Health Service Act.

Many of the hospitals have asked for lectures to be given by members of our staff and for the student nurses to be given the opportunity to observe the work of district nurses and health visitors.

During 1954, 55 lectures were given by senior health visitors, 16 by district nurses and most of the students spent a day or two on the district with members of the staff. Although this has entailed extra work it is felt that it is valuable to have this link between the hospital nursing staff and the public health nurses.

#### 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 1954 and the immunised state of the child population at the 31st December, 1954.

				No	of child	ren.		otal No. of completed sunisation	a course	of	2			
1	District.				dsed in 54.	Who received		or reinfo	reing at ar	ıy		Immun	ity index.	
				0-4 yrs.	5-14 yrs.	a re- inforcing injection.	0-1 yrs.	1-4 yrs.	5-9 yrs.	10-14 утв.	0-1 yrs.	1-4 yrs.	5-14 yrs.	Under 15 Total.
М.В. :	and Ur	ban.												
Banstead	***	***	***	405	27	577	51	1,247	2,259	2,142	10.6	59.4	52.1	51.4
Barnes				506	57	761	142	1,412	2,066	2,131	32.4	73.4	75.9	72.4
Beddington	and Wa	llingto	n	318	108	812	31	1,010	2,359	1,856	7.8	64.3	58.0	56.5
Carshalton		***	***	618	226	2,039	71	2,021	4,357	3,339	8.9	64.3	65.7	61.8
Caterham ar	nd Warli	ingham	1	351	72	473	51	1,154	2.075	1.975	11.9	73.5	78.7	73.0
Chertsey				465	83	357	28	1,409	2,024	1,972	6.1	72.4	47.7	51.6
Coulsdon an				743	45	1,357	98	2,313	4,310	3,880	12.2	82.6	72.7	71.0
Dorking				183	19	462	9	691	1,436	1,602	3.3	54.7	61.1	56.4
Egham	***			390	26	1,638	55	1,264	1,977	1,336	16.7	81.5	74.4	73.5
Epsom and				624	71	2,052	58	2,006	5,106	4,936	8.6	70.9	76.4	71.4
Esher				524	73	673	115	1,691	3,898	3,981	17.1	61.6	55.8	54.8
Farnham				257	22	529	65	906	1,600	1.402	29.8	67.4	56.0	57.8
Frimley and				313	10	225	25	1,041	1,468	1,081	6.1	76.3	89.5	78.2
Godalming	***			101	17	312	6	539	904	977	3.0	71.9	72.3	68.1
Guildford	***	***		537	52	665	112	1,874	3,204	1,951	16.2	78.7	62.7	63.3
Haslemere				125	12	254	23	491	942	678	14.8	56.8	80.6	70.4
Kingston-on				476	35	59	107	1,474	2,427	2,008	19.1	70.2	14.3	29.7
Leatherhead				383	46	744	43	1.064	2,179	1.994	11.6	70.7	66.2	64.0
Malden and				555	61	1.089	24	1.539	3,325	3,406	3.5	71.1	58.3	57.3
Merton and				1,114	19	159	42	2,322	4,780	4,696	5.3	65.5	65.1	61.9
Mitcham			***	795	215	1,345	51	2,165	4,530	3,423	5.8	53.8	72.8	63.4
Reigate	***		***	777	56	839	446	1.885	3,317	2,441	68.6	62.8	78.9	73.8
Richmond				691	38	804	202	1,827	2,684	2,099	35.3	80.1	77.1	74.9
Surbiton		***		624	47	251	79	2,364	4,434	3,150	8.8	70.6	28.3	37.5
Sutton and		***		724	101	1,625	5.5	2,635	4,900	4,159	5.8	70.2	65.0	62.6
Walton and	Weybrie	dge		457	54	301	69	1,335	2,385	2,426	11.8	58.8	44.6	46.1
Wimbledon				605	30	796	43	2,054	3,766	2,790	5.4	62.9	52.0	51.9
Woking		***		631	89	713	56	1,896	3,880	3,179	7.1	62.4	53.7	52.9
1	Rural.													
Bagshot				182	26	309	18	513	789	1.029	9.4	64.8	47.5	49.4
Dorking and				359	27	562	50	1,101	2,072	1.932	11.6	64.7	52.2	56.0
Godstone				351	59	206	49	1,177	1,989	2.075	10.9	56.8	84.6	72.9
Guildford				520	95	880	97	1,753	3,226	2.002	13.7	53.8	72.5	63.3
Hambledon				268	84	776	68	1,116	1,768	1,852	15.1	50.9	68.6	60.7
	Totals	200		15,972	2,002	24,644	2,439	49,389	92,436	79,900	13.6	66.4	57.6	57.1
	- C-1000			Lojera	2,002		2,100	20,000	,	10,000	*****	0012		

# (ii) DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

During the year one case of diphtheria was notified in a child of school age.

During the year 1252 home visits were paid by health visitors in connection with Vaccination and Immunisation.

# (b) Smallpox Vaccination.

The following table shows the number of persons vaccinated or re-vaccinated during the year.

Districts.			Vacci	nated.					Re-Vac	cinated.		
Age	-1.	1.	2-4.	5-14.	15+.	Total.	-1.	1.	2-4.	5-14.	15+.	Total.
M.B. and Urban.												100
Barnes	291 236	17	9	8 12	24 29	349 302			8	26 17	152	186 122
Beddington and Wallington	104	66	11	8	15	204			3	15	60	78
Carshalton	383	3	5	3	1	395	****	4	10	19	6	39
Caterham and Warlingham	276	18	13	19	18	344		-	8	23	56	87
Chertsey	180	123	11	17	10	341		-	1	13	56	70
Coulsdon and Purley	534	27	17	26	49	653		-	8	25	109	142
Dorking	111	5	3	4	3	126	-		1	5	27	33
Egham Epsom and Ewell	174 387	15 17	7 12	19	17 34	215 469		_	6	7 28	37 163	46 197
Epsom and Ewell	991	1.	12	10	34	409				20	103	10.
Esher	352	23	25	6	2	408		-	1	18	9	28
Farnham	157	84	11	1	5	258			7	21	59	87
Frimley and Camberley Godalming	133	103	28	8 5	15	287 135		1	12	54 11	96	163 55
Godalming Guildford	362	14	6	6	16	404			4	24	73	101
		- 55			700		1200					
Haslemere	92	8	7	2	3	112	mon		1	9	21	31
Kingston-on-Thames	401 241	11 22	8	18	10	448 299	-	_	8	12	145	165 168
Malden	325	17	18	13	13	386			1	7	28	36
Merton and Morden	435	18	16	14	45	528	-	1	7	14	98	120
Mitcham	241	192	29	16	26	504	_	1	4	9	97	111
Reigate	348	35	17	12	26	438		-		21	115	136
Richmond	272	13	9	10	18	322	-	-	4	12	162	178
Surbiton	308	267	52	21	70	718		2000	3 3	33 15	125 173	161
Sutton and Cheam	493	33	30	19	42	617	1275		3	15	173	191
Walton and Weybridge	182	134	22	11	21	370		4	3	30	143	180
Wimbledon	336	30	14	5	16	401	-	-	-	3	46	49
Woking	236	200	32	15	33	516		1	6	19	141	167
Rural.						10000						
Bagshot	43	36	12	12	2	105	-	-	2	7	17	26
Dorking and Horley	247	16	11	12	13	299		1	5	17 40	105 127	127 172
Godstone Guildford	153 446	140 29	19 26	20	9 8	341 518		=	5	35	113	153
Hambledon	253	19	7	11	6	296	-	_	7	35	92	134
Totals	8,801	1.800	510	372	625	12,108		13	149	657	2,920	3,739

There was one case of generalised vaccinia reported during the year. No deaths from this or other complications were reported.

# (c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1954. 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.	a course of	who completed inoculation g 1954.	a re-inforci	n who received ing injection g 1954.
		0	-4 years.	5-14 years.	0-4 years.	5-14 years.
M.B. and U	rban					
Banstead	***		186	17	-	28
Barnes			507	18	15	42
Beddington and Wa	llington .		337	16	9	19
Carshalton	222		525	31	62	17
Caterham and Warl	ingham		344	19	38	61
Chertsey			442	26	5	45
Coulsdon and Purley			701	21	89	180
Dorking	***		139	4		9
Egham	***		452	36	65	52
Epsom and Ewell	***		555	11	74	65
Esher	***		526	76	33	78
Farnham	444		226	7	1	7
Frimley and Cambe	rley		294	27	48	41
Godalming	***		93	11	1	2
Guildford			505	19	7	74
Haslemere			105	13	5	14
Kingston-on-Thame	8		539	36	-	-
Leatherhead	***		340	7	14	44
Malden and Coombe			515	36	9	57
Merton and Morden	***		433	8	43	62
Mitcham			760	78	10	29
Reigate	***		629	6	10	76
Richmond	***	***	683	13	11	63
Surbiton	***		615	66	10	124
Sutton and Cheam			675	14	33	39
Walton and Weybri	dge		433	46	7	91
Wimbledon			554	16	14	56
Woking	***		608	50	15	116
Rural.				-		
Bagshot	***		171	12	1	27
Dorking and Horley			329	11	6	16
Godstone			219	11	1	4
Guildford			345	9	22	68
Hambledon	***		196	5	2	11
Total			13,981	776	660	1,617

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

As already mentioned on page 19, the County Health and Education Committees towards the end of 1953 approved a scheme to offer B.C.G. vaccination, subject to the necessary preliminary tests and to obtaining parental consent, free of charge, to school children between their thirteenth and fourteenth birthdays; and this scheme was put into operation in 1954.

Before starting vaccination, all general practitioners and teachers in Surrey schools were circularised explaining the scheme and asking their co-operation in trying to make it a success. As each school is dealt with, explanatory leaflets are sent to the parents asking for their consent to the vaccination of their child. School medical officers who have been specially designated for the purpose then visit the school and perform Mantoux Tests on those whose parents have consented and forty-eight hours later, vaccinate those who are mantoux negative: a post-mantoux is done a minimum of six weeks later to see if the vaccination has been successful. If the child is found to be mantoux positive and so not to need vaccination, a note to that effect is given to the child to take to his parents who are advised to let their family doctor have the information: such children should at an early opportunity be taken to a Mass Radiography Unit or otherwise X-rayed. Each child who has been vaccinated is given a card certifying to that effect which can be produced whenever necessary.

Thanks to careful preliminary planning on the part of all concerned the scheme has worked smoothly. No cases of complications following vaccination have been reported.

The following table gives statistical information for the short time that the scheme has been in operation :—

B.C.G. Vaccination of School Children aged 13 years. Statistics for period 1st July, 1954, to 31st December, 1954.

Division.	In age group.	Consents.	Percentage of consents,	Absent.	Mantoux +ve.	Percentage +ve.	Absent from B.C.G.	Vac- cinated.	Percentag of age group who were vac- cinated.
North-Western	653	424	63.41	77	51	14.69	16	280	42.87
Central	1,511	1.110	73.0	29	124	11.5	8	949	63.0
North-Central	1,628	1.151	71.0	15	128	11.0	3	1,004	62.0
Southern	336	212	63.1	20	51	26.6	4	137	40.8
South-Eastern	763	563	73.78	26	70	13.0	11	457	59.8
Northern	190	152	80.0	5	15	10.2	-	132	69.5
South-Western—		1000000			100	200		10000	70000
Borough	600	464	77.0	11	79	17.44	4	370	61.5
Rural	579	443	76.51	16	93	21.78	9	325	56.13
North-Eastern—									1
Merton and Morden		1		-	_			-	-
Wimbledon	_							_	
Mid-Eastern—									19.30
Beddington and Wallington	246	142	57.72	15	17	13.39	2	108	43.9
Carshalton	486	327	67.0	23	19	6.2	2 2	283	58.0
Totals	6,992	4,988	71.34	237	647	13.62	59	4.045	57.85

#### AMBULANCE SERVICE.

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

The developments referred to in paragraph 2 below are the only substantial changes which have taken place in the Service since my report for 1953.

### (2) Development.

In accordance with the Council's policy of providing efficient premises for the Ambulance Service, a new station was opened at Ottershaw. This station, which is the main control station for the County Districts of Woking, Egham, Frimley and Camberley, Bagshot, Walton and Weybridge and Chertsey, is the second of four such stations which will eventually be provided. The fifth station, situated at Guildford, is already operated by the St. John Ambulance Brigade.

By the purchase of suitable premises it was also possible to provide an ambulance sub-station at Woking, so that the Service in the whole of the above area is now housed in adequate premises.

### (3) Radio Telephone Scheme.

During 1953 the scheme for radio control in the Kingston and St. Helier areas was gradually implemented and by the beginning of 1954 it was in full operation.

From the onset of the scheme it was apparent that radio control would enable the service to operate with greater efficiency. Previously, only ambulances in their stations could be used for calls, including emergency calls, but with radio control all empty ambulances, including those on their return journey after delivering a patient, are available (provided they are within wireless range) and can be readily redirected. Ambulances sent to wrong or doubtful addresses can check their assignments without returning to their base: late cancellations can be verified, and if the call is an emergency such redirection frequently means that valuable time in reaching the scene of the incident can be saved. Furthermore, redirection in transit saves mileage, and the average mileage per case carried has fallen since the introduction of wireless control from 7.4 miles per case to 7.1 miles per case.

During the first full year of operation there was a saving of  $\mathfrak{L}9,000$  on the purchase of vehicles and a reduction in the operational strength. Added to this concrete saving there were other economies due to a reduction in miles per patient, etc. As all these economies have an annual recurring effect, it is estimated that the net saving due to the use of radio is in the order of  $\mathfrak{L}5,000$  per annum.

#### (4) Voluntary Organisations.

The St. John Ambulance Brigade have continued to provide a control station at Guildford, nine agency sub-stations and six supplementary stations.

The British Red Cross Society have provided two agency sub-stations and two supplementary stations

A number of full-time ambulance personnel whose wages are reimbursed by the County Council are employed by both these organisations at the agency stations to supplement the volunteers who play a large part in those services. It is becoming increasingly difficult to maintain the number of volunteers, and consequently both the St. John Ambulance Brigade and the British Red Cross Society have requested the County Council to increase the numbers of paid personnel at certain of their stations.

The Hospital Car Service have continued to provide most of the transport of out-patients where the need is for a car rather than an ambulance, and although there has been some reduction in the number of drivers available, the Hospital Car Service provided transport for more than 120,000 patients during the year.

### (5) Vehicle Maintenance.

In January, 1954, a Vehicle Maintenance Officer for the ambulance fleet was appointed on the staff of the County Engineer who then became responsible for the technical maintenance of the fleet. Modern servicing and minor repairs bays are being developed at each of the control stations and the standard of maintenance is being constantly improved.

# (6) Emergency Work.

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

As shown below, the steady increase in the number of emergency patients carried by the Service since 1950 was not maintained in 1954, the figures showing a 1 per cent. decrease over the previous year.

