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Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1955

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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 1955. The population of the administrative County at mid-year 1955 is estimated by the Registrar-General to be 1,392,700, an increase over the estimate for the previous year of 7,500. This rate of increase is slightly less than that recorded over the previous three years. The natural excess of births over deaths was 2,742 so that 4,758 of the increase represented an influx of new population. The urban areas of Banstead, Woking, Esher, Chertsey, Leatherhead, and Coulsdon and Purley in particular showed appreciable increases, while Merton and Morden, Mitcham, Surbiton, and Sutton and Cheam were among those districts which showed decreases.

The birth rate remained fairly steady at 13.14 per thousand population as compared with 13.13 last year. 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 13.40, as compared with the birth rate for England and Wales of 15.0. It is interesting to note that the adjusted birth rate of 15.16 relating to the rural parts of the County is markedly higher than that of 13.14 for the urban areas.

The steady fall in the infant mortality rate has become a regular feature of my annual reports, and, although there must be a residue of unavoidable infant deaths, it is difficult to prophesy when that point will be reached. The figure for the present year of 18.08 deaths per thousand live births compares with that of 19.35 for the previous year and with 24.9 for England and Wales. Once again, however, the saving of infant lives has been mainly associated with the later months of the first year, and the resistant neo-natal mortality rate (deaths in the first four weeks) has shown only a little improvement. An attack on this rate is one of the important undertakings of the future, and is largely associated with improved ante-natal care and good midwifery. It is hoped that the discussions recently initiated by the Ministry of Health between the three branches of the National Health Service with the object of improving ante-natal care, will help considerably in this direction.

The death rate is higher this year compared with last (11.17 compared with 10.96). The corresponding rate for England and Wales was 11.7. Attention is drawn in the report to the ever increasing number of deaths from cancer in all forms and from cancer of the lung in particular. The relatively unfavourable position of the Greater London conurbation (including Surrey) regarding the latter cause of death compared with the remainder of England and Wales is worthy of note. The common observation that malignant disease in general causes a higher mortality rate in urban than in rural areas is borne out by the Surrey figures.

The death rate from pulmonary tuberculosis (0.10 per thousand population) was again slightly lower than in the previous year, and the notification rate of 0.54 was the lowest recorded since tuberculosis became notifiable in 1912. Similarly, reductions were recorded in the case rate and death rate from other forms of tuberculosis. The encouraging situation in regard to tuberculosis which has become manifest in recent years is not to be regarded as an excuse for any relaxation of effort in applying the various measures for combating this disease and its effects. Rather is it a spur for employing, with increased vigour, those methods of prevention, therapy and care which are described in the report and which have served so well in the past. It is not too much to hope that the example of the virtual banishment of diphtheria in recent years by vigorous action may be repeated in the case of tuberculosis in the not too distant future. Attention is again drawn to the excellent work of the Tuberculosis Care Committees and to their Standing Conference.

Many of the commoner infectious diseases which at one time gave rise to much mortality and morbidity are now becoming insignificant causes of death. Unfortunately, the appearance of poliomyelitis disturbs this picture, and during the present year gave rise to 353 cases and 9 deaths. Our hopes in overcoming this disease are now concentrated on the success of the vaccine which has recently become available in limited quantity and which may soon come into more general use. Although diphtheria is not now regarded as a menace, and many doctors have never even seen a case, the necessity for the continued immunisation of young children remains unaltered. Experience has shown that the disease is even now capable of appearing in malignant form on occasions, and an adequately immunised population is the only known preventive. Many young children are now being immunised with combined diphtheria and whooping cough vaccine, and recent research confirms the opinions held about the efficacy of whooping cough vaccine of certain approved types.

New clinics at Grand Drive, Morden, and Stonecot Hill, Sutton, and a new main ambulance station at Hill House, St. Helier, were opened during the year.

The opening of the new ambulance control station at St. Helier has contributed greatly to the smooth working of the service in that busy area. It has also enabled us to release to the hospital, space and accommodation which it badly needed, and our thanks are due to the Management Committee for having borne with us for so long. The County ambulance service since its inception has encountered many difficulties arising from inadequate premises, but these are gradually being overcome and only a few problems of this nature remain. The demands on the service continue to increase, mainly as the result of the further development of hospital out-patient facilities, and nearly three and a half million miles were covered during the year. The increase in Surrey has, however, been considerably less than that for the country as a whole, and the introduction of radio control has been of

very great value in enabling us to meet the pressure without any considerable increase in the number of vehicles. Very great care is taken to keep close liaison with the hospitals in order to reduce the demands on the service as much as possible, and I feel that abuses are negligible. Carrying out, as it does, this huge amount of work and operating in the full glare of publicity, it is rather surprising that occasions for complaint against the ambulance service are so few, and I should like to pay a special tribute to the operational personnel both full time and voluntary on the standard of their work. They have many difficult and important decisions to make, often in the absence of medical help, and deserve high commendation.

During the year the County Health Committee gave careful consideration to the suggestions contained in Ministry of Health Circular 27/54 for preventing the break-up of families. As a result of this, certain measures were taken to re-deploy various types of staff concerned with domiciliary care in order to direct the greatest possible concentration on this problem. Later in the year the County Council called a County conference with County District Authorities and representatives of various voluntary organisations. This conference met at the end of January, 1956, and set up a Working Party to consider the problem as a whole and to make recommendations.

In December, 1954, the Council approved arrangements for medical administrative staffing and these are intended to be implemented as vacancies occur. The opportunity occurred during the year for further effect to be given to these arrangements so far as concerns the Mitcham part of the North-Eastern Division and the Guildford and Godalming parts of the South Western Division. Dr. A. R. Graham, the present Medical Officer of Health for Mitcham, was appointed Divisional Medical Officer for the Mitcham part of the North-Eastern Division. The retirement of Dr. F. A. Belam, who had given many years of valued service as Medical Officer of Health to the Boroughs of Guildford and Godalming and had recently been Divisional County Medical Officer for the Guildford Borough, allowed the introduction of a mixed appointment for that area whereby the Medical Officer of Health for Guildford and Godalming also serves as Divisional Medical Officer for the whole of the South-Western Division. Dr. A. B. R. Finn, who was previously Divisional County Medical Officer for the South-Western Division excluding the Borough of Guildford, was appointed to this post and will have the help of an assistant medical officer as part-time administrative deputy.

The School Health Service.

The health of the children was found to be satisfactory during the year under review and the work of the school health service continued on similar lines to those outlined in previous reports.

There has again been a satisfactory improvement in the general physical condition of the pupils inspected during the year. The percentage of children described as "poor" has fallen from 2.07 per cent. to 1.46 per cent. and those as "fair" or "normal" from 50.20 per cent. to 45.69 per cent. The children whose physical condition was described as "good" have risen from 47.73 per cent. to 52.83 per cent. It is very gratifying to note this continuing improvement which has now been maintained for many years.

The proposed extension of the scheme whereby children are tested for loss of hearing was unfortunately not implemented due to difficulties in appointing a suitable audiometrician to carry out this work. At the time of writing, however, I am pleased to report that an appointment has been made and details of the work undertaken will be given in the report for 1956.

Reference is again made this year to the work of the Health Visitor in the school health service, and the attention of members is drawn to the valuable part played by her in maintaining the health of the children. In addition to her routine work at medical inspections and school clinics the health visitor forms a most valuable link between the home and the school, and is able to advise both parents and teachers on health and social problems arising out of deviations from normal physical and mental health of the pupils.

B.C.G. vaccination of school children between their 13th and 14th birthdays was again carried out during the year. Parents of children were approached for their consent, and 10,577 signed their willingness for their children to be vaccinated. 10,104 children were given a preliminary skin test, and of these 8,737 were subsequently vaccinated. 1955 was the first complete year this scheme has been in operation, and thanks to the careful planning and co-operation of all concerned it proceeded smoothly and well. An extension of the B.C.G. Vaccination scheme to independent schools within the County was being considered towards the end of the year and plans were made to implement these proposals during 1956.

In conclusion, I wish to express my very great appreciation of the loyalty and willingness of all members of my staff throughout the year.

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 or the boundaries of the County Districts took place during the year.

Population.

The population of the Administrative County at the 1951 Census was 1,351,963, and the Registrar-General's estimate of the population at mid-year 1955 was 1,392,700, an increase of 7,500 over the comparable figure for mid-year 1954. The population under 1 year is given by the Registrar-General as 17,950, the population 1-4 years as 73,450, and the population 5-14 years 205,600.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1951-1955 is shown in the following table:—

	1951.	1952.	1953.	1954.	1955.
Urban Districts...	1,204,700	1,211,300	1,219,600	1,228,760	1,235,600
Rural Districts ...	151,000	154,200	155,900	156,440	157,100
Administrative County	1,355,700	1,365,500	1,375,500	1,385,200	1,392,700
Increase or decrease over previous year ...	-2,810	+9,800	+10,000	+9,700	+7,500

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 1954 and 1955:—

DISTRICTS.		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1931.	1951.	1954.	1955.
M.B. and Urban.						
1.	Banstead	12,821	18,734	33,529	35,010	37,080
2.	Barnes	2,519	42,440	40,567	40,170	40,170
3.	Beddington and Wallington	3,045	26,328	32,757	32,620	32,530
4.	Carshalton... ..	3,346	28,586	62,721	61,610	61,330
5.	Caterham and Warlingham	8,233	21,774	31,293	32,920	33,030
6.	Chertsey	9,983	16,988	30,852	32,640	33,660
7.	Coulsdon and Purley	11,143	39,795	63,773	64,650	65,420
8.	Dorking	9,511	15,204	20,252	20,270	20,420
9.	Egham	9,350	17,196	24,690	26,190	26,480
10.	Epsom and Ewell	8,427	35,231	68,055	67,130	67,210
11.	Esher	14,847	32,407	51,432	52,470	53,630
12.	Farnham	9,039	19,005	23,928	24,520	24,720
13.	Frimley and Camberley... ..	7,768	16,532	20,386	22,880	22,930
14.	Godalming... ..	2,393	10,940	14,244	15,270	15,400
15.	Guildford	7,322	34,237	47,496	49,500	49,810
16.	Haslemere	5,751	9,168	12,003	11,740	11,750
17.	Kingston-on-Thames	1,408	39,825	40,172	39,160	39,070
18.	Leatherhead	11,187	16,483	27,206	29,780	30,680
19.	Malden and Coombe	3,164	23,350	45,566	45,910	45,810
20.	Merton and Morden	3,237	41,227	74,730	73,270	72,440
21.	Mitcham	2,932	56,872	67,269	66,050	65,460
22.	Reigate	10,255	34,547	42,248	47,610	48,180
23.	Richmond	4,109	39,276	41,944	42,480	42,240
24.	Surbiton	4,709	30,178	60,875	63,320	62,570
25.	Sutton and Cheam	4,338	48,363	80,673	79,200	78,680
26.	Walton and Weybridge	9,052	25,671	38,112	40,220	40,890
27.	Wimbledon	3,212	59,515	58,141	58,150	58,070
28.	Woking	15,708	35,987	47,596	54,020	55,940
Total ...		198,809	835,859	1,202,510	1,228,760	1,235,600
Rural.						
1.	Bagshot	16,083	11,080	14,109	14,480	14,520
2.	Dorking and Horley	53,943	18,485	25,832	27,580	27,770
3.	Godstone	52,507	25,866	32,823	34,070	33,960
4.	Guildford	59,644	31,554	45,488	47,040	47,450
5.	Hambledon	68,175	24,926	31,851	33,270	33,400
Total ...		250,352	111,911	150,103	156,440	157,100
Administrative County		449,161	947,770	1,352,613	1,385,200	1,392,700

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.

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1955, was £15,677,252, and the estimated produce of a 1d. rate for general County purposes for the year 1955-56 was £63,486.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1955 with the previous year and with the mean of the five years 1950-54.

	Per 1,000 Population				Maternal Mortality per 1,000 Live and Still Births.	Deaths of Infants under 1 year per 1,000 Live Births.
	Live Birth Rate	Crude Death Rate	Death Rate from Pulmonary Tuberculosis.	Death Rate from Malignant Disease.		
1950	13.53	10.41	0.23	1.82	0.69	21.86
1951	13.16	11.15	0.19	1.87	0.49	21.75
1952	12.91	10.57	0.17	1.90	0.72	20.93
1953	13.22	11.46	0.16	1.97	1.03	20.56
1954	13.13	10.96	0.11	1.96	0.38	19.35
Mean of 5 years, 1950-54 ...	13.19	10.91	0.17	1.90	0.66	20.89
1955	13.14	11.17	0.10	2.06	0.54	18.08
Increase or decrease in 1955 on:						
5 years' average	-0.05	+0.26	-0.07	+0.16	-0.12	-2.81
Previous year	+0.01	+0.21	-0.01	+0.10	+0.16	-1.27

1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 18,305, as compared with 18,193 in the previous year, showing an increase of 112. The birth rate for the year was 13.14 as compared with 13.13 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 9 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 1.01 and for the Rural Districts 1.07. The effect of these factors on the 1955 crude live birth rates is shown below :—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	13.14	13.01	14.17
Adjusted rates	13.40	13.14	15.16

The birth rate for England and Wales for 1955 was 15.0 and for 1954, 15.2.

In addition to the 18,305 live births in Surrey, there were 334 still births and the rate of still births per 1,000 live and still births was 17.92 as compared with an average rate of 19.28 for the quinquennial period 1950-54.

Of the 18,305 live births 749 or 4.09 per cent. were illegitimate, as compared with 778 or 4.28 per cent. in 1954.

The incidence of live births, still births and illegitimate births in recent years was as follows :—

Year.	Live births.	Live birth rate.	Still births.	Rate of still births per 1,000 live and still births.	Illegitimate births.	Percentage of total live births.
1931 ...	13,125	13.92	441	32.5	564	4.3
1940 ...	16,445	13.52	482	28.5	710	4.32
1941 ...	16,011	13.47	469	28.5	1,048	6.55
1942 ...	19,706	16.57	562	27.7	1,251	6.35
1943 ...	20,436	17.34	571	27.2	1,420	6.95
1944 ...	20,377	17.86	512	24.5	1,561	7.76
1945 ...	18,676	16.03	400	21.0	1,670	8.94
1946 ...	23,086	18.19	540	22.9	1,381	5.98
1947 ...	24,099	18.48	525	21.3	1,102	4.58
1948 ...	20,926	15.79	412	19.3	997	4.76
1949 ...	19,668	14.71	399	19.9	897	4.56
1950 ...	18,386	13.53	358	19.1	777	4.23
1951 ...	17,841	13.16	383	21.0	728	4.08
1952 ...	17,633	12.91	344	19.1	682	3.87
1953 ...	18,187	13.22	337	18.2	751	4.12
1954 ...	18,193	13.13	352	19.0	778	4.28
1955 ...	18,305	13.14	334	17.9	749	4.09

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1955 was 15,563, as compared with 15,179 in the year 1954. The crude death rate for 1955 was 11.17, compared with 10.96 for 1954. The death rate for England and Wales was 11.7 compared with 11.3 for 1954.

3. Infant Mortality.

The number of infants under one year who died during 1955 was 331 compared with 352 in 1954. This represents an infant mortality rate of 18.08 per 1,000 live births as compared with a corresponding rate of 19.35 for the year 1954 and is for the sixth year in succession, the lowest ever recorded in Surrey. The comparable figures for England and Wales were 24.9 in 1955 and 25.5 in 1954.

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

Year.	England and Wales.			Surrey.		
	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.
1931 ...	65.7	31.5	34.2	43.12	24.84	18.28
1939 ...	50.6	28.3	22.3	37.61	24.60	13.01
1940 ...	56.8	29.6	27.2	41.62	24.57	17.05
1941 ...	60.0	29.0	31.0	44.60	26.17	18.43
1942 ...	50.6	27.2	23.4	38.26	23.09	15.17
1943 ...	49.1	25.2	23.9	36.70	22.36	14.34
1944 ...	45.4	24.4	21.0	36.90	22.03	14.87
1945 ...	46.0	24.8	21.2	34.05	22.06	11.99
1946 ...	42.9	24.5	18.4	27.85	18.84	9.01
1947 ...	41.4	22.7	18.7	27.68	18.22	9.46
1948 ...	33.9	19.7	14.2	23.94	16.06	7.88
1949 ...	32.4	19.3	13.1	24.05	16.07	7.98
1950 ...	29.8	18.5	11.3	21.86	15.45	6.41
1951 ...	29.6	18.8	10.8	21.75	16.31	5.44
1952 ...	27.6	18.3	9.3	20.93	14.57	6.36
1953 ...	26.8	17.7	9.1	20.56	13.86	6.70
1954 ...	25.5	17.7	7.8	19.35	13.08	6.27
1955 ...	24.9	17.3	7.6	18.08	12.95	5.13

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 1955:—

DISTRICTS	Live births.	Live birth rate.	Adjusted birth rate.	Still births.	Rate per 1,000 live births.	Deaths.	Crude death rate.	Standardised death rate.	Excess of births over deaths.	Infants dying	
										under 1 month.	1-12 months.
M.B. and Urban											
Banstead...	508	13.70	15.48	14	26.82	534	14.40	13.10	-26	4	2
Barnes...	430	10.70	10.70	7	16.02	534	13.29	10.76	-104	5	—
Beddington and Wallington	365	11.22	11.89	8	21.45	322	9.90	8.81	43	3	2
Carshalton...	765	12.47	11.97	15	19.23	482	7.86	9.51	283	14	4
Caterham and Warlingham	449	13.59	13.86	17	36.48	348	10.54	11.28	101	3	4
Chertsey...	536	15.92	14.96	12	21.90	307	9.12	10.31	229	9	3
Coulsdon and Purley...	843	12.89	13.92	17	19.77	917	14.02	12.20	-74	17	3
Dorking...	220	10.77	11.63	2	9.01	227	11.12	9.23	-7	4	2
Egham...	403	15.22	14.92	3	7.39	288	10.88	10.12	115	3	3
Epsom and Ewell...	656	9.76	10.93	20	29.59	1,118	16.63	14.63	-462	6	2
Esher...	724	13.50	13.91	9	12.28	577	10.76	9.79	147	11	4
Farnham...	337	13.63	14.31	9	26.01	401	16.22	11.84	-64	3	1
Frimley and Camberley	396	17.23	18.09	7	17.41	191	8.33	8.58	204	6	—
Godalming...	207	13.44	14.11	3	14.29	153	9.94	8.55	54	1	4
Guildford...	758	15.22	14.76	14	18.13	542	10.88	9.57	216	10	3
Haslemere...	147	12.51	12.26	5	32.89	140	11.01	9.17	7	2	3
Kingston-on-Thames	543	13.90	13.21	8	14.52	424	10.85	9.33	119	8	—
Leatherhead...	441	14.37	15.38	8	17.82	317	10.33	8.78	124	9	2
Malden and Coombe	565	12.33	12.95	11	19.10	467	10.19	10.29	98	6	1
Merton and Morden	755	10.42	10.84	19	24.55	710	9.80	10.58	45	9	4
Mitcham...	855	13.06	12.41	14	16.11	621	9.49	10.82	234	8	5
Reigate...	658	13.66	14.34	11	16.44	585	12.14	9.47	73	6	5
Richmond...	615	14.56	13.54	8	12.84	564	13.35	10.68	51	7	1
Surrey...	760	12.15	12.15	10	12.99	600	9.59	9.69	160	9	8
Sutton and Cheam	893	11.35	11.80	18	19.76	815	10.36	9.63	78	13	4
Walton and Weybridge	589	14.40	14.26	8	13.40	412	10.08	9.48	177	6	2
Wimbledon...	781	13.45	12.91	8	10.14	602	10.37	8.30	179	8	3
Woking...	881	15.75	15.91	15	16.74	698	12.48	11.48	183	8	6
Total ...	16,079	13.01	13.14	300	18.32	13,896	11.25	10.46	2,183	198	81
Rural											
Bagshot...	182	12.53	13.41	2	10.87	150	10.33	9.19	32	3	—
Dorking and Horley	412	14.84	15.73	12	28.30	296	10.66	9.59	116	7	3
Godstone...	478	14.08	15.21	9	18.48	413	12.16	10.70	65	6	3
Guildford...	758	15.97	17.57	7	10.44	458	9.65	9.17	300	18	4
Hambledon...	396	11.86	12.33	3	7.52	350	10.48	8.80	46	5	3
Total ...	2,226	14.17	15.16	34	15.04	1,607	10.61	9.55	559	39	13
Administrative County	18,305	13.14	13.40	334	17.92	15,503	11.17	10.27	2,742	237	94

* 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, homes for the aged, etc., are no longer referred to the district from where these persons came, but are shown as deaths attributable to the district in which the institutions are situated. This naturally weighs heavily against those districts.

The infant mortality rates in the urban and the rural districts respectively were 17.35 and 23.36: the neo-natal mortality rates for the urban and the rural districts respectively were 12.31 and 17.52.

4. Maternal Mortality.

In 1955 10 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 0.54 per thousand live and still births. The corresponding figures for England and Wales in 1955 were 437 and 0.64: and for Surrey in 1954 were 7 and 0.38.

