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Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1956

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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 1956. The population of the administrative County as at mid-year 1956 is estimated by the Registrar-General to be 1,405,700, an increase over the previous year of 13,000 which is above the average annual increase of recent years. The natural excess of births over deaths was 2,635 so that 10,365 of the increase represented an influx of new population. Although the increases year by year may not seem to amount to much individually, nevertheless, during the past five years the population of the County has increased by 50,000—the equivalent of a fair sized town. County districts showing substantial increases during the past year were Banstead, Chertsey, Coulsdon and Purley, Egham, Esher, Leatherhead, and Guildford R.D.

The birth rate at 13.37 per thousand population was only slightly above the average for recent years. Following the relatively high rate of the immediate post-war years the birth rate appears to have now become fairly stable, and it is interesting to note that the rural complement is consistently higher than the urban. 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 different age and sex distribution of the population) is 13.64, as compared with the birth rate for England and Wales of 15.7.

The adjusted death rate (10.35) was a little above the average for recent years, although it was still below the average for England and Wales (11.7). The increase was largely accounted for by a greater number of deaths from heart and vascular disease and non-tuberculous diseases of the respiratory system. The steady increase in the number of deaths from malignant disease of the lung referred to in my report for last year was halted this year and there was a slight retrogression. In the light of national trends, however, it would be over-optimistic to hope for any permanent improvement just yet. The part played by tobacco smoking in the causation of this disease has received a good deal of public attention recently, and it would be difficult to find more painstaking investigations or more satisfying statistics than those which led to its incrimination as a prime factor. The part played by atmospheric pollution is less clear, but there are good reasons for regarding it also as important.

The division of Surrey into fairly distinct urban and rural sections gives an opportunity for some interesting comparisons between the two types of area. It is notable, for example, that the general death rate is consistently lower in the rural areas, which is in conformity with the experience of the country as a whole. This difference is particularly reflected in the lower rates of mortality for malignant disease, pulmonary tuberculosis, and non-tuberculous respiratory disease (mainly pneumonia and bronchitis). The preponderance of mental hospitals and other long stay residential accommodation for the sick and aged in the urban areas is a weighting factor but is probably not sufficient to disturb the general pattern. An exception, however, which has received special attention from the County Health Committee for a number of years is the higher rate of infant mortality which obtains in the rural areas. In an attempt to throw some light on this problem a detailed scrutiny has been made of the circumstances of every infant death occurring in the County over the past four years, but no special factor has been disclosed. The true explanation may lie in another direction. Factors affecting infant mortality are numerous and may include many different personal, social and environmental features. For a number of years the rural rate has been rather better than the national average for all districts, while the urban rate has been exceptionally favourable in relation to comparable areas. It is, therefore, not unreasonable to postulate that there may be certain exceptional advantages attached to urban Surrey in this particular respect which do not obtain elsewhere and which tend to throw the rural picture out of its true focus. There is no permanent norm in health standards, and it is common practice to judge one area or country by the standards of another. This is no argument, however, for relaxation in an attempt to improve existing standards, whatever their relationship to other standards or to those which have existed in the past. These examples illustrate that there is much scope for research in the social and environmental aspects of health.

Twenty years ago the County rate for maternal mortality was 2.6 per 1,000 total births, which was considerably better than the national rate and was considered at the time to be very favourable. Last year the rate was 0.63 per 1,000 total births which was slightly higher than the two previous years. Confidential medical enquiries on individual maternal deaths continue to be carried out in co-operation with the Ministry of Health with a view to discovering primary avoidable factors in maternal mortality. Reports on these enquiries, which are held on a national scale, are published from time to time by the Ministry, and the latest report shows that there is still a primary avoidable factor in over 40 per cent of maternal deaths. It is important that all branches of the health service should co-operate in an attempt to improve this position.

There was again a slight reduction in both the mortality rate and the case incidence of pulmonary tuberculosis. Although there has been a dramatic fall in the death rate since the years immediately preceding the war—largely the result of new methods of treatment—the reduction in the number of new cases is slower and there is still a great deal of work to be done in this field.

With a few exceptions the common infectious diseases were not unduly troublesome during the year. Poliomyelitis unfortunately gave rise to 137 paralytic cases with 16 deaths. Although it is often thought to be a disease of young people it is worthy of note that 12 of the deaths occurred in persons over the age of 25. Efforts to control this disease must depend on the rapid production and application of an efficient vaccine, as the large number of symptomless carriers in the community must necessarily limit severely the value of ordinary measures of isolation, quarantine and disinfection.

The incidence of Sonne dysentery was relatively high, particularly among young children of school age. Although this infection may be serious in the very young or in old people it is very largely a "nuisance" disease and is very difficult to control. It is a mistake to regard this as a new form of infection; as long ago as 1936 the County Medical Officer in his annual report drew attention to the fact that the incidence was widespread but the disease was not being recognised as such.

Early in 1956 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 training centres for mental defectives or for other capital expenditure for which exceptionally there may exist a special urgency. As a result of this embargo there was very little progress made in capital building projects, and only one new building—Amity Grove Clinic—was begun during the year and completed in 1957. No projects were completed during 1956. This unfortunate position has led to delay in making provision for several urgent needs in the health service.

The ambulance service has satisfactorily met demands which are still increasing owing to hospital development. Attention is drawn in the report to the urgent need for an adequate main control station in the Redhill area. I should also like to draw attention to the graph on page 34 which indicates that the introduction of radio control has been fully justified on grounds of economy alone. The graph illustrates how an increase of some 30 per cent in the number of patients over the past few years has been met without increasing the ambulance mileage, and this is attributable in large part to the use of radio. Responsibility for the organisation and training of the Civil Defence Ambulance and Casualty Collecting Section also rests with the peace time ambulance service and the work involved in dealing with some 2,300 volunteers is not inconsiderable. The training school at Roselands has proved an invaluable asset both for routine and Civil Defence purposes.

The question of measures for the prevention of break up of families referred to in my report of last year was pursued by the Working Party during the year and recommendations were eventually made which were approved by the County Council. Among the principal recommendations were—the expansion of existing domiciliary services and first reliance for dealing with problem families to be placed on the health visitor; the continuation of the system of "co-ordinating conferences" under the aegis of the divisional medical officer; the addition of a trained social worker to the staff of the divisional medical officer; the development of a scheme for special home helps; and facilities for special training for mothers. Other recommendations were made affecting other departments, but it was decided that the County Medical Officer should be the general co-ordinating officer for this preventive work. A joint Sub-Committee of the various service Committees concerned was also set up to exercise a general oversight over the work.

The School Health Service.

In general, the health of the children was satisfactory during the year under review and the work of the school health service continued on similar lines as detailed in previous reports.

As mentioned in the body of the report the Ministry of Education have now asked for a simpler classification of the physical condition of the children and no direct comparison with figures for 1955 can be made. The number of children whose physical condition was classified in 1956 as unsatisfactory was 833 or 1.19 per cent of the pupils inspected, while the previous year's figures of pupils inspected whose general condition was poor were 1,059 and 1.46 per cent. There is no reason to believe that the improvement in the children's general physical well-being which has been such a constant feature since the War has not continued during the period under review.

During the year the Education Committee considered in detail the long-awaited Report of the Committee on Maladjusted Children (the Underwood Committee). Although the Minister's observations on the report are not yet available it seemed an appropriate time to review the Education Committee's present arrangements for providing treatment and education for the maladjusted child. As an interim measure the Education Committee approved the establishment of three additional part-time child guidance clinics at Farnham, Godalming, and Richmond, and at the same time decided to examine the practicability and value of a school psychological service and special day classes for maladjusted children. In addition, a detailed enquiry into the work of the Committee's two hostels for maladjusted children was made in order to arrive at conclusions concerning their most effective function and real place in the general arrangements.

Vaccination of 13 to 14-year-old school children with B.C.G. was again undertaken during the year and the response of parents to this form of protection against tuberculosis was most encouraging. Poliomyelitis vaccination was also offered for the first time to registered children born between 1947 and 1954. Further details of both these important preventive measures can be found in my report to the Council as County Medical Officer.

Finally, I wish to express my appreciation of the help and loyalty of all members of the department throughout the year. They have maintained their usual high standard of efficiency and their work has contributed largely to the smooth running of the County Health Service in Surrey.

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 1,352,613, and the Registrar-General's estimate of the population at mid-year 1956 was 1,405,700, an increase of 13,000 over the comparable figure for mid-year 1955. The population under 1 year is given by the Registrar-General as 18,600, the population 1-4 years as 73,700, and the population 5-14 years 211,200.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1952-1956 is shown in the following table :—

	1952.	1953.	1954.	1955.	1956.
Urban Districts...	1,211,300	1,219,600	1,228,760	1,235,600	1,245,000
Rural Districts ...	154,200	155,900	156,440	157,100	160,700
Administrative County	1,365,500	1,375,500	1,385,200	1,392,700	1,405,700
Increase or decrease over previous year ...	+9,800	+10,000	+9,700	+7,500	+13,000

The following table shows the population of each Sanitary District at the censuses of 1931 and 1951, and the Registrar-General's mid-year estimates for 1955 and 1956 :—

DISTRICTS.				Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
					1931.	1951.	1955.	1956.
M.B. and Urban.								
1.	Banstead ...	...	...	12,821	18,734	33,529	37,080	38,220
2.	Barnes ...	...	...	2,519	42,440	40,567	40,170	40,140
3.	Beddington and Wallington ...	...	...	3,045	26,328	32,757	32,530	32,540
4.	Carshalton...	...	...	3,346	28,586	62,721	61,330	60,970
5.	Caterham and Warlingham ...	...	...	8,233	21,774	31,293	33,030	33,400
6.	Chertsey ...	...	...	9,983	16,988	30,852	33,660	34,910
7.	Coulsdon and Purley ...	...	...	11,143	39,795	63,773	65,420	66,460
8.	Dorking ...	...	...	9,511	15,204	20,252	20,420	20,460
9.	Egham ...	...	...	9,350	17,196	24,690	26,480	27,790
10.	Epsom and Ewell ...	...	...	8,427	35,231	68,055	67,210	67,580
11.	Esher ...	...	...	14,847	32,407	51,432	53,630	54,700
12.	Farnham ...	...	...	9,039	19,005	23,928	24,720	24,890
13.	Frimley and Camberley...	...	...	7,768	16,532	20,386	22,930	23,560
14.	Godalming...	...	...	2,393	10,940	14,244	15,400	15,520
15.	Guildford ...	...	...	7,323	34,237	48,048	49,810	50,560
16.	Haslemere ...	...	...	5,751	9,168	12,003	11,750	11,730
17.	Kingston-on-Thames ...	...	...	1,408	39,825	40,172	39,070	38,790
18.	Leatherhead ...	...	...	11,187	16,483	27,206	30,680	31,780
19.	Malden and Coombe ...	...	...	3,164	23,350	45,566	45,810	45,750
20.	Merton and Morden ...	...	...	3,237	41,227	74,730	72,440	71,590
21.	Mitcham ...	...	...	2,932	56,872	67,269	65,460	64,990
22.	Reigate ...	...	...	10,255	34,547	42,248	48,180	48,730
23.	Richmond ...	...	...	4,109	39,276	41,944	42,240	42,420
24.	Surbiton ...	...	...	4,709	30,178	60,875	62,570	62,610
25.	Sutton and Cheam ...	...	...	4,338	48,363	80,673	78,680	78,820
26.	Walton and Weybridge ...	...	...	9,052	25,671	38,112	40,890	41,520
27.	Wimbledon ...	...	...	3,212	59,515	58,141	58,070	57,820
28.	Woking ...	...	...	15,708	35,987	47,596	55,940	56,750
Total ...				198,810	835,859	1,203,062	1,235,600	1,245,000
Rural.								
1.	Bagshot ...	...	...	16,083	11,080	14,109	14,520	14,710
2.	Dorking and Horley ...	...	...	53,943	18,485	25,832	27,770	28,350
3.	Godstone ...	...	...	52,507	25,866	32,823	33,960	34,720
4.	Guildford ...	...	...	59,643	31,554	44,936	47,450	49,180
5.	Hambledon ...	...	...	68,175	24,926	31,851	33,400	33,740
Total ...				250,351	111,911	149,551	157,100	160,700
Administrative County ...				449,161	947,770	1,352,613	1,392,700	1,405,700

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, 1956, was £25,544,156, and the estimated produce of a 1d. rate for general County purposes for the year 1956-57 was £102,926.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1956 with the previous year and with the mean of the five years 1951-55.

	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.		
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
1955	13.14	11.17	0.10	2.06	0.54	18.08
Mean of 5 years, 1951-55 ...	13.11	11.06	0.15	1.95	0.63	20.13
1956	13.37	11.50	0.09	2.06	0.63	17.88
Increase or decrease in 1956 on:						
5 years' average	+0.26	+0.44	-0.06	+0.11	—	-2.25
Previous year	+0.23	+0.33	-0.01	—	+0.09	-0.20

1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 18,794, of which 9,726 were males and 9,068 females, as compared with 18,305 in the previous year, showing an increase of 489. The birth rate for the year was 13.37 as compared with 13.14 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 1956 crude live birth rates is shown below:—

	Administrative County.	Urban Districts.	Rural Districts.
	<i>per 1,000 of estimated home population.</i>		
Crude rates	13.37	13.19	14.75
Adjusted rates	13.64	13.32	15.78

The birth rate for England and Wales for 1956 was 15.7 and for 1955, 15.0.

In addition to the 18,794 live births in Surrey, there were 322 still births and the rate of still births per 1,000 live and still births was 16.84 as compared with an average rate of 19.04 for the quinquennial period 1951-55.

Of the 18,794 live births 769 or 4.09 per cent. were illegitimate, as compared with 749 or 4.09 per cent. in 1955.

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
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
1956 ...	18,794	13.37	322	16.8	769	4.09

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1956 was 16,159, as compared with 15,563 in the year 1955. The crude death rate for 1956 was 11.50, compared with 11.17 for 1955. The death rate for England and Wales both in 1956 and 1955 was 11.7.

3. Infant Mortality.

The number of infants under one year who died during 1956 was 336 compared with 331 in 1955. This represents an infant mortality rate of 17.88 per 1,000 live births as compared with a corresponding rate of 18.08 for the year 1955 and is for the seventh year in succession, the lowest ever recorded in Surrey. The comparable figures for England and Wales were 23.8 in 1956 and 24.9 in 1955.

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 ...	63.7	31.5	34.2	43.12	24.84	18.28
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
1956 ...	23.8	16.9	6.9	17.88	12.13	5.75

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 1956 :—

DISTRICTS	Live births.			Live birth rate.	Still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardised death rate.	Excess of births over deaths.	Infants dying		
	M.	F.	Total								under 1 month.	1-12 months.	
M.B. and Urban													
Banstead...	258	292	550	14.39	9	16.10	557	14.57	9.62	-7	6	1	
Barnes...	258	217	475	11.83	9	18.60	522	13.00	10.40	-47	3	2	
Beckington and Wallington	189	183	372	11.43	6	15.87	353	10.85	10.52	19	4	3	
Carshalton...	365	348	713	11.69	17	23.29	524	8.59	11.17	189	10	1	
Caterham and Warlingham	222	243	465	13.92	4	8.53	305	9.13	7.76	160	4	3	
Chertsey...	321	288	609	17.45	8	12.97	308	8.82	9.97	301	9	1	
Coulsdon and Purley	478	414	892	13.42	13	14.36	931	14.01	9.11	-39	6	3	
Dorking...	138	133	271	13.25	9	32.14	281	13.73	11.81	-10	5	5	
Egham...	227	198	425	15.29	5	11.63	319	11.48	9.99	106	5	1	
Epsom and Ewell	369	314	683	10.11	14	20.09	1,226	18.14	9.25	-543	11	3	
Esher...	377	358	735	13.44	9	12.10	597	10.91	10.36	138	9	5	
Farnham...	178	164	342	13.74	8	22.86	399	16.03	11.06	-57	5	1	
Frimley and Camberley	205	205	410	17.40	8	19.14	208	8.83	10.07	202	5	5	
Godalming	107	100	207	13.34	4	18.96	153	9.86	9.17	54	1	—	
Guildford	346	367	713	14.10	13	17.91	633	12.52	11.02	80	8	9	
Haslemere	73	85	158	13.47	3	18.63	149	12.70	10.16	9	1	3	
Kingston-on-Thames	281	269	550	14.18	12	21.35	442	11.39	10.48	108	9	4	
Leatherhead...	225	196	421	13.25	3	7.08	254	7.99	7.99	167	2	4	
Malden and Coombe	282	248	530	11.58	10	18.82	468	10.23	10.74	62	7	2	
Merton and Morden	397	374	771	10.77	9	11.54	703	9.82	11.39	68	7	5	
Mitcham...	447	427	874	13.45	14	15.77	612	9.42	11.49	262	6	6	
Reigate...	350	345	695	14.26	6	8.56	592	12.15	10.08	103	4	1	
Richmond	285	259	544	12.82	12	21.58	549	12.94	9.96	-5	14	—	
Surbiton...	399	362	761	12.15	20	25.61	615	9.82	10.31	146	12	—	
Sutton and Cheam	490	413	903	11.46	15	16.34	876	11.11	10.89	27	13	2	
Walton and Weybridge	331	286	617	14.86	7	11.22	412	9.92	9.32	205	6	3	
Wimbledon	415	391	806	13.94	16	19.46	677	11.71	9.95	129	6	4	
Woking...	483	448	931	16.41	19	20.00	790	13.92	10.92	141	15	15	
Total	8,496	7,927	16,423	13.19	282	16.88	14,455	11.61	10.33	1,908	193	92	
Rural													
Bagshot...	109	87	196	13.32	5	24.88	145	9.86	9.07	51	3	—	
Dorking and Horley	237	214	451	15.91	6	13.13	268	9.45	9.17	183	4	5	
Godstone	268	256	524	15.09	11	20.56	427	12.30	9.35	97	7	5	
Guildford	382	343	725	14.74	10	13.61	508	10.33	10.54	217	14	4	
Hambledon	234	241	475	14.08	8	16.56	356	10.55	9.50	119	7	2	
Total	1,230	1,141	2,371	14.75	40	16.59	1,704	10.60	9.86	667	35	16	
Administrative County													
	9,726	9,068	18,794	13.37	322	16.84	16,159	11.50	10.35	2,635	228	108	

* 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 21.51 : the neo-natal mortality rates for the urban and the rural districts respectively were 11.75 and 14.76.

4. Maternal Mortality.

In 1956 12 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 0.63 per thousand live and still births. The corresponding figures for England and Wales in 1956 were 401 and 0.56 : and for Surrey in 1955 were 10 and 0.54.