	Year.		1	No. of Patients.	Increase over 19
1950				10,039	70
1951		***	***	12,104	21
1952				13,581	35
1953				14,621	46
1954				14.548	45

The average times taken to reach emergency incidents from the time of receipt of the call was the same as 1953, i.e., five to six minutes for the direct service and just over seven minutes for the voluntary organisation services. The latter, of course, operate mainly in the more rural districts of the County. The service was fully extended on a number of occasions in trying to maintain these standards, and in the Metropolitan area of the County radio control, by contacting vehicles on the road and redirecting them to incidents, played an essential part in doing so.

### (7) Non-Emergency Work.

(i.e., routine hospital admission and discharge, out-patients, etc.).

The requests for ambulances and cars for the great volume of work undertaken under this heading have to be continually checked to ensure that the necessary conditions for the provision of transport are fulfilled.

In my report for 1953 I stated that there would be an inevitable upward trend in requests for transport if hospitals were able to increase the number of in-patient and/or out-patient treatments, and the steady upward trend since 1951 has continued.

The increase in 1953 brought difficulties which stretched the service almost to the limit at peak periods, but in 1954 a further increase greater than that of the previous year made it impossible to carry out all the non-emergency work promptly. In order to maintain the standard of service for out-patients, six additional sitting case vehicles and one additional ambulance are to be provided during 1955.

# (8) Summary of Work.

The total work done by each of the component services in 1954, with comparative figures for the previous three years, is given in the following table:—

	19	51	19	52	19	53	19	64
Service.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients,	Miles.
County Service (in- cluding Contractors)	137,037	1,137,094	136,874	1,110,129	136,913	1,142,356	154,604	1,254,516
Infectious Disease Hospitals	1,120	17,422	597	12,021	710	12,918	758	13,922
Voluntary Organisa- tions— S.J.A.B B.R.C.S	33,335 5,317	444,829 71,636	36,243 5,343	458,707 75,202	40,077 4,717	513,925 70,548	41,631 4,488	463,866 67,315
Hospital Car Service	108,751	1,560,146	114,411	1,618,521	120,957	1,663,581	120,290	1,584,857
County Fire Brigade	923	6,197	-	-	-	-	-	-
Total	286,483	3,237,324	293,468	3,274,580	303,374	3,403,328	321,771	3,384,476

Although the number of patients carried is higher than ever before, the mileage shows a decrease of 18,852 over 1953.

The annual percentage increase in ambulance mileage for the administrative County of Surrey has been below the annual increase for the country as a whole, as indicated in the following table:—

Surrey Ambula	nce Service.	Ministry of Health Figures fo Whole Country.					
Year (JanDec.).	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	25				
1954	10.2	1954/55 n	ot 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.

There are 47 health visitors on the staff of whom 20 devote full time to the tuberculosis service, the remainder being general health visitors who undertake the tuberculosis visiting in certain rural areas of the County. During 1954 these health visitors paid a total of 21,178 visits to tuberculous households and attended 3,091 chest clinic sessions.

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 been approved, and building will start in 1955. In addition, the centralisation of the Woking, Weybridge and Egham Chest Clinics at St. Peter's Hospital, Chertsey, has been approved and plans have been drawn up so that this Chest Clinic may be developed as an urgent priority, together with the development of a new Chest Clinic at Purley. The transfer of Epsom Chest Clinic to Epsom District Hospital has been delayed till 1955. Farnham Chest Clinic will be transferred to Aldershot Infectious Diseases Hospital in 1955, where new clinics to serve both Farnham and Aldershot are being opened. Reorganisation of the area served by the present Farnham and the Guildford Chest Clinics has been undertaken. The development of Redhill Chest Clinic at Redhill Hospital as part of the out-patient department of the hospital will be undertaken in 1955 and 1956. The Guildford Chest Clinic is being transferred from the Sanatorium Group to Guildford H.M.C., and improvement of the Chest Clinic by the addition of radiological and dark room facilities has been agreed. Development of a new Chest Clinic at Milford Chest Hospital together with other facilities for occupational therapy and physiotherapy will be completed in 1955. Kingston Chest Clinic will be moved to Kingston General Hospital, as part of the out-patient department and the general development of the hospital and plans are being considered for resiting the Mortlake Chest Clinic in the Royal Hospital, Richmond.

It is hoped that, by the end of the next three years, the redeployment and upgrading of all the chest clinics in Surrey may be completed and that all the major chest clinics will be closely associated with the main general hospitals.

# 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 1954, a total of 3,434 new contacts were seen at chest clinics, of which 48 were diagnosed as suffering from tuberculosis (13.9 per 1,000 examined). The total new contacts examined in 1954 represents a decrease of 128 on the 1953 figure.

The ratio of new cases of tuberculosis definitely tuberculous to new contacts examined was 4.8, 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 the scope of B.C.G. Vaccination was extended 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 contact vaccinations carried out by Chest Physicians in each Chest Clinic area during the year 1954. They do not include B.C.G. vaccinations carried out as part of the programme for school children between their 13th and 14th birthdays which was undertaken by the School Medical Service (vide page 38).

	Ches	t Cli	nie.			Total.
Carshalton						163
Dorking						31
Egham			***			14
Epsom	***		***	***		101
Farnham	***		***	****	***	2
Guildford					***	36
Kingston	***		***	***	***	121
Merton and	Morder	n	1111	***	***	66
Milford						36
Mitcham			***			113
Mortlake	***		***	***	***	80
Purley	***			***	***	44
Redhill			111	***	***	64
Sutton				***		104
Weybridge	***			***	***	64
Wimbledon	***		***		***	58
Woking	***		•••	***		81
	Total					1,178

# (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 only 6 requests for garden shelters were received from the Chest Physicians.

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

							Resi	Respiratory (R)	(R)		Non-Res	Non-Respiratory (NR)	(NR)		T	Totals		_	
							Adult.	pun)	Child. (under 15 years)		Adult.	(umde	(under 15 years)		Adult.	(under	Child. (under 15 years)	Grand	
						~	M. F.	. M.	L P.	k	ă.	M.	F.	X.	F.	X.	F.	Total.	
1 New Cases (Excluding Contacts)	8 80	(a) Diagnosed Tuberculous	smo	1111	1111	2211	193 9	98	1=11	11	19 255	11 134	1 11	200 5 186 1,859 25	0 109 6 1,589 0 1,589	- 65 8 6 6 55 8 6	192	315 4,321 39	5,077
2 Contacts First Examined	333	Diagnosed Tuberculous  Non-Tuberculous   Not determined		:::	:::	711	011	1   1	13	111	111	11	-	539	0 1,008 1 2 2	1 886	13	3,383	3,434
3 Contacts Re-examined (Excluding those under Paragraph 2 above)	333	Diagnosed Tuberculous Non-Tuberculous Not determined	9mo	111			15	13	8 - 1	111	111	-11	111	628	5 1,355 	1,802	1,807	5,592	\$ 5,640
4 Transferred Cases		<ul><li>(a) From other Areas (outside the County)</li><li>(b) To other Areas (outside the County)</li></ul>	utside	County		0.01	242 255 19	192 1	14 4		7 14		00 00	2 262	9 216	100	86	483	970
5 Cases Written off Register	3333	Recovered Died Lost sight of Other reasons	1111	1111	1111	11111	154 108 103 14 30	147 145 145	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		St 60 to 61	11	1 10	176	6 170 8 152 9 152	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21 00	385 161 281 58	885
6 Cases Returned to Register	:						49 3	30	1		13 7	1	8	6 62	37	00	7	#	114
7 Cases on Register on 31st		(a) Diagnosed Tuberculous	smo	1		4,848	18 3,871		285 248	234	14 303	127	1111	280'9	4,174	412	359	10,027	10,027
Tagrilland.	(6)	(b) With known positive sputum previous months	ne sput	s	.20		218	108	11		9	10	9	188	8 108	1 8	17	326	
	-01 W#	No. of attendances at Chest Clinics (including Contacts)     No. of consultations held by Medical Staff :     (a) Domiciliary     (b) Hospital     No. of visits by Medical Staff to homes (excluding those 4. No. of refills given at A.P. Clinics	s at Che ns held ny ny edical S	by Med	Hest Clinics (including Contacts)	ding C	ontacts ing thos	se showr	(9)	: ::::::		48,213 322 643 1,393 26,927 (90	77 sessic 28.1 pa	us at a	(957 sessions at an average of 28.1 patients per session)	co.			

		-	-	-												-
Chest Clinic.		Population of Clinic Area (mid-vear		No. of T.B. Cases on the Register	No. of New Cases Definitely T.B.	T.B. Cases on the Register	T.B. Cases on the Clinic Register per 1,000		No. of Contacts Attending during 1954.	. 1984.	Found	No. of Contacts Found to be Definitely T.B.	y T.B.	Clinic Sessions.	Attendances.	Average Attendance per Clinic
		1958	-	-		on 31/12/54.	Fopulation on 31/12/54.	New.	Old.	Total.	New.	.000	Total.			Sciences.
Carshalton		61,	089,19	757	ĝ	740	11.99	180	357	537	1	9	9	188	3,955	21.0
Dorking		32,	32,010	148	112	153	4.78	88	112	200	1	1	1	62.0	848	18.2
Egham	:	25,	25,800	179	16	197	7.64	65	911	181	01	1	eş	100	202	20.3
Epsom	:	96,	06,510	109	51	819	6.41	262	379	641	60	01	10	119	3,444	28.9
Farnham		64,	64,520	172	27	161	2.96	76	62	138	01	1	01	19	978	19.2
Guildford		113,070		574	47	293	5.24	203	231	434	T	01	.01	153	3,425	4.22
Kingston		199,280		1,248	1115	1,185	5.95	419	653	1,072	9	6	15	311	6,030	19.2
Merton and Morden	n.	73,	73,240	176	43	808	12.26	158	554	712	10	1	9	223	4,198	18.8
Milford		26,	26,910	180	17	192	7.13	116	980	154	*	10	6	25	940	37.6*
Mitcham	:	98,	98,940 1,0	1,037	84	1,031	10.42	339	929	888	,	11	15	202	4,183	20.7
Mortlake	:	82,	82,550	929	39	929	6.77	198	360	258	+	- 1	9	158	3,352	21.2
Purley	:	96,	96,780	539	90 91	551	5.69	100	8218	505	1	01	01	116	2,491	21.5
Redhill	:	100,730		561	69	603	5.99	347	316	663	10		14	1115	2,833	24.6
Sutton		106,480		970	96	973	9.14	244	562	908	1	5	22	235	5,262	22.4
Weybridge			71,540	409	20	459	6.42	143	370	513	10	1	10	9.9	1,446	26.8
Wimbledon	:	58,	58,300	181	56	464	7.96	146	01 00	468	1	1	1	118	2,285	19.4
Woking		67,	67,160	240	99	620	9.23	226	380	909	01	1	01	103	1,936	18.8
Totals		1,375,500	100	9,926	813	10,027	7.29	3,434	5,640	9,074	84	- 17	9.2	2,248	48,213	21.4
									-	1						1

Average per doctor session=18.8.

# Care and After-Care.

### (i) TUBERCULOSIS CARE ALMONERS.

There is no change in the establishment of nine Tuberculosis Care Almoners and one County Tuberculosis Care Organiser each of whom is attached to a Chest Clinic in the County.

# (ii) PROVISION OF MILK FREE OF CHARGE.

The average number of patients receiving milk free of charge each week throughout the year on the recommendation of the Chest Physicians was 623. The Care Almoners are responsible for ascertaining that there is need in accordance with the scale laid down by the County Council.

#### (iii) Segregation of Contacts.

173 (198) children were boarded out during the year to protect them from danger of infection, to enable a patient to accept institutional treatment, or for segregation during the period of vaccination with B.C.G. Approved foster homes and private children's homes were mainly used for those of school age and Sendhurst Grange, the County Council Hostel for segregation of contacts, for those under school age. Most of the cases coming forward for boarding out had to be placed urgently owing to the speed up of the rate of admission of patients to hospital, and Sendhurst Grange Nursery has proved to be of great value in preventing delay in seeking places elsewhere.

89 (95) new cases were placed and 115 (114) returned to their own homes during the year: the average duration of stay of the latter was 59 (48) weeks. (The corresponding figures for the previous year are shown in brackets.)

#### (iv) Tuberculosis Care Committees.

The excellent service given by the twenty voluntary Care Committees to tuberculous patients and their families who are in need has continued as in previous years. The Committees are guided in their work by the Chest Physicians, Care Almoners and Health Visitors.

The income of the twenty Committees for the year consisted of £7,488 which they raised by their own efforts and £1,000 which they received in grants (£50 to each Committee) from the County Council. They spent a total of £8,649 on items such as the following: food (£1,383), clothing (£899), bedding (£290), household goods (£706), training schemes (£174), pocket money to patients in sanatoria (£839), fares to relatives to visit (£752).

The Standing Conference of Surrey Tuberculosis Care Committees which co-ordinates the work of the twenty district Care Committees and which consists of representatives of the Care Committees and the County Health Committee had an income of £1,844 during the year. This was spent mainly on country and seaside holidays for children selected by the Chest Physicians (£1,533), occupational therapy (£100), and art therapy schemes for patients in hospital (£179). The County Education Committee co-operated with the Conference by allowing Sheephatch School to be used for a fortnight's holiday for 150 children and contributing 25 per cent. of the cost.

#### (v) OCCUPATIONAL THERAPY.

The staffing establishment remains the same as in the previous year. Students have attended during the year for practical experience.

There has been more concentrated effort on Sales of Work. Throughout the year the following exhibitions have been held: In conjunction with the Annual Meeting of the Standing Conference of Surrey T.B. Care Committees; the Round Table, Woking; Dorking Care Committee; Townswomen's Guild, Merton Park; B.R.C.S. Agricultural Show, Eashing; B.R.C.S. Farnham; B.R.C.S. Guildford, Christmas Sale; County Hall, Christmas Sale; St. Helier Christmas Sale; B.R.C.S. Chertsey.

The Jig-Saw Library has operated throughout the year, the Standing Conference meeting the expenses which are mostly postal.

The Standing Conference have given valuable help to the section, and the various Care Committees to individual patients. Entries have again been forwarded to the N.A.P.T. Art Competitions.

The number of new patients registered during the year was 183.

The total number of patients receiving occupational therapy on 31st December, 1954, was 628, of whom 283 were in hospital, 281 were domiciliary, 41 out-patients attending centres, and 23 were postal.

The amount expended on consumable materials during the year was £2,538 15s. 6d.

#### (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 1954 was 9—3 at Papworth Hall, 3 at Preston Hall and 3 at Enham-Alamein. Chest Physicians are making use increasingly of the local facilities which exist at the Government Training Centres at Waddon and Egham, where a wide range of training facilities exist, and from which a patient can remain in his domestic environment, and continue under chest clinic supervision.

### (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 1954 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.

During 1954 the two Units examined 104,947 people, compared with 104,621 in 1953.

(1) 130 new cases of active pulmonary tuberculosis were detected. 44 were subsequently proved to be infectious cases and 66 were non-infectious. We were unable to obtain results of bacteriological investigations in 20 cases.