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 1955, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table:—

DISTRICTS.	Heart and Vascular Disease.						Tuberculosis.		Respiratory diseases (Non-Tuberculous)		Malignant Disease.															
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Pulmonary.		Non-Pulmonary.		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant neoplasm, lymphatic neoplasms.			
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000		
M.B. and Urban.																										
Barnes ...	62	1.67	59	1.59	15	0.40	149	4.02	30	0.81	6	0.16	—	—	13	0.35	9	0.24	7	0.19	3	0.08	39	1.05		
Barnes ...	53	2.32	74	1.84	24	0.60	58	1.44	26	0.65	1	0.02	—	—	10	0.12	22	0.35	15	0.37	3	0.10	96	1.39		
Barnes ...	48	1.48	65	1.69	5	0.15	13	1.32	29	0.61	1	0.02	—	—	10	0.12	17	0.43	15	0.37	3	0.10	32	0.73		
Barnes ...	57	0.93	95	1.32	5	0.08	76	2.24	14	0.23	2	0.05	—	—	16	0.31	28	0.46	14	0.12	3	0.06	45	0.73		
Barnes ...	46	1.39	44	1.33	4	0.12	75	2.27	19	0.58	2	0.06	—	—	8	0.24	12	0.36	8	0.24	3	0.09	30	0.91		
Chertsey ...	26	1.07	97	1.10	9	0.27	19	0.56	21	0.62	5	0.15	—	—	8	0.24	13	0.39	5	0.15	3	0.09	30	0.89		
Chertsey ...	100	1.53	132	2.17	24	0.57	129	1.97	64	0.98	13	0.29	1	0.02	10	0.15	25	0.38	19	0.29	4	0.06	85	1.30		
Chertsey ...	35	1.71	32	1.57	5	0.24	29	1.91	22	1.08	—	—	—	—	4	0.29	5	0.24	8	0.39	3	0.15	15	0.73		
Chertsey ...	32	1.21	55	2.08	6	0.23	50	1.89	15	0.57	2	0.08	1	0.04	3	0.11	10	0.38	5	0.19	3	0.11	40	1.51		
Chertsey ...	137	2.04	121	1.80	23	0.34	245	3.65	65	0.97	16	0.24	3	0.04	17	0.25	37	0.55	13	0.19	3	0.04	75	1.12		
Eden ...	88	1.64	87	1.62	18	0.34	67	1.25	31	0.58	3	0.06	1	0.02	10	0.19	32	0.60	10	0.19	2	0.04	70	1.31		
Eden ...	65	2.63	45	1.82	8	0.32	79	3.20	17	0.69	1	0.04	—	—	9	0.36	15	0.61	2	0.08	3	0.12	31	1.25		
Eden ...	21	0.92	24	1.05	6	0.26	26	1.57	11	0.48	—	—	—	—	4	0.17	9	0.39	3	0.13	1	0.04	19	0.83		
Eden ...	21	1.26	29	1.88	3	0.19	18	1.17	3	0.19	—	—	—	—	6	0.10	4	0.26	6	0.39	1	0.06	18	1.17		
Eden ...	76	1.53	85	1.71	18	0.36	63	1.26	31	0.62	7	0.14	1	0.02	10	0.29	27	0.54	11	0.22	5	0.10	64	1.28		
Hadlow ...	17	1.45	24	2.04	1	0.09	13	1.11	10	0.85	2	0.17	—	—	2	0.17	7	0.60	3	0.26	3	0.26	13	1.11		
Hadlow ...	71	1.82	66	1.69	7	0.18	47	1.20	33	0.84	6	0.15	—	—	44	1.13	10	0.26	5	0.13	3	0.08	43	1.10		
Hadlow ...	52	1.69	35	1.14	2	0.07	48	1.56	17	0.55	2	0.07	—	—	27	0.88	8	0.26	19	0.62	5	0.16	36	1.17		
Hadlow ...	68	1.48	90	1.96	11	0.24	59	1.29	28	0.61	4	0.09	1	0.02	44	0.95	7	0.15	19	0.41	12	0.26	2	0.04		
Hadlow ...	96	1.33	128	1.77	18	0.25	83	1.15	30	0.41	7	0.10	—	—	19	0.26	36	0.50	23	0.32	6	0.08	82	1.13		
Mitcham ...	95	1.45	97	1.48	8	0.12	71	1.08	39	0.60	8	0.12	—	—	73	1.12	15	0.23	40	0.61	11	0.17	5	0.08		
Mitcham ...	90	1.87	83	1.72	6	0.12	84	1.74	38	0.70	4	0.08	2	0.04	49	1.02	9	0.19	21	0.44	10	0.21	1	0.02		
Mitcham ...	79	1.87	68	1.61	10	0.24	88	2.08	18	0.43	3	0.07	1	0.02	46	1.09	9	0.21	23	0.54	15	0.36	11	0.26		
Mitcham ...	82	1.31	102	1.63	10	0.16	88	1.41	36	0.58	10	0.16	—	—	58	0.93	15	0.24	23	0.37	15	0.24	6	0.10		
Mitcham ...	128	1.63	128	1.75	21	0.27	135	1.72	32	0.41	3	0.04	1	0.01	71	0.90	22	0.28	32	0.41	19	0.24	5	0.06		
Walton and Weybridge ...	66	1.61	63	1.54	10	0.24	51	1.25	24	0.59	2	0.05	—	—	35	0.86	9	0.22	29	0.49	11	0.27	46	1.12		
Walton and Weybridge ...	90	1.55	100	1.72	19	0.33	79	1.36	32	0.55	8	0.14	—	—	59	1.02	10	0.17	34	0.59	6	0.10	56	0.96		
Walton and Weybridge ...	73	1.39	78	1.39	18	0.32	194	3.47	26	0.46	4	0.07	1	0.02	78	1.39	11	0.29	26	0.46	13	0.23	6	0.11		
Total	1,924	1.56	2,054	1.66	314	0.25	2,186	1.77	752	0.61	126	0.10	13	0.01	1,373	1.11	279	0.23	590	0.48	275	0.22	101	0.08	1,341	1.09
Rural.																										
Bugshod ...	21	1.45	24	1.65	2	0.14	21	1.45	7	0.48	—	—	—	—	12	0.83	2	0.14	2	0.14	—	—	19	1.31		
Bugshod ...	34	1.22	40	1.44	12	0.33	63	2.27	16	0.58	4	0.14	1	0.04	17	0.61	4	0.14	8	0.29	5	0.18	25	0.90		
Bugshod ...	60	1.77	57	1.68	9	0.29	49	1.41	21	0.62	2	0.06	1	0.03	56	1.65	4	0.12	16	0.47	2	0.06	42	1.24		
Bugshod ...	63	1.33	93	1.96	6	0.13	62	1.31	15	0.32	3	0.11	—	—	31	0.59	5	0.11	13	0.27	10	0.21	4	0.08		
Bugshod ...	49	1.47	58	1.74	4	0.12	68	2.03	15	0.45	3	0.09	1	0.03	11	0.33	9	0.27	16	0.48	4	0.12	3	0.09		
Total	227	1.44	272	1.73	33	0.21	263	1.67	74	0.47	14	0.09	3	0.02	135	0.96	24	0.15	60	0.38	29	0.18	10	0.06	163	1.04
Administrative County 1955	2,151	1.54	2,326	1.67	347	0.25	2,449	1.76	826	0.59	140	0.10	16	0.01	1,508	1.08	303	0.22	650	0.47	304	0.22	111	0.08	1,504	1.08
Percentage of Total Deaths in 1955	13.82 (14.51)	14.95 (14.38)	2.23 (2.32)	15.74 (16.24)	5.31 (5.61)	0.90 (1.01)	0.10 (0.17)	9.09 (0.11)	1.95 (2.19)	4.18 (3.90)	1.95 (2.01)	0.71 (0.52)	0.06 (0.22)	0.08 (0.34)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.08 (0.22)	0.06 (0.22)	9.60 (9.22)

The figures shown in brackets relate to the year 1954.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1955.

The causes of all deaths during 1955 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
All Causes	M.	6,738	153	23	36	69	261	1,787	1,863	2,546	839	30	4	10	9	36	205	247	298		
	F.	7,158	126	29	29	29	275	1,165	1,648	3,857	828	22	4	3	4	32	137	175	451		
1. Tuberculosis, Respiratory ...	M.	79	—	—	—	—	14	30	26	9	9	—	—	—	—	2	4	2	1		
	F.	47	—	1	—	3	18	20	4	1	5	—	—	—	—	1	2	1	1		
2. Tuberculosis, Other...	M.	8	—	—	—	2	5	1	—	—	1	—	—	—	1	—	—	—	—		
	F.	5	—	—	—	—	1	2	—	2	2	—	—	—	1	—	1	—	—		
3. Syphilitic Disease	M.	39	—	—	1	—	2	14	13	9	2	—	—	—	—	—	1	1	—		
	F.	34	—	—	—	—	2	7	13	12	2	—	—	—	—	—	—	1	1		
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal Infections ...	M.	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute Poliomyelitis...	M.	8	—	1	2	1	3	1	—	—	—	—	—	—	—	—	—	—	—		
	F.	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	M.	3	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other Infective and Para- sitic Diseases	M.	13	—	—	—	—	1	6	3	3	4	—	—	1	—	2	1	—	—		
	F.	20	1	—	1	—	2	11	2	3	3	—	—	—	—	2	1	—	—		
10. Malignant Neoplasm, Stomach	M.	156	—	—	—	—	3	62	42	49	16	—	—	—	—	—	4	8	4		
	F.	123	—	—	—	—	7	28	45	43	8	—	—	—	—	1	1	2	4		
11. Malignant Neoplasm, Lung, Bronchus	M.	508	—	—	—	—	19	281	156	52	48	—	—	—	—	—	27	18	3		
	F.	82	—	—	—	—	4	34	22	22	12	—	—	—	—	1	4	5	2		
12. Malignant Neoplasm, Breast	M.	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
	F.	274	—	—	—	1	26	124	64	50	29	—	—	—	—	3	17	4	5		
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	101	—	—	—	—	6	51	17	27	10	—	—	—	—	—	4	4	2		
14. Other Malignant and Lymphatic Neoplasms	M.	686	—	1	3	11	38	209	207	217	89	—	—	—	1	5	29	33	21		
	F.	655	—	1	2	1	52	192	182	225	74	—	—	—	—	7	26	18	23		
15. Leukæmia, Aleukæmia ...	M.	48	—	3	5	2	2	17	13	6	1	—	—	—	—	—	—	1	—		
	F.	23	1	2	1	—	5	5	6	3	5	—	—	—	—	2	1	—	2		
16. Diabetes	M.	28	—	—	—	—	4	4	11	9	4	—	—	—	—	—	2	—	2		
	F.	48	—	1	—	—	3	4	16	24	8	—	—	—	—	—	—	4	4		
17. Vascular Lesions of Nervous System	M.	732	2	—	—	—	15	129	214	372	87	—	—	—	—	1	14	27	45		
	F.	1,192	2	—	—	2	16	147	297	728	140	—	—	—	—	1	17	35	87		
18. Coronary Disease, Angina...	M.	1,242	—	—	—	1	23	462	395	361	161	—	—	—	—	3	44	64	50		
	F.	812	—	—	—	—	9	102	246	455	111	—	—	—	—	—	11	45	55		
19. Hypertension with Heart Disease	M.	124	—	—	—	—	1	25	41	57	15	—	—	—	—	—	2	3	10		
	F.	190	—	—	—	—	1	18	62	109	18	—	—	—	—	—	—	5	13		
20. Other Heart Disease ...	M.	810	—	—	—	1	10	73	196	530	106	—	—	—	—	1	12	25	68		
	F.	1,376	1	—	1	1	16	104	222	1,031	157	—	—	—	—	1	14	24	118		
21. Other Circulatory Disease ...	M.	323	—	—	—	—	5	58	90	170	37	—	—	—	—	2	9	7	19		
	F.	429	—	—	1	1	10	54	106	257	37	—	—	—	—	—	5	5	27		
22. Influenza	M.	47	—	1	—	1	2	6	19	18	3	—	—	—	—	1	1	1	—		
	F.	48	—	—	—	—	1	7	10	30	2	—	—	—	—	—	—	—	2		

Continued overleaf

ADMINISTRATIVE COUNTY OF SURREY—continued.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1955—continued.

The causes of all deaths during 1955 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	
23. Pneumonia	M.	325	19	3	3	4	5	45	87	159		41	3	2	—	—	1	10	12	13	
	F.	383	10	7	3	1	2	36	78	246		36	—	1	—	—	—	5	4	26	
24. Bronchitis	M.	359	1	—	1	1	4	100	113	139		31	—	—	—	—	—	9	12	10	
	F.	190	2	1	2	1	1	18	45	120		15	—	—	—	—	1	1	3	10	
25. Other Diseases of Respiratory System	M.	76	—	—	1	—	5	27	22	21		8	—	—	—	—	—	4	3	1	
	F.	40	—	—	—	—	1	4	6	29		4	—	—	—	—	—	1	—	3	
26. Ulcer of Stomach and Duodenum	M.	101	—	—	—	—	3	29	31	38		12	—	—	—	—	1	4	1	6	
	F.	41	1	—	—	—	2	7	10	21		3	—	—	—	—	—	1	—	2	
27. Gastritis, Enteritis and Diarrhoea	M.	23	1	—	—	—	2	8	3	9		6	1	—	—	—	—	3	1	1	
	F.	40	1	—	1	—	3	6	12	17		8	1	—	—	—	—	1	—	6	
28. Nephritis and Nephrosis ...	M.	63	—	1	1	5	11	18	10	17		10	—	—	—	—	1	5	3	1	
	F.	43	—	2	1	3	7	12	10	8		8	—	—	1	—	—	3	1	3	
29. Hyperplasia of Prostate ...	M.	126	—	—	—	—	1	3	32	90		16	—	—	—	—	—	—	2	14	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
30. Pregnancy, Childbirth, Abortion	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	9	—	—	—	1	8	—	—	—		1	—	—	—	1	—	—	—	—	
31. Congenital Malformations ...	M.	65	39	4	1	4	3	9	3	2		12	7	—	1	—	1	2	—	1	
	F.	53	31	2	5	1	4	8	2	—		12	8	—	1	—	2	1	—	—	
32. Other Defined and Ill-defined Diseases	M.	486	87	3	6	9	31	95	102	153		67	19	—	1	—	2	8	16	21	
	F.	674	68	4	5	8	41	116	133	299		79	13	1	—	—	4	12	10	39	
33. Motor Vehicle Accidents ...	M.	78	—	1	5	14	22	18	6	12		17	—	1	3	2	5	4	1	1	
	F.	34	—	5	2	3	5	5	6	8		7	—	—	—	2	1	—	1	3	
34. All Other Accidents ...	M.	118	3	3	6	11	15	23	21	36		22	—	1	2	5	2	5	3	4	
	F.	128	8	2	3	1	3	15	21	75		22	—	—	1	—	2	4	3	12	
35. Suicide	M.	58	—	—	—	1	12	32	6	7		12	—	—	—	—	6	1	3	2	
	F.	61	—	—	—	1	18	28	11	3		8	—	—	—	—	3	4	—	1	
36. Homicide and Operations of War	M.	3	—	—	—	—	—	1	1	1		2	—	—	2	—	—	—	—	—	
	F.	2	—	1	1	—	—	—	—	—		2	—	2	—	—	—	—	—	—	

Once again there has been an increase in actual number of deaths and in the death rate for cancer of all forms. This increase relates particularly to cancer of the lung and bronchus, the steady increase of which is one of the most disquieting phenomena in the death returns of the present time.

The following table gives the number of deaths due to this cause in England and Wales, in the Greater London Conurbation and in Surrey in the past five years, with the corresponding death rates.

(The Greater London Conurbation as defined by the Registrar-General includes the whole of the Counties of London and Middlesex, the County Borough of Croydon, parts of Kent, Essex and Hertfordshire, and that part of Surrey within the Metropolitan Police District.)

	Surrey.			Greater London.			England and Wales.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1951	363 (0.58)*	75 (0.10)*	438 (0.32)	2,746 (0.70)	528 (0.12)	3,274 (0.39)	11,166 (0.53)	2,081 (0.09)	13,247 (0.30)
1952	414 (0.65)*	82 (0.11)*	496 (0.36)	2,902 (0.74)	595 (0.13)	3,497 (0.42)	11,981 (0.57)	2,237 (0.10)	14,218 (0.32)
1953	440 (0.69)*	68 (0.09)*	508 (0.37)	3,113 (0.80)	577 (0.13)	3,690 (0.44)	12,881 (0.61)	2,251 (0.10)	15,132 (0.34)
1954	509 (0.79)*	83 (0.11)*	592 (0.43)	3,356 (0.86)	678 (0.15)	4,034 (0.48)	13,995 (0.66)	2,336 (0.10)	16,331 (0.37)
1955	556 (0.86)*	94 (0.13)*	650 (0.47)	†	†	4,196 (0.51)	14,820 (0.69)	2,451 (0.11)	17,271 (0.39)

The figures in parentheses represent the corresponding death rates per 1000 home population.
 * Based on the proportion of males to females at the 1951 Census. † Not yet available.

It will be seen that—

- (1) The death rates of the two sexes are very different, the number of deaths from this cause in males being now more than six times greater than in females.
- (2) The rate of increase is greater in males than females.
- (3) The incidence of cancer of the lung and bronchus is greater in Surrey than in the country as a whole and the increase in the incidence is also greater (increase of 1955 figures over 1951 :— Surrey, males, 48 per cent., females, 30 per cent. ; England and Wales, males, 30 per cent., females, 22 per cent.).
- (4) While the death rate for the Administrative County of Surrey is lower both for males and females than in the Greater London Conurbation, the rate of increase in males in Surrey is considerably greater than in Greater London.

The ages at which the deaths from this cause occurred in Surrey are classified in the table on page 11. It is noteworthy that the actual number of cases in the Rural Districts in the five year period was only 79 per cent. of the number which would have occurred if the incidence had been the same as in the Urban Districts during this period. Moreover, the rate in the ex-Metropolitan part of the County is generally lower than in the Metropolitan part.

7. Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1955, giving the number of cases of each disease notified and the attack rate :—

Disease.	1955	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	4	0.003
Post infectious	—	—
Acute pneumonia	744	0.53
Acute poliomyelitis—		
Paralytic	187	0.13
Non-Paralytic	166	0.12
Diphtheria	—	—
Dysentery	836	0.60
Enteric or Typhoid Fever	4	0.003
Erysipelas	113	0.08
Food poisoning	285	0.20
Measles, excluding Rubella	19,398	13.93
Meningococcal Infection	14	0.01
*Ophthalmia neonatorum	2	0.11
Paratyphoid fevers	18	0.01
†Puerperal Pyrexia	523	28.06
Scarlet Fever	904	0.65
Tuberculosis—Pulmonary	759	0.54
Non-pulmonary	96	0.07
Whooping cough	2,024	1.45

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

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

Measles	3 (1)
Whooping Cough	— (1)
Diphtheria	— (—)
Influenza	102 (31)
Meningococcal infections	2 (5)
Acute Poliomyelitis	9 (2)

The figures in brackets relate to the year 1954.

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1955 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 747 cases of pulmonary tuberculosis and 99 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 1955 and in certain preceding years were as follows :—

Year.	PULMONARY TUBERCULOSIS				OTHER FORMS OF TUBERCULOSIS.			
	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
1921	648	0.88	449	0.61	127	0.17	109	0.14
1931	802	0.85	524	0.56	194	0.21	81	0.09
1938	810	0.68	493	0.42	257	0.22	75	0.06
1939	833	0.69	484	0.40	230	0.19	87	0.07
1940	945	0.77	564	0.46	240	0.19	94	0.08
1941	1,049	0.88	566	0.48	280	0.24	116	0.10
1942	1,097	0.92	531	0.45	272	0.23	96	0.08
1943	1,140	0.97	506	0.43	309	0.26	96	0.08
1944	1,218	1.07	474	0.42	261	0.23	75	0.07
1945	1,117	0.96	491	0.42	213	0.18	85	0.07
1946	1,056	0.91	407	0.32	188	0.15	85	0.07
1947	1,192	0.91	426	0.33	178	0.14	67	0.05
1948	1,048	0.79	445	0.34	182	0.14	58	0.04
1949	1,137	0.85	363	0.27	149	0.11	53	0.04
1950	1,147	0.84	314	0.23	187	0.14	50	0.04
1951	1,118	0.82	260	0.19	155	0.11	37	0.03
1952	1,209	0.89	227	0.17	136	0.10	26	0.02
1953	988	0.72	226	0.16	131	0.10	25	0.02
1954	865	0.62	153	0.11	142	0.10	26	0.02
1955	747	0.54	140	0.10	99	0.07	16	0.01

The case-rate of pulmonary tuberculosis per thousand of the population was the lowest recorded since tuberculosis became notifiable in 1912, namely, 0.54. The previous lowest record was 0.62 in 1954. The number of notifications of pulmonary tuberculosis decreased by 118 in comparison with the 1954 figure. The fall in the case-rate is particularly noteworthy. The death rate from pulmonary tuberculosis has been falling slowly and steadily for a considerable number of years but until recently the case-rate has remained, apart from minor fluctuations, about the same; in the last three years, however, it has fallen appreciably each year. There is no doubt that owing to improved methods of treatment of tuberculosis and as a consequence of the careful and thorough anti-tuberculosis measures which have been undertaken for many years, there are now fewer open cases of tuberculosis in the community. Thus, the number of cases on the registers known to have had a positive sputum within the previous six months were, at the end of 1953, 379, at the end of 1954, 326, and at the end of 1955, 280. The combined effects of the smaller number of known foci of infection in the community and the increased resistance to tuberculosis due to the introduction of B.C.G. and improved general standards of health are, no doubt, largely responsible for the fall in the case-rate.

The case-rate of non-pulmonary tuberculosis for 1955 was also the lowest recorded, namely 0.07. The previous lowest record was 0.10 in the years 1952, 1953 and 1954. There was a decrease of 43 in the number of notifications of non-pulmonary tuberculosis in comparison with the 1954 figure.