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 1956, 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.		Hyper-tension 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 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.																										
Barnet	60	1.57	64	1.67	17	0.44	123	3.22	32	0.84	7	0.18	1	0.03	58	1.52	16	0.42	17	0.44	7	0.18	5	0.13	49	1.25
Barnet	92	2.29	80	1.99	11	0.27	55	1.37	31	0.77	4	0.10	1	0.02	55	1.37	20	0.50	20	0.50	3	0.07	3	0.07	50	1.25
Barnet and Wallington	55	1.69	54	1.66	8	0.25	60	1.84	12	0.37	3	0.09	—	—	31	0.95	9	0.28	10	0.31	8	0.25	6	0.18	44	1.35
Barnet and Wallington	72	1.18	74	1.21	10	0.16	67	2.01	28	0.46	7	0.11	1	0.02	55	0.90	13	0.21	18	0.29	9	0.15	7	0.11	49	0.99
Camberley and Wokingham	42	1.20	41	1.23	—	—	67	2.01	17	0.51	20	0.06	1	0.03	20	0.60	6	0.18	17	0.51	5	0.15	—	—	23	0.75
Chertsey	43	1.23	61	1.75	7	0.20	33	0.95	8	0.23	5	0.14	1	0.03	38	1.00	5	0.14	13	0.37	3	0.09	1	0.03	37	1.06
Chertsey and Purley	115	1.73	139	2.09	32	0.38	126	3.59	60	1.56	10	0.15	2	0.03	134	2.02	21	0.32	31	0.47	11	0.17	9	0.14	80	1.20
Dorking	48	2.35	26	1.27	7	0.34	54	2.04	15	0.73	9	0.15	—	—	31	1.12	2	0.07	19	0.59	15	0.74	3	0.15	28	1.01
Epsom	44	1.58	53	1.91	27	0.40	74	2.27	10	0.36	—	—	—	—	31	1.12	2	0.07	19	0.59	15	0.74	—	—	28	1.01
Epsom and Ewell	143	2.12	114	1.69	310	4.59	52	0.77	52	0.77	15	0.22	—	—	163	2.41	11	0.16	39	0.58	15	0.22	6	0.09	66	0.98
Esher	93	1.70	77	1.41	17	0.31	97	1.59	44	0.80	3	0.05	—	—	60	1.10	10	0.18	23	0.42	11	0.20	7	0.13	56	1.02
Farnham	74	2.97	38	1.53	5	0.20	71	2.85	14	0.56	1	0.04	—	—	37	1.49	11	0.44	17	0.68	6	0.24	4	0.10	48	1.21
Finchley and Camberley	29	1.23	26	1.10	7	0.20	28	1.19	5	0.21	1	0.04	—	—	27	1.15	4	0.17	8	0.34	5	0.21	2	0.08	22	0.93
Godalming	19	1.22	28	1.80	2	0.13	22	1.42	9	0.58	—	—	—	—	15	0.97	5	0.32	7	0.45	5	0.24	4	0.20	12	0.77
Guildford	86	1.70	104	2.06	14	0.28	78	1.54	32	0.63	4	0.08	1	0.02	69	1.36	10	0.29	22	0.44	16	0.32	8	0.16	64	1.27
Haslemere	23	1.96	28	2.39	—	—	10	0.85	14	1.19	—	—	—	—	18	1.53	5	0.43	5	0.43	2	0.17	2	0.17	13	1.11
Kingston-on-Thames	61	1.57	69	1.78	9	0.23	44	1.13	27	0.70	2	0.05	—	—	45	1.16	9	0.23	22	0.57	12	0.31	4	0.10	48	1.21
Leatherhead	29	0.91	42	1.32	5	0.16	41	1.29	10	0.31	1	0.03	—	—	33	1.04	6	0.19	9	0.28	5	0.16	3	0.09	26	0.82
Malden and Coombe	72	1.57	94	2.05	12	0.26	38	0.83	35	0.77	2	0.04	—	—	38	0.83	12	0.29	22	0.48	11	0.24	1	0.02	51	1.11
Merton and Morden	108	1.51	121	1.69	16	0.22	76	1.66	39	0.54	9	0.13	—	—	67	0.94	19	0.27	33	0.46	18	0.25	6	0.08	68	0.95
Mitcham	67	1.03	101	1.55	5	0.08	63	0.97	33	0.51	11	0.17	2	0.03	93	1.43	16	0.25	36	0.55	9	0.14	3	0.05	71	1.09
Reigate	85	1.74	82	1.68	13	0.27	112	2.30	43	0.88	2	0.04	—	—	44	0.90	15	0.31	14	0.32	13	0.25	3	0.04	53	1.09
Richmond	85	2.09	54	1.27	9	0.21	78	1.84	35	0.83	2	0.05	—	—	50	1.18	16	0.38	18	0.42	11	0.24	3	0.07	42	0.99
Sutton and Chertsey	77	1.23	98	1.67	14	0.22	84	1.34	39	0.62	5	0.10	—	—	66	1.05	15	0.24	30	0.48	11	0.24	3	0.05	65	1.04
Sutton and Chertsey	120	1.52	148	1.88	24	0.30	149	1.89	39	0.49	5	0.06	—	—	97	1.23	16	0.20	31	0.39	20	0.25	6	0.08	78	0.99
Walton and Weybridge	65	1.57	77	1.85	3	0.07	59	1.20	23	0.55	—	—	—	—	42	1.01	8	0.19	20	0.48	7	0.17	4	0.10	42	1.01
Wimbledon	99	1.71	108	1.87	25	0.43	97	1.68	33	0.57	8	0.14	—	—	73	1.26	15	0.26	21	0.36	12	0.21	1	0.02	73	1.26
Woking	99	1.74	99	1.74	25	0.44	297	3.65	31	0.55	4	0.07	—	—	81	1.43	14	0.25	23	0.41	17	0.30	6	0.11	66	1.16
Total	2,005	1.61	2,100	1.69	328	0.26	2,300	1.85	770	0.62	118	0.09	11	0.09	1,561	1.25	317	0.25	553	0.44	273	0.22	109	0.09	1,341	1.08
Rural.																										
Bagshot	20	1.36	25	1.70	5	0.34	22	1.50	8	0.54	—	—	—	—	13	0.88	1	0.07	7	0.48	5	0.34	—	—	11	0.75
Dorking and Horley	45	1.59	29	1.02	7	0.25	42	1.48	9	0.32	2	0.07	—	—	29	1.02	5	0.18	7	0.25	5	0.18	—	—	28	0.99
Godalming	68	1.96	66	1.90	8	0.23	71	2.05	23	0.66	1	0.03	1	0.03	56	1.61	5	0.14	8	0.23	5	0.14	—	—	35	0.91
Guildford	85	1.73	82	1.67	12	0.24	75	1.53	14	0.28	5	0.10	—	—	51	1.04	11	0.32	23	0.47	12	0.24	—	—	53	1.08
Hambleton	59	1.75	49	1.45	6	0.18	67	1.99	21	0.62	2	0.06	1	0.03	24	0.71	9	0.27	15	0.44	10	0.30	3	0.11	37	1.10
Total	277	1.72	251	1.56	38	0.24	277	1.72	75	0.47	10	0.06	2	0.01	173	1.08	31	0.19	60	0.37	37	0.23	6	0.04	164	1.02
Administrative County 1956	2,282	1.62	2,351	1.67	366	0.26	2,577	1.83	845	0.60	128	0.09	13	0.01	1,734	1.23	348	0.25	613	0.44	310	0.22	115	0.08	1,505	1.07
Percentage of Total Deaths in 1956	14.12 (13.82)		14.55 (14.95)		2.26 (2.23)		15.95 (15.74)		5.23 (5.31)		0.79 (0.80)		0.08 (0.10)		10.73 (9.69)		2.15 (1.95)		3.79 (4.18)		1.92 (1.95)		0.71 (0.71)		9.31 (9.66)	

The figures shown in brackets relate to the year 1955.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1956.

The causes of all deaths during 1956 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.	6,913	176	34	45	45	275	1,893	1,868	2,577		842	29	3	7	11	45	182	235	330	
	F.	7,542	109	24	33	31	230	1,251	1,737	4,127		862	22	5	3	1	12	124	213	482	
1. Tuberculosis, Respiratory ...	M.	84	—	—	—	1	14	32	26	11		8	—	—	—	—	2	3	3	—	
	F.	34	—	—	—	—	11	14	6	3		2	—	—	—	—	—	1	1	—	
2. Tuberculosis, Other...	M.	4	—	—	—	—	2	2	—	—		—	—	—	—	—	—	—	—	—	
	F.	7	—	—	—	—	3	3	—	1		2	—	—	—	—	—	1	1	—	
3. Syphilitic Disease	M.	35	—	—	—	—	2	11	13	9		5	—	—	—	—	—	1	3	1	
	F.	26	—	—	—	—	—	3	13	10		—	—	—	—	—	—	—	—	—	
4. Diphtheria	M.	1	—	—	—	—	—	1	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	M.	2	1	1	—	—	—	—	—	—		1	—	—	—	1	—	—	—	—	
	F.	4	1	—	1	—	—	2	—	—		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis...	M.	9	—	—	1	—	8	—	—	—		1	—	—	—	1	—	—	—	—	
	F.	4	—	—	—	1	3	—	—	—		2	—	1	—	1	—	—	—	—	
8. Measles	M.	1	—	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Para- sitic Diseases	M.	15	2	—	—	1	1	10	1	—		5	—	1	—	1	—	2	1	—	
	F.	19	1	—	—	—	4	8	3	3		—	—	—	—	—	—	—	—	—	
10. Malignant Neoplasm, Stomach	M.	159	—	—	—	—	5	48	47	59		16	—	—	—	—	—	4	6	6	
	F.	158	—	—	—	—	9	47	38	64		15	—	—	—	—	—	3	7	5	
11. Malignant Neoplasm, Lung, Bronchus	M.	473	—	—	—	—	11	248	160	54		49	—	—	—	—	6	24	17	2	
	F.	80	—	—	—	—	4	36	22	18		11	—	—	—	—	1	2	4	4	
12. Malignant Neoplasm, Breast	M.	2	—	—	—	—	—	—	1	1		—	—	—	—	—	—	—	—	—	
	F.	271	—	—	—	1	30	126	56	58		37	—	—	—	—	4	18	9	6	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	109	—	—	—	—	8	50	21	30		6	—	—	—	—	—	1	4	1	
14. Other Malignant and Lymphatic Neoplasms	M.	667	—	5	9	1	31	219	187	215		104	—	—	3	2	3	34	30	32	
	F.	674	—	3	3	2	35	204	195	232		60	—	—	2	—	—	24	18	16	
15. Leukemia, Aleukemia ...	M.	43	—	4	—	1	4	16	13	5		6	—	1	—	—	1	1	1	2	
	F.	38	—	2	2	3	6	10	6	9		5	—	—	—	1	—	2	2	—	
16. Diabetes	M.	16	1	—	1	—	2	3	5	4		6	—	—	—	—	2	1	—	3	
	F.	47	—	—	—	—	—	11	11	25		6	—	—	—	—	—	2	3	1	
17. Vascular Lesions of Nervous System	M.	771	—	—	1	1	12	164	206	387		88	—	—	—	—	1	9	28	50	
	F.	1,234	—	—	1	2	10	157	288	776		189	—	—	—	—	—	17	54	118	
18. Coronary Disease, Angina...	M.	1,260	—	—	—	1	27	425	413	394		158	—	—	—	—	5	45	53	55	
	F.	840	—	—	—	—	3	109	285	443		93	—	—	—	—	—	13	27	53	
19. Hypertension with Heart Disease	M.	129	—	—	—	1	1	22	43	62		17	—	—	—	—	—	2	7	8	
	F.	199	—	—	—	—	—	21	65	113		21	—	—	—	—	—	4	8	9	
20. Other Heart Disease ...	M.	859	—	—	1	—	20	113	192	533		101	—	1	—	1	4	8	23	64	
	F.	1,441	—	—	—	4	9	102	233	1,093		176	—	—	—	—	1	9	34	132	
21. Other Circulatory Disease ...	M.	327	1	—	1	—	10	63	93	159		33	—	—	—	—	—	3	15	15	
	F.	443	—	—	—	1	8	47	112	275		42	—	—	—	—	1	3	8	30	
22. Influenza	M.	32	1	—	1	—	—	6	17	7		5	—	—	—	—	—	2	1	2	
	F.	37	—	—	1	—	—	7	7	22		5	—	—	—	—	—	1	—	4	

Continued overleaf

7. Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1956, giving the number of cases of each disease notified and the attack rate :—

Disease.	1956	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	6	0.004
Post infectious	2	0.001
Acute pneumonia	667	0.47
Acute poliomyelitis—		
Paralytic	137	0.10
Non-Paralytic	138	0.10
Diphtheria	1	0.001
Dysentery	1,581	1.12
Enteric or Typhoid Fever	8	0.006
Erysipelas	129	0.09
Food poisoning	194	0.14
Measles, excluding Rubella	3,510	2.50
Meningococcal Infections	23	0.02
*Ophthalmia neonatorum	5	0.27
Paratyphoid fevers	22	0.02
†Puerperal Pyrexia	508	26.57
Scarlet Fever	851	0.61
Tuberculosis—Pulmonary	737	0.52
Non-pulmonary	69	0.05
Whooping cough	1,640	1.17

* 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	1 (3)
Whooping Cough	— (—)
Diphtheria	1 (—)
Influenza	84 (102)
Meningococcal infections	7 (2)
Acute Poliomyelitis	16 (9)

The figures in brackets relate to the year 1955.

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1956 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 737 cases of pulmonary tuberculosis and 69 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 1956 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
1956	737	0.52	128	0.09	69	0.05	13	0.01

The case-rate of pulmonary tuberculosis per thousand of the population was the lowest recorded since tuberculosis became notifiable in 1912, namely, 0.52. The previous lowest record was 0.54 in 1955. The number of notifications of pulmonary tuberculosis decreased by 10 in comparison with the 1955 figure. The death rate also has fallen appreciably. This is a direct result of the recent advances in treatment, including chemotherapy and thoracic surgery, combined with a closer supervision of all patients. It is worth mentioning that during the last 9 months of 1956 an analysis of the Registrars' Death Returns (including transferable deaths) indicated that there were 29 deaths in tuberculosis patients from causes other than tuberculosis.

The numbers of patients on the registers with a positive sputum during the last six months of 1956 was 224, a reduction of 56 compared with the previous year.

The case-rate of non-pulmonary tuberculosis for 1956 was also the lowest recorded, namely 0.05. The previous lowest record was 0.07 in the year 1955. There was a decrease of 30 in the number of notifications of non-pulmonary tuberculosis in comparison with the 1955 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	2	2	—	—	4
One and under 2 years	3	3	—	—	6
2 " " 5 " "	5	6	1	1	13
5 " " 10 " "	9	9	—	—	20
10 " " 15 " "	5	9	2	5	21
15 " " 20 " "	26	25	2	4	57
20 " " 25 " "	51	41	1	7	100
25 " " 35 " "	97	77	5	14	193
35 " " 45 " "	68	46	6	5	125
45 " " 55 " "	80	28	5	5	118
55 " " 65 " "	74	13	—	1	88
65 " " 75 " "	29	15	1	2	47
75 and upwards	11	3	—	—	14
Totals	460	277	23	46	806
1955	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 1955 the following noteworthy decreases occur in the number of notifications of pulmonary tuberculosis:—

Females.—Age group 15-20	... = 14
" " 20-25	... = 15

The only outstanding increase (12) occurs in the pulmonary males, age group 25-35.

Apart from the above new notifications, during the year 572 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc. (The corresponding figure for 1955 was 583.) The transfers from other areas comprised just over 91 per cent. of this group and there were 48 deaths of unnotified cases of tuberculosis.

The site of disease and place of death in the 48 unnotified cases were as follows:—

	In Hospitals	At Home	Total
Pulmonary tuberculosis	10	4	14
Tuberculous meningitis	1	—	1
Genito-urinary tuberculosis	3	—	3
Tuberculous pericarditis	—	1	1
Tuberculous peritonitis	1	—	1
In addition, 28 persons died from other causes (T.B. also present) as follows	16	12	28
Totals	31	17	48

The age distribution of the 14 unnotified deaths from pulmonary tuberculosis was 20-24, 1; 25-34, 2; 35-44, 1; 55-64, 4; 65 and over, 6.

The age distribution of the 34 unnotified deaths from non-pulmonary tuberculosis and from other causes, tuberculosis being also present, was 35-44, 2; 45-54, 10; 55-64, 3; 65 and over, 19.

Unnotified deaths in hospitals comprise 64 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, 1956, were as follows :—

						Pulmonary	Non-Pulmonary
Males	...	...	...	...	...	5,993	666
Females	...	...	...	...	...	4,651	874
Totals						10,644	1,540
Grand Total						12,184	

The total of 12,184 is a decrease of 106 as compared with the figure (12,290) for 1955. The number of pulmonary cases has fallen by 15 and the non-pulmonary figure has decreased by 91. The corresponding total for 1954 was 12,438.

The total of 9,295 cases on chest clinic registers for 1956, as set against 12,184 on the District Medical Officers' registers, represents a difference of 2,889. It is still 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 13. The death rate for pulmonary tuberculosis (0.09) was the lowest recorded in Surrey, the previous low record being 0.10 in 1955. The death rate for non-pulmonary tuberculosis, namely 0.01, was the same as in 1955 which was the lowest recorded in Surrey.

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 1,378. The corresponding figure for 1955 was 1,429, and for 1954 was 1,552.

Of the 141 deaths which occurred during the year 1956, 20 or 14.2 per cent. occurred in non-notified cases in which the primary cause of death was tuberculosis. Tuberculosis was a secondary cause of death in 28 unnotified cases.

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, two 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 Capital Building project has been completed since my last Report :—

Project.	Purpose.	Date of Completion.
Amity Grove, West Wimbledon	Welfare Centre/School Clinic... ..	January, 1957.

The national embargo on capital expenditure is still in force with the result that no new building work has been put in hand during the year. A certain amount of progress has been made, however, in clearing-up some of the preliminaries in preparation for the lifting of the embargo and the present position is as follows :—

Programme.	Project.	Purpose.	Present Position.
BUILDINGS.			
1955/56	Between Streets, Cobham ...	Welfare Centre/School Clinic...	Tenders received.
1955/56	Middleton Circus, Carshalton ...	do.	Ready to invite tenders.
1955/56	Pollards Hill, Mitcham ...	do.	Proceeding to tender stage.
1955/6/7	Chaldon Road, Caterham-on-the-Hill	do.	do.
1956/7	Park Barn Estate, Guildford ...	M.D. Occupation and Training Centre	do.
1955/6	Grayswood Road, Haslemere ...	Ambulance Sub-Station ...	Position to be reviewed in June, 1957.
1955/6	Walton Lodge Estate, Banstead ...	do.	do.
1956/7	Morden Road, Morden ...	Welfare Centre/School Clinic...	Authority received to prepare working drawings. Joint building with Central Library dealt with by Education Committee.
1956/7	Ewell Court, Epsom ...	do.	Lease of existing premises extended to August, 1958.
1956/7	Victoria Road, Horley ...	do.	No action at present.
1956/7	Walton Lodge Estate, Banstead ...	do.	No action at present.
1956/7	Molesey ...	do.	Negotiations proceeding for separate site at "The Forum."
SITES.			
1956/7	Manor Drive, Malden ...	do.	Site purchased.
—	Guildford ...	do.	Negotiations proceeding.
—	Wallington ...	do.	Possibility of securing a County-owned site.
1956/7	Reigate ...	Main Ambulance Station ...	Suitable sites under consideration.
1956/7	Wimbledon } One of these...	Ambulance Sub-Station ...	Negotiating extension of present lease.
1956/7	Surbiton } do.	do.	No suitable site yet found.
—	Malden { Kingston... Wimbledon ...	M.D. Occupation and Training Centre	Negotiating for a site in Burlington Road.