From information kindly provided by the County Medical Officer, it appears that 16 per cent. of the new notifications in Surrey during 1954 were as a result of Mass Radiography examination. In addition, many cases of tuberculosis are referred to chest clinics and kept under observation for several years before evidence of active disease becomes manifest and notification is necessary. These cases are not recorded in our statistics and it is probably true to say that Mass Radiography's share of the new notifications is higher, in fact, than these figures suggest.

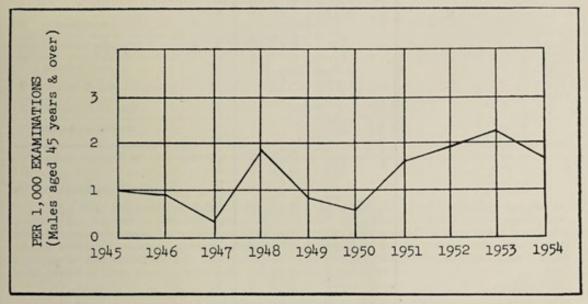
- (2) In 1954 the incidence of active pulmonary tuberculosis was 1.2 per 1,000 examinations, as compared with an incidence rate in 1953 of 1.7 per 1,000 examinations. This decline is reflected in the lowered notification rate for the County of Surrey as a whole.
- (3) During 1954 the Units examined 42,473 people who had not previously attended a Mass Radiography Unit. This is approximately 40 per cent. of the total examined, leaving 60 per cent. of the group who had had a previous chest X-ray through the service.

	Cases of Active Pulmonary Tuberculosis Detected.	Rate per 1,000 Examinations.
***	51	0.8
	79	1.9
		Pulmonary Tuberculosis Detected 51

These figures point to the need for continued efforts to attract primary examinees to the Units and this can only be achieved by intelligent use of publicity methods which require the expenditure of much time and money. Increased funds devoted to this purpose will yield a greater return in the number of cases of active tuberculosis which the Units are able to detect.

(4) During 1954, the Units detected 33 cases of primary carcinoma of lung.

The incidence of this disease has generally increased and the following graph shows this rising incidence of lung cancer in males over the age of 45 years:—



(5) The number of cases of active tuberculosis amongst children of 14 years and under is again high. This does not imply that there is generally a higher tuberculous incidence in this age group; in fact, figures throughout the country and previously confirmed by the Surrey Units show that there is a very low rate in this group. The children examined in 1954 had all been previously Mantoux tested and only those who were tuberculin positive were submitted for X-ray examination. The majority of these children had been in contact with a case of tuberculosis in their school and the examinations were carried out on behalf of the Surrey County Council School Health Service. (These surveys are referred to in more detail in the section on the School Health Service on page 71.)

Analysis of Abnormal Findings.

						M,	F.	Total.	1,000.
Case	s of Pulmonary Tuberculosis.								
	active pulmonary tuberculosis.								
	Primary lesions					1,254	1,256	2,510	23.9
	Post-primary lesions					956	794	1,750	16.7
2. Ac	tive pulmonary tuberculosis.								
	Primary disease			200		5	6	11	0.1
	Unilateral post-primary disease					42	27	69	0.6
(c)						28	19	47	0.4
	Pleural effusions					1	2	3	0.0
3. Ca	ses recommended for Hospital or S	anatori	um			41	33	74	0.7
4. Ca	ses recommended for observation					129	83	212	2.0
. Non-	tuberculous Conditions.						The second second		
(a)	Abnormalities of bony thorax and	d lungs	***	***	200	282	269	551	5.3
(b)	Bronchitis and emphysema					392	53	445	4.2
(c)	Bronchiectasis					97	59	156	1.5
(d)	Pneumonia and pneumonitis	***				107	90	197	1.9
(e)						15	-	15	0.1
(f)	Pleural thickening and fibrosis					722	324	1,046	9.9
(q)									
(0)	(i) Malignant			***		28	- 5	33	0.3
	(ii) Non-malignant					5	11	16	0.1
(h)	Cardiovascular lesions				-				
4-7	(i) Congenital					22	36	58	0.5
	(ii) Acquired					154	219	373	3.6
(i)					200	239	228	467	4.4
(0)	DEDUCTION OF THE THE	***	***	***	****				

	14 yes	14 years and under.	nder.		15-24.		68	25-34.		26	35-44.		*	109-91		60 year	60 years and over.		T	Fotals.	
To per per per per per per per per per per	Total persons examined.	No. diag- nowed active T.B.	Inci- dence per 1,000 popula- tion.	Total persons examined.	No. dlag- nosed active T.B.	Inci- dence 1,000 popula- tion.	Total persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popula- tion.	Total persons examined.	No. diag- noned active T.B.	Incl- dence 1,000 popula- tion.	Total persons xamined.	No. diag- nosed active T.B.	Inci- dence Per 1,000 popula- tion.	Total persons examined.	No. dlag- nosed active T.B.	Inci- dence 1,000 populs- tion.	Persons examined.	No. diag- nosed active T.B.	Incl- dence per 1,000 popula- Mon.
-	1,120	9	*5.4	9,110	77	1.5	14,890	18	1.2	11,040	11	1.5	12,400	16	1.3	3,670	KO.	1.4	52,230	76	1.5
1:	810	9	*7.4	14,560	27	1.9	12,200	10	8.0	10,180	1-	0.7	11,700	-	60.0	3,320	60	6.0	52,770	19	1.0
	1,930	22	*6.2	23,670	41	1.7	27,090	80	1.0	21,220	24	1.1	24,100	11	0.7	066'9	œ	1.1	105,000	130	1.3

The age group distribution figures are based on a 10 per cent, sample of record cards. Of the total examined, 3,301 (or 3.1 per cent.) were recalled for large film examination and 865 (0.8 per cent.) for clinical examination. \* This high incidence rate is due to the examination of tuberculin positive school children.

		Num	BERS EXAM	NED.	NUM	BERS SHOWI		DENCE OF A	CHYE PUL	MONARY
	TYPE OF SURVEY.		Version		3	fale.	F	EMALE.	Combined	Combined
		MALE.	FEMALE.	TOTAL.	No.	Incidence per 1,000.	No.	Incidence per 1,000.	Total.	Incidence per 1,000.
A	General Public	23,876	35,512	59,388	37	1.5	33	0.93	70	1.2
В	Industrial Groups	24,803	13,550	38,353	25	1.0	10	0.74	35	0.9
C	School Groups	1,666	1,582	3,248	7	4.2	7	4.4	14	4.3*
D	General Practitioner Groups	87	82	169	2	23.0	1	12.2	3	17.7
E	Institutional Groups	1,796	1,800	3,596	5	2.7	3	1.7	8	2.2
F	Ante-natal patients	-	193	193	-	-		-	-	

<sup>\*</sup> The high incidence rate in this group is due to examination of tuberculin positive school contacts.

### (b) Recuperative Holidays.

Under their Recuperative Holidays Scheme the County Council send discharged hospital inpatients, hospital out-patients and patients having had severe illness at home, on the appropriate medical recommendation, for recuperative holidays for a maximum period of three weeks extendable to four weeks in exceptional circumstances, and as regards those groups towards whom the Council have special responsibilities (e.g., tuberculosis, cases of mental illness, mental defectives) for a maximum period of three months extendable only in exceptional cases.

All patients, except those suffering from tuberculosis, sent to "holiday homes" under the scheme are required to pay a standard charge of 25s. 0d. (to be increased to £1 12s. 6d. from 1st June, 1955) 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, 1954, are as follows:-

					Hospital In-Patients.	Hospital Out-Patients.	General Practitioners' Cases.	Total.
Number of patie	nts sent to	Holio	day H	omes	121	128	48	297
Cost (excluding	contributio	ons by	patie	ents)	£1,061 5s. 6d.	£1,165 4s. 6d.	£378 6s. 6d.	£2,604 16s. 6d.
Length of stay:	1 week	***			. 5	5	5	15
	2 weeks		***		94	86	37	217
	3 weeks				16	32	4	52
	4 weeks				5	3	2	10
ove	r 4 weeks				1	2	-	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 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 at the end of the year was 55.

The extent of the loans of nursing equipment during the year ended 31st December, 1954, was as follows:—

ows.—	4-1	icle.				No. of Loans.	Article.				No. of Loans.
Air bed						118	Bed cradles				407
	lows		***			116	Crutches				178
" ring	gs		***			1,501	Douche cans		107	***	31
Bed res	sts		***	***		1,068	Feeding cups		***	***	215
,, pa	ns	***				2,128	Inhalers				15
,, tal	bles					205	Mackintosh sheets			***	2,067
Invalid	chai	rs				836	Steam kettles			***	59
Commo	des				***	387	Urinals	***			614

# (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:—

1954		Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Heller Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total
New Cases (Surrey). Syphilis	 	 3	3	5	9	1	10	11	42
		(13)	(3)	(3)	(11)	(1)	(10)	(26)	(67)
Gonorrhœa	 	 15	1	3	47	4	14	69	153
		(32)	(8)	(2)	(31)	(7)	(9)	(76)	(165)
Other conditions	 	 145	22	36	261	- 52	112	567	1,195
		(176)	(14)	(35)	(316)	(87)	(149)	(692)	(1,469)
Totals	 ***	 163	26	44	317	57	136	647	1,390
		(221)	(25)	(40)	(358)	(95)	(168)	(794)	(1,701)

The figures in brackets relate to the year 1953.

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
1954	42	153	1,195	1,390

<sup>\*</sup> The great majority of these conditions are not venereal.

# (e) Public Education in Health.

The County Health Committee have entrusted to Divisional Health Sub-Committees the duty of carrying out functions connected with the development of a comprehensive health education programme as opportunity occurs.

During the past year talks by specialist lecturers were given to many organisations, including Women's Fellowship, Women's Guilds, Women's Institutes, Youth Clubs, Boy Scouts, Co-operative Guilds, British Legion, Townswomen's Guilds and these, in general, were well attended and appreciated. Some of the subjects dealt with were home safety, mental and physical needs of the growing child, mental health, food hygiene, protection of the adolescent against tuberculosis by the use of B.C.G. vaccine. In one Division talks were given to children of school leaving age in Grammar and Secondary schools.

Divisional Medical Officers, School Medical Officers and Health Visitors have addressed meetings of Parent/Teacher Associations, teachers at a meeting arranged by the National Union of Teachers on B.C.G. vaccination and to expectant mothers at relaxation classes on baby's routine, accidents in the home, etc.

During campaigns relating to diphtheria immunisation, slides are shown at local cinemas, advertisements are inserted in the local press, posters exhibited and book-marks distributed to public libraries.

Film strips have been shown at some Infant Welfare Centres and use has been made of posters of the Central Council for Health Education and the Central Office of Information relating to such matters as food handling, safety in the home, spread of infection, etc.

In connection with the prevention of accidents in the home one Divisional Medical Officer prepared and circulated a pamphlet among Voluntary Committees dealing with the aged and the encouragement given by him resulted in the setting up recently of a Voluntary Home Safety Council.

#### HOME HELPS.

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

The principal features of the County Council's scheme for the provision of home helps remains as in previous years.

### (b) Establishment.

The establishment of equivalent full-time home helps for the County for the financial year ended the 31st March, 1955, was 485. The average number of equivalent full-time home helps employed weekly throughout the calendar year was 496.4, an increase of 33.9 over the previous year.

## (c) Supervision.

During the year the Divisional Supervisors paid 5,132 first visits, 12,849 revisits and 2,122 miscellaneous visits, a total of 19,103 as compared with 21,494 during the previous year. Steps are being taken with a view to increasing the number of visits.

#### (d) The Scope of the Scheme.

The total number of cases helped during 1954 was 6,879, an increase of 426, or 6 per cent. over 1953. The number of chronic sick (including the aged and infirm) and the number of maternity cases increased by 419 and 66 respectively, while the number of cases of tuberculosis and the number of acute cases decreased by 36 and 33 respectively.

Table 1 shows for the County the number of cases in each of the four categories helped during 1954; the total number of hours service given to all cases and to the cases in each of the four categories; the average total hours of service per case; the average hours of service per case per week; \*the duration of service per case in weeks; and the average number of cases helped per week.

Table 2 shows divisionally and for the County as a whole the average number of equivalent wholetime home helps employed weekly throughout the year; the number of cases helped in each of the four categories; and the percentage of home helps' time spent on (a) service to patients; (b) travelling; (c) sickness; and (d) holidays.

From this table it will be seen that the amount of time given to the actual service of patients throughout the County has remained stable, as has the time spent in sick leave and holidays, although in some Divisions figures for sick leave and travelling times seem rather high. Obviously sick leave is not controllable, but it may be possible to effect a reduction in travelling time and this is being looked into; it must, however, be admitted that, if the home help service is to be made available to patients living in areas where it is difficult to recruit suitable home helps, then an appreciable amount of travelling will be necessary.

Table 3 shows divisionally and for the County as a whole the average weekly number of cases helped; the average hours of service per case per week; \*and average duration of service per case in weeks.

It will be seen that the tendency is for chronic cases and tuberculous cases to be of longer duration than previously, although they now receive a somewhat smaller number of hours service each week. There is also a reduction in the average hours of service given which indicates that home helps are serving a greater number of cases of all types without a corresponding rise in the number of helps employed. While it would not be wise to fix a definite optimum average weekly number of hours service for each category of case, there is clearly some uniformity about the figures given for each of the Divisions especially in regard to the chronic cases, and it may be that somewhere about 7 hours per week would be a reasonable amount of service for this type of case. This aspect of the scheme is being closely considered especially in those Divisions where considerable deviation from the general level is shown.

\* "Duration in weeks" means the number of weeks over which the appropriate weekly service extends.

Table 1.

Type of case.	Number of cases helped during 1954.	Hours of service given during 1954.	Average total hours of service per case.	Average No. of hours service per case per week.	Average duration of service per case in weeks.	Average No. of cases being helped per week.
Maternity	 1,468 (21.3%)	107,682 (11%)	73	28	2.6	75 (3.4%)
Acute	 1,880 (27.3%)	111,155 (11.3%)	59	12	5.0	181 (8.2%)
Chronie	 3,296 (48%)	693,680 (71.0%)	210	7	29.2	1,843 (83.2%
Tuberculosis	 235 (3.4%)	65,894 (6.7%)	280	11	25.5	115 (5.2%)
Total	 6,879 (100%)	978,411 (100%)	142	8.5	16.7	2,214 (100%)

Table 2.