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

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year ...	—	1	—	—	1
One and under 2 years ...	1	1	—	—	2
2 " " 5 " ...	6	4	2	—	12
5 " " 10 " ...	5	10	3	1	19
10 " " 15 " ...	13	11	1	7	32
15 " " 20 " ...	32	39	5	11	87
20 " " 25 " ...	59	56	1	8	124
25 " " 35 " ...	85	75	5	18	183
35 " " 45 " ...	74	37	5	8	124
45 " " 55 " ...	92	26	6	3	127
55 " " 65 " ...	66	11	3	3	83
65 " " 75 " ...	26	6	2	6	40
75 and upwards ...	9	2	1	—	12
Totals ...	468	279	34	65	846
1954	502	363	61	81	1,007
1953	587	401	51	80	1,119
1952	707	502	58	78	1,345
1951	655	463	78	77	1,273
1950	657	490	83	104	1,334
1949	677	460	67	82	1,286
1948	621	427	90	92	1,230
1947	719	473	88	90	1,370
1946	631	425	92	96	1,244
1945	671	446	102	111	1,330
1944	711	507	123	138	1,479

In comparison with the figures for 1954 the following noteworthy decreases occur in the number of notifications of pulmonary tuberculosis :—

<i>Males.</i> —Age group 25-35 ...	= 24	<i>Females.</i> —Age group 15-20 ...	= 16
		" " 20-25 ...	= 16
		" " 45-55 ...	= 14
			—
			46
			—

The only outstanding increase (14) occurs in the pulmonary males, age group 55-65.

In regard to notifications of non-pulmonary tuberculosis the main decreases in comparison with the 1954 figures occur in the following age groups :—

<i>Males.</i> —Age group 2-5 ...	= 5	<i>Females.</i> —Age group 45-55 ...	= 5
" " 10-15 ...	= 9		—
" " 20-25 ...	= 5		—
" " 25-35 ...	= 5		—
	—		—
	24		—
	—		—

Apart from the above new notifications, during the year 583 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc. (The corresponding figure for 1954 was 545.) The transfers from other areas comprised just over 93 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 ...	9	9	18
Tuberculous meningitis ...	2	—	2
Miliary tuberculosis ...	5	—	5
Genito-urinary tuberculosis ...	1	—	1
Deaths from other causes (T.B. also present) ...	7	6	13
Tuberculous pericarditis ...	1	—	1
	25	15	40

The age distribution of the 18 unnotified deaths from pulmonary tuberculosis was 2-4, 1; 25-34, 2; 35-44, 2; 45-54, 2; 55-64, 4; 65 and over, 7.

The age distribution of the 22 unnotified deaths from non-pulmonary tuberculosis, miliary tuberculosis, and from other causes, tuberculosis being also present, was 15-24, 3; 35-44, 2; 45-54, 1; 55-64, 8; 65 and over, 8.

Unnotified deaths in hospitals comprise 62 per cent. of the total unnotified deaths. It is hoped by continued emphasis on the statutory duty to notify cases suffering from tuberculosis to reduce the number of unnotified deaths. (See para. (c) below.)

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, 1955, were as follows :—

						Pulmonary	Non-Pulmonary
Males	...	...	...	...	...	5,986	725
Females	...	...	...	...	...	4,673	906
Totals						10,659	1,631
Grand Total						12,290	

The total of 12,290 is a decrease of 148 as compared with the figure (12,438) for 1954. The number of pulmonary cases has fallen by 16 and the non-pulmonary figure has decreased by 132. The corresponding total for 1953 was 12,336.

The total of 9,457 cases on chest clinic registers for 1955, as set against 12,290 on the District Medical Officers' registers, represents a difference of 2,833. 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 14. The death rate for pulmonary tuberculosis (0.10) was the lowest recorded in Surrey, the previous low record being 0.11 in 1954. The death rate for non-pulmonary tuberculosis, namely 0.01 was the lowest recorded in Surrey, the previous low record occurring in the three years 1952-1954.

The distribution of the deaths and the death rates from tuberculosis in the various sanitary districts of the County are shown on page 10.

(c) NEW CASES AND DEATHS.

The total number of new cases which became known either through formal notification or otherwise, as described above, was 1,429. The corresponding figure for 1954 was 1,552, and for 1953 was 1,753.

Of the 156 deaths which occurred during the year 1955, 40 or 25.6 per cent. occurred in non-notified cases. The corresponding figure for the year 1954 was 40 or 22.3 per cent.

WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the department are given in the subsequent sections of the Report. 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 following is a list of Capital Building projects which have been completed since my last Report :—

Project.	Purpose.	Date of Completion.
Grand Drive, Morden	Welfare Centre/School Clinic	December, 1955.
Hill House, St. Helier	Main Ambulance Station	September, 1955.
Stonecot Hill, Sutton	Welfare Centre/School Clinic	September, 1955.

During the year progress was made on projects which had been included in the 1955-56 Capital Building Programme with the results shown below.

Project.	Purpose.	Present Position.
Amity Grove, West Wimbledon ...	Welfare Centre/School Clinic...	Building work commenced.
Between Streets, Cobham ...	do. ...	Tenders received.
Middleton Circus, Carshalton ...	do. ...	Ready to invite tenders.
Pollards Hill, Mitcham ...	do. ...	Proceeding to tender stage.
Chaldon Road, Caterham-on-the-Hill	do. ...	Sketch plans and estimates approved by Ministry.
Grayswood Road, Haslemere ...	Ambulance Sub-Station ...	Sketch plans and estimates submitted to Ministry.
Walton Lodge Estate, Banstead ...	do. ...	do.

Late in the year the Council reviewed the projects which they had submitted to the Ministry in their Programmes for 1955-56 and 1956-57 and in the light of existing circumstances revised their 1956-57 Programme. Early in 1956, however, Circulars 10/56 from the Ministry of Housing and Local Government and 3/56 from the Ministry of Health were received; these Circulars indicated that, as a consequence of the national economic situation and the government decision to curtail capital expenditure it would not be possible for the Minister to recommend the authorisation of loan sanctions at present except to meet the most urgent needs, e.g., for the provision of housing accommodation for home nurses and midwives; for the provision of occupation centres for mental defectives, or for other capital expenditure for which exceptionally there may exist a special urgency. In their turn the County Council decided that preparatory work should cease on any building projects which were being deferred on financial grounds. The Council have, however, arranged their building projects in the following order of priority to be proceeded with as soon as it is possible to do so.

Programme.	Project.	Purpose.	Council's Decision.
BUILDINGS.			
1955/6	Between Streets, Cobham ...	Welfare Centre/School Clinic	All four projects to be given priority.
1955/6	Middleton Circus, Carshalton ...	do.	
1955/6	Pollards Hill, Mitcham ...	do.	
1955/6/7	Chaldon Road, Caterham-on-the-Hill	do.	
1956/7	Park Barn Estate, Guildford ...	M.D. Occupation and Training Centre	Give first priority to this project and proceed with the preparation of Bills of Quantities, etc.
1955/6	Grayswood Road, Haslemere ...	Ambulance Sub-Station ...	Position to be reviewed in September, 1956.
1955/6	Walton Lodge Estate, Banstead ...	do. ...	
1956/7	Morden Road, Morden ...	Welfare Centre/School Clinic	
1956/7	Ewell Court, Epsom ...	do.	Joint building with Central Library dealt with by Education Committee. Endeavour to extend lease of existing premises.
1956/7	Victoria Road, Horley ...	do.	No action at present.
1956/7	Walton Lodge Estate, Banstead ...	do.	
1956/7	Molesey ...	do.	
			No action at present in view of likelihood of clinic accommodation being made available by local authority.
SITES.			
1956/7	Manor Drive, Malden ...	Welfare Centre/School Clinic	Proceed with the purchase of sites.
—	Guildford ...	do.	
1956/7	Reigate ...	Main Ambulance Station ...	No action at present, but purchase of land should proceed, if possible in view of urgent need to secure sites.
1956/7	Wimbledon ...	Ambulance Sub-Station ...	
1956/7	Surbiton ...	do. ...	

Night Attendance Scheme.

The Guildford Old People's Welfare Council in 1954 commenced a voluntary scheme for providing help at night in those homes where there is an elderly infirm person needing attention, either living alone or with relatives who need one or two nights uninterrupted rest. The help is provided from 9.0 p.m. to 7.0 a.m. at a fee of 12s. 6d. per night plus fares. Reduced rates are charged for those unable to pay full cost and inability to pay does not prevent help being provided. The scheme is run in co-operation with the W.V.S., who provide office and equipment free and a member of the W.V.S. acts as Organiser for which she is paid a small sum.

The Guildford Old People's Welfare Council applied to the County Council for financial help in running their scheme and the Council initially agreed for a period of six months to guarantee to meet any loss up to a maximum of £100 sustained on the understanding that any payment made by the County Council was limited to reimbursement of loss on fees, plus bus fares, and that no part of the Council's contribution was to go towards payment of administrative expenses. At the expiration of the six months trial period the Council decided to continue their grant on the same lines and Ministry of Health approval was obtained.

During the year 18 persons were provided with night attendants for varying periods, 4 of them free of cost, the others being charged varying amounts according to their means. A deficit of £100 19s. 6d. was incurred and the Council reimbursed £100. The demands on the service are increasing and it is intended to review the whole question on a County basis at an early date.

Staff Medical Examinations.

An appreciable proportion of the time of assistant medical officers is taken up by staff medical examinations. The number of candidates medically examined prior to entry to the Council's service during the year was 1,755. In addition, a large number of examinations and reports were called for in respect of existing Council employees who had had frequent prolonged absences on account of sickness. The administrative work involved in correspondence with private doctors and hospitals in connection with this latter group is considerable.

Great care is taken to ensure that certain groups of employees, whose work brings them into close contact with children, undergo a chest X-ray before beginning duty, and this is repeated as far as possible at annual intervals. Nurses, tuberculosis health visitors and ambulance personnel are also given a Mantoux test if under the age of 40.

Prevention of Break-up of Families.

The County Health Committee during the year gave consideration to Ministry of Health Circular 27/54, containing suggestions for preventing the break-up of families.

The circular draws the attention of local health authorities to the need for developing their domiciliary services so as to help in keeping families together with the two-fold purpose of preventing ill-health—both physical and mental—of any children involved and of saving the high cost of curative measures involving hospital, institutional, and other residential treatment. The Minister suggests that the health visitor, whose work covers the whole field of prevention of ill-health, is particularly well placed to recognise early signs of failure in the family which may lead to the disruption of normal home life with consequent risk to the mental health of the children. A redeployment of health visitors is suggested to deal with the problem. The Minister recognises that the health visitor may need at times to call in other officers of the local authority or to seek the co-operation of voluntary organisations; that some local authorities may find it necessary to employ other social case workers and to provide specially selected home helps to work with a mother to teach her house-craft; and that in some instances a local authority may have to provide for a mother's special convalescent or re-training facilities.

A sample survey extending over four divisions of the County showed that it might be necessary to deal with between 200 and 250 of the more difficult type of problem family in the County at any one time. There is difficulty in achieving co-ordination in work of this character because of the large number of different bodies concerned including several other County Committees closely interested in the problem—the Children's Committee, the County Welfare Committee and the Education Committee.

The County Health Committee agreed to put into effect the following arrangements :—

(a) The existing arrangements whereby Divisional Medical Officers act as focal points of local activity to ensure the effective and co-ordinated use of the statutory and voluntary services concerned in preventing the ill-treatment of children in their own homes will be extended to include measures for preventing the break-up of families.

(b) Every effort should be made to relieve the health visitors of certain work in the clinics which can be carried out by other staff.

(c) So far as their present duties permit, the tuberculosis care almoners will be employed as qualified social workers to assist in dealing with the problem.

(d) For an experimental period specially selected home helps will be recruited, if possible at existing rates of pay, to assist problem families.

(e) In selected cases mothers and children will be sent to residential homes for convalescence and training.

Later in the year at the request of the County Council, a Special Joint Sub-Committee comprising representatives of the County Health, Welfare, Children's and Education Committees of the County Council was formed and reviewed the principal aspects of the problem as far as they concerned the social services of the Council including lack of accommodation, evictions, neglect or ill-treatment of children in the home, and problem families.

The Sub-Committee then proceeded to call a County Conference which was attended by representatives of the County District Authorities and various voluntary organisations. The Conference met at the end of January, 1956, and set up a Working Party to consider the problem as a whole and to make recommendations.

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 1955 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT						and normally resident outside County of Surrey.			Number born elsewhere in Administrative County but normally resident within the County District.			Number born outside Administrative County but normally resident within the County District.			No. of Regis- tered Births (live and still).
	and normally resident therein.			and normally resident elsewhere in Surrey.												
	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	
M.B. and Urban.																
Banstead	154	—	—	—	—	—	—	—	—	—	—	—	—	—	4	27
Barnes	108	—	—	—	—	—	—	—	—	—	—	—	—	—	5	222
Beddington and Wallington	82	—	—	—	—	—	—	—	—	—	—	—	—	—	8	26
Carshalton	190	—	488	—	—	1,509	—	—	26	—	—	—	—	—	—	89
Caterham and Warlingham	166	—	—	—	—	—	—	—	—	—	—	—	—	—	14	70
Chertsey	97	—	—	—	—	—	—	—	—	—	—	—	—	—	—	466
Coulsdon and Purley	209	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Dorking	62	23	148	—	—	—	—	—	—	—	—	—	—	—	—	24
Egham	120	—	—	—	—	—	—	—	—	—	—	—	—	—	—	287
Epsom and Ewell	108	34	465	—	—	—	—	—	—	—	—	—	—	—	—	3
Esler	156	—	—	—	—	—	—	—	—	—	—	—	—	—	—	60
Farnham	113	3	161	—	—	—	—	—	—	—	—	—	—	—	—	19
Frimley and Camberley	61	—	133	—	—	—	—	—	—	—	—	—	—	—	—	676
Godalming	43	15	—	—	—	—	—	—	—	—	—	—	—	—	—	733
Guildford	142	37	550	—	—	—	—	—	—	—	—	—	—	—	—	37
Haslemere	21	—	120	—	—	—	—	—	—	—	—	—	—	—	—	346
Kingston-on-Thames	100	—	353	—	—	—	—	—	—	—	—	—	—	—	—	402
Leatherhead	122	—	—	—	—	—	—	—	—	—	—	—	—	—	—	210
Malden and Coombe	138	16	—	—	—	—	—	—	—	—	—	—	—	—	—	772
Merton and Morden	115	—	—	—	—	—	—	—	—	—	—	—	—	—	—	152
Mitcham	226	—	221	—	—	—	—	—	—	—	—	—	—	—	—	3
Reigate	146	—	516	—	—	—	—	—	—	—	—	—	—	—	—	6
Richmond	132	—	—	—	—	—	—	—	—	—	—	—	—	—	—	152
Surbiton	164	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Sutton and Cheam	141	—	218	—	—	—	—	—	—	—	—	—	—	—	—	69
Waltham and Weybridge	97	20	322	—	—	—	—	—	—	—	—	—	—	—	—	33
Wimbledon	72	148	—	—	—	—	—	—	—	—	—	—	—	—	—	47
Woking	319	—	537	—	—	—	—	—	—	—	—	—	—	—	—	576
																774
																869
																669
																623
																770
																911
																597
																789
																896
Rural.																
Bagshot	42	—	69	—	—	—	—	—	—	—	—	—	—	—	—	1
Dorking and Horley	82	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
Godstone	185	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28
Guildford	203	—	—	—	—	—	—	—	—	—	—	—	—	—	—	98
Hambleton	95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33
																487
																766
																399
Totals	4,211	296	4,302	15	274	7,453	11	696	1,318	15	195	7,339	22	219	2,066	18,639

The percentage of confinements taking place in hospitals was 73.3; in private nursing homes 4.2 and at home 22.5.

(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. The number of mothercraft classes held separately from the ante-natal clinics continues to increase. These courses of lectures and demonstrations, usually six to eight in number, are mainly taken by health visitors, but in some districts the Council's midwives also take part in the syllabus. Relaxation classes for expectant mothers are also 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. 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 held at Infant Welfare Centres or other premises).	Number of sessions now held per month at clinics included in Col. (2).		Number of Women who :		Total number of attendances during the year.	
		Medical Officers' sessions.	Midwives' sessions.	attended during the year.	were new cases and included in Col. (5).	Medical Officers' sessions.	Midwives' sessions.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Ante-Natal Clinics.							
North-Western ...	17	31	23	1,065	773	2,527	2,003
Central ...	5	24	8	1,120	896	7,160	580
North-Central ...	10	34	24	1,449	1,048	4,744	2,075
Southern ...	6	16	—	282	183	1,055	—
South-Eastern ...	5	17	—	654	424	2,605	—
Northern ...	5	18	6	1,033	736	3,862	524
South-Western—							
Guildford ...	—	—	—	—	—	—	—
Excluding Guildford ...	3	8	—	422	422	2,344	—
North-Eastern—							
Wimbledon ...	2	4	4	252	214	478	299
Merton & Morden ...	2	8	—	366	276	1,272	—
Mitcham ...	3	14	8	848	696	2,066	1,460
Mid-Eastern—							
Carshalton ...	5	20	—	374	246	1,857	—
Beddington & Wallington ...	1	4	—	121	95	460	—
Total ...	64	198	73	7,986	6,009	30,430	6,941
† Post-Natal Clinics.							
North-Western ...	—	—	—	88 (88)	88 (88)	113 (113)	—
Central ...	—	—	—	481 (481)	436 (436)	588 (588)	—
North-Central ...	—	—	—	339 (339)	335 (335)	373 (373)	—
Southern ...	—	—	—	100 (100)	95 (95)	106 (106)	—
South-Eastern ...	—	—	—	160 (160)	142 (142)	186 (186)	—
Northern ...	—	—	—	386 (386)	386 (386)	387 (387)	—
South-Western—							
Guildford ...	—	—	—	—	—	—	—
Excluding Guildford ...	—	—	—	192 (192)	192 (192)	198 (198)	—
North-Eastern—							
Wimbledon ...	—	—	—	12 (12)	12 (12)	12 (12)	—
Merton & Morden ...	—	—	—	29 (29)	29 (29)	29 (29)	—
Mitcham ...	1	1	—	79 (—)	79 (—)	80 (—)	—
Mid-Eastern—							
Carshalton ...	—	—	—	56 (56)	56 (56)	58 (58)	—
Beddington & Wallington ...	—	—	—	10 (10)	10 (10)	10 (10)	—
Total ...	1	1	—	1,932(1,853)	1,860(1,781)	2,140(2,060)	—

† 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, 158 cases were admitted to mother and baby homes, 42 cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, and 55 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 1955 was 10 which gives a maternal mortality rate of 0.54 per thousand live and still births compared with 0.64 for England and Wales. A comparison with previous years will be found under " Vital Statistics " on page 7.

There were 9 deaths which actually occurred in the County all of which were investigated. Two patients were confined at home, one at a private nursing home and the remainder in Surrey hospitals.

(f) Puerperal Pyrexia.

During 1955, 523 cases of puerperal pyrexia were notified representing an attack rate of 28.06 per thousand live and still births as compared with 17.79 for England and Wales. Of these cases 34 occurred in domiciliary confinements and the remainder in institutional confinements.

(g) Infant Mortality.

The infant mortality rate in the Administrative County of 18.08 compares with 24.9 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 8).

The urban infant mortality rate in 1955—namely 17.35 (279 deaths)—is lower than the rural rate—namely 23.36 (52 deaths).

(h) Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1955 as adjusted by transferred notifications :—

Weight at birth.	PREMATURE LIVE BIRTHS.												PREMATURE STILL-BIRTHS.		
	† Born in Hospital			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day.		
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(a) 3 lb. 4 oz. or less (1,500 grms. or less)	74	46	22	2	2	—	8	4	3	2	2	—	1	—	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 grms.)	177	12	151	9	—	8	12	1	11	3	1	2	—	—	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 grms.)	186	4	177	19	—	18	5	—	5	6	—	6	—	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 grms.)	390	5	383	96	1	94	9	—	9	16	—	16	—	—	—
Totals ...	827	67	733	126	3	120	34	5	28	27	3	24	1	—	—
													138	17	1

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

(i) **Ophthalmia Neonatorum.**

In 1955 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 109 babies and 2 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 0.11.

Of the 2 cases notified by medical practitioners none occurred in the practice of midwives. Both of these were treated at home, and in neither case was vision impaired.

(j) **Infant Welfare Centres.**

The County Council maintained 185 infant welfare centres in the year as against 183 in 1954. Additional centres were started at :—

- (i) Hawkedon, London Road, Camberley.
- (ii) Stonecot Hill, Sutton.
- (iii) The Village Institute, Tongham.
- (iv) Haslemere Hall, Haslemere.

The following centres were closed during the year :—

- (i) Emmanuel Church Hall, Sutton.
- (ii) St. Oswald's Church Hall, N. Cheam.