Night Attendance Scheme.

During the year the County Council considered applications from

(a) the Guildford Old People's Welfare Council for an increase from £100 to £200 per annum in the maximum of the grant towards losses on their night attendance scheme;

(b) the Mitcham Old People's Welfare Committee for a grant towards the cost of their day and night attendance scheme; and

(c) the Wimbledon Guild of Social Welfare towards the cost of their day and night attendance scheme.

The Guildford scheme remained the same as outlined in my previous report. The Mitcham scheme, a recently inaugurated one, had recruited twelve attendants for day and night work who are paid 12s. 6d. a night or 2s. per hour during the day. The Wimbledon scheme provides for a similar charge to be made.

In all the circumstances the Council decided to guarantee to meet losses in the current financial year sustained by these Voluntary Associations in running night attendance schemes up to the maximum amounts indicated below:—

	£
(a) Guildford Old People's Welfare Council ...	150
(b) Mitcham Old People's Welfare Committee	50
(c) Wimbledon Guild of Social Welfare ...	50

provided that any payment made by the Council shall be limited to re-imbursement of loss on fees plus fares and no part of the Council's contribution shall go towards payment of administrative expenses. Ministry of Health approval to this was obtained. The Council also decided to review the position in regard to the operation of night attendance schemes within the County in twelve months time.

The associations concerned submitted the following information regarding their schemes and the deficits incurred were re-imbursed by the Council:—

(a) Guildford.

A deficit of £37 14s. 2d. was incurred in providing night attendants for seven patients and paying bus fares.

(b) Mitcham.

A deficit of £11 17s. 6d. was incurred in providing night attendants for five patients.

(c) Wimbledon.

A deficit of £20 was incurred in providing night attendants for six patients.

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 1956 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT										Number born elsewhere in Administrative County but normally resident within the County District.			Number born outside Administrative County but normally resident within the County 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	173	—	—	1	—	—	—	—	—	—	16	333	1	4	28	559	
Barnes	100	—	—	—	—	—	2	—	—	—	—	97	1	5	289	484	
Beddington and Wallington	88	—	—	—	—	—	2	—	—	—	—	270	—	4	20	378	
Carsington	171	—	456	3	—	1,564	3	—	106	—	—	85	—	—	9	730	
Caterham and Warlingham	158	—	—	—	—	—	—	—	—	—	1	190	—	14	103	469	
Chertsey	173	—	—	1	—	—	—	—	—	—	—	400	1	—	23	617	
Coulsdon and Purley	279	—	—	—	—	—	2	—	—	—	1	273	—	68	284	905	
Dorking	64	51	169	1	41	161	1	5	82	—	—	15	—	—	9	280	
Egham	126	—	—	—	—	—	3	—	—	—	—	224	1	5	70	430	
Epsom and Ewell	149	28	433	1	63	817	1	1	10	—	—	45	—	1	19	697	
Esher	163	—	—	1	—	—	—	—	—	—	23	132	—	5	208	744	
Farnham	111	—	169	—	—	63	—	—	96	—	12	15	2	2	38	350	
Frimley and Camberley	63	—	119	—	—	1	2	—	39	—	4	64	—	3	164	418	
Godalming	38	18	—	—	19	—	1	5	—	—	—	154	1	—	1	211	
Guildford	154	40	524	1	67	786	—	14	68	—	1	6	—	—	3	726	
Haslemere	23	—	119	—	—	64	—	—	206	—	—	45	—	—	4	161	
Kingston-on-Thames	84	—	382	1	—	1,324	—	—	54	—	3	17	1	1	72	562	
Leatherhead	137	—	—	—	—	—	1	—	—	—	30	247	—	—	15	424	
Malden and Coombe	129	—	—	—	—	—	—	—	—	—	8	93	—	2	55	540	
Merton and Morden	105	—	242	2	—	480	—	—	240	—	2	407	1	3	25	780	
Mitcham	221	—	—	—	—	—	—	—	—	—	—	562	1	3	84	888	
Reigate	155	—	507	—	—	897	—	—	210	—	3	9	—	2	11	701	
Richmond	129	—	—	—	—	—	—	—	—	—	—	240	—	7	170	556	
Sarbiton	159	—	—	—	—	—	—	—	—	—	—	12	—	3	67	781	
Sutton and Cheam	162	—	246	3	—	189	—	—	12	—	12	492	1	4	23	918	
Walton and Weybridge	126	21	299	—	26	59	—	6	38	—	1	180	—	3	21	624	
Wimbledon	103	141	—	—	103	—	—	778	—	—	—	526	2	9	62	822	
Woking	325	—	561	2	—	772	2	—	27	—	8	66	1	1	20	950	
Rural.																	
Bagsbot	28	—	88	—	—	214	—	—	193	—	—	75	—	1	14	201	
Dorking and Horley	132	—	—	—	—	—	—	—	—	—	15	161	2	11	28	457	
Godstone	219	—	—	1	—	—	3	—	—	—	—	240	—	5	41	535	
Guildford	185	—	—	—	—	—	—	—	—	—	33	405	2	3	73	735	
Hambleton	94	—	—	1	—	—	—	—	—	—	28	303	1	4	19	483	
Totals	4,526	299	4,317	19	319	7,392	25	809	1,381	14	223	6,527	23	175	2,072	19,116	

The percentage of confinements taking place in hospitals was 72.0, in private nursing homes 4.2, and at home 23.8.

(b) Expectant and Nursing Mothers.

Ante-natal clinics are provided throughout the County by the County Council; each is in the charge either of an obstetrician, a general practitioner with special experience, or a full-time assistant medical officer. In districts where no special ante-natal clinics are held assistant medical officers are available for ante-natal consultations at the ordinary infant welfare clinics. Certain hospitals in the County also run ante-natal clinics in association with their maternity departments, and the obstetricians in charge of such clinics are available to see also expectant mothers referred from the County Council's ante-natal clinics. Health Visitors assist in the routine work of the Council's clinics, give talks and advice on mothercraft and follow up those mothers who do not keep appointments. An important part of their duties is to visit the patients in their own homes so that they can be in a position to advise the mothers on the social and other problems resulting from the occurrence of a pregnancy with full knowledge of the individual circumstances of the case and also so that they can inform the medical officer of the ante-natal clinic of any individual circumstances which it is necessary for him to know. In one hospital area arrangements have been made (1) to notify the health visitors of every new expectant mother who attends the hospital ante-natal clinic so that she can visit; (2) to enable the health visitor to visit the mother in hospital during the lying-in period, and (3) for health visitors to attend ward rounds by the paediatrician: all these measures are of great assistance in keeping the health visitor in touch with the hospital organisation and in securing uniformity of methods between the two organisations.

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 ...	14	31	19	1,013	737	2,248	1,855
Central ...	6	28	8	1,548	1,079	5,985	1,014
North-Central ...	10	35	25	978	692	4,755	2,176
Southern ...	5	14	—	211	149	886	—
South-Eastern ...	5	17	—	711	463	2,297	—
Northern ...	5	18	10	951	760	3,987	650
South-Western ...	3	8	—	416	416	2,441	—
North-Eastern—							
Wimbledon ...	2	4	4	283	223	450	422
Merton & Morden ...	2	8	—	341	273	1,227	—
Mitcham ...	3	14	8	697	569	2,407	1,542
Mid-Eastern—							
Carshalton ...	4	20	—	322	222	1,526	—
Beddington & Wallington ...	1	4	—	100	83	384	—
Total ...	60	201	74	7,571	5,666	28,593	7,659
† Post-Natal Clinics.							
North-Western ...	—	—	—	84 (*84)	84 (84)	91 (91)	2 (2)
Central ...	—	—	—	410 (410)	403 (403)	585 (585)	— (—)
North-Central ...	—	—	—	357 (357)	354 (354)	390 (390)	— (—)
Southern ...	—	—	—	74 (74)	68 (68)	82 (82)	— (—)
South-Eastern ...	—	—	—	195 (195)	163 (163)	182 (182)	— (—)
Northern ...	—	—	—	327 (327)	327 (327)	331 (331)	— (—)
South-Western ...	—	—	—	179 (179)	179 (179)	200 (200)	— (—)
North-Eastern—							
Wimbledon ...	—	—	—	9 (9)	9 (9)	9 (9)	— (—)
Merton & Morden ...	—	—	—	29 (29)	29 (29)	29 (29)	— (—)
Mitcham ...	1	1	—	91 (—)	91 (—)	97 (—)	— (—)
Mid-Eastern—							
Carshalton ...	—	—	—	49 (49)	49 (49)	57 (57)	— (—)
Beddington & Wallington ...	—	—	—	7 (7)	7 (7)	7 (7)	— (—)
Total ...	1	1	—	1,811(1,720)	1,763(1,672)	2,060(1,963)	2 (2)

† 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, 155 Surrey cases were admitted to mother and baby homes, and 54 Surrey cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, and 65 cases were sent by the Council to other Homes, payment being made per capitem.

In addition, 48 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 1956 was 12 which gives a maternal mortality rate of 0.63 per thousand live and still births compared with 0.56 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 7.

There were 11 deaths which actually occurred in the County all of which were investigated. Five patients were confined at home and of these 2 died in hospital. One case was the subject of criminal proceedings and 5 cases were confined in hospitals.

(f) Puerperal Pyrexia.

During 1956, 508 cases of puerperal pyrexia were notified representing an attack rate of 26.57 per thousand live and still births as compared with 16.31 for England and Wales. Of these cases 30 occurred in domiciliary confinements and the remainder in institutional confinements.

(g) Infant Mortality.

The infant mortality rate in the Administrative County of 17.88 compares with 23.8 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics" (page 8).

The urban infant mortality rate in 1956—namely 17.35 (285 deaths)—is lower than the rural rate—namely 21.51 (51 deaths).

(i) **Ophthalmia Neonatorum.**

In 1956 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 108 babies and 5 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 0.27.

Of the 5 cases notified by medical practitioners none occurred in the practice of midwives. Four cases were treated at home, one was treated in hospital, and in no case was vision impaired.

(j) **Infant Welfare Centres.**

The County Council maintained 184 infant welfare centres in the year as against 185 in 1955. An additional centre was started at St. Martins Hall, Effingham Junction.

The following centres were closed during the year —

- (i) Methodist Hall, Green Lane, Morden.
- (ii) Chobham Camp.

The following table shows the attendance at the centres for the year 1956 :—

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.
				1956.	1955.	1954-51.		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 ...	31	102	2,660	2,356	2,184	3,348	7,888	34,544	9,957	8,409	52,910
Central ...	25	108	2,311	2,228	2,148	4,045	8,421	39,288	12,300	17,101	68,689
North-Central ...	15	91	2,276	2,213	1,676	2,564	6,453	33,427	8,375	8,489	50,291
Southern ...	28	96	1,337	1,270	1,220	1,999	4,489	18,708	6,427	8,334	33,469
South-Eastern ...	15	59	1,372	758	554	851	2,163	16,375	4,637	4,437	25,449
Northern ...	7	40	970	906	814	932	2,652	14,128	3,409	2,051	19,588
South-Western ...	40	129	2,122	1,803	1,782	3,081	6,666	28,143	10,349	11,856	50,348
North-Eastern—											
Wimbledon ...	5	25	687	630	545	982	2,157	11,112	2,620	4,393	18,125
Merton & Morden	5	44	704	650	576	1,464	2,690	13,270	3,548	4,635	21,453
Mitcham ...	5	28	801	747	616	1,094	2,457	13,152	1,963	1,533	16,648
Mid-Eastern—											
Carshalton ...	4	34	603	611	643	1,459	2,713	10,268	2,589	3,672	16,529
Beddington & Wallington ...	4	12	329	294	291	528	1,113	4,804	1,741	1,592	8,137
	184	768	16,172	14,466	13,049	22,347	49,862	237,219	67,915	76,502	381,636
Voluntary.											
Southern ...	1	1	66	11	6	21	38	59	66	66	191
SW (Army School of Health)											
S.C.C. Health Visitor attends	1	2	23	18	11	14	43	232	68	66	366

It will be noted that the number of children attending the centres in 1956 and who were born in that year formed 77.13 per cent. of the total live births in the year and that the average number of attendances of these children in the year was fifteen.

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 58 children under the age of five years and 37 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 19 day nurseries with a total number of 762 places, the nursery at 104, Westbury Road, New Malden, having been closed during the year.

[The day nursery at Old Trimmers, Farnham, was also closed on January 1st, 1957.]

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 1956 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 1956 the following issues were made :—

National Dried Milk.			Cod Liver Oil	A. & D. Tablets	Orange Juice.	
Free.	10½d.	4/-			Free.	5d.
3,048	382,447	1,271	164,054	78,581	5,491	1,256,594

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil	A. & D. Tablets	Orange Juice.
Hospitals	2,941	98	18	5,460
Nurseries	97	1,029	—	5,022

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

- (a) Maternity and child welfare centres ... 172
- (b) Others 81

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.**Report of the Chief Dental Officer for the Year, 1956.**

The dental inspection and treatment of expectant and nursing mothers and children under five years of age was carried out during the year by the Council's staff of dental officers, who, while primarily engaged in the School Dental Service, devoted a portion of this time to the care of mothers and young children.

No arrangements were made for routine inspection of potential patients in these categories, nor were specific sessions reserved for treatment, but the dental service was open to receive patients on personal application or on reference by medical officers, general medical practitioners, health visitors, midwives and other interested persons. The actual time occupied in the inspection and treatment of mothers and young children is assessed at the equivalent of 1,444 sessions and the number of attendances made by patients was 11,997. The number of new patients introduced during the year was 3,817 of which approximately 67 per cent. were pre-school children.

The appended tables provide further information, in which can be noted little material change from the figures of the previous year except for an increase in conservative treatment of 930 fillings.

Dental X-rays continued to be available at seven centres and dentures were provided for mothers as required. The mechanical processes of denture construction were carried out for the greater part by the Council's staff of dental technicians at the County Dental Laboratory and to some extent by outside contractors.

D. M. McCLELLAND,

Chief Dental Officer.

(a) Numbers provided with dental care.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers ...	1,232	999	1,267*	922
Children under 5 ...	2,815	2,256	2,550*	2,290

* Includes cases carried over from 1955.

(b) Forms of treatment provided.

	Sealings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extrac- tions.	General anaes- thetics	Dentures provided.		Radio- graphs.
							Full upper or lower.	Partial upper or lower.	
Expectant and Nursing Mothers ...	566	2,633	—	23	1,957	394	179	214	119
Children under 5 ...	—	4,226	868	—	2,748	1,361	—	—	10

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) ADMINISTRATIVE NURSING STAFF.

The health visiting service and the home nursing and midwifery service have previously been organised under separate superintendents. Consequent upon the resignation of the County Nursing Superintendent during the year the position was reviewed. It was felt that the health visiting and the district nursing and midwifery services were in many ways mutually dependent and that the closest co-operation between them is essential to secure the best results, e.g. in relation to the care of mothers and young children and of the aged. To further this integration, it was decided to appoint a Superintendent Nursing Officer for both branches of the nursing services of the County Council.

(b) 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.

The latter course was held at Glyn House, Ewell, in May. Sixty members of the staff attended; other members of the nursing and medical staff of the County were allowed to attend any lecture in which they were interested. The inaugural address was given by Dr. J. A. Scott, O.B.E., Q.H.P., Medical Officer of Health, London County Council, who took as his subject the future roles of the district nurse and the health visitor in the Health Services. Subsequent lecturers presented the problem of mental ill health in the community and showed that much of this is preventable, provided the staff is given adequate in-service training in the promotion of mental health. An interesting in-service training scheme in mental health undertaken by another local authority was discussed. Succeeding sessions were given to group training and modern developments in the treatment of certain medical conditions. This course was much appreciated by the staff for its educational value and for the opportunity it gave for them to discuss the various problems together.

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.

(c) TRAINING OF STUDENT DISTRICT NURSES AND PUPIL MIDWIVES.

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. Such arrangements are limited in number because of the small proportion of women in Surrey who are confined in their own homes.

During the year Circular 8/56 was received from the Ministry of Health reviewing the financial arrangements for training second period pupil midwives. Discussions were held with representatives of the Part II midwifery training schools in the County and arrangements made regarding the revised allocation of expenditure.

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.

In order to supplement existing facilities in the County for the training of district nurses and so reduce in future the number of trainees who need to go to out-County training homes, arrangements were made for the Surbiton Nurses Home to be approved by the Queen's Institute of District Nursing for the training of up to three student district nurses. The Surbiton District Nursing Association generously agreed to meet the cost of the consequential structural alterations at the premises.

(d) WORK OF THE DISTRICT NURSES.

At the end of the year there were 282 full-time and 62 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1956 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 ...	3,213	624	4	68	20	15	3,944	2,056	256	751
Central ...	3,461	1,123	34	81	25	25	4,749	2,446	167	1,184
North-Central ...	3,818	1,083	15	57	58	9	5,040	2,568	198	1,036
Southern ...	2,088	659	1	36	15	15	2,814	1,527	205	576
South-Eastern ...	1,483	307	3	37	7	7	1,844	927	147	319
Northern ...	2,011	231	3	44	6	—	2,295	1,419	53	489
South-Western ...	4,626	963	57	41	30	32	5,749	2,483	255	873
North-Eastern—										
Merton & Morden	1,160	115	1	70	—	5	1,351	593	24	312
Mitcham	942	137	—	57	6	—	1,142	638	22	255
Wimbledon	1,378	85	—	64	—	2	1,529	832	15	341
Mid-Eastern—										
Beddington & Wallington	635	185	11	29	14	9	883	411	44	154
Carshalton	688	208	2	48	—	—	946	434	29	230
	25,503	5,720	131	632	181	119	32,286	16,334	1,415	6,520
Number of visits paid by Home Nurses during the year :—										
North-Western ...	61,824	10,232	18	3,721	117	2,898	78,810	50,035	2,004	50,376
Central ...	106,993	27,820	344	4,468	278	1,864	141,767	100,872	1,205	94,243
North-Central ...	81,902	17,175	111	1,959	341	1,714	103,202	73,678	1,145	70,540
Southern ...	39,873	12,687	6	2,423	135	3,065	58,189	39,481	1,842	41,305
South-Eastern ...	25,585	5,681	18	1,768	30	699	33,781	24,456	835	26,972
Northern ...	47,651	6,694	10	2,277	62	75	56,769	42,816	247	43,873
South-Western ...	80,671	16,116	532	1,735	224	5,653	104,931	72,564	1,706	67,904
North-Eastern—										
Merton & Morden	24,804	3,519	5	4,116	—	504	32,948	19,313	145	22,036
Mitcham	23,430	4,646	—	4,222	47	278	32,623	21,924	264	21,918
Wimbledon	24,585	3,575	—	3,101	—	840	32,101	21,435	245	24,490
Mid-Eastern—										
Beddington & Wallington	11,651	2,930	117	2,246	165	360	17,469	10,859	238	13,196
Carshalton	13,965	3,005	17	5,211	—	7	22,205	10,474	190	18,263
	542,934	114,080	1,178	37,247	1,399	17,957	714,795	487,907	10,066	495,116

A high percentage of the nurses' time is spent with the over-65 age group. The type of nursing undertaken for these patients can be classified as (1) general nursing care of the aged sick, including rehabilitation whenever possible, (2) terminal carcinoma, (3) cardiac failure, including coronary disease, hypertension with heart disease and other heart diseases, and (4) the nursing care and rehabilitation of the hemiplegics.