				Average	T	otal number of	Total number of cases belyed during the year.	furing the year	-	Percen	Percentage of Home Help's time spent on	Help's time sy	ent on
Division,		Population mid-1854.	Acreage.	P/T Helps employed weekly during 1954.	Maternity.	Acute.	Chronie.	T.B.	Total.	Service to patients.	Travelling.	Sickness.	Holidays.
North-Western		200,380	84,592	54.5	197	131	252	33	613	89.9	2.1	3.0	5.0
Control		. 213,140	10 42,841	64.0	192	293	563	30	1,087	84.3	6.8	4.2	4.7
North-Central		. 200,860	90 24,128	64.5	245	221	498	-17	186	82.4	6.4	6.1	5.1
Southern		. 129,840	125,760	22.4	150	97	122	15	384	89.1	4.8	9.6	3.5
South-Eastern	:	. 103,330	30 22,414	33.7	181	485	178	20	864	88.1	2.4	4.3	5.2
Northern	:	82,650	6,628	39.3	69	89	262	17	416	83.5	5.1	6.5	4.9
South-Western		. 163,300	00 127,026	46.0	203	313	202	9	7507	87.9	4.6	3.4	4.1
North-Eastern		197,470	186,9	141.7	145	133	1,033	63	1,374	85.9	5.1	4.3	4.7
Mid-Eastern	:	94,230	10 6,391	30.3	98	139	183	100	433	88.4	6.2	4.4	4.3
County, 1954	1	1,385,200	00 449,161	496.4	1,468	1,880	3,296	3%	6,879	86.1	4.8	4.4	4.7
County, 1953	:	1,375,500	00 449,161	462.5	1,402	1,903	2,877	4%	6,453	86.2	6.5	4.4	03.0
										-			

Division					Aver	Average weekly number of cases helped.	number of	cases helpe	d.					Average	Average service per case.	r case.				
idea. Maternity. Acute. Chronie. T.B. Total. Figure 10,000 by the control of the chiral proper in the control of the chiral proper in the control of the chiral proper in the chi									Per		Mater	nity.	Acı	ute.	Chr	omic.	T.	T.B.	Te	Total.
11         12         125         21         169         3.6         8.4         28         3.0         19         4.8         10         25.2             12         18         349         5.4         16.4         21         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         11         3.2         2.1         3.0         2.1         3.1         4.1         4.4         14.3         3.0         2.1         3.1         4.1         4.4	Division,		M	aternity.	Acute.	Chronic.	T.B.	Total.	equivalent F/T Home Help employed.		Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours Fer week.	Duration in weeks.	Hours per week.	Deration in weeks.	Hours per week.	Duration in weeks.
12         18         307         12         349         5.4         16.4         21         3.2         11         3.2         11         3.2         11         3.2         11         3.2         16.4         21         16.4         21         16.4         21         16.4         21         16.4         21         16.8         30         21         4.1         6         28.6   <	North-Western		:	п	12	125	23	169	3.0	8.4	90	3.0	19	4.8	10	25.2	19	32.5	13	14.0
10         18         281         9         318         5.0         15.8         30         2.1         13         4.1         6         30.1            9         7         55         6         77         3.5         5.9         27         3.0         21         3.6         27         3.0         21         3.6         14.3         30         26         10         4.4         4.4         14.3         30         2.6         10         4.4         6         25.4               10         145         4.4         14.3         30         2.6         10         4.4         6         25.6             10         45         174         4.5         21.0         24         2.6         7         5.4         8         23.5             6         13         628         3.5         4.8         14.0         28         2.6         10         7.9         8         26.5		:	1	12	18	307	12	349	5.4	16.4	- 21	00	==	3.2	9	28.5	1-	16.5	ţ-	16.3
9         7         55         6         77         3.5         5.9         27         3.0         21         3.6         27         3.6         27         3.6         27         3.6         27         3.6	North-Central	:	:	10	18	281	6	318	6.0	15.8	30	2.1	13	4.1	9	30.1	œ	26.6	1-	17.7
9         39         90         10         148         4.4         14.3         30         2.6         10         4.4         6.4         6.5         2.6         10         4.4         6.5         2.6         10         4.4         16.5         7         21.0         2.6         7         5.4         8         31.1              10         45         106         4         165         3.6         10.1         32         2.4         12         7.3         8         28.5               4         166         3.6         4.4         14.0         28         2.6         11         5.3         7         38.7               4         21         18.4         4.5         15.9         2.6         10         7.9         8         26.5             3.4%         8.2%         83.2%         100%         4.5         15.9         2.6         12         1.0         7.9         8         26.5             3.7%         10.2%			1	6	1-	255	9	77	3.5	6.9	27	3.0	152	3.6	00	22.4	=	20.0	п	10.8
4         8         155         7         174         4.5         21.0         24         2.6         7         5.4         8         31.1              10         45         106         4         165         3.6         10.1         32         2.4         12         7.3         8         28.5              4         13         628         4.8         34.5         29         2.3         11         5.3         7         33.7             4         21         18         4.4         14.0         28         2.6         10         7         33.7              4         21         132         4.4         14.0         28         2.6         10         7         29.2                116         4.5         15.9         2.6         7         29.2	South-Eastern	:	:	6	39	90	10	148	4.4	14.3	30	2.6	10	4.4	9	25.6	=	24.4	6	8.7
6 13 628 35 682 4.8 34.5 29 2.3 11 5.3 7 33.7		:	:	4	00	155	1	174	4.5	21.0	24	2.6	-	5.4	œ	31.1	6	19.0	90	22.6
6 13 628 35 682 4.8 34.5 29 2.3 11 5.3 7 33.7 4 21 96 11 132 4.4 14.0 28 2.6 11 5.3 7 33.7 3.4% 82.% 83.2% 15.2% 100% 4.0 13.6 29 2.6 12 5.0 7 29.2 1.70 10.2% 10.2% 10.0% 6.5% 10.0% 4.0 13.6 20 2.6 12 5.2 8 26.9	South-Western	:	:	10	45	106	7	165	3.6	10.1	322	2.4	03	7.3	00	28.5	==	29.1	=	11.6
4 21 96 11 132 4.4 14.0 28 2.6 10 7.9 8 26.5 75 181 1.843 115 2.214 4.5 15.9 28 2.6 12 5.0 7 29.2 3.4% 83.2% 6.5% 100% 4.0 13.6 29 2.6 12 5.0 7 29.2 3.7% 10.2% 79.6% 6.5% 100%	North-Eastern		:	9	13	628	999	682	4.8	34.5	239	60	11	5.3	1-	33.7	6	30.1	90	25.3
75 181 1,843 115 2,214 4.5 15.9 28 2.6 12 5.0 7 29.2 70 191 1,484 121 1,866 4.0 13.6 29 2.6 12 5.6 8.2 8 26.9 8 26.9	Mid-Eastern		:	4	21	96	=	132	4.4	14.0	28	2.6	10	7.9	00	26.5	10	21.3	6	15.8
70 191 1,484 121 1,866 4.0 13.6 29 2.6 12 5.2 8 26.9 10.2% 10.2% 6.5% 100%	County, 1954			7.5	1	1,843	5.2%	2,214	4.5	15.9	28	2.6	12	5.0	1-	29.3	11	25.5	8.6	16.7
	County, 1953	1		100		1,484	6.5%	1,866	4.0	13.6	39	5.6	22	5.2	00	26.9	120	23.3	6	15.0

#### 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 1954 the Sub-Committee met on seven occasions.

### (b) STAFFING.

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

There are seven Occupation and Training Centres in the County. 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 279 to 307.

#### (c) Co-ordination with Regional Hospital Board.

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 increased. No real difficulty is, however, found in placing really urgent cases.

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

There are now nineteen Psychiatric out-patient clinics and mental deficiency clinics in the County under arrangements made by the Regional Hospital Board.

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

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

The domiciliary visitation of the mentally ill and defective in the community rests with the Authorised Officers and Health Visitors. During the year 1,700 visits were made by Duly Authorised Officers and 3,272 visits by Health Visitors. Short term recuperative holidays for patients suffering from mental illness are arranged in suitable cases.

Since July, 1948, 71 persons have been referred to this Authority for after-care, etc., visitation, principally by voluntary associations, and in respect of discharged ex-Service personnel per Ministry of Health Circular 146/48. The subsequent disposition of the cases has been as follows:—

Number Referred.	Admitted to Mental Hospitals.	Eventually obtained employment, further visits not necessary.	Initial visits necessary only.	Visits Resented.	Already known as Defectives.	Died.	Left area.	Outstanding.
MALES. 57	2	20	6	8	4	1	11	5
FEMALES.	2	. 1	5	2	_	2	2	-

Where visitation has ceased the persons concerned are aware to whom they may apply for advice and guidance if such is subsequently needed. Seven of the above cases were referred during the year 1954.

The problem of providing preventive and after-care measures in relation to mental health is at the same time one of the most important and one of the most difficult which a local authority has to face. The difficulties arise from the wide prevalence of mental ill-health throughout the community and from the varying extent and character of the departures from normal mental health. This vast range of actual and potential departures from the mental norm makes it desirable to examine very carefully the machinery which it is possible or desirable to deploy in order to meet these problems. It is neither practicable or desirable to provide a complete cover of specialist workers and it becomes increasingly evident that the ordinary workers in the field of health, such as the health visitor, midwife and domiciliary nurse, should have a sound knowledge of the principles of mental health.

The development of recent views as to the origin (in infancy and early childhood) of most cases of serious mental aberration lends increasing importance to the part to be played in future by the health visitor and the clinic medical officer in the prevention of mental ill-health. Attention is now being given to methods of improving the training in mental health of workers in child welfare centres in order that they may be equipped to advise on minor departures and to recognise the more serious conditions which required specialist treatment.

Psychological difficulties and aberrations coming to notice during school life are dealt with by the existing child guidance centres, which have been developed to a high level of efficiency. The work is carried out from 6 centres and the equivalent of 4 psychiatrists and 6.6 psychiatric social workers is employed. Mental ill-health in later life presents greater difficulties. The nature of the disorder is such that continuity of treatment and after-care is of even greater importance than in the case of physical disease, and it is, no doubt, for this reason that the mental hospitals prefer themselves to employ psychiatric social workers for after-care and following-up of their patients. The result of the division of responsibility for treatment at mental hospitals and psychiatric out-patient clinics on the one hand and domiciliary care and after-care on the other also causes complications since in developing the domiciliary services it is essential to avoid duplication with the hospital services. Moreover, in order that mental health personnel may be employed to the best advantage, it is important to assess carefully the after-care needs of each ex-mental hospital patient individually. There is a serious danger of dissipating resources by following-up cases which do not require after-care and where no good is being accomplished in doing so. It must be remembered also that the primary duty of a local health authority is preventive and that the foundations of much mental ill-health is laid in the early years of life: thus, on the whole it appears that the most profitable use of the local health authority's available resources lies in concentrating on dealing with mental disorder at its early beginnings as previously indicated.

### (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 1954. The total number of cases reported to officers from all sources was 2,945.

after en referred	ey Action quiry or to other ents, etc.	and di-	camined smissed istices.		Order, L. Act.	14 Day Sec. 21,		pati	ent. L.T. Act.	Temp pati Sec. 5, 3	ent,	Sec	y Orders, 17, Act.	by Ju	ified stices, L. Act.
M.	F.	M.	F.	M.	F.	M.	F. 6	M.	F.	M.	F.	M.	F.	M.	F.
230	380	98	71	181	301	3		170	295	32	40	133	193	250	562

In addition, 1,061 voluntary patients were admitted direct from their homes without the assistance of an Authorised Officer, 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 live.

Observation Wards.

Beds in Observation Wards are available at Kingston Hospital (6 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.

Arrangements for admitting defectives to institutions or placing them under guardianship have proceeded satisfactorily. Some hospitals have been most helpful in providing accommodation temporarily to alleviate domestic crises. During the year 58 cases were dealt with in this way.

During 1954, 21 petitions were presented for Orders sending defectives to institutions or placing them under guardianship and Orders were obtained in all these cases. In addition, 53 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. Eight 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 113 on the 31st December, 1953, and 142 at the end of 1954.

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, 1954, and of all new cases coming to the notice of the Council. In addition, it shows how these cases were dealt with:—