The following table shows the attendance at the centres for the year 1955 :—

Division.	Number of centres provided at end of year.	Number of Child Welfare sessions now held per month at centres in col. (2).	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age.	Number of children who attended during the year and who were born in :			Total number of children who attended during the year.	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year.
				1955.	1954.	1953-50.		Under 1 year.	1 but under 2.	2 but under 5.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
North-Western ...	32	105	2,394	2,245	1,992	3,118	7,355	32,085	9,576	9,281	50,942
Central ...	24	102	2,131	2,133	2,110	3,683	7,926	38,453	12,380	17,031	67,864
North-Central ...	15	89	2,228	2,066	1,660	2,378	6,104	32,944	8,352	8,222	49,518
Southern ...	28	95	1,262	1,095	1,131	2,129	4,355	16,867	7,056	7,986	31,909
South-Eastern ...	15	59	1,071	1,098	526	899	2,523	15,313	4,309	4,768	24,390
Northern ...	7	40	987	909	822	973	2,704	14,817	3,345	2,020	20,182
South-Western—											
Rural ...	34	94	1,320	1,112	1,145	1,933	4,190	18,583	7,404	8,504	34,491
Borough ...	6	32	611	552	533	925	2,010	9,878	2,703	3,903	16,484
North-Eastern—											
Wimbledon ...	5	25	672	591	570	991	2,152	10,821	2,798	4,211	17,830
Merton & Morden ...	5	44	733	676	650	1,256	2,582	12,326	4,031	4,446	20,803
Mitcham ...	5	28	787	910	544	843	2,297	11,862	2,276	1,324	15,462
Mid-Eastern—											
Carshalton ...	5	34	666	614	624	2,136	3,374	9,948	2,375	3,999	16,322
Beddington & Wallington ...	4	12	307	269	323	477	1,069	4,393	1,848	1,561	7,802
	185	759	15,169	14,270	12,430	21,741	48,641	228,290	68,453	77,256	373,999
Voluntary.											
Southern ...	1	1	8	3	15	22	40	58	101	52	211
SW (Army School of Health)											
S.C.C. Health Visitor attends	1	2	14	9	6	11	26	112	80	57	249

It will be noted that the number of children attending the centres in 1955 and who were born in that year formed 77.9 per cent. of the total live births in the year and that the average number of attendances of these children in the year was sixteen.

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 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 43 children under the age of five years and 29 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 20 day nurseries with a total number of 788 places, two nurseries (Carshalton and Hook Road, Epsom) having been closed during the year and the children transferred to adjoining nurseries.

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.

The scheme for the distribution of welfare foods referred to in my report for the previous year continued during 1955 and the County Council were fortunate in still having the services of the W.V.S. whose help in staffing the distribution centres was greatly appreciated.

For the year 1955 the following issues were made :—

National Dried Milk.			C.L.O.	A. & D.	Orange Juice.	
Free.	10½d.	4/-			Free.	5d.
3,032	399,615	774	190,007	72,741	4,804	1,188,934

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	C.L.O.	A. & D.	Orange Juice.
Hospitals	2,914	125	12	4,875
Nurseries	100	2,024	—	5,353

Number and type of distribution points at end of the year :—

- (a) Maternity and child welfare centres ... 174
- (b) Others 81

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.**Report of the Chief Dental Officer for the Year, 1955.**

This service provides dental inspection and treatment for expectant mothers, nursing mothers and children under school age, and is carried out by the Council's staff of dental officers, who are primarily engaged in the School service. No routine inspection of patients in these categories was carried out during 1955, but the service was open to receive eligible patients referred by medical officers, health visitors, midwives, general medical practitioners or on personal application to the clinic.

The time given to this service in 1955 was the equivalent of 1,505 sessions and total attendances made by patients amounted to 11,008.

The number of patients making a first attendance in the year was 3,726, 70 per cent. of which were children under five years of age.

Statistical information is provided in the table overleaf and shows only slight variation on 1954 figures, there being a continued tendency towards increase in conservative treatment for the pre-school child in that the number of fillings exceeded the number of extractions by 1,144. Dental Radiography when necessary was available at seven centres, and dentures were provided for mothers as required.

D. M. McCLELLAND,

Chief Dental Officer.

(a) Numbers provided with dental care.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers ...	1,224	1,069	1,114*	855
Children under 5 ...	2,808	2,273	2,612*	2,130

* Includes cases carried over from 1954.

(b) Forms of treatment provided.

	Scalings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extractions.	General anaesthetics.	Dentures provided.		Radio-graphs.
							Full upper or lower.	Partial upper or lower.	
Expectant and Nursing Mothers ...	416	2,177	—	17	2,035	444	157	185	51
Children under 5 ...	—	3,752	760	—	2,608	1,354	—	—	4

MIDWIFERY AND HOME NURSING.

Domiciliary Midwifery and Home Nursing.

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

(a) REFRESHER COURSES FOR MIDWIVES, DISTRICT NURSES, AND HEALTH VISITORS.

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 fifth 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 Dr. D. F. Whitaker, Chairman of the Surrey Local Medical Committee, 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.

The teaching of parentcraft by the health visitors has played an increasing part in their health education work and in many welfare centres groups are conducted by them. With a view to expanding this aspect of their work 47 health visitors and 6 midwives attended a 2-day course at Glyn House, Ewell, organised by the Central Council for Health Education.

Advantage is taken of refresher courses for district nurses organised by the Royal College of Nursing and the Queen's Institute of District Nursing. By these means the nurse attends for post-graduate training every five years.

(b) 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.

(c) WORK OF THE DISTRICT NURSES.

At the end of the year there were 273 full-time and 64 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1955 was as follows :—

Division.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal complications.	Others.	Totals.	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year.	Children included in (2)-(7) who were under 5 at the time of the first visit during the year.	Patients included in (2)-(7) who have had more than 24 visits during the year.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended by Home Nurses during the year :—										
North-Western ...	3,865	752	5	91	19	55	4,787	2,407	263	683
Central ...	3,840	1,346	65	88	21	131	5,491	2,653	187	1,153
North-Central ...	4,043	1,353	20	64	53	51	5,584	2,751	234	866
Southern ...	2,095	770	2	34	6	46	2,953	1,453	248	489
South-Eastern ...	1,437	428	1	24	7	54	1,951	997	127	314
Northern ...	2,130	241	3	40	6	16	2,436	1,469	54	431
South-Western—										
Borough ...	1,635	166	47	17	7	15	1,887	707	68	335
Rural ...	3,112	785	59	57	23	27	4,063	1,704	293	515
North-Eastern—										
Merton & Morden	1,273	138	5	80	2	4	1,502	851	29	301
Mitcham ...	1,124	187	—	60	3	7	1,381	745	47	245
Wimbledon ...	1,539	102	9	42	2	7	1,701	844	39	267
Mid-Eastern—										
Beddington & Wallington	582	178	26	14	7	10	817	398	22	135
Carshalton ...	715	253	1	46	2	—	1,017	365	10	211
	27,390	6,699	243	657	158	423	35,570	17,344	1,621	5,945
Number of visits paid by Home Nurses during the year :—										
North-Western ...	64,442	10,617	13	3,086	121	3,389	81,668	50,871	1,847	48,742
Central ...	103,548	26,796	786	5,005	137	2,524	139,396	96,590	1,041	97,985
North-Central ...	78,279	17,148	185	1,650	400	2,434	100,066	70,074	1,535	55,863
Southern ...	41,258	13,339	5	1,847	47	3,588	60,084	40,610	2,043	24,696
South-Eastern ...	25,094	6,653	11	1,461	71	924	34,214	24,577	726	22,231
Northern ...	47,425	6,066	41	2,053	42	195	55,822	42,165	315	40,479
South-Western—										
Borough ...	29,603	4,513	372	570	48	1,079	36,185	23,533	467	29,848
Rural ...	47,576	11,799	516	1,615	140	4,186	65,832	42,422	1,897	38,107
North-Eastern—										
Merton & Morden	23,730	3,599	20	3,572	8	422	31,351	19,554	148	19,820
Mitcham ...	23,608	3,477	—	1,464	9	263	28,821	19,463	306	19,191
Wimbledon ...	24,189	3,142	65	2,211	19	687	30,313	20,526	194	20,920
Mid-Eastern—										
Beddington & Wallington	9,880	2,937	261	687	86	485	14,336	9,674	149	10,058
Carshalton ...	13,758	2,868	3	3,664	7	—	20,300	9,698	57	14,812
	532,360	112,954	2,278	29,485	1,135	20,176	698,388	469,757	10,725	442,752

It is interesting to note how large a proportion of the time of the district nurses is devoted to the care of patients over the age of 65. Thus, nearly half the cases they visited (48.8 per cent.) were over this age, while the percentage of visits to elderly patients was 67.3 per cent. of the total visits, so that these patients need on average more attention than the younger ones.

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 1955 was 561 compared with 569 in 1954.

(b) WORK OF THE MIDWIVES DURING 1955.

(1)	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Doctor or another).	Doctor not present at time of delivery of child.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority...	62	1,046	970	1,920	3,998	—
(b) Midwives employed by Voluntary Organisations :—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	788
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	11,879
(d) Midwives in private practice (including midwives employed in Nursing Homes)	10	4	10	—	24	381
Total	72	1,050	980	1,920	4,012	13,048

It will be noted that of 17,060 confinements attended by midwives during the year, only 4,012 (or 23.5 per cent.) occurred in the homes ; of the remainder, 11,879 (or 69.6 per cent.) were confined in hospital and 1,169 (or 6.9 per cent.) in nursing homes and hospitals not transferred to the Ministry of Health.

(c) SUMMONING OF MEDICAL AID.

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

(i) For domiciliary cases :—

(a) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	625
(b) Others	254

(ii) For cases in Institutions 626

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	1,505
Stillbirths	92
Laying out dead body	43
Liability to be a source of infection	281
Death of mother or baby	55
Artificial feeding (in addition to or in place of breast feeding)	2,100
	<hr/>
	4,076

In previous reports I have drawn attention to the steady increase in notifications of artificial feeding. The tendency is still for the number of these cases to increase and the following table gives detailed information relating to the last five years :—

Year.	Total notifications.	Notifications in respect of :		% Proportion of confinements where artificial feeding was adopted.	
		Hospital confinements.	Domiciliary confinements.	Hospital.	Domiciliary.
1951... ..	877	764	113	6.1	3.0
1952... ..	1,617	1,490	127	12.5	3.4
1953... ..	1,806	1,675	131	13.9	3.3
1954... ..	1,832	1,664	168	13.5	4.3
1955... ..	2,100	1,862	238	14.3	5.9

(e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid...	...	...	...	...	...	...	...	205
Stillbirths...	...	...	...	...	...	...	...	65
Liability to be source of infection	...	...	...	...	...	...	...	218
Death of mother or baby	...	...	...	...	...	...	...	50
Total...	...	...	...	...	...	...	...	538

(f) ADMINISTRATION OF ANALGESICS.

INHALATIONAL.

(i) Gas and Air.

During the year 1955 gas and air analgesia was given by midwives in 3,527 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	...	...	...	176
(ii) In institutions	...	...	...	213

(ii) Trilene.

The Central Midwives Board gave approval during the year to the use by midwives, on their own responsibility, of an apparatus for the administration of Trilene, inhalational analgesia.

Arrangements were made for domiciliary midwives to attend a lecture given by a specialist anaesthetist in the use of the apparatus and the Council approved the purchase of eight inhalers in May.

Owing to delay in delivering the machines, they were not available for use until November and by the end of the year had been used in 10 cases.

OTHER.

Pethedine.

During the year pethedine was administered by midwives in domiciliary practice in 1,858 cases.

Geriatric Visiting and Social Work.

For some time, the Joint Liaison Committee (on which the County Health Committee, the Regional Hospital Board and the Executive Council are represented) had been considering means of improving the services for the care of the aged and they had recommended to their parent bodies—that consideration should be given to the establishment of a geriatric unit in each hospital group under the charge of a medical officer who should be jointly appointed by the Regional Hospital Board and the County Council and who would be responsible for seeing all elderly people recommended to the unit, assessing their needs and ensuring that they were met and who would have control of hospital beds, both male and female, to which he could admit cases primarily for diagnostic purposes. Such an officer would also be able to ensure admission to welfare accommodation, to arrange attendance at special clinics and would be able to lay on domiciliary services both official and voluntary at need. He would be assisted by one or more geriatric social workers who might be trained nurses or health visitors.

Such a unit has been established in association with the Kingston Hospital Management Committee; the County Council pays five elevenths of the medical officer's salary and provides a health visitor who devotes the whole of her time to the old people. The Hospital Management Committee, on its side, has increased its establishment by one physiotherapist for the old people and has so far arranged for the geriatric medical officer to be in charge of a unit of female beds, though not yet of male.

The geriatric social worker attached to the St. Luke's Hospital, Guildford, continued to serve in this expanding part of the domiciliary service during the year and dealt with a considerably larger number of cases which were referred to her now that she and the service are becoming known in the area.

Statistics relating to the work of both geriatric visitors are given below:—

			<i>Guildford Hospital Area.</i>		<i>Kingston Hospital Area.</i>	
					(a) <i>N. Division.</i>	(b) <i>N.C. Division.</i>
Total number of Patients visited	...	...	347		129	259
Cases referred by—						
(a) General Practitioners	...	...	85		82	187
(b) Geriatric Clinic	...	...	17		—	—
(c) Almoners	...	...	216		24	32
(d) Public Health Departments	...	...	9		—	—
(e) Other sources	...	...	20		—	—
Total number of visits paid			1,372		513	728
Cases dealt with who were—						
(a) Admitted to Hospital	...	...	35		36	84
(b) Admitted to Nursing Homes	...	...	3		4	12
(c) Admitted to Welfare Homes	...	...	12		2	6
(d) Admitted to Hospital to give relatives a rest	...	...	6		30	40
(e) Admitted to day Hospital	...	...	4		—	—
(f) Died	...	...	62		13	31

The services of the social workers 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 969 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis).

HEALTH VISITING

(a) Establishment.

At the end of the year the total establishment of health visitors was 208, an increase of one. 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.

(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:—

Division.	Field establishment at 31st December, 1955.		Live births 1955.		Case load.	Average No. per H.V.	No. of children under 5 years of age visited during year.	Expectant mothers.		Children under 1 year of age.		Children age 1 and under 2 years.		Children age 2 and under 5 years.		Other.	Total No. of families or households visited by Health Visitors.
	D.H.V.	H.V.	Registered and adjusted.	No. of 1955 birth cards.				First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.		
North-Western ...	1	25	3,145	2,684	13,592	544	13,083	912	1,583	3,295	17,480	9,503	14,852	8,773	11,355		
Central ...	1	23	2,595	2,477	12,466	542	11,739	2,144	4,210	3,304	16,104	8,772	13,854	7,516	10,638		
North-Central ...	1	23	2,592	2,439	11,195	486	13,400	1,093	1,794	2,539	14,517	7,972	14,883	7,745	10,255		
Southern ...	1	18	1,775	1,641	8,011	445	7,735	673	1,231	1,674	10,005	4,978	11,454	7,121	8,094		
South-Eastern ...	1	11	1,317	1,323	6,063	551	6,059	334	456	1,312	7,371	3,759	7,471	3,736	5,631		
Northern ...	1	10	1,045	929	4,163	416	4,819	436	937	991	4,690	2,359	3,075	3,042	3,678		
South-Western—																	
Borough ...	1	6	758	690	3,104	517	3,662	330	499	708	4,414	2,370	4,673	3,581	2,800		
Rural ...	1	15	1,567	1,365	6,087	406	7,821	633	891	1,625	9,506	4,727	8,184	4,007	5,869		
North-Eastern—																	
Merton and Morden ...	1	9	755	690	3,479	387	4,729	422	721	773	4,597	2,459	4,761	2,895	3,613		
Mitcham ...	1	9	855	815	3,801	422	4,594	399	549	809	4,810	2,719	5,274	4,108	3,732		
Wimbledon ...	1	7	781	702	3,229	461	4,176	326	641	696	3,576	1,777	3,769	2,059	3,127		
Mid-Eastern—																	
Beddington and Wallington ...	1	4	365	363	1,772	443	2,270	194	357	372	1,632	992	1,939	719	1,518		
Carshalton ...	1	9	765	742	3,624	403	4,528	413	693	757	3,401	2,055	4,241	1,682	3,304		
Relief Staff ...	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—		
Total ...	9	174	18,305	16,860	80,586	—	88,615	8,309	14,562	18,855	102,103	54,442	98,370	56,984	73,614		

(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 60.

(d) The Health Visitors' Training Course.

In the report for 1954 mention was made of the difficulty in recruiting suitable candidates for the course and the County Council therefore approved revised arrangements, with the concurrence of the Ministry of Health, to make the course more attractive to prospective students.

The conditions of service for the students now provide for the payment of a salary calculated at the rate of three-quarters of the minimum salary for a qualified health visitor, the students agreeing to serve, if required, as health visitors in the county for at least one year after qualifying. The students are not eligible for assistance from the Education Committee and pay their own examination fees.

Sixteen students were selected to take the Health Visitors' Training Course at Brooklands College, Weybridge, which commenced in September, 1955. 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 fifteen students who entered for the examination of the Royal Society for the Promotion of Health, fourteen were successful in obtaining the health visitors' certificate.

One student did not enter for the examination: she became ill during the earlier part of the course and decided not to proceed with her studies.

Thirteen of the successful candidates have been recruited to the County Health staff. This figure compares most favourably with that of three for the previous year.

(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 1955, 45 lectures were given by senior health visitors, 16 by superintendent 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 1955 and the immunised state of the child population at the 31st December, 1955.

District.	No. of children.			Total No. of children who completed a course of immunisation whether primary or reinforcing at any time since 1st January, 1941.				Immunity index.			
	Immunised in 1955.		Who received a re-inforcing injection.								
	0-4 yrs.	5-14 yrs.		0-1 yrs.	1-4 yrs.	5-9 yrs.	10-14 yrs.	0-1 yrs.	1-4 yrs.	5-14 yrs.	Under 15 Total.
M.B. and Urban.											
Banstead	360	23	214	56	1,355	2,445	2,155	13.1	59.6	53.9	53.3
Barnes... ..	342	36	764	132	1,420	2,047	2,208	30.3	76.9	76.9	73.9
Beddington and Wallington	241	75	486	9	1,016	2,303	2,039	2.3	63.5	61.1	58.2
Carshalton	550	90	1,044	66	1,992	4,246	3,396	8.2	63.2	66.4	62.1
Caterham and Warlingham...	288	29	465	39	1,089	2,185	1,682	8.1	69.3	72.2	67.4
Chertsey	373	48	281	25	1,407	2,084	1,998	4.6	72.0	58.8	58.3
Coulsdon and Purley	753	47	1,043	111	2,381	3,977	3,597	12.9	83.8	68.2	67.9
Dorking	198	8	53	20	676	1,394	1,590	7.4	55.6	59.2	55.2
Egham	327	11	159	51	1,158	1,664	1,287	13.1	79.3	79.8	74.9
Epsom and Ewell	577	64	912	97	2,015	5,043	5,128	15.2	72.2	75.8	71.6
Esher	452	52	633	53	1,815	3,858	4,369	7.4	67.0	61.1	59.7
Farnham	270	6	395	61	955	1,746	1,486	33.8	71.9	62.5	69.9
Frimley and Camberley	250	68	662	14	1,008	1,591	1,262	3.5	69.1	78.6	69.4
Godalming	159	23	280	12	554	875	865	5.8	74.2	67.8	65.3
Guildford	414	35	682	88	1,767	3,512	2,523	12.7	72.7	71.5	67.2
Haslemere	140	30	314	37	526	916	996	25.3	59.4	95.9	81.8
Kingston-on-Thames	437	66	1,024	105	1,406	2,473	1,839	21.0	78.0	34.4	45.1
Leatherhead	373	23	515	99	1,113	2,578	1,522	26.4	74.2	68.7	67.4
Malden and Coombe	476	44	711	81	1,587	3,312	3,421	14.5	60.9	61.8	58.3
Merton and Morden	495	45	522	28	2,858	5,012	4,907	3.7	84.2	66.9	67.7
Mitcham	433	133	1,059	18	2,006	4,558	3,605	2.2	49.9	73.4	62.7
Reigate	649	122	621	150	1,798	2,921	2,818	23.4	59.7	43.9	47.0
Richmond	484	35	951	169	1,844	2,775	2,100	28.2	82.1	78.9	76.0
Surbiton	675	44	244	126	2,501	4,206	3,493	15.7	71.4	37.0	45.5
Sutton and Cheam	681	58	474	68	2,529	4,927	4,264	7.2	68.5	60.9	59.4
Walton and Weybridge	310	29	270	21	1,376	2,167	2,513	3.4	58.8	49.0	48.7
Wimbledon	335	24	671	11	1,474	3,536	2,864	1.0	45.0	48.0	52.0
Woking	541	151	699	38	1,982	4,046	3,406	4.3	64.2	60.8	57.6
Rural.											
Bagshot	132	19	92	—	519	1,019	956	—	66.5	57.9	56.7
Dorking and Horley	324	8	58	36	1,138	2,067	1,965	8.4	66.1	50.9	52.1
Godstone	274	152	473	90	1,103	1,899	1,812	20.9	59.6	78.6	70.0
Guildford	395	113	835	102	1,799	3,458	2,188	15.5	53.8	77.3	66.8
Hambleton	250	137	537	52	1,071	2,343	2,042	12.5	47.6	82.3	68.9
Totals	12,958	1,848	18,153	2,065	49,238	93,383	81,996	11.5	66.0	62.2	60.0

(ii) DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

There were no cases of diphtheria notified during the year.