Other work undertaken by the district nurses includes :—

(1) A large number of injections are given by the home nurses together with other nursing care. The injections can be mainly classified as follows : (a) Cytamin and other vitamin preparations, (b) mersalyl and other diuretics, (c) insulin, (d) Streptomycin, and (e) antibiotics (over the past few years there has been a slight decrease in this particular treatment).

(2) General nursing of chronic patients who may or may not be elderly, e.g. chronic rheumatic diseases, disseminated sclerosis, malignant neoplasms, etc.

(3) Many hospitals ask the district nurses to prepare patients for diagnostic investigation, i.e. colonic washouts, taking of catheter specimens, etc.

(4) Surgical treatment to varicose ulcers and post-operative dressings following discharge from hospital.

(5) A development in the care of the tuberculous patient would appear to be the giving of streptomycin to ambulant patients.

(6) Respiratory infections, mainly during the winter months.

In the past year some Guthrie Smith bed chairs and Wicksteed hoists have been acquired ; it would appear likely that the demand for these nursing aids will steadily increase.

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 seven 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 1956 was 569 compared with 561 in 1955.

(b) WORK OF THE MIDWIVES DURING 1956.

	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...	61	899	1,075	2,308	4,343	—
(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)	—	—	—	—	—	830
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	12,153
(d) Midwives in private practice (including midwives employed in Nursing Homes)	—	—	11	1	12	351
Total	61	899	1,086	2,309	4,355	13,334

It will be noted that of 17,689 confinements attended by midwives during the year, only 4,355 (or 24.6 per cent.) occurred in the homes ; of the remainder, 12,153 (or 68.8 per cent.) were confined in hospital and 1,181 (or 6.6 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	774
(b) Others	243

(ii) For cases in Institutions 622

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	...	...	...	...	...	...	...	1,639
Stillbirths	...	...	...	...	...	...	...	83
Laying out dead body	...	...	...	...	...	...	...	55
Liability to be a source of infection	...	...	...	...	...	...	...	285
Death of mother or baby	...	...	...	...	...	...	...	44
Artificial feeding (in addition to or in place of breast feeding)	...	...	...	...	...	...	...	2,151
								<u>4,257</u>

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.
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
1956...	2,151	1,856	295	13.9	6.8

(e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid...	...	...	...	...	...	...	...	129
Stillbirths...	...	...	...	...	...	...	...	68
Liability to be source of infection	...	...	...	...	...	...	...	223
Death of mother or baby	...	...	...	...	...	...	...	35
Total...	...	...	...	...	...	...	...	<u>455</u>

(f) ADMINISTRATION OF ANALGESICS.

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	...	...	...	185
(ii) In institutions	...	...	...	210

Analgesic	No. of sets of apparatus available at end of the year	No. of domiciliary cases in which analgesia given.
Gas and Air ...	134	3,484
Trilene ...	11	411
Pethedine ...	—	2,043

Geriatric Visiting and Social Work.

Kingston Hospital Area.

The special unit at the Kingston Hospital continued to serve the needs of the elderly during the year and the Geriatric Worker dealt with many more cases now that she is becoming known in the area.

The voluntary organisations which cater for the elderly in the area have extended their activities in an endeavour to meet more fully the needs of the domiciliary cases. There is now a chiropody service, more use is made of the meals on wheels scheme, a night attendant's service is operating and a library service to the patients' homes is available where necessary.

Guildford Hospital Area.

The visits paid by the Geriatric Social Worker increased to such an extent that with the agreement of the Guildford Group Hospital Management Committee she was transferred to full time duties in order to cope with the work.

During the year the W.V.S. inaugurated a scheme for domiciliary chiropody treatment of house-bound patients at reduced rates in certain circumstances.

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

	<i>Guildford Hospital Area.</i>	<i>Kingston Hospital Area.</i>
Total number of Patients visited	407	596
Cases referred by—		
(a) General Practitioners	124	547
(b) Almoners	255	22
(c) Public Health Departments	} 28	4
(d) Geriatric Clinic		10
(e) Other sources		13
Total number of visits paid	2,104	2,150
Cases dealt with who were—		
(a) Admitted to Hospital	83	374
(b) Admitted to Nursing Homes	9	26
(c) Admitted to Welfare Homes	22	8
(d) Admitted to Hospital to give relatives a rest	13	28
(e) Admitted to day Hospital	5	—
(f) Died	94	88
(g) Referred for domiciliary chiropody ...	12	—
(h) Certified	—	9

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 2,880 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 211, an increase of 3.

(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, 1956.		Live births 1956.		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 1956 birth cards.				First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	
North-Western ...	1	25	3,340	2,838	14,215	569	13,719	1,005	1,871	3,314	18,386	9,297	15,596	9,706	11,880	9,706	11,880	11,880
Central ...	1	23	2,647	2,558	11,382	500	11,749	1,830	4,062	3,106	15,446	8,798	13,706	7,637	10,477	7,637	10,477	10,477
North-Central ...	1	23	2,576	2,395	11,453	477	13,591	1,197	2,043	2,595	15,645	7,547	15,632	8,218	10,623	8,218	10,623	10,623
Southern ...	1	18	1,947	1,761	8,140	478	8,140	598	1,092	1,822	11,377	5,482	12,402	7,168	8,065	7,168	8,065	8,065
South-Eastern ...	1	12	1,385	1,412	6,409	534	6,409	418	634	1,395	8,011	4,249	8,764	3,779	5,691	3,779	5,691	5,691
Northern ...	1	10	1,019	952	4,181	418	4,511	525	873	1,007	4,619	2,305	3,612	3,367	3,780	3,367	3,780	3,780
South-Western ...	1	21	2,344	2,077	9,373	457	11,916	833	1,209	2,403	14,267	6,590	11,257	5,508	8,710	5,508	8,710	8,710
North-Eastern—																		
Merton and Morden ...	9	9	771	721	3,482	389	4,706	471	850	751	4,426	2,199	5,580	2,896	3,842	2,896	3,842	3,842
Mitcham ...	9	9	874	827	3,749	416	4,630	560	774	844	5,945	3,129	5,962	5,351	3,568	5,351	3,568	3,568
Wimbledon ...	7	7	806	715	3,061	434	3,866	349	631	736	3,421	1,890	3,704	1,895	3,221	1,895	3,221	3,221
Mid-Eastern—																		
Beddington and Wallington ...	1	4	372	330	1,793	448	2,141	175	293	385	1,981	1,028	2,259	1,025	1,551	1,025	1,551	1,551
Carshalton ...	1	9	713	678	3,482	386	3,897	418	763	676	3,344	1,907	4,151	3,604	2,654	3,604	2,654	2,654
Relief Staff ...	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	9	175	18,794	17,264	80,920	462	89,245	8,379	15,095	19,034	106,868	54,421	102,625	60,154*	74,062	60,154*	74,062	74,062

* Includes 41,349 "no access" visits.

(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 59.

(d) The Health Visitors' Training Course.

In January, 1955, the County Health Committee adopted a scheme providing for candidates who undertake to serve in the County as health visitors, if required, for at least one year after qualifying, to be paid a salary at the rate of three-quarters of the minimum salary of a health visitor, plus travelling expenses. The revised scheme was to be experimental for two years in the first instance.

The scheme has attracted applicants from a wider field than was formerly the case and is a most useful source of recruitment to the health visiting service.

Owing to shortage of accommodation at the Brooklands Technical College, Weybridge, the Education Committee arranged during the year for the course to be held at Hollymount, Pepys Road, Wimbledon, a house previously used as a primary school. The training course remains under the aegis of Brooklands Technical College.

Nine students were selected to take the course which commenced in September, 1956, and all sat the examination. Eight were successful in obtaining the Health Visitors Certificate of the Royal Society for the promotion of health, six of whom have since been recruited to the County health visiting staff.

(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 the staff and for the student nurses to be given the opportunity to observe the work of district nurses and health visitors.

During 1956, 44 lectures were given by senior health visitors, 14 by superintendent district nurses and most of the students spent a day or two on the district with members of the staff. This has entailed extra work, but from the comments received from the sister tutors and ward sisters these visits were of great value to the student nurses and the staff have felt that it is a valuable link between themselves and the hospital nursing staff.

VACCINATION AND IMMUNISATION.

(a) Diphtheria Immunisation.

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

(i) IMMUNOLOGICAL STATE.

The following table gives details of immunisation against diphtheria carried out during 1956 and the immunised state of the child population at the 31st December, 1956.

District.	No. of children.			Total No. of children who completed a course of immunisation whether primary or reinforcing at any time since 1st January, 1942.				Immunity index.			
	Immunised in 1956.		Who received a re-inforcing injection.	0-1 yrs.	1-4 yrs.	5-9 yrs.	10-14 yrs.	0-1 yrs.	1-4 yrs.	5-14 yrs.	Under 15 Total.
	0-4 yrs.	5-14 yrs.									
M.B. and Urban.											
Banstead	486	51	1,136	131	1,455	2,604	2,368	21.7	62.5	59.9	57.8
Barnes... ..	406	51	650	158	1,416	1,980	2,272	30.0	76.7	75.7	73.1
Beddington and Wallington	357	84	626	53	1,033	2,129	2,275	27.8	65.6	59.5	60.1
Carshalton	754	274	2,059	146	2,058	4,021	3,637	19.4	66.9	66.0	63.5
Caterham and Warlingham...	374	43	564	65	1,135	2,216	1,765	14.4	66.0	67.7	63.7
Chertsey	505	103	323	65	1,524	1,931	1,892	11.6	75.9	61.1	61.4
Coulsdon and Purley	685	54	1,162	210	2,431	4,400	3,795	23.0	77.1	65.6	65.4
Dorking	206	52	697	30	706	1,390	1,685	14.1	57.4	58.2	55.9
Egham	327	5	236	87	1,124	1,639	1,368	20.5	67.1	58.3	55.2
Epsom and Ewell	612	43	765	137	2,002	4,685	5,500	21.3	71.7	73.5	70.3
Esher	611	70	921	172	1,899	3,742	4,599	24.4	69.1	60.8	60.5
Farnham	274	19	80	71	986	1,522	1,602	42.5	74.1	57.7	61.4
Frimley and Camberley	323	6	215	24	1,095	1,582	1,304	6.0	72.0	72.8	67.2
Godalming	203	21	358	55	593	876	1,007	27.5	76.9	72.3	70.6
Guildford	604	12	259	106	1,772	3,372	2,705	15.1	69.4	52.4	54.3
Haslemere	147	16	218	39	493	942	998	26.5	53.9	97.6	80.9
Kingston-on-Thames	432	22	448	135	1,326	2,150	2,344	28.1	74.7	38.4	47.5
Leatherhead	393	19	457	121	1,269	2,299	2,084	27.1	82.1	66.5	67.6
Malden and Coombe	524	37	773	84	1,619	3,270	3,840	12.0	59.0	57.2	54.7
Merton and Morden	718	63	919	78	2,086	4,513	5,907	10.2	63.7	53.8	53.7
Mitcham	861	140	1,138	164	2,100	4,341	3,792	19.1	52.8	60.9	56.2
Reigate	517	21	438	101	2,219	4,253	2,934	15.5	76.5	59.4	61.3
Richmond	555	38	800	190	1,830	2,744	2,123	33.3	82.8	78.7	76.6
Surbiton	685	36	277	160	2,496	4,323	3,524	22.5	78.0	30.1	42.5
Sutton and Cheam	879	62	1,682	181	2,506	4,897	4,378	20.1	68.4	61.0	60.4
Walton and Weybridge	505	100	554	76	1,455	2,133	2,626	12.9	63.1	57.1	55.7
Wimbledon	492	80	797	60	1,830	3,315	3,305	7.1	58.4	50.5	49.5
Woking	662	102	1,046	54	2,170	3,939	3,472	5.8	68.9	55.9	55.4
Rural.											
Bagshot	204	36	414	26	555	978	987	13.8	73.5	64.1	63.4
Dorking and Horley	311	76	880	47	1,164	2,180	2,114	11.6	67.8	54.0	55.1
Godstone	478	213	1,251	80	1,174	2,332	2,186	17.8	63.1	55.8	55.3
Guildford	481	140	1,014	92	1,747	3,287	2,746	12.1	51.0	80.2	67.2
Hambleton	266	111	638	78	1,097	2,080	2,115	19.7	48.0	77.6	66.4
Totals 1956	15,837	2,200	23,795	3,276	50,365	92,065	89,249	17.6	68.3	57.3	57.4
Totals 1955	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.

There were no cases of diphtheria in children notified during the year. The one death from diphtheria recorded in an adult was allocated by the Registrar General following an attack many years previously. During the year 1,082 home visits were paid by health visitors in connection with vaccination and immunisation.

(b) Smallpox Vaccination.

The Council's arrangements were directed primarily to the protection of infants and did not include provision for the primary vaccination of adults and the re-vaccination of school children and adults.

As a limited amount of vaccination and re-vaccination in these age groups is asked for, the approval of the Minister of Health was obtained to the Council providing this protection for adults and children.

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		332	21	7	16	18	394	—	—	4	52	158	214
Barnes		306	20	4	14	36	380	—	—	8	27	157	191
Beddington and Wallington		109	99	13	22	23	266	—	—	6	12	75	93
Carshalton		213	185	21	20	36	475	—	—	3	14	71	88
Caterham and Warlingham		273	6	8	16	31	334	—	—	5	10	80	95
Chertsey		392	24	29	18	28	491	—	—	6	17	88	111
Coulsdon and Purley		521	55	25	43	39	683	—	—	8	30	113	151
Dorking		138	2	3	6	15	164	—	—	1	15	46	62
Egham		261	13	18	7	21	324	—	1	3	11	44	59
Epsom and Ewell		431	16	15	10	29	501	—	—	9	32	184	225
Esher... ..		499	9	12	15	—	535	—	—	—	15	64	79
Farnham		170	99	8	3	9	289	—	—	5	19	88	112
Frimley and Camberley		298	19	6	6	8	337	—	—	11	21	75	107
Godalming		154	7	2	6	10	179	—	—	2	7	28	37
Guildford		212	133	18	25	6	394	—	—	4	33	103	140
Haslemere		118	1	10	1	5	135	—	—	2	11	19	32
Kingston-on-Thames		266	36	18	20	145	485	—	—	4	11	86	101
Leatherhead... ..		334	25	16	10	20	405	—	—	4	29	139	172
Malden		373	12	11	8	14	418	—	—	—	7	37	44
Merton and Morden		454	8	20	16	53	551	—	—	3	24	141	168
Mitcham		322	173	22	8	26	551	—	—	—	6	60	66
Reigate		385	11	14	24	25	459	—	—	10	41	138	189
Richmond		369	33	14	13	24	453	—	—	9	30	220	259
Surbiton		518	14	16	10	45	603	—	1	9	21	210	241
Sutton and Cheam		456	31	22	23	44	576	—	—	9	30	230	269
Walton and Weybridge		397	22	26	13	27	485	—	—	6	31	154	191
Wimbledon		380	21	10	12	23	446	—	—	2	14	27	43
Woking		248	282	46	23	36	635	—	1	13	25	205	244
Rural.													
Bagshot		94	8	7	11	10	130	—	—	2	6	18	26
Dorking and Horley		211	16	9	9	16	261	—	—	8	25	99	132
Godstone		253	60	20	16	20	369	—	1	3	30	148	182
Guildford		423	14	15	23	13	488	—	—	6	39	135	180
Hambledon		304	10	13	6	10	343	—	—	10	55	125	190
Total 1956		10,214	1,485	498	473	865	13,535	—	4	175	750	3,565	4,494
Total 1955		8,865	1,526	434	365	619	11,809	—	10	129	631	3,054	3,824

(c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1956. 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 1956.		No. of children who received a reinforcing injection during 1956.	
	0-4 years.	5-14 years.	0-4 years.	5-14 years.
M.B. and Urban				
Banstead	470	8	48	239
Barnes	403	3	18	46
Beddington and Wallington ...	336	35	6	41
Carshalton	705	27	82	50
Caterham and Warlingham ...	371	8	84	128
Chertsey	489	32	21	112
Coulsdon and Purley	656	28	107	219
Dorking	195	4	1	16
Egham	320	5	101	75
Epsom and Ewell	593	15	89	80
Esher	618	14	34	169
Farnham	271	14	2	50
Frimley and Camberley ...	317	6	76	52
Godalming	206	11	7	13
Guildford	489	12	8	141
Haslemere	135	4	2	21
Kingston-on-Thames	415	19	77	64
Leatherhead	376	10	64	90
Malden and Coombe	506	14	3	134
Merton and Morden	600	9	40	98
Mitcham	850	14	119	18
Reigate	484	10	7	116
Richmond	539	11	22	53
Surbiton	716	25	65	233
Sutton and Cheam	843	13	49	183
Walton and Weybridge ...	500	51	12	121
Wimbledon	466	15	33	45
Woking	635	38	15	154
Rural.				
Bagshot	194	16	12	48
Dorking and Horley	321	10	7	70
Godstone	310	4	20	44
Guildford	488	39	13	51
Hambleton	266	32	4	35
Total 1956	15,083	556	1,248	3,009
Total 1955	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 continues to be encouraging.

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	2,820	1,661	58.9	82	185	11.7	5	1,352	48.0
Central	2,392	1,690	70.6	9	144	8.6	—	1,537	64.3
North-Central	2,310	1,575	68.2	28	152	9.8	1	1,427	61.8
Southern	1,466	937	63.2	92	139	16.4	—	720	49.1
South-Eastern	1,141	726	63.6	36	77	11.1	4	609	53.3
Northern	840	573	68.2	9	66	11.7	—	514	61.2
South-Western	2,330	1,427	61.2	31	207	14.8	40	1,144	49.1
North-Eastern—									
Merton and Morden ...	1,075	759	70.6	9	54	7.3	7	689	64.1
Mitcham	840	554	65.9	9	52	9.4	2	490	58.3
Wimbledon	1,088	743	68.3	63	64	9.5	7	609	55.9
Mid-Eastern—									
Beddington and Wallington	452	286	63.3	20	25	9.4	11	230	51.1
Carshalton	597	390	65.3	28	30	8.3	3	329	55.0
Totals	17,351	11,321	65.2	416	1,195	11.0	80	9,650	55.6

(e) Anti-Tetanus Vaccination.