(a) Cases ascertained to be defectives "aubject to be dealt with." Action taken on reports by:—  (i) Local Education Authorities on children:—  (i) While at school or liable to attend school  (2) On leaving opeial schools											1	Under age M.		ged 16 an M.	d over F
(1) While at school or liable to attend school	(6	2)			fectives	" subj	ect to	be des	alt with	a." A	etion	at.	i		
(2) On leaving special schools					horities	on chil	ldren	:							
(3) On leaving ordinary schools			(1) While a	at school o	r liable	to atte	nd sel	hool			0.000			-	-
(iii) Other sources							111	***	***	***				6	1
(iii) Other sources													5	- 0	
Total number of cases reported during the year   65   43   30													7		
Disposal of Cases Reported During 1954.	(1	6)	Cases reported	but not r	egarded	as de	fectiv	es "su	bject	to be	dealt				
Disposal of Cases Reported During 1954.	-		with " on any g	ground		***	***	***		***		9	8	16	1
(a) Of the cases ascertained to be defectives "subject to be dealt with" number:  (i) Placed under Statutory Supervision			Total num	ber of case	es report	ted dur	ing th	he year	***	100		65	43	30	3
(a) Of the cases ascertained to be defectives "subject to be dealt with" number:  (i) Placed under Statutory Supervision		Di	sposal of Case	es Reporte	ed Dur	ing 19	954.								
(i) Placed under Garatianship						*		ubject :	to be o	icalt w	ith "				
(ii) Placed under Guardianship (iii) Taken to "Places of Safety"				Canada	0							45	90		,
(iii) Taken to "Places of Safety". (iv) Action not yet taken										***					1
(iv) Admitted to Hospitals												_		_	
(b) Of the cases not ascertained to be defectives "subject to be dealt with " number :-  (i) Placed under Voluntary Supervision			(iv) Admitted t	to Hospita	ls			***					6		
(i) Raced under Voluntary Supervision		4.5				defeat			to be	doolt					
(ii) Action unnecessary	-	0)		tascertain	sa to be	detecti	ves	subject	to be	deart w	ith				
Total						ervision	n	111	***	***	***				1
Total Number of Cases on Register as at 31st December, 1954.			(ii) Action uni	aecessary		***	***	200	***	***	***	2	2	- 6	
(a) Of the cases ascertained to be defectives "subject to be dealt with"  number:—  (i) Under Statutory Supervision			Total		300	***	119	***	***	***	***	65	43	30	- 1
(ii) Under Guardianship			Of the cases as												
(iii) In "Places of Safety "															
(iv) In Hospitals (v) Action not yet taken															
(b) Of the cases not ascertained to be defectives "subject to be dealt with " number:— (i) Under Voluntary Supervision			(ii) Under Gus	ardianship	111	***					***	-	1	13	
(i) Under Voluntary Supervision			(ii) Under Gus (iii) In "Place (iv) In Hospita	ardianship s of Safety als	"				***			197	1	13	6
Total Number of Defectives on Waiting List for Institutional Care at 31st December, 1954.  (a) In urgent need of hospital care:—  (i) "Cot and chair" cases		11	(ii) Under Gus (iii) In "Place (iv) In Hospita (v) Action not	ardianship s of Safety als yet taken								197	1	13	6
. Total Number of Defectives on Waiting List for Institutional Care at 31st December, 1954.  (a) In urgent need of hospital care:—  (i) "Cot and chair" cases	(	b)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not	ardianship s of Safety als yet taken								197	1	13	6
(a) In urgent need of hospital care :—  (i) "Cot and chair" cases	(	6)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:—	ardianship s of Safety als yet taken t ascertain	od to be	defecti					   rith "	197 2	134	713	6
(a) In urgent need of hospital care :—  (i) "Cot and chair" cases	(	8)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:—  (i) Under Vol	ardianship s of Safety als yet taken t ascertain untary Su	od to be	defecti	 ives "	subject	to be	dealt w	::: ::: ::: ::: :::	197 2	1 134 —	13 713 —	6
(i) "Cot and chair" cases			(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total	ardianship s of Safety als yet taken t ascertain untary Su	ed to be	defecti	 ives "	subject	 :: to be	dealt w	::: ::: ::: ::: ::: ::: :::	197 2 13 423	11 134 — 11 318	13 713 713 147 1,095	2 1,0
(ii) Ambulant low grade cases		To	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total	ardianship s of Safety als yet taken t ascertain untary Su	ed to be pervision	defecti n 	 ives "	subject	 :: to be	dealt w	::: ::: ::: ::: ::: ::: :::	197 2 13 423	11 134 — 11 318	13 713 713 147 1,095	2 1,0
(iv) High grade cases		To	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:—  (i) Under Vol  Total  otal Number of In urgent need (i) "Cot and	ardianship s of Safety als yet taken t ascertain untary Su  of Defection of hospits chair "cae	ed to be pervision	defecti n  Waiti	ives "	subject	to be	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decement	13 713 713 147 1,095 ber, 195	20
(b) Not in urgent need of hospital care:—  (i) "Cot and chair" cases		To	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Ambulant	ardianship s of Safety als yet taken t ascertain untary Su  f Defectio of hospita chair "ca low grade	ed to be pervision  ces on Il care :- ses cases	defecti n  Waiti	ives "	subject	to be	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemend	13 713 713 147 1,095 ber, 195	2 1,0
(ii) "Cot and chair" cases		To	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Ambulant (iii) Medium gr	ardianship s of Safety als yet taken t ascertain untary Su  of Defectiv of hospita claw grade rade cases	ed to be pervision  ces on d care :- ses cases	defecti n 	ives " ng L	subject	to be	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemend	13 713 713 147 1,095 ber, 195	2 1,0
(ii) Ambulant low grade cases	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Ambulant (iii) Medium gr (iv) High grad	ardianship s of Safety als yet taken t ascertain untary Su  of Defection of hospita chair "ca- low grade rade cases e cases	ed to be pervision  ces on Il care : ses cases	defecti n 	ives " ng L	subject	to be	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemend	13 713 713 147 1,095 ber, 195	2 1,0
(iii) Medium grade cases	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Ambulant (iii) Medium gr (iv) High grade  Not in urgent re	ardianship s of Safety als yet taken t ascertain untary Su  of Defection of hospita chair "cae low grade rade cases e cases need of hos	ed to be pervision  ces on d care :- ses cases  pital ca	defecti n 	ives " ng L	subject	to be	dealt w	rith"	197 2 13 423 e at 31st	11 318 December 1 2 2 2 -	13 713 713 147 1,095 ber, 195	2 1,0
(iv) High grade cases	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent re (i) "Cot and	ardianship s of Safety als yet taken t ascertain untary Su of Defection of hospita low grade rade cases e cases need of hos chair " case	ed to be pervision  ces on l care :- ses cases  pital ca	defection  Waiti		subject	ito be	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemendary	13 713 713 147 1,095 ber, 195	20 1,00
Of the Cases included in (C) Number Considered Suitable for Occupation and Training Centres Under age 16. Aged 16 and ove M. F. M. 142 105 45  Number of Defectives Actually Receiving Training on 31st December, 1954.	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Ambulant (iii) Medium gr (iv) High grad  Not in urgent r (i) "Cot and (ii) Ambulant (iii) Ambulant (iii) Ambulant (iii) Ambulant (iii) Ambulant (iii) Ambulant	of Defection  of Defection  of Description  of Description  of hospital  chair "cal- claw grade  cases  ecd of hos  chair "cal- low grade  chair "cal- low grade  chair "cal- low grade	ed to be pervision  ces on l care :- ses cases  cupital ca	defection  Waiti	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decement 1 2 2 2 - 14 19	13 713 713 	201,00
Of the Cases included in (C) Number Considered Suitable for Occupation and Training Centres Under age 16. Aged 16 and ove M. F. M. 142 105 45  Number of Defectives Actually Receiving Training on 31st December, 1954.	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:—  (i) Under Vol  Total  otal Number of In urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent r (ii) "Cot and (iii) Modium gr (iii) Modium gr (iii) Modium gr (iii) Modium gr	of Defection  of Defection  of Defection  of hospital  chair "callow grade  rade cases  need of hos  chair "callow grade  rade cases  need of hospital  of hospit	ed to be pervision ones on al care :-ses cases	defecti n  Waiti	ives "	subject	Institution	dealt w	ith"	197 2 13 423 e at 31st	11 318 Decement 1 2 2 2 - 14 19 9	13 713  147 1,095 ber, 195   7	2 1,0
Under age 16. Aged 16 and over M. F. M. 142 105 45  Number of Defectives Actually Receiving Training on 31st December, 1954.	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent need (ii) "Cot and (iii) Ambulant (iii) Medium gr (iv) High grade  Not in urgent need (iii) Ambulant (iii) Medium gr (iv) High grade (iv) High grade (iv) High grade	of Defection of hospital cases e cases e cases e cases e cases	ed to be pervision  ces on d care :- ses cases  spital cases	defection	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemendary 12 22 	13 713 713 	2 1,0
M. F. M. 142 105 45  Number of Defectives Actually Receiving Training on 31st December, 1954.	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent need (ii) "Cot and (iii) Ambulant (iii) Medium gr (iv) High grade  Not in urgent need (iii) Ambulant (iii) Medium gr (iv) High grade (iv) High grade (iv) High grade	of Defection of hospital cases e cases e cases e cases e cases	ed to be pervision  ces on d care :- ses cases  spital cases	defection	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemendary 12 22 	13 713 713 	1,0
Number of Defectives Actually Receiving Training on 31st December, 1954.	(	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Medium gr (iv) High grade Not in urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent need (iii) Medium gr (iv) High grade Total	of hospital cases e cases e cases e cases	ed to be pervision  ces on l care :- ces cases  pital ca ses cases	defection  Waiti	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st	11 318  Decemendary  11 2 2 - 14 19 9 - 47	13 713 713 147 1,095 ber, 195	1,0
Number of Defectives Actually Receiving Training on 31st December, 1954.	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Medium gr (iv) High grade Not in urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent need (iii) Medium gr (iv) High grade Total	of hospital cases e cases e cases e cases	ed to be pervision  ces on l care :- ces cases  pital ca ses cases	defection  Waiti	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st  17 19 12 19 12 49 upation e	11 318 Decemend 1 2 2 2 - 14 19 9 - 47 and Troe 16. Ap	13 713 713 7147 1,095 ber, 195	2/ 1,00 4.
	). (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Medium gr (iv) High grade Not in urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent need (iii) Medium gr (iv) High grade Total	of hospital cases e cases e cases e cases	ed to be pervision  ces on l care :- ces cases  pital ca ses cases	defection  Waiti	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemend 1 2 2 2 - 47 and Troe 16. As F.	13 713 713 7147 1,095 ber, 195	entre
	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Medium gr (iv) High grade Not in urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent need (iii) Medium gr (iv) High grade Total	of hospital cases e cases e cases e cases	ed to be pervision  ces on l care :- ces cases  pital ca ses cases	defection  Waiti	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemend 1 2 2 2 - 47 and Troe 16. As F.	13 713 713 7147 1,095 ber, 195	2/ 1,00 4.
	. (	To(a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not Of the cases not number:— (i) Under Vol Total  otal Number of In urgent need (i) "Cot and (ii) Medium gr (iv) High grade Not in urgent need (ii) "Cot and (iii) Medium gr (iv) High grade Not in urgent need (iii) Medium gr (iv) High grade Total	of hospital cases e cases e cases e cases	ed to be pervision  ces on l care :- ces cases  pital ca ses cases	defection  Waiti	ives "	subject	Institution	dealt w	rith"	197 2 13 423 e at 31st	11 318 Decemend 1 2 2 2 - 47 and Troe 16. As F.	13 713 713 7147 1,095 ber, 195	2/ 1,00 4.
	(	Too (a)	(ii) Under Gus (iii) In "Place (iv) In Hospits (v) Action not number:— (i) Under Vol Total  otal Number of In urgent need (ii) "Cot and (iii) Ambulant (iii) Medium gr (iv) High grade Not in urgent r (ii) "Cot and (iii) Ambulant (iii) Modium gr (iv) High grade Total  the Cases ince	ardianships of Safety als	ed to be pervision	defection	ives "	subject	Institution of Suite	dealt w	ith"	197 2 13 423 e at 31st  1 17 19 12 2 49 upation e Under ag M. 142	11 318  Decement 1 2 2 2 47  14 19 9 — 47  and Trace 16. As F. 105	13 713 713 7147 1,095 ber, 195	1,0 4.

G. Number of Mental Defectives who were in Institutions, under Community Care or in "Places of Safety" on 1st January, 1954, who Ceased to be under any of these Forms of Care During 1954.

												M.	F.	T.
(a)	Ceased to be u	nder	care	***	*11	200		***	4440	1000	***	17	22	39
(b)	Died, removed	from	area,	or lost	sight of		***	***	***	***		36	38	74
	Total	***					***			222		53	60	113

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

(a) Number who gave birth to children while unmarried during 1954	***	***		2
			M.	F.
(b) Number who married during 1954			3	3

- J. During 1954, Five Cases were Referred Back to the Local Education Authority as being Educable. They were dealt with as follow:—
  - (a) Boy (aged 8) now having private tuition at home.
  - (b) Boy (aged 7) admitted to residential special school (E.S.N.).
  - (c) Girl (aged 9) now attending day special school for physically handicapped pupils.
  - (d) Boy (aged 10) admitted to residential special school (E.S.N.).
  - (e) Girl (aged 5) is in County Council Children's Home awaiting vacancy in residential special school for physically handicapped pupils.

# (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.

Through the kind co-operation of the Medical Superintendent of The Royal Earlswood Institution up to 12 defectives from the Horley, 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 each of the Surrey Centres during the year and their reports on the whole were satisfactory.

Investigation was made of the need for a Centre in the Southern Division of the County and as a result the Committee decided to open a small Centre in Reigate or Redhill when suitable premises have been found. This Centre will, of course, include the patients who are at present attending daily at the Royal Earlswood Institution.

#### 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 the 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 1954 was 2,457 compared with 2,345 as at the end of 1953.

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, 1954.

	Ago	Grou			New Cas	SES REGISTERE YEAR.	D DURING	Total	REGISTERED BLIND PERSONS.		
	Mgo	Grou	p.		Male.	Female.	Total.	Male.	Female.	Total	
Under	1				_	_	_	_	_	-	
1	***	100	***		2	-	2	1	_	1	
2						9	2	1	-	1	
3		***	***			_		1	3	4	
4						_		2	2	4	
5-10					-	1	1	19	14	33	
11-15			***		-			5	9	14	
16-20					1	-	1	13	10	23	
21-30					2	1	3	44	33	77	
31-39					1	2	3	58	42	100	
40-49					4	11	15	115	9.5	210	
50-59					6	9	15	135	133	268	
60-64					10	11	21	70	104	174	
6569				0.03	5	20	25	93	130	223	
70 and		***	***	223	61	147	208	427	898	1,325	
Unknov		***	114	***	-	7000			10000		
CHKHOY	WII			***		_	-		_	-	
					92	204	296	984	1,473	2,457	

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 296 as compared with 236 at the end of 1953 (89 were registered during the year). These persons 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 441 forms were received and the following table is a summary of the number of cases in which forms show that treatment—medical, surgical or optical—is required.

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

				Cause of Disabi	lity	
(I) Number of cases registered during the year of which the Form BD8 recommends:—	in re	spect	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	***		38	22	1	127
(b) Treatment (Medical, Surgical or Optical)		***	39	21	-	48
(II) Number of cases at (I) (b) above which on	follo	w-up				
action have received treatment	***	***	24	16	77	35
(B) Ophthalmia Neonatorum.						
(I) Total number of cases notified during the year	ır	***		10		
(II) Number of cases in which :						
(a) Vision lost.				_		
(b) Vision impaired.				-		
(c) Treatment continuing at end of year	r.			-		

Cataract continues to be one of the commonest causes of blindness in old people and, in many cases, is remediable by operation, but 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 fear an 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 which results in 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 no staff changes during the year, there still being ten certificated Home Teachers for the Blind whose duties include visiting the blind persons in their homes, tuition in reading and writing embossed type, handicrafts, and assisting them to overcome the handicap of blindness. Seven Home Teachers hold handicraft classes weekly or fortnightly and all 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, Richmond, Surbiton, Sutton and Wimbledon. There are two Evening Clubs—one at Surbiton and one at Wimbledon—which provide a meeting place and entertainment for 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 10 children under school age 3 are maintained in Sunshine Homes by the County Council and, of the 47 blind children of school age in the County 23 attend Schools for the Blind, 6 are not at school and 18 are ineducable on account of other defects, 2 being in Mental Hospitals, 9 in Mental Deficiency Institutions, and 7 are at home.

#### Employment.

During the year the Placement Service in connection with the employment of Blind Persons in open industry has developed and details are given below of the action taken in connection with blind and certain partially sighted persons between the ages of 16 and 59 years. The placements are the result of co-operation between the County Council, the Royal National Institute for the Blind (to whom the County Council pays a capitation fee) and the Ministry of Labour.

#### Placement.

The number of placements made in Surrey during the year 1st January, 1954, to 31st December, 1954, was 23. In addition, there were 13 replacements, making a total of 36. Blind persons interviewed for the first time numbered 30. Those considered suitable for unsheltered employment were 17 and in his search for employment the Placement Officer of the Royal National Institute for the Blind paid 303 visits to firms. There were also 204 follow-up and service calls on blind persons, and 98 visits to offices of the Ministry of Labour and National Service.

During the year 7 persons were trained at the Engineering Training Centre at Letchworth and 7 persons at the Royal National Institute for the Blind Commercial College at Pembridge Place. Of the latter one person was trained for Shorthand Typing, one for Recorder Typing and 5 for Telephony. One person was in training at the end of the year, 10 blind persons took the Course of Industrial Rehabilitation at Torquay—the cost of which was borne by the Ministry of Labour.

There are at present 16 blind persons employed in Workshops for the Blind, 58 engaged in work under the Home Workers' Scheme and 238 persons employed in a variety of "open" trades and professions—19 of these being Physiotherapists. 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 the Royal National Institute for the Blind in respect of the supervision of Home Workers, Physiotherapists and, as mentioned previously, for the Placement Service.

#### (iv) Surrey Voluntary Association for the Blind.

Co-operation between the County Council and the Surrey Voluntary Association for the Blind continues, the Honorary Secretary of the Association being in charge of the Blind Welfare Section of the County Health Department.