During the year 957 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.	Age	Vaccinated.					Re-Vaccinated.						
		—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
M.B. and Urban.													
Banstead		261	14	13	9	24	321	—	—	2	19	148	169
Barnes		230	15	10	15	19	289	—	—	6	29	103	138
Beddington and Wallington		67	135	3	13	11	229	—	—	1	8	45	54
Carshalton		400	18	14	10	30	472	—	—	1	11	62	74
Caterham and Warlingham		237	14	15	8	7	281	—	—	8	18	97	123
Chertsey		155	125	18	20	14	332	—	—	1	9	84	94
Coulsdon and Purley ...		497	34	18	21	26	596	—	1	4	14	105	124
Dorking		98	5	3	1	13	120	—	—	1	14	39	54
Egham		212	14	11	9	18	264	—	—	—	7	39	46
Epsom and Ewell		439	19	11	10	47	526	—	2	5	35	146	188
Esher... ..		412	13	12	10	5	452	—	—	2	14	25	41
Farnham		160	76	7	3	10	257	—	—	3	24	72	99
Frimley and Camberley ...		219	24	20	13	14	290	—	1	12	39	76	128
Godalming		82	45	2	3	6	138	—	—	4	12	30	46
Guildford		317	10	8	9	14	358	—	—	1	12	70	83
Haslemere		104	6	9	7	6	132	—	—	3	14	19	36
Kingston-on-Thames		287	12	9	12	18	338	—	—	1	13	84	98
Leatherhead... ..		264	14	11	8	19	316	—	—	5	35	127	167
Malden		376	14	16	6	10	422	—	—	4	4	27	35
Merton and Morden		440	19	7	13	28	507	—	1	5	23	113	142
Mitcham		328	202	21	10	25	586	—	1	3	5	62	71
Reigate		341	10	14	25	18	408	—	2	4	39	128	173
Richmond		298	30	6	5	19	358	—	—	11	24	206	241
Surbiton		489	33	22	16	54	614	—	—	—	22	189	211
Sutton and Cheam		464	19	11	25	38	557	—	2	8	15	131	156
Walton and Weybridge ...		156	148	11	19	25	359	—	—	6	28	174	208
Wimbledon		286	14	13	5	19	337	—	—	2	1	45	48
Woking		209	238	28	17	21	513	—	—	1	25	165	191
Rural.													
Bagshot		62	51	3	6	6	128	—	—	—	4	13	17
Dorking and Horley		171	11	18	12	11	223	—	—	9	22	116	147
Godstone		154	116	35	10	13	328	—	—	4	36	109	149
Guildford		396	15	28	4	17	460	—	—	6	26	80	112
Hambleton		254	12	7	11	14	298	—	—	6	30	125	161
Total		8,865	1,526	434	365	619	11,809	—	10	129	631	3,054	3,824

There were no cases of complications arising from vaccination reported during the year.

(c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1955. The vaccine used under the County Council scheme is prescribed from time to time by the County Medical Officer. In interpreting these figures it should be borne in mind that many children are inoculated with a combined diphtheria-pertussis prophylactic.

District.	No. of children who completed a course of inoculation during 1955.		No. of children who received a re-inforcing injection during 1955.	
	0-4 years.	5-14 years.	0-4 years.	5-14 years.
M.B. and Urban				
Banstead	124	9	5	—
Barnes	332	6	7	18
Beddington and Wallington ...	229	4	4	26
Carshalton	533	15	92	22
Caterham and Warlingham ...	296	14	85	68
Chertsey	371	14	6	41
Coulsdon and Purley	634	18	110	154
Dorking	183	2	1	—
Egham	341	18	35	14
Epsom and Ewell	528	24	85	100
Esher	445	22	30	112
Farnham	259	4	3	8
Frimley and Camberley ...	243	7	36	37
Godalming	167	6	1	10
Guildford	365	23	4	166
Haslemere	126	2	6	26
Kingston-on-Thames	443	27	97	17
Leatherhead	351	13	12	65
Malden and Coombe	461	16	9	64
Merton and Morden	466	11	24	34
Mitcham	432	34	3	28
Reigate	604	169	22	49
Richmond	476	5	6	15
Surbiton	683	54	8	124
Sutton and Cheam	664	14	42	49
Walton and Weybridge ...	305	22	6	85
Wimbledon	328	9	12	35
Woking	524	34	9	74
Rural.				
Bagshot	120	14	1	33
Dorking and Horley	310	6	3	8
Godstone	175	19	7	18
Guildford	445	12	6	17
Hambledon	242	43	9	17
Total	12,205	690	786	1,534

(d) B.C.G. Vaccination.

The scheme for the B.C.G. vaccination of school children between their thirteenth and fourteenth birthdays which was inaugurated during 1954 continued during the year under review and the response for this form of protection has been encouraging.

B.C.G. Vaccination of School Children aged 13 years. Statistics for 1955.

Division.	In age group.	Consents.	Percentage of consents.	Absent.	Mantoux +ve.	Percentage +ve.	Absent from B.C.G.	Vaccinated.	Percentage of age group who were vaccinated.
North-Western ...	2,220	1,232	55.5	46	188	15.9	11	1,060	47.8
Central ...	1,740	1,154	66.3	14	111	9.7	—	1,078	62.0
North-Central ...	1,966	1,249	63.5	34	128	10.5	10	1,097	55.8
Southern ...	1,770	1,137	64.3	80	200	19.0	2	855	48.3
South-Eastern ...	773	484	62.6	35	60	13.4	11	382	49.4
Northern ...	741	569	74.1	1	94	16.5	6	468	63.2
South-Western—									
Borough ...	709	450	63.5	2	55	12.3	16	377	53.2
Rural ...	1,209	802	66.3	26	130	16.8	25	621	51.4
North-Eastern—									
Merton and Morden ...	1,443	1,011	70.1	64	104	11.0	32	811	56.2
Mitcham ...	1,235	955	77.3	51	147	16.3	16	741	60.0
Wimbledon ...	1,209	922	76.3	101	94	11.4	15	716	59.2
Mid-Eastern—									
Beddington and Wallington ...	392	220	62.5	—	17	8.4	—	200	51.0
Carshalton ...	628	390	62.1	19	39	10.5	1	331	52.7
Totals ...	16,035	10,575	65.8	473	1,367	13.5	145	8,737	54.5

No cases of tuberculosis occurring to a B.C.G. vaccinated child have been reported.

AMBULANCE SERVICE.

(1) Organisation, Administration and Strength.

Owing to the large increase in the amount of overtime worked, it was considered advisable to re-arrange the periods of duty so as to reduce the number of personnel on duty during the night when there are comparatively few calls and to utilise the personnel so released to increase the number available during the busy day-time periods. The following sub-stations were affected by this arrangement and became operational only between the hours of 7 a.m. and 11 p.m. daily:—

Mitcham, Surbiton, Egham, Weybridge.

At Camberley, although it was not operationally possible to close the station at night, economies were made by arranging for two personnel to sleep at the Station between the hours of 11 p.m. and 7 a.m. for which they receive payment of 10s. per night, plus overtime rates when called out. A similar arrangement was also made at Haslemere to overcome staffing difficulties brought about by the resignation of St. John Ambulance Brigade personnel who used to man this station during the night on a voluntary basis.

(2) Development.

The new Control Station at St. Helier, Carshalton was opened during the year. This station is the main Control for the County Districts of Banstead, Beddington and Wallington, Carshalton, Coulsdon and Purley, Merton and Morden, Mitcham, Sutton and Cheam, and Wimbledon, and is the third of such new stations to be completed.

The fourth and last of these new stations is required in the Reigate area of the County but although a number of sites have been inspected a suitable one has not yet been obtained.

(3) Vehicle Replacement Programme.

Of the sixty-two ambulances in the direct service, the twenty-three Austin, Morris and Bedford vehicles which were purchased in 1948-49 had been estimated to have a useful life of seven years; consequently it was expected that provision would have to be made for their replacement in 1955 and 1956. The vehicles were surveyed by technical officers on the staff of the County Engineer and it was decided that the reliability of the service could be maintained if the vehicles were replaced over a period of three years. As part of this replacement programme seven new Daimler ambulances were put into service in 1955 and the seven vehicles so replaced have been handed over to Civil Defence as training ambulances. It is intended that the remaining sixteen Morris and Bedford ambulances shall be replaced in 1956 and 1957, as required. The remainder of the fleet consists of thirty-nine

Daimler ambulances which were purchased in 1950, and which have an estimated life of ten years; it will not, therefore, be necessary to consider a replacement programme for these for a number of years.

The twenty-five sitting case vehicles have also been surveyed by the technical staff. Twenty-one of these have exceeded or were approaching their estimated life of 100,000 miles and were becoming uneconomical to maintain; it was consequently decided that they should also be replaced within the same period as the ambulances. Five sitting case vehicles were replaced in the latter months of 1955.

(4) Radio Telephone Scheme.

In March 1952 the Council approved in principle the establishment of a radio-telephone scheme for the ambulance service as a whole and gave specific approval for the scheme to be implemented in the two Control Areas in the Metropolitan part of the County. This partial scheme was in full operation by the beginning of 1954 and evidence of its success was given in my report for that year. In April 1955 the Council considered and approved the extension of the scheme to cover the remainder of the County at an estimated cost of £10,649. This extension allows for two fixed Transmitting/Receiving Stations and a total of sixty-eight mobile sets for fitting to ambulance vehicles, ten of which are for additional vehicles working under the existing scheme. One of the fixed Transmitter/Receivers is situated at the Margery Water Tower, Reigate Hill, where the East Surrey Water Board kindly gave permission for the mast and aerials to be fitted on the roof of the tower and provided a small room in the base of the tower to house the radio sets. This installation which is operated by remote control from the Smallfields Control Station was completed and became operative in November 1955. The second of these stations is to be situated on the Hog's Back, Guildford, where permission has been obtained to use the existing Police radio masts on which to erect the Ambulance Service aerials. This station will be remotely operated from the Guildford and Chertsey Control Stations and the installation should be completed and the scheme in operation early in the financial year 1956-57.

(5) Voluntary Organisations.

The St. John Ambulance Brigade have continued to provide a Control Station at Guildford, nine agency stations and six supplementary stations. The British Red Cross Society have provided two agency sub-stations and two supplementary stations.

Both these Voluntary Organisations have continued to play an important part in the unified service, but as reported last year are still finding it difficult to man their vehicles by volunteers to the same extent as they have in the past. In any case, most volunteers are only free at night and weekends, and it has been found necessary to increase the number of full-time paid personnel working for both St. John Ambulance Brigade and the British Red Cross Society. The wages of these men are of course reimbursed in full by the County Council.

The Hospital Car Service, whose drivers are paid a mileage allowance by the Council, continues to provide the bulk of transport for patients whose need is for a car rather than an ambulance.

(6) Vehicle Maintenance.

The County Engineer is responsible for vehicle maintenance and I am obliged to him for the following report.

The County Engineer's staff who carry out vehicle servicing and most mechanical and electrical repairs in the repair bays provided at the new Control Stations have now been increased to a total of ten personnel who are directly responsible to the Vehicle Maintenance Officer who was appointed in 1954.

Arrangements have been made whereby all ambulance vehicles receive the necessary regular servicing under a progressive maintenance system based on 1,000 miles or one month.

A technical store is also maintained at each service bay so that faulty parts may be replaced quickly and the vehicle put back into service without any undue loss of time.

During this year specifications were laid down and arrangements made with local contractors for the repainting of twenty vehicles.

(7) Emergency Work.

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

The table given below shows the position since 1950 regarding the numbers of emergency patients carried by the service.

Year.				No. of Patients. Increase over 1950.	
					%
1950	...	...	...	10,039	—
1951	...	...	...	12,104	21
1952	...	...	...	13,581	35
1953	...	...	...	14,621	46
1954	...	...	...	14,548	45
1955	...	...	...	15,736	58

The average time taken to arrive at the scene of an incident from the time of receipt of the emergency telephone call was 5.5 minutes for the direct service and 6.9 minutes for the voluntary organisation services who mainly operate in the more rural parts of the County with the consequent longer journeys.

The total number of emergency calls answered by the Service during the year was 15,978 of which 1,271 were false alarms, i.e. ambulance transport was not required. Of these calls those for sudden illness decreased by 5.8 per cent. but the accident calls show an increase of 14.3 per cent. over the previous year.

(8) Non-Emergency Work.

(i.e., Routine Hospital admissions and discharges, out-patients, etc.)

The requests for ambulance transport for these types of cases which can only be granted on the authority of a registered medical practitioner have shown a steady increase since 1951, and this year have increased by 28,777 patients over 1954, an increase of 9.4 per cent.

This increase in demand both for emergency and general work gave rise to serious difficulties in carrying out the non-emergency work promptly and unfortunately considerable delay was experienced in the delivery of the six additional sitting-case vehicles which were intended to remedy the position. A further six additional sitting-case vehicles are to be provided in 1956 in order to keep pace with the increasing demands and to take over the work which the Hospital Car Service is unable to do. It will be noted from the tables that for the second year in succession there has been a falling off in the work undertaken by the Hospital Car Service.

(9) Summary of Work.

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

Service.	1952		1953		1954		1955	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
County Service (including Contractors)	136,874	1,110,129	136,913	1,142,356	154,604	1,254,516	195,249	1,330,774
Infectious Disease Hospitals ...	597	12,021	710	12,918	758	13,922	924	16,055
Voluntary Organisations—								
S.J.A.B. ...	36,243	458,707	40,077	513,925	41,631	463,866	48,673	545,244
B.R.C.S. ...	5,343	75,202	4,717	70,548	4,488	67,315	4,663	61,990
Hospital Car Service	114,411	1,618,521	120,957	1,663,581	120,290	1,584,857	102,469	1,486,627
Total ...	293,468	3,274,580	303,374	3,403,328	321,771	3,384,476	351,978	3,440,690

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

<i>Annual Percentage Increase in Ambulance Mileage relative to 1949.</i>			
<i>Surrey Ambulance Service.</i>		<i>Ministry of Health Figures for Whole Country.</i>	
<i>Year (Jan.-Dec.).</i>	<i>Increase.</i>	<i>Year (April-Mar.)</i>	<i>Increase.</i>
	%		%
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	26
1955	12.0	1955/56	not yet available

(10) Back Injuries to Service Personnel.

I have been concerned at the number of back injuries and strains incurred by personnel of the Service whilst lifting and carrying patients. Apart from the distress to the personnel concerned and to their families, these injuries have given rise to a great amount of sick leave and very often the personnel on sick leave have had to be replaced by other personnel working overtime which has led to an uneconomic increase in the cost of the Service.

Previous training in lifting technique has related to the comfort of the patient, whereas the injuries incurred are related to the posture of the persons doing the lifting.

In an effort to overcome or mitigate these difficulties, the Physiotherapy Department of the University College Hospital has agreed to carry out some research and to train selected instructors in lifting technique.

An analysis of the circumstances in which back injuries were incurred seems to indicate that most injuries happen whilst patients are being lifted sideways, from a bed to a stretcher, etc., or up and down difficult staircases which have awkward turns and corners.

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

(a) Tuberculosis.

CHEST CLINIC ORGANISATION.

There are seventeen independent Chest Clinics which are grouped under the respective Chest Physicians into eleven Chest Clinic areas, each area being in charge of a Chest Physician (one is in charge of the Mass Radiography Unit, and two others are Physician Superintendents of Milford Chest Hospital and King George V Chest Hospital respectively). The five 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 45 health visitors on the staff of whom 19 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 1955 these health visitors paid a total of 27,839 visits to tuberculous households and attended 3,203 chest clinic sessions.

The development of the new central Chest Clinic for Mitcham, Merton and Morden and Wimbledon Chest Clinics at Cumberland Hospital has not yet started, but it is now hoped that building will commence in 1956. The development of a central clinic at St. Peter's Hospital, Chertsey to replace the Woking, Weybridge and Egham Chest Clinics and of a new chest clinic at Purley General Hospital are also expected to be undertaken during 1956. The Epsom Chest Clinic forming part of the new out-patient department of Epsom District Hospital was opened in October, 1955, the chest clinic at Waterloo Road, Epsom, being given up. Farnham Chest Clinic was transferred to a newly developed chest clinic at Aldershot Infectious Diseases Hospital early in 1955, the Consultant supervision being transferred from the Chest Physician, Guildford, to the Physician Superintendent, King George V Chest Hospital, Godalming. Development of new Chest Clinic premises for Godalming patients took place at Milford Chest Hospital early in 1955 and was opened later in the year. These three Chest Clinics offer all modern diagnostic and treatment facilities. The building of the Redhill Chest Clinic as part of the development of the new out-patient department at Redhill Hospital commenced towards the end of 1955. Detailed plans for the development of new Chest Clinics for Mortlake at the Royal Richmond Hospital and the Kingston Chest Clinic at Kingston Hospital are still under consideration. It is intended to provide major X-ray facilities to Guildford Chest Clinic in the ensuing year. When this programme is completed it will provide modern diagnostic and treatment facilities for chest clinic patients throughout the County.

During the year a review team of the Chest Services Sub-Committee of the South West Metropolitan Board carried out a detailed examination of the bed states and the general clinic arrangements throughout the Region including Surrey. The Sub-Committee's report which was accepted by the Board provided for a reduction of tuberculosis beds in keeping with the present demand, an upgrading of chest clinic facilities where appropriate, and includes proposals for the recasting of the Redhill and Purley Chest Clinic areas whereby the former will be linked with Crawley (Horsham) Chest Clinic Area, and the latter possibly associated with one of the St. Helier Chest Clinics.

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 and Supervision of Contacts.*

The examination and continuing supervision of contacts continues at a high level. In 1955, a total of 3,321 new contacts were seen at chest clinics, of which 38 were diagnosed as suffering from tuberculosis (11.4 per 1,000 examined). The total new contacts examined in 1955 represents a decrease of 113 on the 1954 figure.

The ratio of new contacts examined to newly diagnosed cases of tuberculosis was 5.3 to 1, which is highly 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.

The need to keep contacts under continuing supervision even though when first examined they were found to be non-tuberculous is emphasised by the figures on page 40 where it will be seen that 27 contacts who on first examination were non-tuberculous later developed the disease.

(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 1955. 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 (page 35).

Chest Clinic.	Total.
Carshalton	93
Dorking	40
Egham	32
Epsom... ..	103
Farnham	49
Guildford	61
Kingston	129
Merton and Morden... ..	113
Milford	16
Mitcham	106
Mortlake	104
Purley	71
Redhill	72
Sutton	160
Weybridge	70
Wimbledon	63
Woking	87
Total	1,369

(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 1955 only 5 requests for garden shelters were received from the Chest Physicians. At the end of the year 26 new-type shelters were on loan to patients in the County.

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

		Respiratory (R)				Non-Respiratory (NR)				Totals			
		Adult.		Child.		M.	F.	Adult.		Child.	M.	F.	Grand Total.
		M.	F.	(under 15 years)	(under 15 years)			M.	F.	(under 15 years)			
1	New Cases (Excluding Contacts)												
	(a) Diagnosed Tuberculous—												
	(1) T.B. Plus	205	83	—	—	7	10	212	93	4	212	93	309
	(2) T.B. Minus	135	110	25	10	11	21	146	131	35	146	131	312
	(b) Non-Tuberculous	—	—	—	—	—	—	2,116	1,861	926	2,116	1,861	4,903
	(c) Not determined...	—	—	—	—	—	—	15	6	—	15	6	21
	(c) Not determined...	—	—	—	—	—	—	—	—	—	—	—	—
2	Contacts First Examined ...	15	10	12	1	—	—	15	10	13	15	10	38
	(a) Diagnosed Tuberculous—	—	—	—	—	—	—	521	930	1,829	521	930	3,321
	(b) Non-Tuberculous	—	—	—	—	—	—	2	—	1	2	—	3
	(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	—
3	Contacts Re-examined (Excluding those under Paragraph 2 above)	6	17	3	—	—	1	654	1,507	3	654	1,507	5,998
	(a) Diagnosed Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	—
4	Transferred Cases ...	220	186	9	4	6	11	226	197	13	226	197	436
	(a) From other Areas (outside the County)	239	210	14	2	3	8	242	218	16	242	218	476
	(b) To other Areas (outside the County)...	—	—	—	—	—	—	—	—	—	—	—	—
5	Cases Written off Register	209	202	31	15	17	31	226	233	46	226	233	505
	(a) Recovered	105	45	1	—	2	1	107	46	1	107	46	154
	(b) Died	152	178	19	32	42	39	194	217	51	194	217	462
	(c) Lost sight of	12	8	1	4	—	—	12	8	5	12	8	25
	(d) Other reasons	—	—	—	—	—	—	—	—	—	—	—	—
6	Cases Returned to Register	23	24	1	—	1	4	24	28	1	24	28	53
7	Cases on Register on 31st December	4,764	3,559	385	170	201	278	4,965	3,937	555	4,965	3,937	9,457
	(a) Diagnosed Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—
	(b) With known positive sputum previous six months	199	81	—	—	—	—	199	81	—	199	81	280
	(c) With other positive findings	4	1	—	1	4	—	8	1	1	8	1	10

1. No. of attendances at Chest Clinics (including Contacts) ... 47,535

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

Domiciliary and Hospital ... 856

3. No. of visits by Medical Staff to homes (excluding those shown in 2) ... 1,306

4. No. of refills given at A.P. Clinics ... 19,330 (904 sessions at an average of 21.3 patients per session).

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

Chest Clinic.	Population of Chest Area (mid-year 1955).	No. of T.B. Cases on the Register on 1/1/55.	No. of New Cases Definitely T.B. (including contacts).	No. of T.B. Cases on the Register on 31/12/55.	No. of T.B. Cases on the Clinic Register per 1,000 Population on 31/12/55.	No. of Contacts Attending during 1955.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	61,330	740	23	708	11.54	182	258	440	1	1	2	184	3,430	18.6
Dorking ...	32,640	153	13	170	5.21	87	119	206	1	—	1	51	888	17.4
Egham ...	26,480	197	12	193	7.29	81	90	171	4	—	4	25	551	22.0
Epsom ...	97,890	618	35	603	6.16	229	445	674	1	3	4	120	3,374	28.1
Farnham ...	63,660	191	31	203	3.19	117	139	256	3	—	3	52	1,246	23.9
Guildford ...	114,370	593	66	622	5.44	210	405	615	1	—	1	152	2,758	17.5
Kingston ...	201,080	1,185	87	1,009	5.02	424	579	1,003	8	4	12	297	5,341	17.9
Merton and Morden ...	72,440	898	36	759	10.48	159	559	718	2	3	5	225	4,012	17.8
Milford ...	27,430	192	15	207	7.55	57	54	111	—	—	—	34	1,067	*31.4
Mitcham ...	97,990	898	62	869	8.66	345	549	894	2	4	6	201	4,176	20.8
Mortlake ...	82,410	559	50	519	6.29	238	398	636	—	—	—	178	3,499	19.6
Purley ...	98,450	551	36	557	5.66	233	320	553	1	6	7	122	2,708	22.2
Redhill ...	105,110	603	44	574	5.46	306	489	795	1	4	5	128	3,214	25.1
Sutton ...	108,340	973	71	966	8.92	160	564	724	6	1	7	234	5,213	22.3
Weybridge ...	74,550	459	26	488	6.55	108	300	408	4	—	4	51	1,527	29.9
Wimbledon...	58,070	464	36	360	6.19	130	237	367	1	1	2	123	2,303	18.7
Woking ...	70,460	620	43	650	9.21	255	493	748	2	—	2	108	2,228	20.6
Totals ...	1,392,700	9,894	686	9,457	6.79	3,321	5,998	9,319	38	27	65	2,285	47,535	20.8

* Average per doctor session = 16.7.