It has been found that a number of requests are received from time to time from parents for their children to receive anti-tetanus vaccine at the same time as diphtheria and whooping cough prophylactic are given.

The approval of the Minister of Health was given to this Council's proposals to provide this additional form of protection. The Council's medical staff give the vaccine when asked to do so, and not as a routine measure.

(f) Poliomyelitis Vaccination.

During the year the County Council decided to participate in the scheme, prepared by the Ministry of Health, for poliomyelitis vaccination and submitted proposals to the Minister under Section 26 of the National Health Service Act, 1946. This scheme provided for the vaccination on a voluntary basis of all children born between January, 1947, and December, 1954, inclusive.

Arrangements were made for forms giving parents' consent to be distributed through welfare centres, maintained and independent schools and an advertising campaign was undertaken in the local press.

As supplies of the vaccine were limited and available only at intervals from the manufacturers, the selection of children for vaccination from those registered was made on a centrally determined plan to maintain an even spread throughout the eligible age-groups.

The following table shows the number of children who were officially registered for vaccination :—

Boys	...	...	...	...	25,782
Girls	...	...	...	...	25,137
Total registrations					50,919

Estimated population in the eligible age group 153,000.

Estimated per cent of children registered for vaccination 33.28.

Initially, the vaccine could only be given by the medical staff of a local health authority, but in December, 1956, the Ministry of Health decided that general practitioners should be given the opportunity to participate in the scheme and parents are now informed that as an alternative they may have their children, if registered, vaccinated by their private doctors if he consents.

During the year, vaccine sufficient for approximately 5,500 children was received and it is to be hoped that when supplies become more plentiful and public confidence in the safety of the vaccine is firmly established many more children will be protected from this disease.

AMBULANCE SERVICE.**(1) Organisation and Administration.**

The general organisation and administration of the Service have continued unchanged.

(2) Strength.

Partly because of the ever-increasing number of out-patients, but mainly to compensate for the diminishing number of drivers in the Hospital Car Service, the strength of the direct service was increased by nine additional sitting-case vehicles, and nine additional drivers, during the year.

(3) Premises.

Because of the need to support the policy for restriction of local government expenditure, no new stations were built or acquired during the year. As soon as it is expedient to relax this policy, it will be necessary to consider urgently building a new control station at Redhill. The present temporary premises at Smallfield are inadequate and inconvenient, and give rise to staffing difficulties, wasted mileage and other inefficiencies. New stations are also required at Banstead, Haslemere and Surbiton, because of the present unsatisfactory premises. In the case of Surbiton there is the additional reason that static emergency cover near the Kingston By-Pass should be strengthened.

As stated in my previous report, a new control station at St. Helier was opened during 1955, and, as the result of experience gained since, it was found that the sub-station at Mitcham (just over one mile from the new control station) was no longer necessary. With the approval of the Minister of Health this station was closed in March, 1956, so that the number of stations has decreased by one during the year.

(4) Vehicle Replacement Programme.

During 1956 the Vehicle Replacement Programme (provisionally approved by the Council in February, 1955, and extending over the financial years 1955/56, 1956/57, 1957/58) was continued and nine ambulances were replaced. Eight of the old ambulances were transferred to Civil Defence as training ambulances and the ninth, being too small for Civil defence requirements, was sold for internal work within the grounds of a hospital.

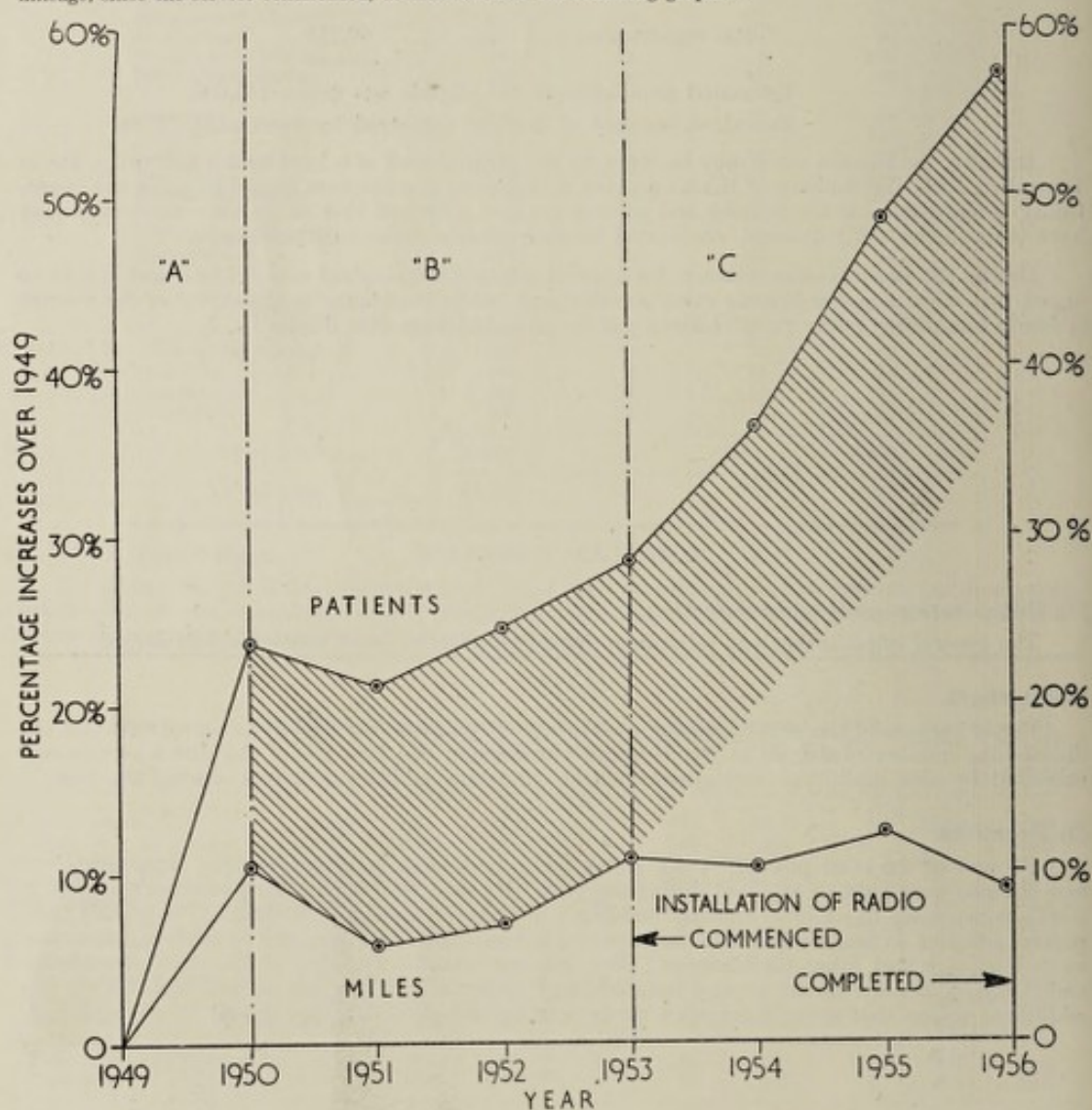
The Daimler Company found that they could not continue to produce their ambulances unless the selling price was raised substantially, and they have decided to discontinue production for the time being. Six of the replacement ambulances were, however, obtained from Daimlers (at the old price) and the remaining three were Morris ambulances, incorporating as many as possible of the Daimler advantages, in accordance with a specification prepared by the County Engineer.

During the year 13 replacement sitting-case vehicles were delivered; nine of the replaced vehicles were disposed of by the County Engineer and the remaining four were transferred to the County Engineer's reserve to facilitate his maintenance and servicing system.

(5) Radio Control.

The installation of the second stage of the scheme was completed during the year, and all operational vehicles of the direct and agency services came under radio control.

To assess the value of radio control, attention is drawn to the general pattern of work, in terms of patients and mileage, since the service commenced, as illustrated in the following graph:—



Comments on each of the three parts of the graph ("A," "B" and "C") are as follows :—

"A" (i.e. up to 1950).

In 1949, the first full year for the Ambulance Service, there was a total of 236,497 patients and 3,070,373 miles, giving an average of 13.0 miles per patient. To meet this large volume of traffic the system of area controls, supported by a net-work of direct telephone lines from controls to ambulance stations, was developed as quickly as possible so that the work of each station and each vehicle could be co-ordinated.

"B" (i.e. 1950 to 1953)

In 1950 the number of patients increased by over 20 per cent. but, because of improved control arrangements, the average number of miles per patient was reduced to 11.6 and the total mileage therefore increased by only about 10 per cent. During the years 1951 to 1953 the average number of miles per patient was further reduced from the 1949 figure, i.e. :—

Year.	Average miles per patient.			
1949	13.0
1950	11.6
1951	11.3
1952	11.1
1953	11.2

The general pattern for the period 1950 to 1953 was that the miles per patient figure, after the initial improvement, remained fairly constant, as illustrated by the shaded part of the graph. There seemed little scope for improving the position and, because of the increasing number of patients, an increase in the strength of personnel and vehicles seemed inevitable.

"C" (i.e. 1953 to 1956).

During this period it was to be expected that the graph would follow the shaded pattern unless some way could be found for dealing with more patients without increasing the mileage proportionately. Favourable reports on the use of radio control had been received from other Authorities and the Council decided to introduce radio control in two stages. By 1954 radio control was effective in the metropolitan area of the County and, as illustrated by the graph, the ratio of total miles to total patients improved immediately. Although the number of patients continued to rise, the mileage remained about the same. Radio control for the whole County was completed during 1956 and although the number of patients was the highest ever, the mileage for 1956 was over 2 per cent. lower than the mileage for 1955.

With the introduction of radio control in 1953, it was possible to reduce the strength of the service by three ambulances and six personnel and this reduction has continued despite the increase in work. In 1956 the strength of the service was increased by nine sitting-case vehicles and nine drivers, but this is more in the nature of a transfer of work than an actual increase, since the number of drivers in the Hospital Car Service had declined from over 600 in 1950 to about 350 in 1956. The use of small sitting-case buses has also contributed to the reduction in miles per patient, but it is emphasised that it would have been impossible to obtain the maximum benefit from these vehicles without the help of radio control. Despite the economy in mileage (and in personnel and vehicles) the general efficiency and reliability of the service have been improved and operation and control procedures now work more smoothly than ever before.

(6) Voluntary Organisations.

The voluntary organisations form an important and efficient part of the unified ambulance service. The St. John Ambulance Brigade have continued to provide a Control Station at Guildford, nine agency Sub-stations and six supplementary stations. The British Red Cross Society have continued to provide two agency Sub-stations and two supplementary stations. Towards the end of the year difficulties at Warlingham S.J.A.B. Station became acute, and, just after the turn of the year, the Committee decided to absorb that station into the direct Service.

The Hospital Car Service, whose members use their own private cars and receive a mileage allowance, continue to provide transport for a large number of out-patients. The number of voluntary drivers in the Service is, however, declining so that more of the intensive local work has been taken over by the direct service.

(7) Vehicle Maintenance.

The County Engineer has continued to be responsible for vehicle maintenance. With the increased technical staff mentioned in my last report, together with adequate reserves of vehicles and the necessary technical equipment, the operational work of the direct service is well supported by an efficient system of technical maintenance. Major repairs, including body work and repainting are still dealt with by local contractors in accordance with the arrangements made by the County Engineer.

(8) Types of Work.

The operational work of the Ambulance Service is broadly divided into the following types :—

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

In my last report I drew attention to the fact that the emergency calls for 1955 had shown a sharp increase over the calls for 1954. The number of calls in 1956 compared to 1955 decreased as follows :—

	Emergencies.			
	Accidents.	Illness.	False.	Total.
1955	10,302	4,405	1,271	15,978
1956	9,503	3,500	1,232	14,235
Decreases...	799	905	39	1,743

It is considered that the most reasonable explanation for this welcome decrease was the mild winter which resulted in less accidents to motor vehicles, and less accidents and illness in public places to old people due to fog and ice, etc.

The average time taken to arrive at the scene of an accident from the time of the receipt of an emergency telephone call was 5.4 minutes for the direct service and 6.1 minutes for the voluntary organisation services, which operate mainly in the more rural parts of the county with consequent longer journeys. The figures for the previous year were 5.5 and 6.9 minutes respectively.

(b) MATERNITY CASES.

Unless there is reliable medical information to the contrary, maternity cases are given the same top priority as emergency cases, and during the year transport was provided for 7,017 cases for a total of 75,241 miles, compared to 7,038 cases for a total of 74,510 miles in 1955.

(c) INFECTIOUS DISEASE CASES.

During the year transport was provided for 1,435 patients for a total of 21,523 miles by ambulances of the direct and agency services. The figures for the previous year were 1,441 patients and 21,339 miles, respectively.

In addition, there is a detached ambulance (manned by hospital staff) at Milford Chest Hospital and this ambulance carried 677 patients a total of 10,268 miles, compared with 756 patients and 13,534 miles for the previous year.

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

This type of work accounts for over 90 per cent. of the total work of the Service. Although transport can be made available only on the authority of a registered medical practitioner, the ever-increasing number of patients carried has been due almost entirely to increases in this type of work. The number of patients carried in 1955 increased by 21,196 over the previous year, an increase of 6.3 per cent., and it is estimated that the upward trend will continue, particularly if hospitals are able to increase the number of their in-patient and out-patient treatments.

(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.	1953		1954		1955		1956	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
County Service (including Contractors)	136,913	1,142,356	154,604	1,254,516	195,249	1,330,774	230,120	1,421,270
Detached Ambulance at Milford Chest Hospital ...	710	12,918	758	13,922	924	16,055	677	10,268
Voluntary Organisations—								
S.J.A.B. ...	40,077	513,925	41,631	463,866	48,673	545,244	50,982	519,942
B.R.C.S. ...	4,717	70,548	4,488	67,315	4,663	61,990	5,076	63,825
Hospital Car Service	120,957	1,663,581	120,290	1,584,857	102,469	1,486,627	84,331	1,326,825
Total ...	303,374	3,403,328	321,771	3,384,476	351,978	3,440,690	371,186	3,342,130

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 :—

Annual Percentage Increase in Ambulance Mileage relative to 1949.

<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	29
1956	8.8	1956/57	not yet available

(10) Back Injuries to Service Personnel.

In my last report I expressed concern at the number of back injuries and strains incurred by ambulance personnel whilst lifting and carrying patients. I stated that the Physiotherapy Department of the University College Hospital had agreed to carry out some research in conjunction with the Council's officers. The results of this research have now been published in the form of an illustrated pamphlet, a copy of which has been issued to each member of the Service. The Chartered Society of Physiotherapy has also arranged to make supplies of the pamphlet available to all ambulance services in the country.

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 41 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 1956 these health visitors paid a total of 27,475 visits to tuberculous households and attended 3,348 chest clinic sessions.

The development of the new central Chest Clinic for Mitcham, Merton and Morden and Wimbledon has been delayed, but is due to start during the first half of 1957. The central Chest Clinic at St. Peter's, Chertsey, and the new Chest Clinic at Purley were commenced in 1956 and will also be completed in 1957. Redhill Chest Clinic, developed as part of the new out-patient department of Redhill Hospital, is also expected to be completed in 1957. No further developments of the new chest clinics for Mortlake or Kingston has taken place during the year. Guildford Chest Clinic has been supplied with major X-ray diagnostic facilities. There are three Miniature Camera Units in Surrey associated with Chest Clinics (at Guildford, Kingston and St. Helier) and giving a diagnostic service for general practitioners, ante-natal, etc., special groups, and provision is being made for a further three units as part of chest clinic development in the County.

The Review team of the Chest Services Sub-Committee of the South-West Metropolitan Board, continued their review of bed states and general clinical arrangements throughout the year. Recasting of the Crawley (Horsham) Chest Clinic Area, and the Purley Chest Clinic Area, has been completed, the former being associated with the Redhill Chest Clinic Area, the latter with Carshalton Chest Clinic Area.

The Chest Services Sub-Committee of the South-West Metropolitan Regional Hospital Board continued its review of the bed states, general clinic arrangements, and staffing throughout the region, including Surrey. A reduction of over 500 beds in the number of beds provided for cases of pulmonary tuberculosis in the region has already been recommended in the region, and further closures of beds are being considered, bearing in mind the need to maintain the major chest hospitals in the region, and the preservation of a limited number of nominated beds directly under the control of the individual Chest Physicians.

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 1956 a total of 3,525 new contacts were seen at chest clinics, of which 44 were diagnosed as suffering from tuberculosis (12.5 per 1,000 examined). The total new contacts examined in 1956 represents an increase of 203 on the 1955 figure.

The ratio of new contacts examined to newly diagnosed cases of tuberculosis was 6 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 39 where it will be seen that 35 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. It includes the B.C.G. vaccination of nursing staff of hospitals, domiciliary contacts, and infants at known risk, together with any special category of patient whom the Chest Physician decides should be offered B.C.G. 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 1956. 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 32).

Chest Clinic.						Total.
Carshalton	...	...	...	...	...	79
Dorking	...	...	...	...	...	31
Egham	...	...	...	...	...	27
Epsom...	...	...	...	...	...	99
Farnham	...	...	...	...	...	64
Guildford	...	...	...	...	...	70
Kingston	...	...	...	...	...	175
Merton and Morden...	...	...	...	...	...	113
Milford	...	...	...	...	...	28
Mitcham	...	...	...	...	...	62
Mortlake	...	...	...	...	...	72
Purley	...	...	...	...	...	83
Redhill	...	...	...	...	...	74
Sutton	...	...	...	...	...	143
Weybridge	...	...	...	...	...	100
Wimbledon	...	...	...	...	...	89
Woking	...	...	...	...	...	95
Total						1,404

(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 1956 only 7 requests for garden shelters were received from the Chest Physicians. At the end of the year 31 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. (under 15 years)	Adult.		Child. (under 15 years)	Adult.		Grand Total.
		M.	F.		M.	F.		M.	F.	
1	New Cases (Excluding Contacts)	...	...	...	...	...	...	...	...	...
2	Contacts First Examined ...	...	...	...	...	...	...	...	...	...
3	Contacts Re-examined (Excluding those under Paragraph 2 above)	...	...	...	...	...	...	...	...	...
4	Transferred Cases ...	...	...	...	...	...	...	...	...	...
5	Cases Written off Register	...	...	...	...	...	...	...	...	...
6	Cases Returned to Register	...	...	...	...	...	...	...	...	...
7	Cases on Register on 31st December	...	...	...	...	...	...	...	...	...
	(a) Diagnosed Tuberculous—	...	...	...	...	...	...	...	...	...
	(1) T.B. Plus	...	...	...	...	...	...	...	...	...
	(2) T.B. Minus	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	...	...	...	...	...	...	...	...	...
	(c) Not determined...	...	...	...	...	...	...	...	...	...
	(a) Diagnosed Tuberculous—	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	...	...	...	...	...	...	...	...	...
	(c) Not determined	...	...	...	...	...	...	...	...	...
	(a) Diagnosed Tuberculous	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	...	...	...	...	...	...	...	...	...
	(c) Not determined	...	...	...	...	...	...	...	...	...
	(a) From other Areas (outside the County)	...	...	...	...	...	...	...	...	...
	(b) To other Areas (outside the County)...	...	...	...	...	...	...	...	...	...
	(a) Recovered	...	...	...	...	...	...	...	...	...
	(b) Died	...	...	...	...	...	...	...	...	...
	(c) Lost sight of	...	...	...	...	...	...	...	...	...
	(d) Other reasons	...	...	...	...	...	...	...	...	...