During the year the Association has continued its policy of assisting blind persons by way of miscellaneous grants having expended £845 on holiday grants, £500 on grant for miscellaneous purposes, £514 on the maintenance of wireless sets and £1,062 on materials for handicraft purposes. A considerable part of the latter sum is recovered by the sale of the articles made by the blind at Sales of Works, but it is gratifying to realise that this heavy expenditure represents an increase in the work being done by the blind people. Charity Pensions payable to certain blind persons are administered by the Association and financial assistance is accorded to certain Local Committees who organise the Social activities and Summer Outings. The two Hostels ("Camden House," East Molesey, and "Walden" at Surbiton) continue to provide accommodation for blind persons who are able-bodied and reluctant to enter Blind Residential Homes and Part (iii) accommodation and during the past year several newly married blind persons have taken up residence in the Hostels where they appear to be very happy. Several of these couples go out to work and are very appreciative of the services provided at the Hostels which they would not be able to enjoy in privately owned flatlets.

# (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 has recently increased its 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 eight nursing homes. Two were homes first registered during the year. On the 31st December, 1954, there remained 65 registered nursing homes and 12 exempted homes.

# NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The County Council as local health authority are responsible for the registration and supervision of certain nurseries and of persons who for reward receive children into their houses to look after them. At the end of the year 1954 the following number of premises and of persons had been registered:—

		Number registered at 31.12.1954.	Number of children provided for.
Premises	 	 23	517
Daily Minders	 	 88	880

### 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 1954 and reported to the Rivers and Streams Committee, who in each case advised the Council to give the recommendation asked for:—

	Auth	ority.				Scheme.		Estimated Cost. £
Dorking an	d Horley	R.D.C.				ge—Abinger Hamme lwood and Horley	er, Cape	
Guildford F	R.D.C.				Sewera	ge—Ash and Tongh	am .	41,265
. ,,	"				,,	—Ash Vale		130,480
**	,,				,,	—Tillingbourne V	alley .	197,760 (in lieu of £164,755 submitted in 1948)
Hambledon	R.D.C.			***	21	—Ewhurst		45,544
,,	23		***		11	—Alford		8,896
"	,,	***			**	—Milford and Wi	tley .	50,000 (in lieu of £20,500 submitted in 1951 for part of scheme)

The Council informed the District Councils concerned that they had no observations to offer on the following schemes:—

Authorit			Scheme. Estimate Cost.						
Chertsey U.D.C	 	***	Sewerage—Lyne				20,100		
Hambledon R.D.C.	 		,, —Elstead				59,700		

# REFUSE DISPOSAL.

No new applications for the depositing of refuse under Section 94 of the Surrey County Council Act, 1931, were received during the year, but seven renewals were granted. The total number of approved refuse dumps in the County is eleven, and all are conducted satisfactorily. In two cases the depositing of refuse ceased.

#### 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, 1953, was sixteen.

During the year 1954 three new pasteuriser's licences were granted and two licensees ceased pasteurising milk. Two establishments passed over to the control of the Richmond Borough Council, as the Council of this Borough became a Food and Drugs Authority with effect from the 1st April, 1954. The total number of pasteuriser's licences in force on the 31st December, 1954, was, therefore, fifteen.

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 :-

			Pasteurised.	Tuberculin-Tested (Pasteurised).
No. of Milk Samples taken	 		 599	150
Failed Phosphatase test only	 		 15	5
Failed Methylene Blue test only	 	***	 18	2
Failed both tests	 		 1	-

### (b) Tubercle Infected Milk.

During the year eight reports of samples of milk, which on biological examination had been found to be infected with the tubercle bacillus, were received; this is three less than the previous year. (Two of these were referred from the London County Council as the milk had been produced in Surrey, but in one case notification of infection was also reported by the District Council.)

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 1954 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			524	_	-
Accredited		***	37	1	2.70
Undesignated			198	6	3.03
Heat Treated—					
Pasteurised			9	-	-
Other	***		-	_	-

# (c) "Specified Areas."

As was foreshadowed in my report for 1953 the whole of the Administrative County became a "Specified Area" for the purpose of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953, on the 1st October, 1954. Thereafter it became necessary in Surrey for all sales of milk by retail for human consumption and catering sales to be of a special designation, i.e., pasteurised, sterilised or tuberculin tested.

On and after the above-mentioned date "accredited" ceased to be an approved special designation for the purposes of the Regulations and dairymen retailing accredited milk in specified areas or supplying caterers with accredited milk in such areas which had previously been permitted were required instead to sell or supply pasteurised, sterilised or tuberculin tested milk.

On and after the 1st October, 1954, it also became necessary for every container (whether churn, can or bottle) in which pasteurised milk is transported, exposed or offered for sale to be fitted with a cap or cover overlapping the lip of the container or closed or fastened in some other suitable manner approved by the licensing authority. The effect of this is that pasteurisers must now put the milk into the containers in which it is to be delivered to the customer (whether householder, caterer or

other consumer) as soon as possible after pasteurising. Retailers will no longer be allowed to buy pasteurised milk in bulk and bottle it themselves for their customers, but must in future purchase from their suppliers pre-packed pasteurised milk in bottles, cans or churns sealed by the pasteuriser and containing the quantity of pasteurised milk required by their customers.

#### 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.

At the commencement of the period under review, the County Council was the Food and Drugs Authority for nineteen of the thirty-three County Districts in the Administrative County, but as from 1st April, 1954, three of these districts (the Boroughs of Richmond and Epsom & Ewell and the Urban District of Woking) became, as the result of the census, effective autonomous authorities.

The following table gives particulars of samples taken within the Council's Food and Drugs Area in 1954 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1953 and 1952 are also given:—

				M	IIk.		Food than		Dr	ngs.		Tot	als.	
	Year.	Estimated population.	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.
1954		 447,880*	1,206	53	2.49*	4.39	276	22	22	3	1,504	78	2.88*	5.18
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

<sup>\*</sup> Allowing for the reduction in the Council's Food and Drugs Area from 1st April, 1954.

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.

The results of sampling are much the same as in the preceding year; altogether 81 varieties of food and 15 different drugs were sampled. It was considered necessary to institute proceedings in only one case: this related to 3 samples of milk containing added water sold by a dairy farmer to a retailer from whom a sample of milk similarly adulterated had previously been procured. Appropriate administrative action was taken in each case when necessary where a sample showed an irregularity.

Only one new food standard was prescribed during the year; it was for margarine, following the de-rationing of that article and butter. As from 16th May, 1954, all margarine on sale by retail was required to contain both Vitamin A and Vitamin D within prescribed ranges. The Vitamin A content was roughly equivalent to that of butter and the Vitamin D content remained much the same as under control previously. As no Public Analysts have the means of determining the amount of Vitamin D in a food product, the Ministry of Food agreed with the manufacturers that the vitamins should be added to margarine in the form of a master mix in fixed ratio.

Three examples of unsound food were brought to notice during the year and, as usual in such cases, the Chief Sanitary Inspector of the county district concerned was advised.

# THE SCHOOL HEALTH SERVICE.

#### AREA AND POPULATION.

The Council is 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 1954 was 1,385,200 which includes 201,700 children between the ages of 5-14 years inclusive. In January, 1955 there were 171,150 children on the registers of 647 county and voluntary schools, an increase of 5,586 in the number of children on the school registers compared with January, 1954.

#### 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 71,470 and 42,430 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 routine testing of hearing by gramophone audiometer continued during the year and children aged 7 to 11 years in the north central, northern and north west divisions were tested. The findings are given below.

An extension of this service, which has proved of great benefit, is contemplated next year when it is proposed that all children aged 8 and 11 years in county schools will be tested and, if necessary, investigated for loss of hearing or other otological conditions.

							Division.		1
						N.C.	N.	N.W.	Total
		children tested				4,271	3,715	10,138	18,124
2)		children who failed test in one or b		ars and i		242 (5.7%)	216 (5.8%)	402 (4.0%)	860 (4.7%)
3)	Result	t of investigations by Assistant Med	lical C	Officers :-	_				1
	(a)	No appreciable hearing loss on clin.	ical ex	caminati	on	35	51	53	139
	(6)	History of otitis media				25	37	34	96
	(c)	Wax in external audiotory meatus				45	45	30	120
	(d)	Catarrhal conditions, etc				46	41	50	137
	(e)	No local cause found for deafness				31	5	16	52
	(f)	Unhealthy tonsils				18	9	8	35
	(g)	Mental retardation			***	Anna .	11	9	20
	(h)	Miscellaneous causes				41	1	7	49
	(i)	Untraced or left district				1	5	4	10
	(j)	Referred to general practitioners or							
	-	ments				_	10	190	200
	(k)	Already supplied with hearing aids				-	1	1	2
						242	216	402	860
		en referred to specialists for investig				27	36	3	66
()		l educational treatment recommende	ed in s	elected o	:8888:-			-	
	(a)	Favourable position in class			***	1	8	-	9
	(b)	Hearing aid provided			***	-		-	-
	(c)	Lip reading instruction			***	-	-	-	-

#### DISEASES AND DEFECTS.

#### (a) Incidence.

Of the 71,470 pupils examined at periodic medical inspections 9,785 (or 13.7 per cent.) were found to be in need of treatment for 11,038 diseases and defects. Table II shows these diseases and defects from which it will be seen that 45.6 per cent. of them were defects of the nose and throat and of vision and squint. During the year 872 cases of chronic tonsilitis and adenoids were recommended for treatment and 4,308 placed under observation following the medical inspection of the four age groups during 1954.

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

During 1954 school medical officers carried out 16,363 special inspections and 20,119 re-inspections of children while 14,287 visits were paid by health visitors to the homes of the children for all purposes. An analysis of these is given on page 67.

There were 21,746 defects found to be in need of treatment in the course of periodic and special inspections in 1954, and 22,664 defects a proportion of which were found in previous years, were actually treated during the year.

### (c) Malnutrition.

The Ministry of Education recognises three categories relating to the general condition of a child, viz.: A—good, B—fair, C—poor. Where the general condition is shown as A, it is considered to be better than normal, where shown as B, normal or "fair," and C, as being below normal or "poor."

The number and percentage of children placed in each of these three categories for each age group examined during 1954 are given in table IIB.

### (d) Examination and cleansing of infested pupils.

The health visitors inspect all children in schools at the beginning of each term for cleanliness and encourage and help mothers to deal with verminous conditions in their own homes. When a child is found to have pediculosis capitis the parent is supplied with a parasiticidal hair emulsion and a fine toothed steel comb with instructions as to their correct use. As pediculosis infestation can now be quickly brought under control the health visitor may use her discretion in very slight degrees of infestation as to whether she excludes the child from school, but apart from this verminous children must be excluded. Each case is followed up by the health visitor and when the pediculosis proves persistent arrangements are made for the child to be cleansed by the health visitor at the school clinic or at one of the cleansing stations provided by the County District Authorities.

During the year 1954 the health visitors reported 1,157 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1950-1954 are given below:—

						1950	1951	1952	1953	1954
Number of vi	sits to S	chools b	y nu	rees for	all	14,742	13,672	14,874	14,174	13,387
Cases with nit	s in the	hair				6,827	4,130	3,721	2,341	2,178
Cases with lie	e in the	hair				466	240	283	220	179
Cases with ve	rminous	bodies		***		10	17	11	3	12
Exclusions— 1st Time						642	513	367	264	363
and Time	***			***		114	111	68	42	67
rd Time						26	66	29	7	38

Only one case of neglect to give proper attention to dirty or verminous conditions was referred to the National Society for the Prevention of Cruelty to Children. Following visits by the Society's Inspector, the case improved and treatment was obtained.

In the course of the year 28 children with dirty heads were cleansed at cleansing stations. This was a considerable reduction on the previous year when 54 children were cleansed.

#### 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 1954 was 10,809; the corresponding figure in 1953 was 11,174.

# (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 73 and in Table V.

# (d) Orthopædic and Postural Defects.

Three clinics staffed by sessionally employed orthopædic 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 337 children made 468 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:—

#### REMEDIAL TREATMENT CLINICS.

	Centre				Phon	17,419	No. of Sessions During Year.	No. of New Cases Admitted.	No. of Cases Discharged
NORTH WESTERN	Byfleet						35	10	10
	Camberley						73	54	38
	Chantman					***	35	17	21
	Dalama		***				78	63	63
	Hersham		***				37	22	26
	N II						38	33	39
	337 - 14						26	27	34
CENTRAL	W						43	30	13
	Th. 17				-111		47	63	60.
	Leatherhead						134	103	66
	North Chean	n		***	***		95	86	83
	Sutton						91	54	58
SOUTHERN	Horley		***		***		36	17	28
	Outed				***	200	80	31	31
	Delegate						72	72	91
SOUTH EASTERN	Charles	***				111	81	71	71
	Thursday				***		192	120	145
NORTHERN	Dames	***	***				49	26	7
	Ham						49	35	11
	Richmond, V	Vindi					45	57	24
	Richmond, 8	heen	Road				44	36	14
SOUTH WESTERN							34	21	34
	FR						35	21	22
	44						36	15	22
	24 3 3 7				***	2.	35	29	23
	Guildford, St						85	60	96
	Guildford, St				***		83	41	83
	-				***		35	29	23
	Shalford Sch						21	17	12
NORTH EASTERN	Wimbledon				***		85	35	18
MID-EASTERN	CT 1 10						288	67	52
	777 777						254	205	223

### (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 1954, 562 children made 6,076 attendances at artificial sunlight treatment clinics held at Cheam, Leatherhead, Mitcham, Sutton and Wallington.

# (g) Health Visitors.

The work of the health visitors embraces all aspects of the school health service in the schools, in the clinics and in the pupils' homes. Children with physical or mental handicaps may, in certain circumstances, be provided with special educational treatment from the age of two years, and in such cases unless care were taken, there would be a danger of an overlap of the maternity and child welfare service with the school health service. In practice, however, no such overlap exists as the health visitors cover both fields. Indeed the two services are so integrated that when the normal child commences school at five years of age the change from one service to the other is purely an administrative one, an arrangement which does much to foster the confidence of both children and parents.

The health visitor's duties under the school health service mainly consist of following up in the homes of children found to have defects at medical inspections at school clinics and routine medical and hygiene inspections at schools. An analysis of the work of the health visitors during the year 1954 is given in the following tables :-

#### A. HOME VISITS.

		Infectious or contagious disease,	Verminous or uncleanliness.	T. and Obs.	E.S.N.	Absent from school Clothing Problem.	Ineffectual.	Miscellaneous.	Total Visits
N.W.		477	148	1,219	189	47	343	539	2,962
C		240	90	541	188	14	194	488	1,755
N.C.	444	108	176	885	103	11	162	385	1,830
8		886	52	444	117	48	75	660	2,282
S.E.	***	96	36	278	33	32	15	113	603
N	***	52	30	207	106	12	99	59	488
8.W.		400	249	807	193	60	156	408	2,348
N.E.	***	80	92	569	81		145	311	1,278
M.E.	***	113	96	308	70	-	92	62	741
TOTAL		2,527	969	5,258	1,080	224	1,204	3,025	14,287

### B. FIXED APPOINTMENTS.

D	vision.	ion. M.I.		M.I. G.M.C.		Eye.	Other.	Total Fixt.	
N.W. C. N.C.			526 385 527	482 292 560	418 369 397	199 134 195	165 387 375	1,790 1,567 2,054	
8. 8.E. N.			439 252 227	330 106 519	304 128 121	139 104 79	151 173 104	1,363 763 1,050	
S.W. N.E. M.E.			539 896 308	361 524 387	354 271 182	255 194 44	246	1,755 1,885 1,123	
Тот.	AL.	***	4,099	3,561	2,544	1,343	1,803	13,350	

#### HANDICAPPED PUPILS.

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

Blind.