Care and After-Care.

(i) TUBERCULOSIS CARE ALMONERS.

There is no change in the establishment of nine Tuberculosis Care Almoners each of whom is attached to a Chest Clinic in the County and one Tuberculosis Care Organiser, who in addition to similar duties over a small area co-ordinates the County Tuberculosis Care Scheme.

(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 522, which shows a substantial decrease from the corresponding figure of 623 for the previous year.

(iii) SEGREGATION OF CONTACTS.

143 (173) children were boarded out during the year to protect them from risk of infection, to enable a patient to accept institutional treatment, or for segregation during the period of vaccination with B.C.G. Children of school age were placed mainly with approved foster parents or in private children's homes and those under school age in Sendhurst Grange, the County Council's special hostel for the segregation of contacts. In many cases financial help was given to make it possible for children to be cared for in the homes of relatives.

84 (89) new cases were placed and 96 (115) returned to their own homes during the year; the average stay of the latter was 40 (59) weeks. (The corresponding figures for the previous year are shown in brackets.)

(iv) TUBERCULOSIS CARE COMMITTEES.

The twenty voluntary Care Committees have continued to provide an excellent service to tuberculous patients and their families who are in need and who wish to apply for such help. The relevant information about such cases is made known to the Care Committees by the Chest Physician, Care Almoners and Tuberculosis Health Visitors who are members of the Committees.

Throughout the financial year the Committees raised approximately £8,638 by their own efforts and received £1,000 in grants (£50 to each Committee) from the County Council. The total expenditure of £7,839 approximately covered a wide range of items to meet the individual needs of each case, but the main items were food (£1,167), clothing (£698), bedding (£276), household goods (£533), family holidays (£508), pocket money to patients in sanatoria (£677), and fares for relatives to visit (£541).

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 £1,967 during the year and was able to waive its claim for the £200 grant which it normally receives from the County Council each year. Its expenditure was mainly upon country and seaside holidays for children selected by the Chest Physicians (£1,783) and art therapy schemes for patients in hospital (£194). The Conference continued to finance the purchase of materials for sale to patients under the Council's Occupational Therapy scheme, a turnover of approximately £2,850 per annum. The County Education Committee again co-operated with the Conference by allowing the use of Shephatch School for a fortnight's summer holiday for 150 children and contributing 25 per cent. of the cost.

(v) OCCUPATIONAL THERAPY.

There is no change in the establishment of one Supervisor, four Assistants, and a Non-Technical Assistant. Students have attended during the year for practical experience.

Exhibitions and Sales of Work have been held in various parts of the County with encouraging results. An invitation was received from N.A.P.T. to exhibit at the Fourth Commonwealth Health and Tuberculosis Conference held at the Festival Hall, London, from 21st to 24th June, 1955. A pictorial representation of the Scheme together with projects illustrating various aspects was exhibited. A series of demonstrations throughout the period of the Conference was also arranged. A large number of delegates and visitors, both home and overseas, visited the stand.

The Standing Conference and individual Care Committees have again given valuable help both to the Section and to individual patients. Entries have been forwarded to N.A.P.T. Art Competitions. The Conference has also met expenses, mainly postal, for the Jig-Saw Library.

The number of patients registered for Occupational Therapy during the year was 154. The amount expended on materials for the year was £2,791 17s. 8d. (this is, of course, recoverable from patients).

Broom Close Hospital closed towards the end of the year and the occupational therapy service there was terminated.

A high average of domiciliary visits has been carried out during the year, and a high standard of work maintained. Home and overseas visitors have visited the Headquarters.

The number of patients receiving occupational therapy on 31st December, 1955, was 540, of whom 151 were in hospital, 310 were domiciliary, 21 out-patients attending Centres, and 58 postal.

(vi) REHABILITATION AND COLONISATION.

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

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

The rates paid are in accordance with an agreed scale of charges and are reduced from time to time on the basis of the patients' fitness for work and the period of residence without a relapse. No responsibility is undertaken by a local authority until such time as a patient is able to work for five hours daily. The number of patients for whom the County Council were liable at the end of 1955 was 5—2 at Papworth Hall, 2 at Preston Hall and 1 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 of the Medical Director of the two Mass Radiography Units operating from the Mass Radiography Centre at Worcester Park and providing a service for the County of Surrey, the County Borough of Croydon, North Sussex and North East Hampshire.

During 1955 the two Units examined 106,375 people, an increase of 1,428 when compared with 1954. This is a very creditable figure as during the year the Units deliberately visited areas with small populations in an endeavour to bring the service to districts previously not covered.

Of the 104 new cases of pulmonary tuberculosis detected by these means 43 were subsequently proved to be infectious cases and 57 were non-infectious. The results of bacteriological investigations were not obtained in 4 cases. These cases form 18 per cent. of the total new notifications in Surrey during the year and given an incidence of active pulmonary tuberculosis of 0.98 per 1,000 examinations. This rate has been steadily dropping since 1949 when it was 3.9 per 1,000 examinations and is a reflection of the lowered notification rate in Surrey as a whole.

Once again about 60 per cent. of the total examinations made were of people who had previously visited Mass Radiography. Primary examinations again yielded a higher proportion of active cases of pulmonary tuberculosis (approximately double the incidence rate for people previously examined).

		<i>Cases of Active Pulmonary Tuberculosis Detected.</i>	<i>Rate per 1,000 Examinations.</i>
Previously examined (64,365)	...	46	0.7
New examinations (42,010)	...	58	1.4

These findings parallel those of 1954 and stress the need for bringing the service to the notice of those who have never been X-rayed.

During the year, the Units detected 46 cases of primary lung cancer (40 males and 6 females) as against 33 cases (28 males and 5 females) in 1954, constituting an increased rate of 0.15 per 1,000 during 1955.

On the whole the Mass Radiography Units have enjoyed a very successful year. There is cause for satisfaction that in Surrey the incidence of tuberculosis is the lowest ever recorded by the Mass Radiography Unit. However, there is still need for continued efforts to find the still undetected cases as these will be the source of further new infections which will perpetuate tuberculosis in the community, and efforts are required to inaugurate campaigns in 1956 which result in attracting people who have never had an X-ray together with special groups in the community producing the highest rates.

During the year 435 cases of bronchitis and emphysema were diagnosed, together with 518 cases of bronchiectasis and pleural fibrosis giving a combined incidence rate of 4.4 per 1,000. The combined rate for 1954 was 2.8 per 1,000. The incidence of active pulmonary tuberculosis discovered in children of 14 years and under is very low (0.7 per 1,000) compared with 1954 (6.2 per 1,000), although the same criteria of examining tuberculin positive school children were carried out. This is due to a significant drop in cases discovered, a proportion of which are now examined by miniature camera units in chest clinics.

Analysis of Abnormal Findings.

	M.	F.	Total.	Rate per 1,000.
A. Cases of Pulmonary Tuberculosis.				
1. Inactive pulmonary tuberculosis.				
(a) Primary lesions	1,221	1,021	2,242	21.08
(b) Post-primary lesions	878	679	1,557	14.6
2. Active pulmonary tuberculosis.				
(a) Primary disease	—	1	1	0.009
(b) Unilateral post-primary disease	41	22	63	0.6
(c) Bilateral post-primary disease	24	13	37	0.34
(d) Pleural effusions	1	2	3	0.002
3. Cases recommended for Hospital or Sanatorium	63	31	94	0.88
4. Cases recommended for observation	109	73	182	1.7
B. Non-Tuberculous Conditions.				
(a) Congenital abnormalities of bony thorax and lungs	161	148	309	2.9
(b) Bronchitis and emphysema	384	51	435	4.0
(c) Bronchiectasis and pulmonary fibrosis	368	150	518	4.9
(d) Pneumonia and pneumonitis	66	34	100	0.94
(e) Pneumoconiosis	20	—	20	0.18
(f) Pleural thickening and fibrosis	599	181	780	7.3
(g) Intra-thoracic new growths				
(i) Malignant	41	8	49	0.46
(ii) Non-malignant	12	19	31	0.29
(h) Cardiovascular lesions				
(i) Congenital	15	37	52	0.49
(ii) Acquired	143	164	307	2.9
(i) Miscellaneous	236	143	379	3.6
(j) Sarcoidosis	17	20	37	0.35

*Analysis by Age showing Total Numbers Examined and Number showing Evidence of Active Pulmonary
* Tuberculosis.*

	14 years and under.			15-24.			25-34.			35-44.			45-50.			60 years and over.			Totals.		
	Total persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popu- lation.	Total persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popu- lation.	Total persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popu- lation.	Total persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popu- lation.	Total persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popu- lation.	Total persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popu- lation.	Persons examined.	No. diag- nosed active T.B.	Inci- dence per 1,000 popu- lation.
Male ...	730	—	—	10,630	14	1.3	13,940	22	1.6	12,040	9	0.7	13,280	18	1.4	3,680	3	0.8	54,300	66	1.2
Female ...	640	1	1.6	14,460	12	0.8	11,480	11	0.9	10,640	9	0.8	11,910	5	0.4	2,870	—	—	52,000	38	0.7
Total ...	1,370	1	0.7	25,090	26	1.0	25,420	33	1.3	22,680	18	0.8	25,190	23	0.9	6,550	3	0.5	106,300	104	0.9

The age group distribution figures are based on a 10 per cent. sample of record cards. Of the total examined, 3,539 (or 3.3 per cent.) were recalled for large film examination and 842 (0.8 per cent.) for clinical examination.

Survey Analysis.

TYPE OF SURVEY.	NUMBERS EXAMINED.			NUMBERS SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS.					
	MALE.	FEMALE.	TOTAL.	MALE.		FEMALE.		Combined Total.	Combined Incidence per 1,000.
				No.	Incidence per 1,000.	No.	Incidence per 1,000.		
A General Public	25,267	34,783	60,050	26	1.0	26	0.7	52	0.86
B Industrial Groups	27,270	14,813	42,083	35	1.3	11	0.7	46	1.0
C School Groups	896	684	1,580	—	—	—	—	—	—
D General Practitioner Groups	210	178	388	4	19.0	—	—	4	19.3
E Institutional Groups	211	—	211	—	—	—	—	—	—
F Ante-natal patients... ..	—	159	159	—	—	—	—	—	—
G Contacts	880	1,024	1,904	1	1.1	1	0.97	2	1.0

(b) Recuperative Holidays.

The County Council's Recuperative Holidays Scheme deals with patients who are in poor health and require a recuperative holiday but do not require organised medical or nursing care. These may be accepted on the appropriate medical recommendation for recuperative holidays for a maximum period of three weeks extendible 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 extendible 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 £1 12s. 6d. 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, 1955, are as follows:—

	Hospital In-Patients.	Hospital Out-Patients.	General Practitioners' Cases.	Total
Number of patients sent to Holiday Homes	128	122	53	303
Cost (excluding contributions by patients) £1,072 4s. 0d. £1,064 13s. 6d. £423 9s. 6d. £2,560 7s. 0d.				
Length of stay: 1 week	7	7	1	15
2 weeks	108	88	48	244
3 weeks	10	26	4	40
4 weeks	2	—	—	2
over 4 weeks	1	1	—	2

(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, 1955, was as follows:—

Article	No. of Loans.	Article.	No. of Loans.
Air beds	82	Bed cradles	345
„ bellows	78	Crutches	177
„ rings	1,237	Douche cans... ..	19
Bed rests	1,011	Feeding cups	168
„ pans	1,750	Inhalers	5
„ tables	184	Mackintosh sheets	1,587
Invalid chairs	836	Steam kettles	21
Commodore	359	Urinals	591

(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 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 :—

1955	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis... ..	7	5	—	8	3	2	15	40
	(3)	(3)	(5)	(9)	(1)	(10)	(11)	(42)
Gonorrhœa	10	1	5	26	8	9	84	143
	(15)	(1)	(3)	(47)	(4)	(14)	(69)	(153)
Other conditions	118	17	30	247	66	105	567	1,150
	(145)	(22)	(36)	(261)	(52)	(112)	(567)	(1,195)
Totals	135	23	35	281	77	116	666	1,333
	(163)	(26)	(44)	(317)	(57)	(136)	(647)	(1,390)

The figures in brackets relate to the year 1954.

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.	Gonorrhœa	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
1955	40	143	1,150	1,333

* 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 developing a comprehensive health education programme as opportunity occurs. In general, Public Education in Health has continued on the same lines as in previous years. Talks by specialist lecturers were given during the past year 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 Young Wives groups and these in general were well attended and appreciated.

Members of the staff have also given many talks and lectures at the welfare clinics, and those on Mothercraft have proved particularly popular. Some have been accompanied by film shows and demonstrations. In some divisions, Health Education has been carried out mainly by group teaching,

and brains trusts have also proved a popular medium. Mothercraft and relaxation classes for Ante-Natal cases have been further developed during the year. Organised courses of exercises giving instruction in rest and relaxation have proved of great value to the expectant mother both psychologically and physically and the difficulties of labour have been eased as a result.

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, 1956, was 532. The average number of equivalent full-time home helps employed weekly throughout the calendar year was 490.3, a decrease of 6.1 over the previous year.

The main reasons for the reduction of establishment appear to be, firstly, difficulty in recruiting the right type of women as home helps and, secondly, difficulty of obtaining staff in or near the area where the service, which is possibly of a temporary nature, is required.

(c) Supervision.

During the year Divisional Supervisors paid 5,094 first visits, 12,483 revisits and 2,060 miscellaneous visits, a total of 19,637 compared with 20,103 during the previous year. Absence of supervisory staff on sick leave, one of whom subsequently retired on grounds of ill health, was primarily the cause of the decrease in the number of visits made during the year.

Appointment of additional clerical assistance, in order to enable the supervisory staff to devote more time to outside supervision, has been made. In one division the assistant supervisor has been provided with a car.

(d) The Scope of the Scheme.

The total number of cases helped during 1955 was 7,199, an increase of 320 or 4.6 per cent. over 1954. The number of chronic sick (including the aged and infirm) and the number of maternity cases increased by 409 and 65 respectively, while the number of cases of tuberculosis and the number of acute cases decreased by 32 and 122 respectively.

The following table gives an analysis of the service provided to the various types of case in the County as a whole.

Type of case.	Number of cases helped during 1955.	Hours of service given during 1955.	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	1,533 (21%)	104,411 (11%)	70	28	2.5	73 (3%)
Acute... ..	1,758 (24%)	80,498 (9%)	50	10.75	4.2	144 (5.9%)
Chronic	3,705 (52%)	722,162 (76%)	207	6.6	29.6	2,116 (87.3%)
Tuberculosis... ..	203 (3%)	46,089 (4%)	231	9.8	23.1	90 (3.8%)
Total... ..	7,199 (100%)	953,162 (100%)	139	7.6	17.4	2,423 (100%)

The table on page 49 shows divisionally and for the County as a whole the average number of equivalent whole-time 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 figures given vary only slightly from last year. The decrease of 1 per cent. in service to patients is made up by very slight increases in paid travelling time, sickness and holidays. It is to be expected that where a larger number of cases are serviced with a smaller number of equivalent full-time helps the home helps will have to spend more time travelling from one case to another. However, the increase in travelling time this year is only .1 per cent. although there was an increase of 320 cases.

The table on page 50 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.

The weekly number of cases again shows a large increase in the number of chronic cases, a small increase in maternity cases, and a decrease in the number of acute and tuberculosis cases.

So far as duration of cases is concerned it will be seen that this has gone down on all but chronic cases although the number of hours service each week has decreased to 6.6 for chronic cases. This figure lends strength to the suggestion in my previous report that about 7 hours weekly was in fact the optimum for this type of case.

Division.	Population mid-1955.	Acreage.	Average equivalent F/T Helios employed weekly during 1955.	Total number of cases helped during the year.				Percentage of Home Helios' time spent on				
				Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
North-Western	...	84,592	55.7	224	142	290	26	682	88.4	2.5	3.5	5.6
Central	...	42,841	61.6	270	326	594	32	1,222	82.3	6.9	5.7	5.1
North-Central	...	24,128	64	211	190	545	18	964	83.3	5.6	5.3	5.8
Southern	...	125,760	21.3	162	91	141	15	409	85.6	6.9	3.3	4.2
South-Eastern	...	22,414	32	173	484	219	21	897	88.2	2.6	3.8	5.4
Northern	...	6,628	37.9	71	80	283	12	446	83.2	4.4	6.6	5.8
South-Western	...	127,026	46.8	201	213	319	4	737	87.3	5.4	2.4	4.9
North-Eastern	...	9,381	141.5	150	110	1,095	61	1,416	84.3	4.8	5.1	5.8
Mid-Eastern	...	6,391	29.4	71	122	219	14	426	85.6	4.3	5.2	4.9
County, 1955	...	449,161	490.3	1,533 21%	1,758 24%	3,705 52%	203 3%	7,199 100%	85	4.9	4.7	5.4
County, 1954	...	449,161	496.4	1,468 22%	1,880 27%	3,296 48%	235 3%	6,879 100%	86.1	4.8	4.4	4.7

Division.	Average weekly number of cases helped.						Average service per case.										
	Maternity.	Acute.	Chronic.	T.B.	Total.	Per equivalent F/T Home Help employed.	Per 10,000 population.	Maternity.		Acute.		Chronic.		T.B.		Total.	
								Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.
North-Western ...	12	13	153	15	193	3.5	9.4	28.0	2.7	14.8	4.8	9.0	27.5	17.1	30.0	11.2	14.8
Central ...	11	23	345	10	389	6.3	18.0	24.2	2.1	8.0	3.7	4.9	30.9	7.1	16.6	5.7	17.0
North-Central ...	10	13	313	6	342	5.3	17.0	29.2	2.5	10.5	3.6	6.0	29.9	6.7	17.4	6.9	19.8
Southern ...	9	8	69	5	91	4.3	7.0	23.7	2.9	14.0	4.6	6.2	25.4	9.6	17.3	8.8	11.5
South-Eastern ...	9	20	114	9	152	4.75	14.6	28.3	2.7	11.7	2.2	5.8	27.1	9.9	22.3	8.2	8.8
Northern ...	4	7	163	5	179	4.7	21.7	24.7	2.9	7.1	4.6	7.4	30.0	6.3	21.6	7.7	21.0
South-Western ...	8	36	142	2	188	4.0	11.5	31.5	2.7	11.1	8.8	7.9	23.2	9.1	26.1	9.6	13.2
North-Eastern ...	7	12	692	31	742	5.2	37.9	29.0	2.4	11.0	5.6	6.7	32.9	8.8	26.4	7.0	27.5
Mid-Eastern ...	3	12	125	7	147	5.0	14.7	30.1	2.2	8.5	5.1	6.7	29.6	8.1	26.2	7.4	17.9
County, 1955 ...	73 3%	144 5.9%	2,116 87.3%	90 3.8%	2,423 100%	4.9	17.4	28.0	2.5	10.75	4.2	6.6	29.6	9.8	23.1	7.6	17.4
County, 1954 ...	75 3.4%	181 8.2%	1,843 83.2%	115 5.2%	2,214 100%	4.5	15.9	28.0	2.6	12.0	5.0	7.0	29.2	11.0	25.5	8.5	16.7

MENTAL HEALTH SERVICES.

Administration.**RESPONSIBLE COMMITTEE.**

Responsibility for dealing with all matters relating to mental health services in the County rests with the Mental Health Services Sub-Committee, which consists of fourteen members of the County Health Committee and (ex officio) the Chairman and Vice-Chairman of that Committee. The Sub-Committee met seven times during 1955.

STAFFING.

Staffing arrangements remain as described in my report for 1952.

During the year the Sub-Committee continued to run seven Occupation and Training Centres and made plans for the opening of an eighth Centre at Reigate.

The number of defectives on the registers of the seven Centres rose from 307 to 322. Each Centre is in charge of a Supervisor, qualified by Diploma, and is staffed in accordance with the number of children in attendance.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARD.

Close co-operation with the hospital services is still being maintained. There is a great shortage of accommodation for mental defectives and the Surrey waiting list continues to grow. The number of really urgent cases is not large, but delays in admission frequently give rise to serious problems.

After-care visiting of former mental hospital patients is carried out mainly by Psychiatric Social Workers from the mental hospitals and Health Visitors and Authorised Officers are asked to do this work only in a few cases.

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

Work Undertaken in the Community; CARE AND AFTER-CARE.