	(a) Diagnosed Tuberculous	...	...	...	...	...	...	...	...	...
	(b) With known positive sputum previous six months	...	...	...	...	...	...	...	...	...
	(c) With other positive findings	...	...	...	...	...	...	...	...	...

1. No. of attendances at Chest Clinics (including Contacts) ... 49,565
2. No. of visits by Medical Staff to homes ... 1,168
3. No. of refills given at A.P. Clinics ... 11,280 (819 sessions at an average of 13.8 patients per session).

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

Chest Clinic.	Population of Clinic Area (mid-year 1956).	No. of T.B. Cases on the Register on 1/1/56.	No. of New Cases Definitely T.B. (excluding contacts).	No. of T.B. Cases on the Register on 31/12/56.	No. of T.B. Cases on the Clinic Register per 1,000 Population on 31/12/56.	No. of Contacts Attending during 1956.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	60,970	708	31	668	10.95	162	214	376	4	4	8	182	3,220	17.7
Dorking ...	32,930	170	10	148	4.49	58	131	189	—	—	—	50	878	17.5
Egham ...	27,790	193	10	200	7.19	53	145	198	1	—	1	24	580	24.2
Epsom ...	99,360	603	44	563	5.66	246	493	739	1	3	4	209	3,862	18.5
Farnham ...	64,950	203	33	246	3.79	185	213	398	7	—	7	52	1,791	34.4
Guildford ...	116,560	622	25	624	5.35	170	348	518	1	—	1	151	2,883	19.1
Kingston ...	201,850	1,009	106	983	4.87	481	533	1,014	8	5	13	329	5,692	17.3
Merton and Morden ...	71,590	759	43	729	10.18	206	534	740	4	4	8	230	4,267	18.5
Milford ...	27,670	207	14	190	6.86	140	79	219	1	—	1	49	1,397	*28.5
Mitcham ...	97,530	869	57	837	8.58	342	466	808	4	5	9	181	4,020	22.2
Mortlake ...	82,560	519	40	488	5.91	218	398	616	—	1	1	199	3,586	18.0
Purley ...	99,860	557	30	472	4.73	208	582	790	—	—	—	123	2,504	20.4
Redhill ...	106,970	574	54	580	5.42	329	514	843	8	3	11	141	3,442	24.4
Sutton ...	109,400	966	59	997	9.11	192	896	1,088	1	2	3	236	5,108	21.6
Weybridge ...	76,430	488	30	520	6.80	129	300	429	—	7	7	52	1,548	29.8
Wimbledon...	57,820	360	48	369	6.38	199	201	400	4	1	5	122	2,603	21.3
Woking ...	71,460	650	32	681	9.53	207	410	617	—	—	—	114	2,184	19.2
Totals ...	1,405,700	9,457	666	9,295	6.61	3,525	6,457	9,982	44	35	79	2,444	49,565	20.3

* Average per doctor session = 14.3.

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.

Although the Chest Physicians continue strongly to recommend the provision of milk to patients and the almoners seek out all those who are eligible for its provision free of charge under the scheme, the average number of patients receiving free milk each week has declined from 522 the previous year to 475 this year, which is an indication of the improved situation in regard to tuberculosis.

(iii) SEGREGATION OF CONTACTS.

122 (143) 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 and only in exceptional circumstances were children's homes used. Children under school age were accommodated in Sendhurst Grange, the County Council's special hostel for the segregation of contacts. Financial help was given to make it possible for some children to be cared for in the homes of relatives.

77 (84) new cases were placed and 89 (96) returned to their own homes during the year; the average stay of the latter was 29 (40) weeks. (The corresponding figures for the previous year are shown in brackets).

It is satisfactory to note that the numbers requiring boarding-out and the length of their stay away from home are continuing to decrease each year.

(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 each case is made known to the Care Committees by the Chest Physicians, Care Almoners and Tuberculosis Health Visitors who are members of the Committees.

Throughout the financial year the Committees raised approximately £8,370 by their own efforts and received £900 in grants from the County Council. The total expenditure of £9,800 covered a wide range of items to meet the individual needs of each case, but the main items were food (£1,640), clothing (£1,000), bedding (£300), household goods (£800), family holidays (£1,150), pocket money to patients in sanatoria (£800), and fares for relatives to visit (£650).

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 £2,044 during the financial year and received a grant of £200 from the County Council. Its expenditure was mainly upon the provision of country and seaside holidays for 279 children selected by the Chest Physicians (£2,177), art therapy schemes for patients in hospital (£174) and loans (£221) to patients who after completing treatment found difficulty in re-establishing their businesses without financial help. The Conference continued to finance the purchase of materials for sale to patients under the Council's Occupational Therapy Scheme. The County Education Committee again granted the Conference the use of Sheephatch School for a fortnight's summer holiday for 150 children and contributed 25 per cent. of the cost.

(v) OCCUPATIONAL THERAPY.

The establishment is the same as in the previous year, i.e., Supervisor, four assistants and one non-technical assistant. Students have attended during the year for practical experience.

The number of patients registered for occupational therapy was 153 as compared with 154 in 1955. The Standing Conference and individual Care Committees have given valuable assistance both to the Section generally and to individual patients. The amount expended on the purchase of consumable materials for the year was £2,866 17s. 8d.; this is recoverable from patients when they dispose of the finished articles. Sales of patients' goods have been held throughout the year in various parts of the County. Entries have been forwarded to N.A.P.T. Art Competitions.

The jig-saw library has continued satisfactorily; the expenses, mainly postal, were met by the Standing Conference.

The average of domiciliary visits has remained high, and a high standard of work has been maintained. The number of patients receiving occupational therapy on 31st December, 1956, was 503, of whom 111 were in hospital, 268 were domiciliary, 27 out-patients attending Centres and 97 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 Physicians 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 1956 was 4—1 at Papworth Hall and 3 at Enham-Alamein. Chest Physicians are making use increasingly of the local facilities which exist at the Government Training Centres at Waddon and Egham, where a wide range of training facilities exist, and from which a patient can remain in his domestic environment, and continue under chest clinic supervision.

(vii) HOLIDAY HOMES.

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

(viii) HOME HELPS.

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

(ix) UTILISATION OF DISTRICT NURSES.

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

MASS RADIOGRAPHY.

I am indebted to the Medical Director of the two Mass Radiography Units working in Surrey from whose Report the following information is extracted.

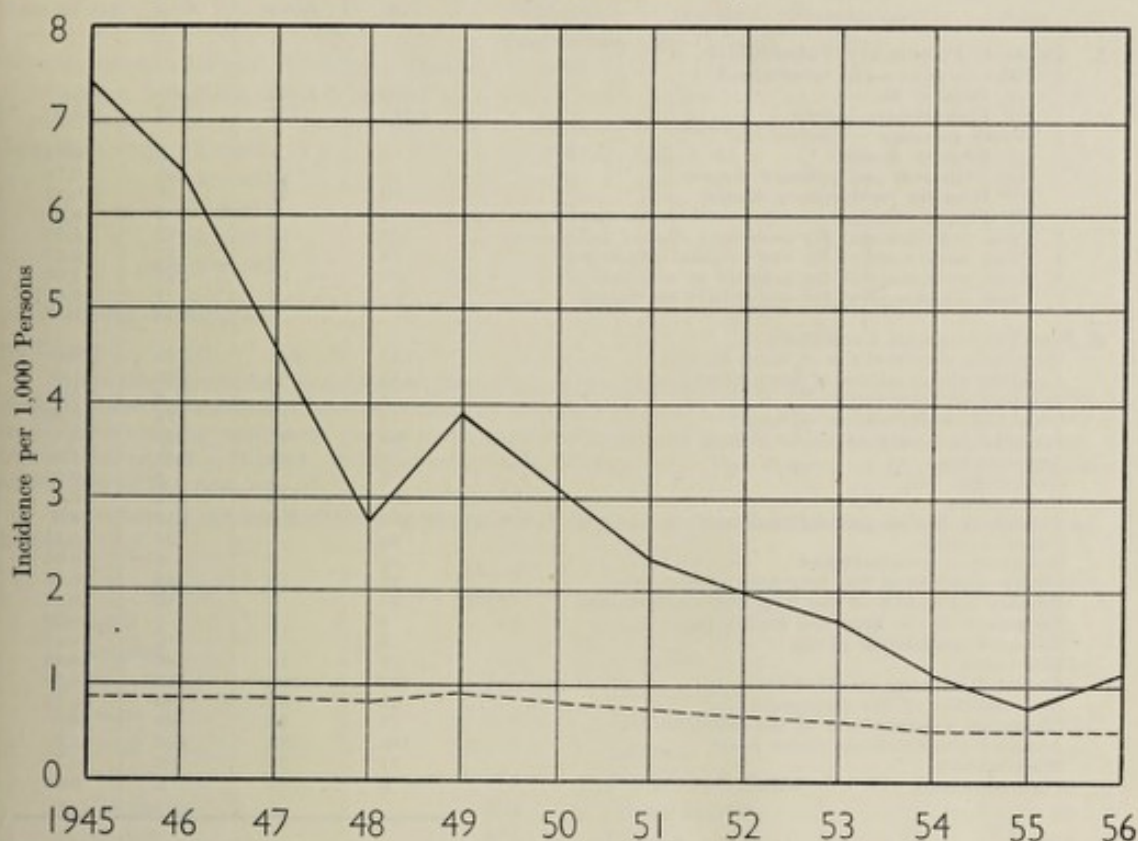
During 1956, two Mass Radiography Units were operated from the Headquarters at Worcester Park, providing a service for the County of Surrey, the County Borough of Croydon, North Sussex and North East Hampshire. In addition, at the request of the South West Metropolitan Regional Hospital Board, one Unit operated in Littlehampton and Worthing for a month.

In the year, the two Units examined 134,615 people, an increase of 28,240 when compared with 1955. This figure includes 13,337 examinees in Littlehampton and Worthing, and 2,047 inmates of mental institutions.

During last year the Units made 72 moves—an increase of 25 over the year before and this mobility undoubtedly has played a part in encouraging more people to attend for examination.

161 new cases of active pulmonary tuberculosis were detected; 150 were members of the general public and 11 were mental hospital patients. Sixty were subsequently proved to be infectious cases and 84 were non-infectious. We were unable to obtain the results of bacteriological investigations in 17 cases. Notifications resulting from Mass Radiography examinations formed 16.3 per cent. of all new notifications in Surrey in 1956. The incidence of active pulmonary tuberculosis among examinees was 1.2 per 1,000 examinations, which was slightly higher than in 1955 (0.98).

This rise, however slight, emphasises again the need for continued strenuous efforts to eradicate the remaining cases of undetected tuberculosis in the community.



KEY:

— Incidence of active cases per 1,000 examinations by Mass Miniature Radiography.

..... Number of notifications to Surrey County Council per 1,000 population.

	<i>Cases of Active Pulmonary Tuberculosis Detected.</i>	<i>Rate per 1,000 Examinations.</i>
Previously examined (80,524) ...	57	0.7
New examinations (54,091) ...	104	1.9

In spite of the increased number of examinations made, 60 per cent. of the total were people who had had previous chest X-rays through the Mass Radiography service. The proportion of active tuberculosis amongst people attending for the first time is nearly three times that found amongst those previously X-rayed. This again stresses the necessity for taking the service to areas not examined before. Many of these places are inaccessible to our present large equipment and consideration must be given to the provision of a highly mobile unit for the specific purpose of dealing with these small groups.

In 1956, the Units detected 43 cases of primary lung cancer (38 males and 5 females). Corresponding figures for 1955 were—40 males and 6 females.

Analysis of Abnormal Findings.

	Male	Female	Total	Rate per 1000
A. Cases of Pulmonary Tuberculosis.				
1. Inactive pulmonary tuberculosis.				
(a) Primary lesions	1,609	1,497	3,106	23.07
(b) Post-primary lesions	1,063	723	1,786	13.2
2. Active pulmonary tuberculosis.				
(a) Primary disease	1	1	2	0.015
(b) Unilateral post-primary disease	66	40	106	0.78
(c) Bilateral post-primary disease	29	22	51	0.37
(d) Pleural effusion	1	1	2	0.015
3. Cases recommended for occasional clinical supervision	106	66	172	1.27
4. Cases recommended for close clinical supervision	21	16	37	0.27
5. Cases recommended for hospital or sanatorium	86	57	143	1.06
6. Cases recommended for domiciliary treatment	—	1	1	0.007
B. Non-Tuberculous Conditions.				
Congenital abnormalities of bony thorax	547	641	1,188	8.8
Acquired abnormalities of bony thorax	183	82	265	1.9
Tumours of bony thorax	1	1	2	0.015
Congenital malformation of lung	18	17	35	0.26
Bacterial and virus infection of lung	83	45	128	0.95
Bronchiectasis	95	48	143	1.06
Honeycomb lung	1	1	2	0.015
Emphysema	681	140	821	6.0
Pulmonary fibrosis (non-tuberculous)	407	208	615	4.5
Pneumoconiosis	20	—	20	0.14
Spontaneous pneumothorax	4	2	6	0.04
Benign tumours of the lung and mediastinum	16	33	49	0.36
Primary carcinoma of the lung and mediastinum	38	5	43	0.31
Metastases in the lung and mediastinum	4	4	8	0.06
Enlarged mediastinal glands	1	1	2	0.015
Sarcoidosis	21	19	40	0.29
Pleural thickening or calcification	809	306	1,115	8.28
Abnormalities of the diaphragm	29	51	80	0.59
Congenital abnormalities of the heart	33	35	68	0.5
Acquired abnormalities of the heart	183	233	416	3.0
Miscellaneous	71	24	95	0.7
Pneumoconiosis with tuberculosis	6	—	6	0.04

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.		
General Public	29,771	43,877	73,648	44	1.5	43	0.98	87	1.1
Industrial Groups	34,602	20,119	54,721	40	1.1	14	0.7	54	0.98
School Groups	1,600	1,189	2,789	2	1.25	1	0.8	3	1.0
General Practitioners Groups	79	89	168	1	12.6	2	22.4	3	17.8
Institutional Groups	1,306	979	2,285	10	7.6	3	3.0	13	5.68
Ante-natal Patients	—	62	62	—	—	1	16.0	1	16.0
Contacts	324	618	942	—	—	—	—	—	—

(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, 1956, are as follows :—

	<i>Hospital In-Patients.</i>	<i>Hospital Out-Patients.</i>	<i>General Practitioners' Cases.</i>	<i>Total</i>
Number of patients sent to Holiday Homes	102	98	91	291
Cost (before deduction of contributions by patients)	£988	£843	£779	£2,610
Length of stay : 1 week	4	4	4	12
2 weeks	79	76	77	232
3 weeks	13	12	8	33
4 weeks	4	5	2	11
over 4 weeks	2	1	—	3

(c) **Nursing Equipment.**

(i) **LOANS.**

Under the Agreements concluded with the British Red Cross Society and the St. John Ambulance Brigade these Organisations have continued to maintain 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, 1956, was as follows :—

<i>Article</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	68	Bed cradles	361
„ bellows	65	Crutches	171
„ rings	1,170	Douche cans	17
Bed rests	916	Feeding cups	152
„ pans	1,818	Inhalers	10
„ tables	162	Mackintosh sheets	1,674
Invalid chairs	899	Steam kettles	20
Commodore	426	Urinals	656

(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 :—

1956	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Heller Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis	7	2	—	15	2	3	19	48
	(7)	(5)	(—)	(8)	(3)	(2)	(15)	(40)
Gonorrhoea	36	5	3	36	7	9	65	161
	(10)	(1)	(5)	(26)	(8)	(9)	(84)	(143)
Other conditions	126	15	24	302	65	92	530	1,154
	(118)	(17)	(30)	(247)	(66)	(105)	(567)	(1,150)
Totals	169	22	27	353	74	104	614	1,363
	(135)	(23)	(35)	(281)	(77)	(116)	(666)	(1,333)

The figures in brackets relate to the year 1955.

Although there has been a considerable fall in the number of new cases of venereal disease over the last ten years, this improvement has been halted over the past three years in the case of syphilis and over the past six years in the case of gonorrhoea. These figures for Surrey follow very closely the national trends.

Year.	Syphilis.	Gonorrhoea	Other Conditions.	Total.
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
1956	48	161	1,154	1,363

* The great majority of these conditions are not venereal.

(e) Public Education in Health.

The County Health Committee have entrusted to the 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.

There has been an increase in the number of mothercraft and parentcraft groups in the County in the past year. This form of health education is popular and effective. Expectant mothers are invited to attend a course of talks and demonstrations given by the health visitors and midwives. These groups are small and informal, and ample opportunity is given for discussion. Very often relaxation classes, for expectant mothers, are carried out at the same session.

A development of the mothercraft classes has led to the formation of parentcraft circles and some of the meetings are held in the evenings, in order to give fathers an opportunity of taking part in the discussion. Various methods of health education have been used, including films, film strips, exhibitions, and brains trusts.

The staff have very much appreciated the courses which have been arranged by the Central Council for Health Education at Glyn House, Ewell. Their 2-day courses were held in October and January, and the same group attended each course. The first two days were devoted to visual aids and their construction, public speaking and group leadership, and the second two days to human relationships and the contribution of drama to health education.

As in the past members of the staff and specialist lecturers have given many talks to a variety of groups in the community.

HOME HELPS.

(a) Administration of the Scheme.

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

(b) Establishment.

The establishment of equivalent full-time helps for the County for the financial year ended 31st March, 1957, was 523. The average number of equivalent full-time helps employed weekly throughout the calendar year was 506.6, an increase of 16.3 over the previous years.

(c) Supervision.

During the year Divisional Supervisors paid 5,330 first visits, 13,991 revisits and 2,084 miscellaneous visits, a total of 21,405 compared with 19,637 for the previous year.

In one Division the supervisor's post was increased from three-quarter to full-time.

In October, 1956, the County Health Committee revised the standard of revisiting laid down in 1949. The Committee were of the opinion that an adequate standard of supervision could be maintained by only one revisit to maternity cases during the two weeks for which home helps are normally provided in this type of case; and in general cases by one revisit each month for the first two months and thereafter one revisit every two months. Supervisors are expected to aim at the foregoing as a general principle and the revised standard of revisiting was brought into operation immediately.