Epileptic.

Partially sighted.

Maladjusted.

Deaf.

Physically handicapped.

Partially deaf.

Delicate.

Educationally subnormal.

Speech defect.

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. The blind and the deaf must be educated in special schools unless the Minister approves otherwise, but many children in the other categories can receive appropriate education in the ordinary schools if suitable special provision is made.

The provision of special educational treatment for handicapped pupils in special schools and hostels was again increased during the year. At the end of 1954, 1,297 Surrey pupils were attending special schools compared with 1,184 at the end of 1953.

In May of 1954 the provision made by the Education Committee for handicapped pupils was increased by three further special schools. The Carew Manor Day Special School, Church Road, Beddington, and the St. Philip's Day Special School, Leatherhead Road, Chessington (age range 7-16 years) accepted initially 60 and 40 pupils respectively. It is hoped that within the next twelve months the full accommodation of 120 and 100 places will become available and be filled. In addition the Nutfield Priory Boarding Special School for the Deaf at Nutfield, Redhill, opened with 30 pupils. It is eventually hoped to accommodate 80 children between the ages of 12 and 16 years.

The Committee have recently approved, in conjunction with the Berkshire and Hampshire Local Education Authorities, a scheme whereby in future, and for a trial period in the first instance, the Portley House Boarding Special School at Caterham will accept only children of junior school age (instead of the present age range of 4½-5 years to 11+ years). Twenty extra places will become available during 1955. The Berkshire Education Committee's Donnington Lodge School at Newbury, Berks, accommodating 80 children is to accept nursery and infant Surrey deaf children who with certain other children on reaching junior school age will be transferred to the Portley House School. The remaining children at Donnington Lodge School on reaching junior school age will be transferred to the Hampshire Education Committee's St. Thomas' School for the Deaf at Basingstoke. It is then intended that the children from both the Portley House and St. Thomas' Schools shall be transferred on attaining secondary age, 12 years, to the Education Committee's Nutfield Priory Boarding Special School where they will remain until reaching school leaving age. This scheme will enable the children at the Portley House School who will be of junior age range only, instead of the present infant and junior range, to be more precisely graded, thus assisting in more effective classification and teaching.

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

Educationally Sub-Normal.			1	Accommodation.	Age Range.
				60 girls	5-16
Gosden House Boarding School, Bramley	***		***	20 boys	5-10
				[20 mixed (day	)
St. Nicholas Boarding School, Redhill				100 boys	10-16
St. Micholas Doutting Delivor, Ivalini	***			20 boys (day)	
Carew Manor Day School, Wallington				77 mixed	7—16
				(eventually 120)	
St. Christopher's Day School, Mitcham				110 mixed	7—16
St. Philip's Day School, Chessington	***			46 mixed	7-16
				(eventually 100)	
The Mansion, Leatherhead (Special class)			***	15 mixed	8-13
D.F					
Delicate.					
Limpsfield Grange Boarding School, Limpsfi	eld			30 mixed	
				(eventually 60) girls	5—16
				boys	5-10
Sunnydown Boarding School, Guildford	***			40 boys	10-16
Bedelsford Day School, Kingston-upon-Thar				72 mixed	5—16
Dedeistord Day School, Kingston-upon-That	Hes	***	***	(including spasti	
				unit)	
Deaf.					
Portley House Boarding School, Caterham				20 mixed	7-11
				(eventually 40)	
Nutfield Priory School, Nutfield				34 mixed	12-16
				(eventually 80)	
Maladjusted.					
				0 1 1	11 15
Starhurst Hostel, Dorking	***	***	***	25 boys	11—15
Thornchase, Grove Road, Merrow, Guildford			***	20 mixed	- 1-
				girls boys	5—15 5—10
Constant Calculate Description				ooys	0-10
Special Schools in Hospitals.					

Special Schools in Hospitals.

Queen Mary's Hospital, Carshalton. Rowley Bristow Orthopaedic Hospital, Pyrford, Woking.

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, 1954, with comparative figures for 1953:—

Ca					1953 .		1954			
Ca	tegory.				Boys.	Girls.	Total.	Boys.	Girls.	Total
Blind	***				8	16	24	6	14	20
Partially sighted	200				25	15	40	29	21	50
Deaf				111	61	47	108	62	41	103
Partially deaf					14	11	25	15	14	29
Delicate	***				129	103	232	131	72	203
Educationally sub-					263	174	437	339	218	557
Epileptic	***				16	10	26	13	7	20
Maladjusted					100	24	124	108	22	130
Physically handica		***	***	***	87	78	165	100	81	181
Speech defect				***	1	2	3	2	2	4
Total		***		111	704	480	1,184	805	492	1,297

Of the 1,297 children, 678 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.

#### Convalescent Treatment.

There were 195 children admitted to convalescent homes during the year, a considerable reduction on the previous year when the number was 252. The normal period of stay varies from two to four weeks.

## SPECIAL FORMS OF TREATMENT.

## (a) Child Guidance.

The clinic at Sutton was restored to full-time during the year whilst the Guildford, Malden, Reigate, Wimbledon and Woking clinics continued as before at six sessions a week.

The number of new cases referred during 1954 to child guidance clinics was almost identical with the previous year but most clinics managed to see rather a greater number of referrals than last year, selecting those children who were in more urgent need of treatment. This resulted in a shorter overall waiting list although the number of cases under supervision, as distinct from intensive treatment, increased.

The importance of referral of children at an early age continues to be stressed by the medical directors of the clinics. To give one example, five children of superior ability referred to the Sutton clinic at ages of 10 and 11 years because of poor school work were found to be many years retarded in reading. These children, whose general level of intelligence was such that they would be capable of benefiting greatly by grammar school education, were handicapped in the 11 plus examination because help was sought too late in their primary school career.

The Committee's two hostels for maladjusted children continued to do good work throughout the year and in the majority of cases the response to a stable and happy environment, and sympathetic and consistent handling, resulted in a marked diminution of the children's symptoms. Starhurst hostel which admits older boys was fully occupied throughout the year but staffing difficulties at Thornchace hostel, admitting girls and young boys, necessitated limiting the intake 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	Malden	Reigate	Sutton	Wimbledon	Woking	Total
No. of Cases Referred during Year	142	139	100	164	89	63	697
No. of New Cases seen	127	95	96	133	88	- 51	590
No. of Cases Discharged	85	86	58	58	59	32	378
(a) Treatment Completed	33	29	29	20	9	18	138
(b) No Treatment Required	18	43	4	24	22	6	120
(c) Non Co-operation of Parents	3	4	6	5	5	_	23
(d) Other Arrangements Made	31	10	19	9	23	8	100
No. of Cases Under Treatment at End of Year	58	33	29	62	37	22	241
No. of Cases Under Supervision at End of Year	143	93	167	71	112	4	590
No. of Cases Withdrawn from Waiting List During Year	21	27	11	66	2	12	139
No. of Cases Remaining on Waiting List at End of Year	40	63	11	57	9	21	201
No. of Interviews by Psychiatrists Analysis :—	1,458	854	1,010	1,429	856	777	6,384
(a) With Children for Examination	123	89	86	149	86	197	730
(b) With Children for Treatment	010	508	663	913	633	503	4.033
(c) With Parents	207	155	236	334	127	29	1,276
(d) With Others	127	102	25	33	10	48	345
No. of Sessions Held :—				-			
(a) Psychiatrists	325	283	349	404	308	291	1,960
(b) Educational Psychologists	310	286	284	425	300	288	1,893
(c) Play Therapist		-	_	203	255	-	544
(d) Psychiatric Social Workers	468	444	468	549	525	468	2,922

#### (b) Speech Defects.

There were 27 Speech Clinics in operation at the end of the year at which a total of 89½ treatment sessions were held each week. New clinics were opened during the year at Camberley and Morden and regular sessions were held at Carew Manor, Gosden House, St. Nicholas and St. Philip's Special Schools, and at the Spastic Unit attached to Bedelsford Day Special School. 1,431 individual children were treated during the year compared with 1,269 in 1953, mainly for stammer, lisp and underdeveloped speech. Of these, 222 were discharged as cured, 169 discharged as greatly improved, 115 discharged as showing some improvement and 51 as showing little or no improvement. A table showing the work of the Speech Therapists in 1954 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 1954:—

Dis	case.		Suffering.	Excluded on Suspicion.	Infection at Home.	Total Exclusions
Small Pox			_	_	_	_
Diphtheria			 1	9	13	23
Scarlet Fever			 556	38	165	759
Enteric Fever			 2	-	2	4
Measles			 1,073	4	36	1.113
Whooping Cou	gh	2.11	 1,148	74	59	1,281
German Measle	18		 514	3	7	524
Chicken-pox			 4,917	19	137	5,073
Mumps			 5,382	42	118	5.542
Jaundice			 70		5	75
Other	***		 314	150	71	535
Total	als	***	 13,977	339	613	14,929

#### Contagious Diseases.

	Disease, Suffering.					Excluded on Suspicion.	Total Exclusions	
Ringworm					41	1	42	
Impetigo	***	111	***	***	42 30	_	42	
Scabies	***		111		30		30	
Other	***		***		46	1	42 42 30 47	
	Tota	ds			159	2	161	

#### Tuberculosis in Schools.

During the year twenty-six special investigations were undertaken (nineteen in maintained schools and seven in private schools) as a result of the notification as suffering from tuberculosis of a child or a teacher attending the school. In each case, the parents were informed that a case of tuberculosis among either pupils or staff had occurred and an offer of Mantoux testing with, if necessary, an X-ray examination to follow was made. The great majority of parents accepted the offer. A school medical officer visited the school and Mantoux tested the children and the Mantoux positive children were subsequently X-rayed by arrangement with the Mass Radiography Units or the Chest Clinics.

In all, 3,808 children were Mantoux tested and of these 654 or just over 17 per cent. were found to be Mantoux positive. This is rather higher than the proportion of Mantoux positives in other groups of corresponding age in the county but it is interesting to note that in certain of the schools the proportion of Mantoux positives was very much higher: for example, in one school, 44 out of 94 children tested were positive, in another 35 out of 87.

Either as a direct consequence of these epidemiological investigations or in the course of them, nine cases of active tuberculosis came to light. As an illustration, a brief account of two of the investigations is given herewith:—

- (1) A notification was received on 17th August, 1953, of a case of tuberculosis in a child attending a girls' school (case 1). An investigation was carried out at the school and 75 of her class-mates were Mantoux tested: none of these children was found to have active tuberculosis although 59 of them were Mantoux positive. Subsequently, however, two of the children attending the school but who had not been Mantoux tested were notified on 2nd September and 15th October respectively as suffering from pleural effusion and hilar adenitis (cases 2 and 3). Since neither of these children was infectious no further investigation was done at that time. However, on 26th August, 1954, a further notification of a child from the same school was received (case 4) and it was decided to Mantoux test the entire school. In this survey 279 children were Mantoux tested and 66 were positive: among the latter X-ray investigation brought to light a further case (case 5). The whole school was again Mantoux tested in January, 1955, but no further cases were discovered.
- (2) On 9th September, 1954, a boy attending a private school (138 pupils) in a rural district was notified as suffering from tuberculosis (case 3). An investigation was carried out at the school; of the 87 children who were Mantoux tested, 35 were positive. These children were X-rayed and as a result, one child was after full investigation found to be suffering from active tuberculosis and was notified on 21st December (case 4). Subsequently, in February, 1955, a teacher at the school who had refused to be X-rayed when the investigation was under way, was notified as suffering from tuberculosis (case 2). It transpired that the wife of the teacher had been notified in 1952 when the family were living in another part of the County (case 1). She had been there known to the chest clinic which had endeavoured to follow up the contacts, but her husband had throughout refused X-ray even though she had a positive sputum.

#### 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 1954 are described in the County Medical Officer's annual report.

One case of diphtheria in a school child was notified during the year.

#### PROMOTION OF HEALTH.

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

#### (a) Physical Education and Swimming.

In many ways more progress has been shown in Physical Education during this year than in any year since the end of the war.

 There has been a marked improvement in changing and dressing correctly for physical activities and games.

- Many teachers, particularly in primary schools, have grown more accustomed to changed methods and the new ideas put forward in recent publications of the Ministry of Education, and their enthusiasm for the new work is growing.
- 3. Most schools can claim some improvement in the level of equipment and facilities for the subject. The introduction of climbing apparatus in many primary schools has given a new impetus to the work and should prove an all-round benefit to those children who experiment and work on it regularly. Reports already suggest that there is a noticeable gain in skill, mobility, confidence and ease of movement in such children and that postural defects are rather less common than in previous years.
- 4. Playing areas, both hard surface and grass, have been extended during the year and their quality has been improved. The majority of schools are now reasonably well served for games and sports, and full advantage is being taken of these facilities whenever the weather allows.
- 5. There are, of course, still many schools with little or no indoor accommodation for physical education, and progress at such schools is largely dependent on good weather. As much as possible is being done to help such schools in planning their work and in acquiring the use of outside halls for P.T., dancing and games.
- 6. Many courses for men and women teachers of physical education have, as usual, been organised and run at centres in various parts of the County. There have also been courses for school leavers (girls) in outdoor activities, and specialised courses in games and athletics for coaches in clubs and youth organisations. More courses, especially for men teachers of junior boys, are still much needed, and steps are being taken to meet this need as far as possible in the present educational year.
- 7. The arrangements for swimming over the County and the general standards reached are much the same as in previous years. Many more children, however, are becoming members of swimming clubs both before and after leaving school, and this should soon lead to a noticeable improvement in swimming and life-saving skill.

On the whole the year can be regarded as one showing steady progress.

#### (b) Open Air Education.

(i) Summer Camp.—The Henley Fort camp was opened for 17 weeks from 1st May to 28th August and during this period no serious illness occurred. The following statistics are given for 1954 together with those for the preceding year.

			(3	1953 2nd season)	1954 (33rd season)
Number of children		***		453	445
Number of teachers	***	***		29	28
Number of schools				9	9
Average cost of food per	head 1	per week		15/03d.	16/81d.
Number of weeks				19	17

(ii) Sheephatch Camp School.—Throughout 1954 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, 1954 :-

No. in Attendance.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Pree of Cost
161,175	94,236	4,131	139,326

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

The arrangements for the supply of school milks by local offices of the Ministry of Food in consultation with Area Milk Officers terminated at the end of September when these local offices were closed.