Visiting of the mentally ill and defective in the community is undertaken by Health Visitors and Authorised Officers. During the year 1,852 visits were made by Authorised Officers and 3,347 visits by Health Visitors. Short-term recuperative holidays for patients suffering from mental illness are arranged in suitable cases.

LUNACY AND MENTAL TREATMENT.

The following table gives statistics of the cases dealt with by Authorised Officers under the Lunacy and Mental Treatment Acts during 1955. The total number of cases reported to officers from all sources was 2,908.

No Lunacy Action after enquiry or referred to other Departments, etc.		Cases examined and dismissed by Justices.		3 Day Order, Sec. 20, L. Act.		14 Day Order, Sec. 21, L. Act.		Voluntary patient, Sec. 1, M.T. Act.		Temporary patient, Sec. 5, M.T. Act.		Urgency Orders, Sec. 17, M.T. Act.		Certified by Justices, Sec. 16, L. Act.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
211	330	112	97	208	281	2	6	179	331	62	43	113	194	254	485

In addition, information has been received that 1,201 voluntary patients were admitted direct from their homes without the assistance of an Authorised Officer, having previously passed through the Psychiatric Out-Patient Clinics.

Surrey patients are admitted, according to the part of the County in which they live, to the following mental hospitals:—

Brookwood, Netherne, Banstead, Horton and West Park.

Observation Wards.

Beds are available in observation wards attached to general hospitals at Kingston (6 males) and St. Helier (10 females).

MENTAL DEFICIENCY.

The arrangements for the ascertainment and visitation of mental defectives are still as described in my report for 1954.

Surrey patients who require to be cared for in an institution are admitted mainly to Botleys Park Hospital, Chertsey, The Manor Hospital, Epsom, The Royal Earlswood Institution, Redhill, and the Fountain Hospital, Tooting. These four hospitals are also accepting mental defectives who

require temporary care in cases of domestic crises, as envisaged by Ministry of Health Circular 5/52. The number of cases admitted under this circular during 1955 was 61. In only one case of this nature was it impossible to obtain a temporary bed in a health service hospital. A little boy, whose mother badly needed relief from his constant care, was admitted for two weeks to a small approved Home for mental defectives, the Council being responsible for the fees and the parents contributing in accordance with their means.

During 1955, 21 petitions were presented for Orders sending defectives to institutions or placing patients under guardianship and Orders were obtained in all these cases. In addition 14 petitions were presented on behalf of other authorities.

In addition, in 63 cases assistance was given to parents or guardians of defectives in completing the necessary formalities under Section 3 of the Mental Deficiency Act, 1913, and 8 were admitted to institutions on the authority of Orders made by Courts under Section 8 of the Act.

The following table shows particulars of mental defectives on the Council's Register on 31st December, 1955, and also particulars of all new cases coming to the notice of my Department and how these cases were dealt with :—

1. Particulars of Cases Reported During 1955.

	Under age 16.		Aged 16 and over.		Grand Total.
	M.	F.	M.	F.	
(a) Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with" :—					
Number in which action taken on reports by :—					
(1) Local Education Authorities on children :—					
(i) While at school or liable to attend school	23	24	—	—	47
(ii) On leaving special schools	1	1	19	11	32
(iii) On leaving ordinary schools	6	2	—	1	9
(2) Police or by Courts	—	—	4	1	5
(3) Other sources	8	2	11	6	27
(b) Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as "subject to be dealt with" on any ground	15	11	9	14	49
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b)	—	—	—	—	—
Total	53	40	43	33	169

2. Disposal of Cases Reported During 1955.

(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1 (a)), number :—					
(i) Placed under Statutory Supervision	31	24	19	13	87
(ii) Placed under Guardianship	—	—	1	—	1
(iii) Taken to "Places of Safety"	—	—	1	—	1
(iv) Admitted to Hospitals	5	4	13	6	28
(v) Died or removed from area	2	1	—	—	3
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e., at 1 (b)), number :—					
(i) Placed under Voluntary Supervision	10	8	4	8	30
(ii) Action unnecessary	3	2	4	3	12
(iii) Died or removed from area	2	1	1	3	7
Total	53	40	43	33	169

3. Number of Mental Defectives for whom Care was arranged by the Local Health Authority under Circular 5/52 During 1955 and Admitted to :—

(a) National Health Service hospitals	28	18	7	8	61
(b) Elsewhere	1	—	—	—	1
Total	29	18	7	8	62

4. Total Cases on Authority's Registers at 31.12.55.

(i) Under Statutory Supervision	207	165	240	211	823
(ii) Under Guardianship	—	—	13	21	34
(iii) In "Places of Safety"	—	1	2	—	3
(iv) In Hospitals	196	141	734	684	1,755
(v) Under Voluntary Supervision	13	13	143	197	366
Total	416	320	1,132	1,113	2,981

5. Number of Defectives under Guardianship on 31st December, 1955, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913. (Included in 4(ii)).

6. Classification of Defectives in the Community on 31.12.55 (according to need at that date).

(a) Cases included in 4 (i)-(iii) in need of hospital care and reported accordingly to the hospital authority :—

(1) In urgent need of hospital care :—

	Under age 16. M.	Aged 16 and over. F.	M.	F.	Grand Total.
(i) "Cot and chair" cases	2	1	1	—	4
(ii) Ambulant low grade cases	2	3	1	1	7
(iii) Medium grade cases	1	4	1	2	8
(iv) High grade cases	—	—	—	—	—
Total urgent cases	5	8	3	3	19

(2) Not in urgent need of hospital care :—

	Under age 16. M.	Aged 16 and over. F.	M.	F.	Grand Total.
(i) "Cot and chair" cases	19	18	—	3	40
(ii) Ambulant low grade cases	25	15	7	18	65
(iii) Medium grade cases	15	15	7	14	51
(iv) High grade cases	—	—	—	1	1
Total non-urgent cases	59	48	14	36	157
Total	64	56	17	39	176

(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :—

	Under age 16. M.	Aged 16 and over. F.	M.	F.	Grand Total.
(i) Occupation Centre	139	100	44	76	359
(ii) Industrial Centre	—	—	—	—	—
(iii) Home training	—	—	—	—	—
Total	139	100	44	76	359

(c) Of the cases included in 6 (b), number receiving training on 31.12.55 :—

	Under age 16. M.	Aged 16 and over. F.	M.	F.	Grand Total.
(i) In Occupation Centre	123	90	42	71	326
(ii) In Industrial Centre	—	—	—	—	—
(iii) At home	—	—	—	—	—
Total	123	90	42	71	326

Occupation and Training Centres.

At the end of 1955 there were seven Occupation Centres in Surrey 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.

An eighth Centre is planned for opening early in 1956 at The Methodist Church Hall, High Street, Reigate. The opening of this Centre should complete the programme of providing Centres for day occupation and training for all mental defectives in the community, as far as numbers and location are concerned. Future planning will need to make provision for the gradual replacement of unsatisfactory rented premises by specially built or specially adapted Centres owned by the Council. At present only the Centres at Sutton and Ewell are in the latter category.

The problem of providing separate accommodation for adults, and especially adult males, is very much in the mind of the Committee. Hitherto the numbers attending any one Centre have been insufficient to justify separate provision, and travelling difficulties have prevented the gathering of defectives from too wide an area. With increasing numbers of the young adult groups, however, it is hoped that it may become practicable to make a certain amount of special provision in the near future.

During 1955, up to twelve mental defectives from the Horley, Reigate, Redhill and Dorking area have been attending daily at the Royal Earlswood Institution, with the very kind co-operation of the Medical Superintendent. The Council have been required to provide only transport for these patients. This arrangement will, of course, come to an end with the opening of the Reigate Centre.

Inspectors from the Board of Control visited each of the Centres during the year and, on the whole, their reports were satisfactory.

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 1955 was 2,538 compared with 2,457 as at the end of 1954.

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, 1955.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	1	—	1	—	—	—
1... ..	1	1	2	1	1	2
2... ..	1	—	1	2	—	2
3... ..	—	—	—	2	—	2
4... ..	—	2	2	1	6	7
5—10	—	1	1	18	15	33
11—15	1	—	1	11	8	19
16—20	—	1	1	11	10	21
21—30	4	2	6	40	31	71
31—39	1	2	3	57	43	100
40—49	6	4	10	118	89	207
50—59	3	13	16	131	144	275
60—64	4	8	12	69	93	162
65—69	7	12	19	88	142	230
70 and over	65	164	229	456	951	1,407
Unknown	—	—	—	—	—	—
	94	210	304	1,005	1,533	2,538

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 323 as compared with 296 at the end of 1954 (77 were registered during the year).

These persons are visited periodically by the Home Teachers and, when necessary, arrangements for the rehabilitation, 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 455 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.

(I) Number of cases registered during the year in respect of which the Form BD8 recommends :—	Cause of Disability			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	66	25	1	184
(b) Treatment (Medical, Surgical or Optical)	50	16	—	45

(II) Number of cases at (I) (b) above which on follow-up action have received treatment	19	10	—	40
--	----	----	---	----

(B) Ophthalmia Neonatorum.

(I) Total number of cases notified during the year... ..	2
--	---

(II) Number of cases in which :—

(a) Vision lost.	—
(b) Vision impaired.	—
(c) Treatment continuing at end of year.	—

(ii) HOME TEACHERS FOR THE BLIND.

The staff of ten certificated Home Teachers for the Blind has been maintained during the year and they have made approximately 22,000 visits to blind persons in their homes to afford tuition in reading and writing embossed type, handicrafts, and to assist generally in helping them to over-

come the handicap of blindness. Seven handicraft classes have been held weekly or fortnightly during the year and the number of Social Clubs for the Blind has been increased to seventeen. Most of the Social Clubs are organised by local voluntary committees and I should like to draw attention to the excellent work of these Committees which provide many amenities for the blind, such as concerts, outings, talks, etc. The Home Teachers keep in close contact with the Clubs and are instrumental in introducing newly blind and partially sighted members to the Club organisers.

(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 thirteen children under school age one is maintained in a Sunshine Home by the County Council and, of the fifty-two blind children of school age in the County twenty-six attend Schools for the Blind, seven are not at school, one is at a Special School for handicapped children and eighteen are ineducable on account of other defects, two being in Mental Hospitals, nine in Mental Deficiency Institutions and seven are at home.

Employment.

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

Placement.

The number of placements in Surrey during the year was thirteen; in addition there were ten replacements, making a total of twenty-three. Thirty-three blind persons were interviewed for the first time. Of these twenty-six were considered suitable for open employment and in his search for employment the Placement Officer of the Royal National Institute for the Blind paid 282 visits to firms. There were also 178 follow-up and service calls on blind persons, and 137 visits to offices of the Ministry of Labour and National Service, and 51 calls on Local Authorities.

During the year six persons were trained at the Engineering Training Centre at Letchworth and three persons at the Royal National Institute for the Blind Commercial College at Pembroke Place. Of the latter one person was trained for Recorder Typing, one for Shorthand Typing and one for Telephony.

In addition to the Placement Officer, the services of a Training Officer were also utilised and this entailed periods in the factory with the nine blind employees plus twenty-one further training and investigation visits to the factory.

Employment in open industry is of course the ideal form of occupation for a blind person when possible and it is encouraging to report that the combined efforts of voluntary societies, local authorities and the Ministry of Labour and National Service are enabling good progress to be made in this direction.

There are at present fourteen blind persons employed in Workshops for the Blind, 56 engaged in work under the Home Workers' Scheme and 243 persons engaged in a variety of "open" trades and Professions—18 of these being Physiotherapists. The County Council continues to supplement the weekly earnings of the 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, and, as mentioned previously, for the Placement Service. They also pay a capitation fee to the National Library for the Blind for the provision of embossed literature to some 298 blind readers.

(iv) SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.

Close 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 met increased expenditure on account of the larger number of blind persons on the Register; £1,342 was spent on holiday grants, £525 on grants for miscellaneous purposes, £484 on the installation and maintenance of wireless sets which are provided by the British Wireless for the Blind Fund and £1,500 on materials for handicraft purposes. A considerable part of the latter sum is recovered for the sale of articles made by the blind and it is pleasing to report that the increased "turnover" represents an increased interest in occupational therapy as all the articles produced are the work of the "unemployable" blind people, most of whom are elderly. 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 Clubs and Summer Outings. The

two Hostels (Camden House and Walden) continue to provide accommodation for blind persons who are able-bodied and reluctant to enter Blind Residential Homes or Part III accommodation but it is felt that the need for this type of accommodation has now been met and it is not anticipated that the Association will need to extend their work in this direction in the immediate future.

(b) Other Handicapped Persons.

The Minister requires local authorities to exercise their powers under Section 29 (dealing with the blind, the deaf and dumb and other handicapped groups) in respect of blind persons, and has asked local authorities to consider the desirability for formulating schemes for dealing with the handicapped groups in general and has drawn particular attention to the needs of epileptics and spastics. He has not, however, up to the present, required local authorities to formulate such schemes.

The County Council has not made a scheme in respect of these other groups, but it pays grants to certain voluntary bodies which have for a number of years carried out social welfare work amongst them. These include the Surrey Voluntary Association for the Care of Cripples, the League for the Hard of Hearing (Surrey and Middlesex Division), British Epilepsy Association, and the British Council for the Welfare of Spastics. The total amount of grant allocated to these Associations by the County Council during 1955 was £1,108.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration, of two nursing homes. On the 31st December, 1955, there remained 61 registered nursing homes and 11 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 1955 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1955.	Number of children provided for.
Premises	27	580
Daily Minders	103	1,045

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following applications from local authorities for the Council's observations to the Ministry of Health under Section 2 (2) of the Act were received during 1954 and reported to the Rivers and Streams Committee.

<i>Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost.</i> £
Dorking and Horley R.D.C.	Sewerage—Abinger Hammer ...	4,360
	„ —Capel (White Hart Estate and Misbrooks Green)	5,098
	Sewerage—Meath Green Lane, Hor- ley	1,769
	Sewerage—Smallfield Road, Horley	6,730
	„ —Charlwood	125,600
		(in lieu of a total sum £89,819 sub- mitted during 1954 for all above schemes).
„ „ „ „	„ —Parish of Buckland ...	48,352
„ „ „ „	„ —Ironsbottom, Parish of Horley	2,100

<i>Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost.</i>
Hambledon R.D.C.	Sewerage—Extension of Elstead sewerage and sewage disposal scheme	£ 2,500
Guildford, Godalming and District Water Board	Water Supply—Water main from Hurtwood Reservoir to Sutton Abinger	7,023
" " "	Water Supply—Water main from Hambledon Cross Roads on the Godalming—Petworth Road to Northend Farm, Chiddingfold ...	3,400
" " "	Water Supply—Link water main from Walliswood to Pinkhurst Farm, Ellens Green	6,152

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 continues to be eleven, and all are conducted satisfactorily.

MILK AND DAIRIES.

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

Under these regulations the County Council are responsible for the licensing and supervision of the pasteurisation or sterilisation of milk in those districts of the County for which they are the Food and Drugs Authority. The total number of pasteuriser's licences in force on 31st December, 1954, was fifteen.

During the year 1955 treatment of milk for pasteurisation ceased at one establishment, three establishments passed over to the control of the Caterham and Warlingham Urban District Council, one to Frimley and Camberley Urban District Council and one to Leatherhead Urban District Council as these districts became Food and Drugs Authorities with effect from the 1st October, 1955. One establishment where pasteurisation ceased owing to temporary closure on the 1st September, 1954, did not recommence operations and the licence, therefore, was not renewed. No new licences were granted during the year. The total number of pasteuriser's licences in force on the 31st December, 1955, was, therefore, eight.

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

As mentioned in my previous reports arrangements were made for the Sanitary Inspectors of the County Districts within the area for which the County Council are the Food and Drugs Authority to carry out as agents of the County Council investigations prior to granting a new licence and in taking milk samples and also in making routine inspection of premises for which licences are held. These officers have continued to give valuable co-operation during the past year and their services are much appreciated.

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

	<i>Pasteurised.</i>	<i>Tuberculin-Tested (Pasteurised).</i>
No. of Milk Samples taken	505	104
Failed Phosphatase test only	9	2
Failed Methylene Blue Test only... ..	5	2
Failed both tests	1	—

(b) Tubercle Infected Milk.

During 1955 only one notification was received of milk having been found on biological examination to be infected with the tubercle bacillus. This notification concerned two samples of milk taken on the same date from one farm. A lengthy investigation was carried out by the veterinary staff of the Ministry of Agriculture and Fisheries and by a process of elimination it was proved that two cows had been responsible for the infection of the milk in the first instance. Both animals had, in the meantime, been sold but they were traced and found to have been slaughtered. One notification during the past year compares with eight, eleven and nine respectively in the three previous years.

Every District Council in Surrey has agreed to submit 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 1955 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	...	...	512	—	—
Undesignated	...	...	75	2	2.6
Heat Treated—					
Pasteurised	...	...	1	—	—
Other	...	...	—	—	—

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.

The County Council at the commencement of the period under review was the Food and Drugs Authority for sixteen of the thirty-three County Districts in the Administrative County, but as from 1st October, 1955, four of these districts, namely the Urban Districts of Banstead, Caterham and Warlingham, Frimley and Camberley and Leatherhead became autonomous authorities for the purposes of the Acts.

The following table gives particulars of samples taken within the Council's Food and Drugs Area in 1955 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1954 and 1953 are also given :—

Year.	Estimated population.	Milk.				Food other than Milk.		Drugs.		Totals.			
		Examined.	Adulterated or Irregular.	Samples per 1,000 for average annual population.	Percentage Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Samples per 1,000 for average annual population.	Percentage Adulterated or Irregular.
1955 ...	327,290†	1,063	33	2.56	3.10	244	22	24	3	1,331	58	3.20	4.35
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

† As from 1st October, 1955.

* As 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.

Again the results of sampling are very similar to those of the previous year ; in all, 60 varieties of food and 17 different drugs were sampled and the downward trend of the percentage figures for adulterated or irregular samples found still continues to be maintained.

It was considered necessary to institute proceedings in only one case ; this related to a sample of malt vinegar served from a cask and found to contain a number of small flies and a quantity of insoluble bacterial debris. The use of a dirty milk bottle as a measure was shown to be the cause of this adulteration and each of the two partners concerned was convicted and fined.

In each case where a sample showed an irregularity appropriate administrative action was taken.

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 1955 was 1,392,700 which includes 205,600 children between the ages of 5-14 years inclusive. In January, 1956, there were 173,089 children on the registers of 640 county and voluntary schools, an increase of 1,939 in the number of children on the school registers compared with January, 1955.

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 72,593 and 43,536 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 mid eastern, north eastern and south eastern divisions were tested. The findings are given below.

	Division.					Total
	M.E.	N.E. (Mitcham)	N.E. (Merton and Morden)	N.E. (Wimbledon)	S.E.	
(1) No. of children tested	4,975	4,468	4,541	2,889	5,568	22,441
(2) No. of children who failed test in one or both ears and referred to school medical officers	133 (2.7%)	195 (4.4%)	160 (3.5%)	84 (2.9%)	140 (2.5%)	712 (3.2%)
(3) Result of investigations by Assistant Medical Officers :—						
(a) No appreciable hearing loss on clinical examination	—	8	68	55	14	145
(b) History of otitis media	—	69	25	5	26	125
(c) Wax in external auditory meatus ...	—	28	16	6	22	72
(d) Catarrhal conditions, etc.	—	27	15	5	16	63
(e) No local cause found for deafness ...	—	40	5	—	5	50
(f) Unhealthy tonsils	—	4	4	—	4	12
(g) Mental retardation	—	1	2	—	1	4
(h) Miscellaneous causes	—	4	2	11	23	40
(i) Untraced or left district	—	1	—	—	2	3
(j) Referred to general practitioners or still awaiting appointments	—	12	23	1	26	62
(k) Already supplied with hearing aids ...	—	1	—	1	1	3
(l) Investigations remaining to be carried out	133	—	—	—	—	133
	133	195	160	84	140	712
(4) Children referred to specialists for in- vestigation and treatment	—	76	47	17	15	155
(5) Special educational treatment recommended in selected cases :—						
(a) Favourable position in class	—	18	10	10	2	40
(b) Hearing aid provided	—	—	1	1	—	2
(c) Lip reading instruction	—	1	—	—	—	1

DISEASES AND DEFECTS.

(a) Incidence.

Of the 72,593 pupils examined at periodic medical inspections 10,395 (or 14.3 per cent.) were found to be in need of treatment for 10,925 diseases and defects. Table II shows these diseases and defects from which it will be seen that 4,255 or 38.9 per cent. of them were defects of the nose and throat and of vision and squint. During the year 825 cases of chronic tonsillitis and adenoids were recommended for treatment and 4,314 placed under observation following the medical inspection of the four age groups during 1955.

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

During 1955 school medical officers carried out 14,682 special inspections and 20,417 re-inspections of children while 15,995 visits were paid by health visitors to the homes of the children for all purposes. An analysis of these is given on page 62.

There were 20,299 defects found to be in need of treatment in the course of periodic and special inspections in 1955, and 19,699 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 1955 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 parasiticide 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 1955 the health visitors reported 913 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1951-1955 are given below:—

	1951	1952	1953	1954	1955
Number of visits to Schools by nurses for all purposes	13,672	14,874	14,174	13,387	13,092
Cases with nits in the hair	4,130	3,721	2,341	2,178	1,267
Cases with lice in the hair	240	283	220	179	137
Cases with verminous bodies	17	11	3	12	9
<i>Exclusions—</i>					
1st Time	513	367	264	363	190
2nd Time	111	68	42	67	24
3rd Time... ..	66	29	7	38	3

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

In the course of the year 27 children with dirty heads were cleansed at cleansing stations.

MEDICAL TREATMENT.