(d) The Scope of the Scheme.

The total number of cases helped during 1956 was 7,603, an increase of 404 or 5.6 per cent. over 1955. The number of chronic sick (including the aged and infirm) and the maternity cases increased by 362 and 227, while the number of cases of tuberculosis and cases of acute illness decreased by 28 and 157 respectively.

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

Type of case.	Number of cases helped during 1956.	Hours of service given during 1956.	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	1,760 (23%)	119,760 (12%)	68	27.3	2.5	84 (3.2%)
Acute... ..	1,601 (21%)	75,633 (7%)	47	10.4	4.5	139 (5.3%)
Chronic	4,067 (56%)	750,470 (77%)	184	6.2	29.7	2,324 (88.2%)
Tuberculosis... ..	175 (3%)	38,579 (4%)	221	9.0	24.5	86 (3.3%)
County 1956	7,603 (100%)	984,442 (100%)	129	7.2	18.0	2,633 (100%)
County 1955	7,199 (100%)	953,162 (100%)	139	7.6	17.4	2,423 (100%)

The table on page 48 shows Divisionally and for the County as a whole the average number of equivalent full-time helps employed weekly throughout the year, the number of cases helped in each of the four categories and the percentage of home help's time spent on (a) service to patients; (b) travelling; (c) sickness; and (d) holidays.

The table on page 49 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 the average duration of service per case in weeks.

From these tables it will be seen that once again the chronic and maternity cases show an increase while the acute and the tuberculosis cases tend to decrease. The figures vary only slightly from those of the previous year.

Division.	Population mid-1956.	Acreage.	Average equivalent F/T Helms employed weekly during 1956.	Total number of cases helped during the year.				Percentage of Home Helms' time spent on				
				Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
North-Western	209,940	84,592	59.8	269	140	351	25	785	86.6	3.1	4.1	6.2
Central	219,270	42,841	60.9	322	285	643	29	1,279	84.7	5.1	4.6	5.6
North Central	201,850	24,128	67.3	217	197	558	9	981	84.1	5.1	5.2	5.6
Southern	132,580	125,760	25.5	212	103	199	9	523	84.1	5.9	5.4	4.6
South-Eastern	105,340	22,414	40.5	236	363	281	23	903	86.7	2.8	5.6	4.9
Northern	82,560	6,628	39.4	88	67	321	9	485	82.8	4.8	6.9	5.5
South-Western	166,250	127,026	47.4	231	239	313	3	786	86.6	4.9	3.4	5.1
North-Eastern	194,400	9,381	134.6	121	88	1,128	56	1,393	83.5	4.5	6.3	5.7
Merton and Morden U.D.	71,590	3,237	42.2	38	42	349	26	455	82.7	5.0	6.7	5.6
Mitcham M.B.	64,990	2,932	47.6	48	24	347	15	434	83.6	4.2	6.7	5.5
Wimbledon M.B.	57,820	3,212	44.7	35	22	432	15	504	84.1	4.5	5.4	6.0
Mid-Eastern	93,510	6,391	31.8	64	119	273	12	468	85.2	4.7	4.1	6.0
Beddington and Wallington M.B.	32,540	3,045	19.9	38	50	178	3	269	83.9	5.0	5.0	6.1
Carshalton U.D.	60,970	3,346	11.7	26	69	95	9	199	88.9	4.3	1.7	5.1
County 1956	1,405,700	449,161	506.6	1,760 23%	1,601 21%	4,067 53%	175 3%	7,603 100%	84.9	4.5	5.1	5.5
County 1955	1,392,700	449,161	490.3	1,533 21%	1,758 24%	3,705 52%	203 3%	7,199 100%	85.0	4.9	4.7	5.4

Average weekly number of cases helped.										Average service per case.							
Division.	Maternity.	Acute.	Chronie.	T.B.	Total.	Per equivalent F/T Home employed.	Per 10,000 popula- tion.	Maternity.		Acute.		Chronie.		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.		
North-Western	12	16	172	16	216	3.6	10.3	28.0	2.3	13.7	6.1	8.8	25.7	15.4	28.3	10.7	14.2
Central	14	19	349	11	393	6.4	17.9	25.1	2.2	8.0	3.4	4.8	28.7	7.6	19.4	5.8	15.9
North Central	10	19	346	5	380	5.6	18.8	28.6	2.3	9.2	5.2	5.7	32.5	8.6	27.2	6.6	20.0
Southern	11	8	92	5	116	4.5	8.7	28.7	2.7	15.3	3.9	5.0	24.4	8.5	28.8	8.1	11.6
South-Eastern	12	26	146	8	192	4.7	18.2	28.6	2.6	10.3	3.7	6.0	26.5	7.8	17.4	8.1	11.0
Northern	6	6	183	5	200	5.1	24.2	19.3	3.7	6.8	4.6	6.8	29.8	4.5	27.5	7.0	22.0
South-Western	10	22	164	2	198	4.2	11.9	29.6	2.3	12.3	4.8	7.3	27.4	17.9	24.3	9.2	13.0
North-Eastern	6	11	716	28	761	5.6	39.1	28.2	2.7	8.2	6.4	6.2	33.2	7.4	26.4	6.5	28.4
Merton and Morden U.D.	3	8	219	13	243	5.8	33.9	26.3	3.3	7.2	9.8	6.0	32.6	7.5	26.0	6.3	27.9
Mitcham M.B.	2	1	230	10	243	5.1	37.4	30.8	2.2	18.5	1.4	7.0	34.4	7.2	33.8	7.1	29.6
Wimbledon M.B.	1	2	267	5	275	6.2	47.5	30.7	2.2	9.7	5.9	5.8	32.0	8.1	18.4	6.0	33.2
Mid-Eastern	3	12	156	6	177	5.5	18.9	29.8	2.5	9.0	5.2	6.0	29.9	8.0	27.8	6.7	19.8
Beddington and Wallington M.B.	2	5	93	2	102	5.1	31.3	30.0	2.4	9.2	5.3	6.6	27.2	9.9	36.4	7.2	19.7
Carshalton U.D.	1	7	63	4	75	6.4	12.3	29.8	2.6	8.8	5.1	5.1	35.2	7.7	23.2	6.0	19.5
County 1956	84 3.2%	139 5.3%	2,324 88.2%	86 3.3%	2,633 100%	5.2	18.7	27.3	2.5	10.4	4.5	6.2	29.7	9.0	24.5	7.2	18.0
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

MENTAL HEALTH SERVICES.

Administration.

RESPONSIBLE COMMITTEE.

The Mental Health Services Sub-Committee, consisting of fourteen members of the County Health Committee and (ex-officio) the Chairman and Vice-Chairman of that Committee, continues to be responsible for all matters relating to Mental Health Services. The Sub-Committee met seven times during 1956.

STAFFING.

Staffing arrangements remain the same as described in my report for 1952.

The Sub-Committee are now responsible for eight Occupation and Training Centres, a further centre having been opened at Reigate in February. The number of defectives now on the registers of the Centres is 344 compared with 322 at the end of 1955. 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.

Co-operation with the hospital service is being maintained. There has been a small decrease in the number of mental defectives waiting for admission to institutions, but the waiting list still presents a serious problem.

After-care visiting of former mental hospital patients is undertaken mainly by psychiatric social workers from the mental hospitals and only rarely are the Council's Health Visitors and Authorised Officers called upon to do this work.

There are nineteen psychiatric and mental deficiency out-patient clinics in the County 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 1956, 3,264 visits were paid by Health Visitors and 1,624 by Authorised Officers. 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 cases dealt with by Authorised Officers under the Lunacy and Mental Treatment Acts during 1956. The total number of cases reported to Authorised Officers from all sources was 2,929.

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 patients, Sec. 1, M.T. Act.		Temporary patients, 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.
250	348	87	72	301	316	6	7	183	362	49	40	152	198	263	395

In addition, information has been received that 1,031 voluntary patients were admitted directly 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:—

Banstead, Brookwood, Horton, West Park and Netherne.

Observation Beds.

During 1956, observation beds for Surrey cases were available in general hospitals at Kingston (6 males) and St. Helier (10 females) and in designated mental hospitals at Banstead and West Park. The beds at Kingston Hospital will not be available after January, 1957, but this loss will be more than compensated for by the designation of Netherne Hospital (6 beds each, male and female) and also Brookwood Hospital (10 beds each, male and female) so that the County will now be very well catered for in this respect.

MENTAL DEFICIENCY.

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

Mental defectives requiring admission to an institution on a permanent basis are admitted to Botleys Park Hospital, Chertsey, The Manor Hospital, Epsom, The Royal Earlswood Institution, Redhill, and The Fountain Hospital, Tooting. These four hospitals also accept cases for temporary admission in emergencies as visualised by Ministry of Health Circular 5/52. The total number of cases admitted to health service hospitals under this circular during 1956 was 61 and 3 patients were admitted to other homes for short emergency periods at the expense of the County Council.

During 1956, 31 petitions were presented for Orders sending defectives to institutions or placing them under guardianship and Orders were obtained in all these cases. Seventeen petitions were presented on behalf of other authorities. In 67 cases assistance was given to relatives in completing the formalities under Section 3 of the Mental Deficiency Act, 1913. Eight patients were admitted to institutions from Courts (Section 8) and two Surrey cases were dealt with by the Home Secretary (Section 9).

The following table shows particulars of mental defectives on the Council's Register on 31st December, 1956, and also particulars of all new cases coming to the notice of my Department during 1956 and how these cases were dealt with :—

1. *Particulars of Cases Reported during 1956.*

	Under age 16.		Age 16 and over.		Grand Total.
	M.	F.	M.	F.	
(a) Cases 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	9	—	—	32
(ii) On leaving special schools	1	1	11	17	30
(iii) On leaving ordinary schools	7	3	—	—	10
(2) Police or by Courts	—	—	3	2	5
(3) Other sources... ..	11	—	8	12	31
Total of 1 (a)	42	13	22	31	108
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground ...	15	6	19	12	52
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	—	—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b)	13	13	2	7	35
Total of 1 (a)-(d) inclusive	70	32	43	50	195

2. *Disposal of Cases Reported during 1956.*

(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number :—					
(i) Placed under Statutory Supervision	32	12	13	17	74
(ii) Placed under Guardianship	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—	—
(iv) Admitted to hospitals	10	1	9	14	34
Total of 2 (a)	42	13	22	31	108
(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	7	2	7	5	21
(ii) Action unnecessary	6	1	11	6	24
Total of 2 (b)	13	3	18	11	45
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	2	3	1	1	7
Total of 2 (a)-(c) inclusive	57	19	41	43	160

3. *Number of Mental Defectives for whom Care was arranged by the Local Health Authority under Circular 5/52 during 1956 and admitted to :—*

(a) National Health Service hospitals	24	18	8	11	61
(b) Elsewhere	2	1	—	—	3
Total	26	19	8	11	64

4. *Total Cases on Authority's Registers at 31/12/56.*

(i) Under Statutory Supervision	205	158	242	218	823
(ii) Under Guardianship	—	—	13	19	32
(iii) In "Places of Safety"	—	—	—	—	—
(iv) In hospitals	205	140	743	687	1,775
Total of 4 (i)-(iv) inclusive	410	298	998	924	2,630
(v) Under voluntary supervision	16	10	151	190	367
Total of 4 (i)-(v) inclusive	426	308	1,149	1,114	2,997

5. Number of Defectives under Guardianship on 31st December, 1956, 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 31/12/56 (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.	F.	Age 16 and over. M.	F.	Grand Total.
(i) "Cot and chair" cases	4	3	1	—	8
(ii) Ambulant low grade cases	2	—	—	2	4
(iii) Medium grade cases	1	2	—	1	4
(iv) High grade cases	—	—	—	—	—
Total urgent cases	7	5	1	3	16

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

	Under age 16. M.	F.	Age 16 and over. M.	F.	Grand Total.
(i) "Cot and chair" cases	19	13	—	1	33
(ii) Ambulant low grade cases	24	12	6	19	61
(iii) Medium grade cases	14	15	8	16	53
(iv) High grade cases	—	—	—	—	—
Total non-urgent cases	57	40	14	36	147
Total of urgent and non-urgent cases	64	45	15	39	163

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

	Under age 16. M.	F.	Age 16 and over. M.	F.	Grand Total.
(i) Occupation centre	141	102	52	68	363
(ii) Industrial centre	—	—	1	1	2
(iii) Home training	—	—	—	—	—
Total of 6 (b)	141	102	53	69	365

(c) Of the cases included in 6 (b), number receiving training on 31st December, 1956 :—

	Under age 16. M.	F.	Age 16 and over. M.	F.	Grand Total.
(i) In occupation centre (including voluntary centres)	127	95	53	69	344
(ii) In industrial centre	—	—	—	—	—
(iii) From a home teacher in groups	—	—	—	—	—
(iv) From a home teacher at home (not in groups)	—	—	—	—	—
Total of 6 (c)	127	95	53	69	344

Occupation and Training Centres.

In February, 1956, a new centre was opened at Reigate and there are now eight centres in Surrey at the following addresses :—

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

Inspectors from the Board of Control visited Ewell and Kingston Centres during the year and their reports were satisfactory.

It is hoped that hatted accommodation for male adults will shortly be available at the Sutton Centre and that the building of the specially planned centre at Guildford will commence during 1957.

Plans are also being made for the replacement of those other remaining centres which are still in unsatisfactory premises, namely, Wimbledon, Kingston and Purley.

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 1956 was 2,649 compared with 2,538 at the end of 1955.

The following figures of new cases registered in the year of persons in each age group on the Register were compiled for statistical purposes on the 31st December, 1956.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	1	1	2	1	—	1
1... ..	1	—	1	1	1	2
2... ..	1	1	2	1	—	1
3... ..	1	—	1	3	1	4
4... ..	—	—	—	3	—	3
5—10	2	2	4	17	20	37
11—15	1	2	3	13	10	23
16—20	1	—	1	9	11	20
21—30	2	—	2	41	30	71
31—39	2	2	4	54	41	95
40—49	6	3	9	127	92	219
50—59	10	11	21	129	146	275
60—64	7	11	18	84	106	190
65—69	10	17	27	91	149	240
70 and over	75	157	232	451	1,017	1,468
Unknown	—	—	—	—	—	—
	120	207	327	1,025	1,624	2,649

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 355 as compared with 323 at the end of 1955 (102 were registered during the year).

The Home Teachers for the Blind visit these persons and, when necessary, arrangements for the rehabilitation, training and subsequent employment are made in co-operation with the Ministry of Labour and the Royal National Institute for the Blind.

The number of persons on the blind register continues to increase—mainly as a result of the increasing numbers of old people in the population: 55 per cent. of persons on the register are over 70 years of age. This re-orientation of blindness which has taken place over recent years makes the definitions of the present standard for certification rather unsatisfactory: a person is regarded as blind if "he is so blind as to be unable to perform any work for which eyesight is essential." In most of these old people the question of work does not arise, and the visual defect is often only a minor part of a general condition of disablement. The problems which arise are essentially more connected with geriatrics than with blindness, and in such cases it is doubtful whether the visits of a trained Home Teacher are really necessary. More often than not, the only personal advantage of certification of the blind person is the entitlement to a higher rate of National Assistance benefit, and it is questionable whether this specific provision was originally intended for this type of case.

Before the name of any person is included on the Blind or Partially Sighted Register, medical certificate Form BDS must be completed by an Ophthalmologist. During the year 497 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 BDS recommends:—	Cause of Disability			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	37	31	—	178
(b) Treatment (Medical, Surgical or Optical)	61	22	—	99

* (II) Number of cases at (I) (b) above which on follow-up action have received treatment	19	14	—	61
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(B) Ophthalmia Neonatorum.

(I) Total number of cases notified during the year... ..	5
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(II) Number of cases in which:—

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

* Of the number who have not received treatment, 13 have died and 2 have moved from the area.

(ii) HOME TEACHERS FOR THE BLIND.

As a consequence of the illness and subsequent death of one of the Home Teachers, from January to July there were only nine making regular visits to blind persons, but an appointment was made in July and the full complement of ten is now being maintained. During the year the Home Teachers have made approximately 16,685 visits to blind and partially sighted persons in their homes to afford tuition in reading and writing embossed type, handicrafts, and to assist generally in helping them to overcome and adjust themselves to the handicap of blindness. Seven handicraft classes are organised by Home Teachers who also attend the Social Clubs which are arranged by voluntary Committees. These number seventeen and provide amenities for the blind, such as concerts, outings, talks, etc. The value of these Social Clubs cannot be too highly stressed and I should like to record my appreciation of the excellent work carried out by the local Committees who are responsible.

(iii) TRAINING, EMPLOYMENT AND UNEMPLOYMENT.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. Of the 11 children under school age one is maintained in a Sunshine Home by the County Council and, of the 60 blind children of school age in the County, 34 attend Schools for the Blind, 5 are not at school, 2 are at a Special School for Handicapped Children and 19 are ineducable on account of other defects, 2 being in Mental Hospitals, 7 in Mental Deficiency Institutions and 10 are at home.

Employment.

The Placement of Blind Persons in open industry is a service which continues to develop and details are given below of the action taken in connection with blind and certain partially sighted persons suitable for such 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.

During the year 10 persons were found employment in "open" industry or commerce and 6 blind persons for whom employment had been found in previous years were found new work. An analysis of the occupations of these 16 persons shows that the 12 men were placed as follows: capstan operators 3, fly press operators 2, press operator 1, sub-assembly operator 1, coil winding operator 1, recorder typist 1, telephonists 2, miscellaneous 1; and the women were placed: machine operator 1, shorthand typist 1, miscellaneous 2.

In addition to these placements, the Officer paid 30 calls on blind persons who asked for rehabilitation and training; of these 25 were considered suitable and appropriate action was taken. He made 137 "follow-up" calls (calls upon the firms by whom the blind workers are employed), 280 calls on firms for the purpose of finding employment, 58 calls to the County Hall in connection with placement and 130 calls to the various offices of the Ministry of Labour throughout the County.

The Training Officer (who goes into the factory with the blind person for as long as necessary) worked with 8 persons until they were able to carry out the work unaided and paid 36 further training and service calls.

(iv) THE SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.

Close co-operation is maintained between the County Council and the Surrey Voluntary Association for the Blind whose Honorary Secretary is in charge of the Blind Welfare Section of the County Health Department.

During the year the Association expended some £1,170 on holiday grants to blind persons, £530 on miscellaneous grants, £486 on wireless maintenance (the radios being supplied by the British Wireless for the Blind Fund) and £1,685 on materials for handicraft purposes. Of the latter sum a considerable part is reimbursed as a consequence of the sale of the goods produced by the blind people and thanks are extended to the Royal National Institute for the Blind who kindly allow the Association to have stalls at the Exhibitions and Sales which they hold throughout the County.

As mentioned previously, Social Clubs for the Blind play an important part in the service, and the Association is very fortunate in having the interest and help of local Committees who organise the weekly, fortnightly and monthly meetings of the 17 Clubs in the County. £180 was contributed by the Association to Clubs who applied for assistance during the year.