The Chief Supplies Officer invited tenders for the supply of milk to schools in accordance with Ministry of Education Circular 278. The conditions of contract specify that the milk should be pasteurised and all schools are now receiving pasteurised milk.

# FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1954, the Education Committee was responsible for the maintenance and training at residential institutions of 12 handicapped persons over special school leaving age.

#### EMPLOYMENT OF CHILDREN.

During the year 4,385 children were medically examined as to their fitness to take part-time employment and of these only 6 were found to be unfit. The examinations are undertaken by the school medical officers at the clinic nearest to the homes of the applicants and in all 6,397 examinations and re-examinations were carried out for this purpose.

56 licences were applied for during the year for pupils to take part in entertainments. All these children were examined by school medical officers and all were found to be fit.

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1954.

At the end of the year 1954 the staff of dental officers consisted of 31 full-time and 1 part-time salaried officers, and 28 officers on part-time sessional engagement. Their value to the dental services as a whole was the equivalent of 44.9 full-time officers and to the school service alone 41.

Comparing this statement with the opening paragraph of my report for the year 1953, it will be noted that the increase in full-time permanent staff was one only, showing that it is still difficult to find young dental surgeons desiring to accept local authority service as a full-time career.

Table V shows statistics for the year. The conclusions to be drawn from comparison of these figures with those for the previous year are that more children received routine inspection, more were referred for treatment, but fewer were actually treated. Against this it should be noted that there was an increase in the amount of treatment provided, and it follows that the individual child attending the school dental clinic is now receiving a fuller dental attention.

Although, from the evidence of the school service records it would appear that many children in need of treatment remain untreated, this is not so, as a large proportion of these receive the necessary attention outside the service.

It may be assumed with reasonable confidence that any child requiring treatment and whose parents wish him to have treatment is receiving attention, but the fact remains that the school dental service is not providing all of that attention.

In the treatment provided, decreases in general anaesthetics and in the number of deciduous teeth extracted indicate a continuance of the desirable tendency towards conservation.

The work carried out by orthodontists has no definite place in Table V, but appears there among other operations, nor does Table V show the work of the oral hygienist or that of the dental laboratory.

#### Orthodontia.

Two full-time and four part-time officers provide the specialist orthodontic treatment for the school service, while 40 clinic officers carry out a certain amount of orthodontic treatment during routine clinic sessions. An accurate statement of work done under this heading should be available for 1955, but for the year under review a near assessment can be made.

For inspection and treatment specifically orthodontic about 9,500 attendances were made, 1,200 of which were first attendances for treatment. Over the year the number of orthodontic appliances provided was in the region of 2,500.

#### Oral Hygienist.

The duties of the oral hygienist are scaling and polishing of teeth, the application of caries deterrents, and education in oral hygiene by means of instruction to individual patients or talks to groups. During the year a total of 2,471 patients were treated, of which 2,407 were children and a total of 108 hours were devoted to instruction. The instructional side of the hygienist's duty could be developed with advantage. Such development would require the engagement of more hygienists.

#### The County Dental Laboratory.

The staff of dental technicians at the County Laboratory remained as for 1953 at one senior technician in charge with four assistants. The output of work for 1954 showed an all over increase of 737 operations. An analysis of the work done in 1954 in connection with the school dental service is given here:—

Orthodontic Appliances.	Dentures.	Repairs.	Crowns.	Inlays.	Reference Models.	Other Operations e.g. Bite Blocks, Try-ins, etc.
1,566	189	157	30	4	2,004	97

These figures represent 85 per cent. of the total work done at the laboratory.

The services of outside technicians are still being used, the apportionment being about 65 per cent. of the Council's dental mechanics to the County Laboratory and 35 per cent. to outside technicians.

It should be added here that dental officers find more frequent need for dental X-rays, and consideration as to the adequacy of X-ray facilities is becoming necessary.

In conclusion, the demands on the School Dental Service continue to increase consequent on a growing population, a greater public consciousness of the desirability for conservative treatment, the growing interest in orthodontia on the part of the public and the profession: and the limitation on the service continues to be the difficulty in recruiting sufficient dental officers, particularly to the whole time staff: about 50 per cent. of the dental staff at present are temporary and part-time.

D. M. McCLELLAND,

Principal School Dental Officer.

# TABLE I.

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

A .- PERIODIC MEDICAL INSPECTIONS

		A	-Period:	IC MI	EDICAL	INSPE	CTIONS.				
Number of Inspections in th	ie pres	cribed	Groups :	_							
Entrants	***	***	***		***	200	101	444			18,105
Second Age Group	***	***	***	***	444	***	***	***	***		16,989
Third Age Group		***	***	***	***	***		***	***		13,186
			Total		***		***	***	***	***	48,280
Number of other Periodic Inspections											23,190
			Grand	l Tot	al	***	***	***		***	71,470
			ВО	THER	INSPE	CTIONS					
Number of Special Inspection	ns	***	***			+++		***		144	16,363
Number of Re-Inspections	111	***	***	***		***	111		***		20,119
			Total				***				36,482

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.			For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa.	Total individual pupils. (4)
Entrants			146	2,070	2,177
Second Age Group	***		1,037	1,622	2,552
Third Age Group			867	766	1,585
Total (prescribed groups)			2,050	4,458	6,314
Other Periodic Inspections	***	111	1,107	2,525	3,471
Grand Total			3,157	6,983	9,785

TABLE II.

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

								PERIODIC 1	Inspections.	SPECIAL I	NSPECTIONS.
								No. of	Defects.	No. of	Defects.
		De	feet or D	isease.				Requiring treatment.	Requiring observation.	Requiring treatment.	Requiring
			(1)					(2)	(3)	(4)	(5)
Skin Cyes—	*** ***			***		***		686	1,033	1,545	78
	Vision		2					3,157	2,962	2,159	730
	Squint				***			615	780	151	77
	Other			***				285	383	444	87
Cars-		197	1000	2000		1200	-				
(a)	Hearing	3.		***		200		187	496	222	174
	Otitis Me							91	578	72	25
	Other			***	***	***		87	223	256	52
ose or	Throat							1,260	5.519	1,520	467
peech								271	521	276	109
	Glands							243	2,561	79	98
leart a	nd Circula							217	794	71	71
aings								256	1,403	166	111
	mental-			****		***					
	Hernia					***		40	165	20	3
	Other						100	69	635	44	26
rthopa				****			- 200				1 500
	Posture			202				711	1,951	153	86
	Flat foot						- 613	1,059	1,643	159	65
	Other			***				870	2,625	416	216
	System-							7.07			
	Epilepsy			***				35	79	9	12
	Other					111	-	77	301	119	60
	ogical-										
	Developm	ent						128	306	88	29
	Stability							87	634	106	62
Other				***	***			607	1,490	2,633	712
				Total				11,038	27,082	10,708	3,350

B .- Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

	Number of	(Gé	A. ood),	(F	B. air).	C. (Poor).	
Age Groups.	Pupils Inspected.	No.	% of Col. (2).	No.	% of Col. (2).	No.	% of Col. (2).
(1)	(2)	(3)	(4)	(5)	(6)	(7).	(8)
Entrants	18,105	8,429	46.56	9,299	51.36	377	2.08
Second Age Group	16,989	8,543	50.28	8,103	47.70	343	2.02
Third Age Group	13,186	6,261	47.49	6,690	50.73	235	1.78
Other Periodic Inspections .	23,190	10,883	46.93	11,785	50.82	522	2.25
Total	71,470	34,116	47.73	35,877	50.20	1,477	2.07

#### TABLE III.

#### INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised	
	persons	388,765
(ii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	1,157
(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 treat- or under treatment duri year.			
							By the Authority.	Otherwise.		
Ringworm— (i) Scalp	1000		1500				4			
(ii) Body	***	***	***	***	***	***	16			
Scabies				***			16 31	_		
Impetigo				***	***		167	16		
Other skin dis	eases	***	***			***	1,993	246		
		Total		***			2,211	266		

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

						Number of cases dealt wit		
						By the Authority.	Otherwise.	
External and other, and squint Errors of Refraction				f refra	etion 	944 9,970	75 832	
	Total					10,914	907	
Number of pupils fo (a) Prescribed (b) Obtained	r whom	spect	tacles v	vere :		5,963 5,076	347 346	

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

	Number of o	Number of cases treated		
	By the Authority.	Otherwise.		
Received operative treatment:—  (a) for diseases of the ear  (b) for adenoids and chronic tonsillitis  (c) for other nose and throat conditions  Received other forms of treatment	1 100	24 1,591 23 327		
Total	1,189	1,965		

#### GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a)	Number treated as in-patients in hospitals	94	17
		By the Authority.	Otherwise,
(b)	Number treated otherwise, e.g., in clinics or outpatient departments	3,088	1,235

#### GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of o	ases treated.
	In the Authority's Child Guidance Clinics.	Elsewhere,
Number of pupils treated at Child Guidance Clinics	594	20

### GROUP 6 .- SPEECH THERAPY.

	Number of	cases treated.
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	1,431	12

# GROUP 7.—OTHER TREATMENT GIVEN.

					Number of cases treated.		
					By the Authority.	Otherwise.	
	llaneous minor ailm				 5,995	366	
1.	Cervical Glands				 46	48	
2.	Heart and Circula	tion		***	 110	54	
3.	Lungs				 167	156	
4.	Development	***			 31	91	
5.	Nervous System		***		 116	65	
	Total				 6,465	780	

#### TABLE V.

#### DENTAL INSPECTION AND TREATMENT.

	(1)	Number of pup	ils inspec	ted :-					
		(a) Periodic			****			***	115,681
•		(b) Specials			***		***	111	14,657
				Total	(1)				130,338
	(2)	Number found t	to require	treatm	ent				80,172
		Number referre			***				76,334
		Number actual			***	***	111		46,769
	(5)	Attendances ma	ade by pu	ipils fo	r treat	ment	***	***	125,353
	(6)	Half-days devo	ted to :-						
		Inspection			***		***		1,177
		Treatment			***			***	15,881
				Total	(6)				17,0581
	(7)	Fillings :—							
		Permanent	Teeth	***					71,836
		Temporary	Teeth	***			***		14,311
				Total	(7)	***			86,147
	(8)	Number of teet	h filled :-						
		Permanent	Teeth						61,151
		Temporary	Teeth	***	***	***	***		12,953
				Total	(8)	***			74,104
	(9)	Extractions :-							-
	4-1	Permanent	Teeth						8,509
		Temporary						***	40,680
				Total	(9)				49,189
(	10)	Administration	of genera	lanaes	thetics	for ext	raction		21,181
1	11)	Other operation	18:					100	
-	193	Permanent							31,930
		Temporary							12,159
								-	
				Total	(11)	***	***	***	44,089
									-

				79			
	JatoT	3,803	717 714 557 874 297 129	380 51 5 17 36	6 10 10 10 10 10 10 10 10 10 10 10 10 10	115 51 51	358 50 50 64 64
	Gosden House Special School.	20	545 4	01 9 01   -   -	01-  -00	10 + + 01	∞   <del>+</del> 01 −
	St. Micholas Special School.	17.4	1 8 8 1 1	- 01       01	- 100	- + 00	9       01
	.garkoW	305	98 3 3 9 9	0 0 0 1   1	1   101 =	0.0000	in none
	Wimbledon.	173	1,100 80 80 80 80 80 80 80 80 80 80 80 80 8	1 - 10 10 4 3	11 111	2481	co.co
	Walton.	891	582 555 555	1       4   10	00 00 10	00 01 10 00	57 52- 173
	Wallington.	166	12 22 24 25 24	3     12	-	10 0 1 - 01	23 -00:00
	Sutton.	162	126 24 256	2   1 7 40	- ∞	200	∞ + 10 + 10
	Surbiton.	120	0225 882	1 1 1 1 1	01   4	0001-	29
	Blehmond.	177	0 8 5 5 4 1-	1       34 12	11 1	4040	# +010110
	Relgate.	154	3.28 8.4 x	1 2 4 1 1 1 1 2	9	2+8-	= 0101   00
	Purley.	141	20 10 10 10 10 10	E 83 01   -10	9-   9	51 ∞ ≠ 10	51 60 01
	Mortlake.	1 82	11 10 11 11 11 11 11 11 11 11 11 11 11 1	2 7       -	11 111	8   -0	. m
	Morden.	17.	125 8510	1       4 29 12	11 412	41010-	0 0101 01
	Mitcham.	139	224 825	1   1   2   3   1	101 12	∞ ± = 0	2 9   0
,	Malden.	175	128 23 33	51 15 4       1	-   00	2000	Z 401  -
Y. YEAR 1954	Lingfield.	P == 10	10 00 00 m	4 01	10	00	es
EAR	Leatherbead.	94	444 455c	5 1-11		. x 4==	= -
PY.	Spattle Unit.	129	200 =		11-11	1   00	-   -
THERAPY	Kingston.	E #	128 22 22	- 40 o	-    -4	294	6 11
	Hook.	00 01 00 01	552 540	n 91       1		10 10 +-	0
SPEECH AL REPO	.brolbitord.	335	384 880	67 6     67 -	1   100	5850	0, 100-10
SPI	Godalming.	98 00	448 0ss	12   12   12	-	51-1-	1 1 1 16
TEST	Farmbam.	96	21.25 20 au	1 1 1 2 2	11 112	829	12 63 03   03
STATISTI	Epeoen.	162	33 33 10 10	8 4 1 1 1 2 2	- 01014	2001	8   -
00	Hgbsm.	92 10	2918 81 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	5 4 -	[]    ∞	01-410	5 64-61
	.garking.	82	2000 244	B I 02		6.44	2
	Cherteey.	129	5155 25 P	2   22	-	4.61   61	-    -
	Caterbam	103	13 25 13 20 13 20 13	* * -   -   -	-   -	24-13	0 400
	Camberley.	52	150 810 8	1         19	-   -	60 44 63	
	Barnes.	54-	871 21	9 8 1 1 1 1	00	01 00 10 14	4 01   10
	Carew Manor.	10	2  200	4 4           01.	-   01   01	1111	1 1111
	St. Philips.	16	0  00	- 00  -  -	04	1111	1 1111
		11	111 111	1 1 11111	11 111	11111	18:111
		::		1,11,111	11,111	:: 10 may	attion
	Clinies,	No. of Sessions held:— Treatment	Number of Cases:  On Register at beginning of year Added during year Discharged during year Remaining at end of year: Under treatment Awaiting admission To be admitted next year	Defects of Articulation:—  (a) Dyshaha  (b) Rhinolalia:—  (i) Cleft palato  (ii) Nasal obstruction  (c) Cluttering  (d) Idioglossia  (e) Dysarthria	Aphasia Defects of Voice Defective Speech due to : (a) Amentia (b) Deafness Retarded Speech	Analysis of Discharges : Discharges who : Achieved normal speech Were greatly improved Showed some improvement Showed little or no improvement	Cases discharged :— By Clinic Besause of non-co-operation parents Left district Transfer to special schools For other reasons
		No. of Trea Cons	Numb On I Ac Di Rems Ur Avy To		446 6	Analy Disc A W SB SB	Sea 754