(a) Minor Ailments.

The principal ailments treated at the minor ailment clinics are ringworm, scabies, impetigo, ear disease and external disease of the eyes. Details of the number of such cases treated are given in table IV. The total number of minor ailments treated at the clinics during 1955 was 10,052; the corresponding figure in 1954 was 10,809.

(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 67 and in Table V.

(d) Orthopaedic and Postural Defects.

Three clinics staffed by sessionally employed orthopaedic surgeons continued to be held; two of these are held in the Borough of Guildford and one in the Borough of Wimbledon. A total of 364 children made 488 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.		No. of Sessions During Year.	No. of New Cases Admitted.	No. of Cases Discharged.
NORTH WESTERN	Addlestone	19	10	1
	Byfleet	37	19	17
	Camberley	78	38	52
	Chertsey	37	24	16
	Egham	74	59	64
	Hersham	37	37	29
	New Haw	38	28	32
CENTRAL	Walton	31	30	28
	Epsom	42	45	47
	Ewell	45	82	86
	Leatherhead	131	82	82
	North Cheam	88	113	125
SOUTHERN	Sutton	85	95	125
	Dorking	13	10	1
	Horley	96	24	19
	Oxted	50	12	14
	Reigate	200	35	43
SOUTH EASTERN	Caterham	91	86	71
	Purley	189	109	127
NORTHERN	Barnes	50	90	59
	Harn	48	54	54
	Richmond, Windham Road	49	100	100
SOUTH WESTERN	Richmond, Sheen Road	47	74	72
	Ash	46	41	41
	Cranleigh	47	16	19
	Farnham	47	40	39
	Godalming	46	41	50
	Guildford, Stoke Road	85	61	60
	Guildford, Stoughton	88	92	94
	Haslemere	43	14	15
NORTH EASTERN	Shalford School	46	24	35
	Wimbledon	79	61	22
MID-EASTERN	Carshalton	310	114	59
	Wallington	225	174	233
Total		2,637	1,938	1,931

(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 1955, 482 children made 5,270 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 1955 is given in the following tables:—

A. HOME VISITS.

Division.	Infectious or contagious disease.	Vermineous conditions or uncleanness.	Treatment and Observation.	Educationally Sub-Normal.	Absence from school. Clothing Problem.	Ineffectual.	Miscellaneous.	Total Visits.
N.W. ...	709	158	1,509	153	30	363	580	3,502
C. ...	743	145	311	212	33	197	492	2,133
N.C. ...	120	105	785	116	12	78	298	1,514
S. ...	1,456	64	454	89	84	243	629	3,019
S.E. ...	196	48	223	28	11	38	382	926
N. ...	126	41	206	82	8	48	51	562
S.W. ...	287	131	799	171	34	110	262	1,794
N.E. ...	155	83	664	150	4	229	200	1,485
M.E. ...	305	81	435	88	43	105	3	1,060
TOTAL ...	4,097	856	5,386	1,089	259	1,411	2,897	15,995

B. FIXED APPOINTMENTS.

Division.	Medical Inspection.	General Medical Clinic.	Cleanliness.	Eye.	Other.	Total
N.W. ...	538	512	431	171½	231½	1,884
C. ...	369½	237	332½	99½	384½	1,422½
N.C. ...	573½	475½	404½	119½	430½	2,003½
S. ...	451½	441½	331	123	197	1,544
S.E. ...	246	83½	155	69	188	741½
N. ...	224	443½	137	68	113	985½
S.W. ...	479½	268	305½	184½	170½	1,408
N.E. ...	607½	564½	249½	134	42	1,598
M.E. ...	322½	406½	206	—	230½	1,166
TOTAL ...	3,812½	3,432½	2,552½	969	1,987½	12,753½

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 1955, 1,328 Surrey pupils were attending special schools compared with 1,297 at the end of 1954.

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

Educationally Sub-Normal.

				Accommodation.	Age Range.
Gosden House Boarding School, Bramley	...	...	...	80 girls 20 boys 20 mixed (day)	5—16 5—10
St. Nicholas Boarding School, Redhill	...	...	...	100 boys 20 boys (day)	10—16
Carew Manor Day School, Beddington	...	...	...	120 mixed	7—16
St. Christopher's Day School, Mitcham	...	...	...	110 mixed	7—16
St. Philip's Day School, Chessington	...	...	...	48 mixed (eventually 100)	7—16

Delicate and Physically handicapped.

Limpsfield Grange Boarding School, Oxted	...	...	...	38 mixed (eventually 60) girls boys	5—16 5—9
Sunnydown Boarding School, Guildford	...	...	...	40 boys	10—16
Bedelsford Day School, Kingston-upon-Thames	...	...	...	72 mixed (including spastic unit)	5—16

Deaf.

Portley House Boarding School, Caterham	...	...	...	40 mixed	7—12
Nutfield Priory School, Redhill	...	...	...	46 mixed (eventually 80)	12—16

Maladjusted.

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

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 children ascertained as handicapped pupils and the provision made for their education:—

Category.	Total Handi- capped Pupils.	Disposal.									
		Recommended Special School or Hostel.						Home Tuition.	Tuition in Hospital.	Under Review.	
		In Special School or Hostel.			Parents refuse consent.	On waiting list.	Recom- mended special education in Ordinary School.			In Ordinary School.	At home or in hospital or in Private School.
		Provided by Surrey.	Other.	Total.							
Blind	38	—	26	26	—	6	—	—	—	—	6
Partially sighted	80	—	47	47	—	4	11	—	—	15	3
Deaf	111	38	66	104	—	6	—	—	—	—	1
Partially deaf	91	—	39	39	—	4	24	1	—	20	3
Educationally sub- normal	1,897	491	79	570	40	279	580	9	—	348	71
Epileptic	86	—	22	22	2	—	16	3	—	40	3
Maladjusted	486	38	146	184	10	13	—	4	32	219	24
Physically handi- capped	917	79	115	194	2	24	150	47	67	350	83
Delicate	489	74	64	138	47	9	78	4	—	193	20
Speech defect	8	—	4	4	—	1	—	—	—	2	1
Totals	4,203	720	608	1,328	101	346	859	68	99	1,187	215

During 1955, 52 children were reported to the Mental Health Committee as ineducable and 43 educationally subnormal pupils were recommended for statutory supervision on attaining school leaving age.

Convalescent Treatment.

There were 221 children admitted to convalescent homes during the year, a slight increase on the previous year when the number was 195. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

(a) Child Guidance.

A review of the children on the waiting lists for child guidance clinics was carried out during the year and this resulted in a number of names being removed. There were still 119 children in need of treatment and many of these were urgent cases. Financial provision was therefore made for an increased number of clinic sessions in 1956 to provide better facilities for diagnosis and treatment.

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

CLINIC	Guildford	Malden	Reigate	Sutton	Wimbledon	Woking	Total
No. of Cases Referred during Year ...	149	136	119	162	121	103	790
No. of New Cases seen ...	122	89	84	124	111	79	609
No. of Cases Discharged ...	83	82	56	89	81	32	423
Analysis :—							
(a) Treatment Completed ...	38	28	27	39	25	12	169
(b) No Treatment Required ...	23	39	6	38	27	11	144
(c) Non Co-operation of Parents ...	10	8	3	4	8	3	36
(d) Other Arrangements Made ...	12	7	20	8	21	6	74
No. of Cases Under Treatment at End of Year	81	28	31	68	37	28	273
No. of Cases Under Supervision at End of Year ...	139	95	203	54	110	59	660
No. of Cases Withdrawn from Waiting List During Year...	19	35	20	44	7	19	144
No. of Cases Remaining on Waiting List at End of Year ...	34	10	10	8	47	10	119
No. of Interviews by Psychiatrists ...	1,312	912	1,122	1,428	787	972	6,533
Analysis :—							
(a) With Children for Examination ...	122	85	72	143	95	72	589
(b) With Children for Treatment ...	695	594	812	789	549	790	4,229
(c) With Parents ...	423	121	203	407	135	60	1,349
(d) With Others ...	72	112	35	89	8	50	366
No. of Sessions Held :—							
(a) Psychiatrists ...	314	292	304	504	296	290	2,002
(b) Educational Psychologists...	292	282	281	360	295	283	1,793
(c) Play Therapists ...	84	—	—	214	247	—	545
(d) Psychiatric Social Workers ...	468	468	468	390	501	454	2,749

(b) Speech Defects.

There were 30 Speech Clinics in operation at the end of the year at which a total of 90½ treatment sessions were held each week. New clinics were opened during the year at Ham, Addlestone and Ewell 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. 1,515 individual children were treated during the year compared with 1,431 in 1954, mainly for stammer, lisp and under-developed speech. Of these, 198 were discharged as cured, 211 discharged as greatly improved, 139 discharged as showing some improvement and 49 as showing little or no improvement. A table showing the work of the Speech Therapists in 1955 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 1955 :—

Disease.	Suffering.	Excluded on Suspicion.	Infection at Home.	Total Exclusions.
Small Pox ...	—	—	—	—
Diphtheria ...	—	—	—	—
Scarlet Fever ...	436	7	198	641
Enteric Fever ...	1	—	—	1
Measles ...	7,650	46	325	8,021
Whooping Cough ...	910	30	58	998
German Measles ...	201	3	13	217
Chicken-pox ...	3,640	15	123	3,778
Mumps ...	1,769	14	24	1,807
Jaundice ...	60	—	4	64
Other ...	1,003	178	165	1,346
Totals ...	15,670	293	910	16,873

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on Suspicion.	Total Exclusions.
Ringworm	26	4	30
Impetigo	82	5	87
Scabies	9	—	9
Other	30	2	32
Totals	147	11	158

Tuberculosis in Schools.

During the year sixteen special investigations were undertaken (eleven in maintained schools and five 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, 3,253 children were Mantoux tested and of these 453 or 13.9 per cent. were found to be Mantoux positive.

During the course of these investigations, three cases of active tuberculosis, including one teacher, came to light.

As an illustration, a brief account of one of the investigations is given herewith :—

On the 18th March, 1955, a boy attending a primary school was notified as suffering from pulmonary tuberculosis. An investigation was carried out and 320 children were Mantoux tested, of whom 36 showed a positive reaction. Of these 36 children, one girl was subsequently notified in July as an early case of pulmonary tuberculosis. The staff were X-rayed and one teacher was discovered to have active tuberculosis for which in-patient treatment was required.

A few months later, 262 of the 284 children who had previously given a negative reaction to the Mantoux test were re-tested, and all remained negative. It was thought advisable to investigate the pupils at the County Secondary School to which many of the pupils from the Primary School progress. Of the 315 older children examined, 72 or 22 per cent. gave a positive Mantoux reaction.

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 1955 are described in the County Medical Officer's annual report.

No case of diphtheria in a 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.

The standard of school work in Physical Education has shown some slight improvement especially at the Primary level. There is a fuller understanding of modern methods, due partly to the increased use of up-to-date reference books on the subject and partly to the greater confidence of teachers which has been gained as a result of attendance at County Courses. The gradually increasing provision of climbing and agility apparatus to the Primary schools has still further extended the scope of the work there, making it more purposeful and interesting.

In Secondary schools the severe shortage of fully-trained teachers of Physical Education has been a great handicap to progress, but in the main a reasonable standard is being maintained in the majority of these schools over the County as a whole. It is hoped that the shortage will be met to some extent by Intensive Training Courses during the next educational year.

Some improvement is shown both in the acreage and condition of school playing fields, and in some areas parks and public recreation grounds are no longer needed to supplement the County's own playing fields. This, together with an increased provision of Athletics facilities, e.g. pits for High and Long Jump and Pole Vault, is proving a great boon to many schools.

Several new films on various aspects of Physical Education have been added to the film library at Glyn House and are available for loan to schools and for use on refresher courses.

There has been close co-operation between the Authority's Organisers of Physical Education and representatives of the Central Council of Physical Recreation in connection with recreative outdoor activities for school leavers and the coaching of the National Games.

The following courses have been held during the year :—

Physical Education for Primary Schools (5).
Gymnastics for Secondary Schools.
Netball Coaching.
Athletics Coaching (4).
Outdoor Activities.
Rugby Football.
Basketball.
Cricket (2).

Arrangements for the teaching of Swimming are the same as in previous years and it is felt that as much is being done as facilities allow.

(b) **Open Air Education.**

(i) **SUMMER CAMP.**—The Henley Fort camp was opened for 18 weeks from 30th April to 3rd September and during this period no serious illness occurred. The following statistics are given for 1955 together with those for the preceding year.

	1954 (33rd season)	1955 (34th season)
Number of children	445	425
Number of teachers	28	26
Number of schools	9	8
Average cost of food per head per week ...	16/8½d.	17/6d.
Number of weeks	17	18

(ii) **SHEEPHATCH CAMP SCHOOL.**—The Education Committee lease the Sheephatch School, which they are using so that children resident in the administrative area of Surrey may be able to enjoy a period of residential school life under conditions beneficial to their physical health and general welfare.

The School is situated in its own grounds of about 20 acres in the Farnham area of Surrey at Sheephatch, near Tilford, and is designed and equipped to accommodate a total of 180 children and 15 members of the teaching staff. The buildings, which consist of large well-constructed huts, all of which are centrally heated, include an Assembly Hall, Dining Room, Dormitories, Classrooms, Bathrooms and Showers and Hospital Quarters. There is a swimming pool in the School grounds for summer use, together with playing fields and gardens. In addition to the facilities provided for education and recreative activities, adequate arrangements have been made for the care of the children's health. A full staff of teachers and a qualified nurse are in residence, together with the permanent domestic staff of the School. The Surrey Education Committee accept responsibility for the proper supervision of all children during their stay at the School.

Priority is given to pupils over 13½ years of age on 1st April and the children normally remain at the school for one term.

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 mid-day meals at school on a day in October, 1955 :—

No. in Attendance.	Total No. of mid-day meals supplied.	No. supplied free of cost.
163,928	99,168	3,629

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

The total number of pupils, both day and boarding, who were receiving milk free of cost was 142,546.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1955, the Education Committee was responsible for the maintenance and training at residential institutions of 8 handicapped persons over special school leaving age. The responsibility of the Committee in this respect is limited to those persons who require education as part of their training. Where the training is purely vocational responsibility is accepted by the Ministry of Labour and National Service.

EMPLOYMENT OF CHILDREN.

During the year 4,561 children were medically examined as to their fitness to take part-time employment and of these only 7 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 6,682 examinations and re-examinations were carried out for this purpose.

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

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1955.

The staff of dental officers at 31st December consisted of 32 salaried officers and 32 officers on part-time sessional engagement. Their total value in terms of full-time officers was 48.1, and to the school service alone 43.2. This was an increase of 2.2 officers to the school dental service, derived from additional part-time officers.

Statistics for the year are provided by Table V.

Orthodontic Service.

The orthodontic service was operated by two full-time officers and four part-time officers, while the majority of clinic officers undertook a certain amount of the orthodontic treatment required. Detailed information is given here :—

No. of Attendances made by Patients for Orthodontic		No. of New Patients during the year.	No. Appliances supplied.		Impressions, Adjustments and other Operations.	No. of Patients Discharged as	
Inspection.	Treatment.		Fixed.	Removable.		Complete.	Incomplete.
6,650	14,907	1,480	78	2,042	12,733	1,018	391

County Dental Laboratory.

The staff of technicians was increased by one to bring it to a total of one senior technician in charge and five assistants. This staff carried out approximately 80 per cent. of the total mechanical work required by the dental services. An analysis of operations carried out for school children is shown below, the figures in brackets representing the total accomplishment of the laboratory for all services during the year. It will be noted that 83 per cent. of the total year's work is done in connection with the school service.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns.	Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
1,732	142	159	18	5	2,206	75	4,337
(1,732)	(463)	(199)	(18)	(5)	(2,206)	(582)	(5,205)

Oral Hygienist.

The work of the oral hygienist is partly operative and partly educational, and the following statement will show how the hygienist was engaged throughout the year.

School Inspections Attended.	Treatment.			Time devoted to Instruction in Oral Hygiene.
	Attendances.	Scaling and Polishing.	Application of Caries Deterrents.	
28	1,925	2,251	224	115½ hours

The primary difficulty in the organisation of the school dental service remains the problem of staff. An entire staff of full-time officers is highly desirable, but at present unattainable. Fortunately it continues to be possible to obtain part-time dental officers, but their employment necessitates the division of area responsibilities and, moreover, by the nature of their engagement, tends to produce staff fluctuation. Their services are appreciated and, in present circumstances, invaluable, but one feels that a full-time staff, with its greater stability, would be advantageous to the school dental service.

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.

Number of Inspections in the prescribed Groups:—

Entrants	17,430
Second Age Group	18,229
Third Age Group... ..	11,495
Total	47,154

Number of other Periodic Inspections 25,439

Grand Total 72,593

B.—OTHER INSPECTIONS.

Number of Special Inspections...	14,682
Number of Re-Inspections	20,417
Total	35,099

C.—PUPILS FOUND TO REQUIRE TREATMENT.

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

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II.A. (3)	Total individual pupils. (4)
Entrants	171	2,197	2,317
Second Age Group	1,141	2,000	2,956
Third Age Group	729	723	1,390
Total (prescribed groups)	2,041	4,920	6,663
Other Periodic Inspections...	1,361	2,592	3,732
Grand Total	3,402	7,512	10,395

TABLE II.

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

Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring observation. (3)	Requiring treatment. (4)	Requiring observation. (5)
Skin	799	1,154	1,673	109
Eyes—				
(a) Vision	2,490	2,643	2,061	634
(b) Squint	715	693	166	73
(c) Other	304	380	370	88
Ears—				
(a) Hearing	161	578	226	276
(b) Otitis Media	123	523	73	33
(c) Other	191	210	169	73
Nose or Throat... ..	1,050	5,086	1,148	535
Speech	260	686	237	107
Cervical Glands... ..	216	2,433	47	140
Heart and Circulation...	212	893	48	72
Lungs	246	1,413	128	142
Developmental—				
(a) Hernia	53	179	12	7
(b) Other	115	765	42	44
Orthopaedic—				
(a) Posture... ..	871	1,950	177	129
(b) Flat foot	1,129	1,628	161	113
(c) Other	1,054	2,589	473	285
Nervous System—				
(a) Epilepsy	23	89	15	16
(b) Other	88	311	86	65
Psychological—				
(a) Development	107	301	75	59
(b) Stability	98	673	128	64
Other	620	1,075	2,055	625
Total	10,925	26,252	9,570	3,689

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

Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of Col. (2).	No.	% of Col. (2).	No.	% of Col. (2).
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	17,430	8,936	51.27	8,259	47.38	235	1.35
Second Age Group	18,229	10,186	55.88	7,792	42.74	251	1.38
Third Age Group	11,495	6,028	52.44	5,287	45.99	180	1.57
Other Periodic Inspections	25,439	13,215	51.95	11,831	46.51	393	1.54
Total	72,593	38,365	52.85	33,169	45.69	1,059	1.46

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	384,955
(ii) Total number of individual pupils found to be infested	913
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	Nil
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (3), Education Act, 1944)	Nil

TABLE IV.

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

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

	Number of cases treated or under treatment during year.	
	By the Authority.	Otherwise.
Ringworm—		
(i) Scalp	8	—
(ii) Body	12	2
Scabies	28	—
Impetigo	290	7
Other skin diseases	2,068	199
Total	2,406	208

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

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	812	72
Errors of Refraction (including squint)	10,774	887
Total	11,586	959
Number of pupils for whom spectacles were :—		
(a) Prescribed	6,174	409
(b) Obtained	5,364	397

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

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment :—		
(a) for diseases of the ear	—	12
(b) for adenoids and chronic tonsillitis	—	1,030
(c) for other nose and throat conditions	—	66
Received other forms of treatment	1,171	324
Total	1,171	1,432

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	164	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments... ..	3,183	1,068

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	635	33

GROUP 6.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists ...	1,515	14

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	5,317	302
(b) Other than (a) above :—		
1. Cervical Glands	40	29
2. Heart and Circulation	61	39
3. Lungs... ..	141	114
4. Development... ..	37	153
5. Nervous System	67	83
Total	5,663	720

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—					
(a) Periodic age groups ...	...	...	...	...	122,641
(b) Specials ...	...	...	...	...	13,781
Total (1)...	...	...	...	...	<u>136,422</u>
(2) Number found to require treatment ...					
(3) Number referred for treatment ...	...	...	...	...	79,640
(4) Number actually treated ...	...	...	...	...	74,550
(5) Attendances made by pupils for treatment ...	...	...	...	...	43,733
					<u>128,933</u>
(6) Half-days devoted to :—					
Inspection ...	...	...	...	...	1,254½
Treatment ...	...	...	...	...	17,202½
Total (6)...	...	...	...	...	<u>18,456½</u>
(7) Fillings :—					
Permanent Teeth...	...	...	...	...	71,567
Temporary Teeth...	...	...	...	...	16,978
Total (7)...	...	...	...	...	<u>88,545</u>
(8) Number of teeth filled :—					
Permanent Teeth...	...	...	...	...	60,295
Temporary Teeth...	...	...	...	...	15,165
Total (8)...	...	...	...	...	<u>75,460</u>
(9) Extractions :—					
Permanent Teeth...	...	...	...	...	9,379
Temporary Teeth...	...	...	...	...	37,502
Total (9)...	...	...	...	...	<u>46,881</u>
(10) Administration of general anaesthetics for extraction ...					<u>19,728</u>
(11) Other operations :—					
Permanent Teeth...	...	...	...	...	26,871
Temporary Teeth...	...	...	...	...	11,095
Total (11)	...	...	...	...	<u>37,966</u>

NAME	RESIDENCE	DATE	REMARKS