The two Hostels "Camden House" and "Walden" continue to meet the needs of able-bodied blind persons who are anxious to maintain their independence and not live in Part III Homes. These persons occupy self-contained bed-sitting rooms in the Hostels and many of them go out to work. During the year the central heating system at Camden House has been converted from fuel to oil firing and is most satisfactory. External repairs have also been necessary so there were rather heavy deficiencies on both Hostels during the year and these had to be met out of the general funds. However, the Association are confident that the Hostels are meeting a real need and that the expenditure is justified although they do not propose to extend their work in this direction.

(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 1956 was £1,112.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration, of eight nursing homes. On the 31st December, 1956, there remained 58 registered nursing homes and 12 exempted homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The County Council as local health authority are responsible for the registration and supervision of certain nurseries and of persons who for reward receive children into their houses to look after them. At the end of the year 1956 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1956.	Number of children provided for.
Premises	29	626
Daily Minders	122	1,256

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 1956 and reported to the Rivers and Streams Committee:—

<i>Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost.</i> £
Bagshot R.D.C.	Sewerage and Sewage disposal at Lightwater	125,300
Dorking and Horley R.D.C.	Sewerage—Abinger Common—Wot- ton	24,200
	Sewerage—Wallis Wood	4,832
	„ —Scheme in Balcombe Road, Horley	7,500
Godstone R.D.C.... ..	Sewerage—Works for part of Tats- field	22,300
Guildford, Godalming and District Water Board	Water Supply—Sinking 3 bore holes at Witley Common, laying a 10 in. pumping main from Witley Pump- ing Station to Hydon Ball Reser- voir at Hydon Heath	145,000

REFUSE DISPOSAL.

Two new applications for the depositing of refuse under Section 94 of the S.C.C. Act, 1931, were received during the year: both applications were approved by the County Council but one—that of the Croydon Corporation for the tipping of refuse at Greystone Lane Works, Merstham—was subsequently refused by the Reigate Corporation.

Six renewals were granted and the total number of approved refuse dumps in the County continues to be eleven; 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, 1955, was eight.

During the year 1956 treatment of milk for pasteurisation ceased at one establishment and one establishment passed over to the control of the Farnham Urban District Council, as this district became a Food and Drugs Authority with effect from the 1st April, 1956. No new licences were granted during the year. The total number of pasteuriser's licences in force on the 31st December, 1956, was, therefore, six.

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

As mentioned in my previous reports arrangements were made for the Public Health 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 :—

	Pasteurised.	Tuberculin-Tested (Pasteurised).
No. of Milk Samples taken	393	4
Failed Phosphatase test only	4	1
Failed Methylene Blue Test only... ..	2	—
Failed both tests	—	—

(b) Tubercle Infected Milk.

Two notifications were received during 1956 of milk produced at farms in Surrey having been found on biological examination to be infected with the tubercle bacillus. In accordance with the usual practice this information was referred to the Divisional Inspector of the Ministry of Agriculture, Fisheries and Food and all the animals in both herds were submitted to a clinical examination, but no evidence of tuberculosis was found. Biological examination of the milk resulted in the detection of a cow giving tuberculous milk in one herd and in the other the milks of all the animals included in the sample found to be tuberculous were examined with negative results.

These two notifications during the past year compare with one, eight and eleven respectively in the three previous years.

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 twelve of the thirty-three County Districts in the Administrative County, but as from 1st April, 1956, the Urban District of Farnham became an autonomous authority for the purposes of the Act.

The following table gives particulars of samples taken within the Council's Food and Drugs Area in 1956 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1955 and 1954 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.
1956	300,900*	718	21	2.38	2.92	239	21	11	—	968	42	3.21	4.33
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

* As from 1st April, 1956.

† 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 Food and Drugs Act, 1955.

The results of sampling are again very similar to those of the previous year; in all, 77 varieties of food and 9 different drugs were sampled and the downward trend of the percentage figures for adulterated or irregular samples found continues to be maintained.

It was considered necessary to institute proceedings in only one case; this related to a sample of Channel Islands milk, details of which are given below. In each case where a sample showed an irregularity appropriate administrative action was taken.

New Legislation.

From the 1st January, 1956, Food and Drugs law was altered as the result of the Food and Drugs Amendment Act, 1954, and the consolidation of Food and Drugs law in the Food and Drugs Act, 1955. The more important changes effected are as follows:—

- (a) Control of the preparation and sale of injurious foods and adulterated drugs is extended. In particular the probable cumulative effects of consuming food injurious to health are to be taken into consideration by a court. The sale to the prejudice of a purchaser of food or drugs not of the nature, or substance, or quality, demanded has been strengthened by the removal of two former exemptions, one applying to food or drugs the subject of a patent and the other to proprietary medicines.
- (b) Wider control is applied to the sale of reconstituted cream and imitation cream, which are now clearly defined. The word "cream," which is also defined, may not be used to describe any substance resembling cream in appearance or any article of food containing such a substance unless either the substance is genuine cream or is "reconstituted cream" or "imitation cream," and unless in each of the two latter instances the description identifies the substance as being what it is.
- (c) Authorised Officers are given power to examine food in the course of transit and to examine the contents of vehicles or containers suspected to contain food for sale for human consumption.
- (d) There are certain important changes in the procedure for sampling and analysis and new provisions with regard to the notification of sampling in the case of pre-packed articles.

Milk.

On the 1st July, 1956, The Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, came into force and prescribe a minimum standard of 4 per cent. by weight of milk fat to any milk sold under the specified descriptions of "Channel Islands," "Jersey," "Guernsey" or "South Devon," and empower the Food and Drugs Authority to enforce the provisions of these Regulations.

During the year nine samples of Channel Islands milk were found to be sub-standard, six prior to the 1st July and three subsequent to that date.

Of the total of 718 samples of milk procured for analysis no sample was found to contain added water and only eleven samples were below the presumptive minimum standard of 3 per cent. milk fat and 8.5 per cent. milk solids other than milk fat.

Food Other than Milk.

(i) There is still no prescribed standard for the meat content of sausages and the report of the Food Standards Committee made in June, 1956, remains to be implemented. Fourteen samples were taken and their meat content was considered satisfactory.

(ii) Of the fourteen samples of cooked and prepared meats, three samples of luncheon meat were found to have a meat content much lower than that which could reasonably be expected for an article of this nature. Two of these articles were imported from France and one from Belgium.

False or Misleading Labels.

A number of instances of the use of false or misleading labels came to notice during the year. In each case, representations were made to the firms concerned and a satisfactory solution was reached without recourse to formal legal machinery.

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 1956 was 1,405,700, which includes 211,200 children between the ages of 5-14 years inclusive. In January, 1957, there were 177,768 children on the registers of 663 county and voluntary schools, an increase of 4,679 in the number of children on the school registers compared with January, 1956.

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 69,473 and 39,991 parents were present at these routine inspections. Further details of periodic and other medical inspections carried out during the year at maintained schools are shown in Table 1.

(b) INDEPENDENT SCHOOLS.

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

AUDIOMETRY.

The Committee's scheme for the routine testing of the hearing of school children by the gramophone audiometer was first brought into operation in 1952. The scheme provided for one audiometrician travelling to the primary schools throughout the County and testing the 7 to 11 age groups.

A second audiometrician was appointed in June, 1956, and a puretone audiometer was purchased. With this instrument each child has an individual test and each ear is tested separately. The child indicates when he can hear the puretone by tapping on a table with a small wooden hammer. The results of the test are recorded by the operator and the child is not called upon to do any written work. Testing is normally carried out at 20 decibels level above threshold on the 500, 1,000, 2,000, 4,000, 6,000 frequencies. Inability to hear at one frequency (either ear) constitutes failure. The average time taken with each child is about 2½ minutes, although with practice even this rate can be speeded up.

The original gramophone audiometer is being replaced by a puretone instrument in 1957 and it is then intended to test the six-year-old pupils annually. A few five-year-old pupils will also be included to see how they respond, but in general it is considered that difficulty may be experienced in obtaining an accurate assessment until a child has been in school for some months.

The following table gives details of the work of the audiometricians during the year 1956.

	Division.						Total.
	C.	M.E.	N.C.	N.W.	S.	S.W.	
(1) No. of children tested...	5,896	5,155	6,109	715	6,307	3,366	27,548
(2) No. of children who failed test in one or both ears and referred to school medical officers	202 (3.4%)	141 (2.7%)	164 (2.7%)	23 (3.2%)	160 (2.5%)	163 (4.8%)	853 (3.1%)
(3) Result of investigations by Assistant Medical Officers :—							
(a) No appreciable hearing loss on clinical examination	64	31	19	—	27	16	157
(b) History of otitis media...	23	7	15	—	29	24	98
(c) Wax in external auditory meatus	22	34	22	—	24	13	115
(d) Catarrhal conditions, etc.	30	27	16	—	16	31	120
(e) No local cause found for deafness	22	10	16	—	12	11	71
(f) Unhealthy tonsils	9	1	—	—	5	5	20
(g) Mental retardation	2	—	2	—	3	3	10
(h) Miscellaneous causes	13	22	13	—	11	8	67
(i) Untraced or left district	1	3	—	—	3	—	7
(j) Referred to general practitioners or still awaiting appointments	15	—	61	—	30	21	127
(k) Already supplied with hearing aids	1	6	—	—	—	1	8
(l) Investigations remaining to be carried out	—	—	—	23	—	30	53
	202	141	164	23	160	163	853
(4) Children referred to specialists for investigation and treatment	33	17	17	—	7	73	147
(5) Special educational treatment recommended in selected cases :—							
(a) Favourable position in class	12	6	2	—	6	—	26
(b) Hearing aid provided	2	1	1	—	—	—	4
(c) Lip reading instruction	—	1	—	—	—	—	1

DISEASES AND DEFECTS.

(a) Incidence.

Of the 69,473 pupils examined at periodic medical inspections 9,459 (or 13.6 per cent.) were found to be in need of treatment for 10,968 diseases and defects. Table III shows these diseases and defects from which it will be seen that 4,863 or 44.3 per cent. of them were defects of the nose and throat and of vision and squint. During the year 651 cases of chronic tonsillitis and adenoids were recommended for treatment and 3,241 placed under observation following the medical inspection of the four age groups.

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

During 1956 school medical officers carried out 13,798 special inspections and 18,536 re-inspections of children while 13,220 visits were paid by health visitors to the homes of the children for all purposes. An analysis of these is given on page 6.

There were 20,122 defects found to be in need of treatment in the course of periodic and special inspections in 1956, and 21,389 defects a proportion of which were found in previous years, were actually treated during the year.

(c) Malnutrition.

In the past the Ministry of Education has recognised three categories relating to the general condition of the child, viz.: A—good, B—fair, C—poor. From 1956 the former heading "Classification of the General Condition" has been replaced by "Classification of the Physical Condition," and two categories only are provided for, i.e., "Satisfactory" and "Unsatisfactory."

The number and percentages of children placed in each of these categories for each age group examined in 1956 are given in table ID.

(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 parasitocidal 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 1956 the health visitors reported 718 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1952-1956 are given below:—

	1952	1953	1954	1955	1956
Number of visits to Schools by nurses for all purposes	14,874	14,174	13,387	13,092	13,192
Cases with nits in the hair	3,721	2,341	2,178	1,267	1,165
Cases with lice in the hair	283	220	179	137	116
Cases with verminous bodies	11	3	12	9	5
Exclusions—					
1st Time	367	264	363	190	163
2nd Time	68	42	67	24	13
3rd Time... ..	29	7	38	3	—

Five 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.

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 1956 was 8,334; the corresponding figure in 1955 was 10,052.

(b) Eye Diseases, Defective Vision and Squint.

Table IV (group 1) 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 16 and in Table V.

(d) Orthopædic and Postural Defects.

Three clinics staffed by sessionally employed orthopædic surgeons continued to be held; two of these are held in the Borough of Guildford and one in the Borough of Wimbledon. A total of 306 children made 484 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	28	6	4
	Byfleet	29	7	17
	Camberley	60	21	30
	Chertsey	28	7	15
	Egham	56	27	43
	Hersham	29	27	22
	New Haw	28	23	24
	Walton	26	32	38
CENTRAL	Epsom	46	51	43
	Ewell	50	53	31
	Leatherhead	133	61	59
	Cheam	100	95	58
	Sutton, Robin Hood Lane... ..	108	82	77
NORTH CENTRAL	Sutton, Stonecot Hill	42	12	3
	St. Philip's, Chessington	13	24	—
	Kingston	11	13	—
	Long Ditton... ..	11	28	7
	Hook	11	13	—
SOUTH EASTERN	Malden	9	16	—
	Caterham	227	98	103
	Purley	91	45	95
NORTHERN	Barnes	47	121	88
	Ham	43	97	78
	Richmond, Windham Road	47	101	65
SOUTH WESTERN	Richmond, Sheen Road	45	91	51
	Ash	46	36	37
	Cranleigh	46	9	11
	Farnham	47	38	39
	Godalming	46	32	32
	Guildford, Stoke Road	87	53	70
	Guildford, Stoughton	88	44	49
	Haslemere	46	9	6
NORTH EASTERN	Shalford School	45	14	22
	Wimbledon	84	48	37
MID-EASTERN	Carshalton	353	99	79
	Wallington	215	165	185
Total		2,421	1,698	1,518

(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 1956, 407 children made 4,083 attendances at artificial sunlight treatment clinics held at Cheam, Leatherhead, Mitcham, Raynes Park, Sutton and Wallington.

(g) Health Visitors.

The work of the health visitors embraces all aspects of the School Health Service. Their duties mainly consist of following up in the home children found to have defects at medical and hygiene inspections at school and at school clinics. An analysis of the work of the health visitors during the year 1956 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. ...	496	139	1,443	183	55	308	482	3,106
C. ...	234	118	418	146	32	88	613	1,649
N.C. ...	86	145	684	115	21	119	290	1,460
S. ...	399	80	447	96	64	110	481	1,677
S.E. ...	53	42	279	28	9	55	66	532
N. ...	24	19	203	106	5	41	75	473
S.W. ...	99	143	689	125	45	82	190	1,373
N.E. ...	207	126	738	634	8	141	252	2,106
M.E. ...	126	25	436	49	17	117	74	844
TOTAL ...	1,724	837	5,337	1,482	256	1,061	2,523	13,220

B. FIXED APPOINTMENTS.

Division.	Medical Inspection.	General Medical Clinic.	Cleanliness.	Eye.	Other.	Total
N.W. ...	531	486	477	10	248	1,752
C. ...	369	237	327	99	383	1,415
N.C. ...	529	399	363	—	422	1,713
S. ...	434	426	350	9	195	1,414
S.E. ...	246	84	202	25	204	761
N. ...	205	341	118	78	48	790
S.W. ...	569	241	303	85	211	1,409
N.E. ...	690	534	283	19	119	1,645
M.E. ...	316	458	182	39	102	1,097
TOTAL ...	3,889	3,206	2,605	364	1,932	11,996

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 1956, 1,381 Surrey pupils were attending special schools compared with 1,328 at the end of 1955.

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	...	...	...	80 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	...	...	...	56 mixed (eventually 80)	12—16

Maladjusted.

Starhurst Hostel, Dorking	...	...	...	25 boys	11—15
Thornhace 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 Handicapped 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.	Recommended special education in Ordinary School.			In Ordinary School.	At home or in hospital or in Private School.
		Provided by Surrey.	Other.	Total.							
Blind	79	—	30	30	—	9	—	3	—	—	7
Partially sighted	115	—	44	44	—	2	11	—	—	12	2
Deaf	212	38	65	103	—	3	—	—	—	—	3
Partially deaf	106	—	31	31	—	2	17	—	—	23	2
Educationally sub-normal	2,433	547	61	608	50	199	540	14	—	353	61
Epileptic	171	—	26	26	2	1	46	2	—	59	9
Maladjusted	675	22	161	183	2	9	4	5	27	244	18
Physically handicapped	1,161	71	123	194	5	20	160	46	80	334	128
Delicate	640	72	83	155	27	10	73	8	1	184	27
Speech defect	22	—	7	7	—	—	—	—	—	2	6
Totals	5,614	750	631	1,381	86	255	851	78	108	1,211	263

During 1956, 55 children were reported to the Mental Health Committee as ineducable and 42 educationally subnormal pupils were recommended for statutory supervision on attaining school leaving age.

Convalescent Treatment.

There were 259 children admitted to convalescent homes during the year, a slight increase on the previous year when the number was 221. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

(a) Child Guidance.

The child guidance service in Surrey has steadily developed since 1949 when the Committee made a comprehensive review which led to a marked expansion of the facilities available.

A study of the waiting lists during 1955 showed, however, that the service was not coping with the numbers of children being referred for diagnosis and treatment. Moreover, it was considered likely that the number of cases referred would increase even more if a service adequate to deal with them was provided. Authority was, therefore, obtained to establish additional clinics with the appropriate staff at Farnham, Godalming, and Richmond, with a view to relieving the pressure of work on the Guildford and Malden centres. The location of these new clinics will also reduce the amount of travelling which children had previously to undergo. Child guidance services in Surrey will now be available at the following centres :—

SESSIONS WEEKLY.

	<i>Psychiatrist.</i>	<i>Educational Psychologist.</i>	<i>Psychiatric Social Worker.</i>	<i>Psycho-therapist.</i>	<i>Clerks.</i>
Sutton	11	11	22	4	22
Wimbledon	6	6	11	5	11
Malden	6	6	11	—	11
Woking	6	6	11	—	11
Guildford	6	6	11	2	11
Reigate	6	6	11	—	11
Richmond	4	4	11	4	11
Farnham	2	2	11	2	11
Godalming	2	2	11	2	11

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

Clinic.	Guildford.	Malden.	Reigate.	Richmond.	Sutton.	Wimbledon	Woking.	Total.
No. of cases referred during year	147	156	130	37	174	117	80	841
No. of new cases seen	128	125	86	23	136	112	73	683
No. of cases discharged	152	155	100	12	112	88	33	652
Analysis :—								
(a) Treatment completed	76	24	50	1	62	26	24	263
(b) No treatment required	32	47	6	9	38	41	—	173
(c) non co-operation of parents	10	10	1	—	8	5	2	36
(d) Other arrangements made	34	74	43	2	4	16	7	180
No. of cases under treatment at end of year	37	31	23	11	59	40	33	234
No. of cases under supervision at end of year	139	80	186	43	76	146	55	725
No. of cases withdrawn from waiting list during year	16	67	37	6	42	11	14	193
No. of cases remaining on waiting list at end of year	51	38	32	8	49	6	19	203
No. of interviews by psychiatrists	1,380	995	1,262	107	1,361	686	1,014	6,805
Analysis :—								
(a) With children for examination	125	125	81	21	185	120	71	728
(b) With children for treatment	742	512	797	55	770	426	824	4,126
(c) With parents	413	205	317	20	360	131	62	1,508
(d) With others	100	153	67	11	46	9	57	443
No. of sessions held :—								
(a) Psychiatrists	311	310	290	37	487	301	295	2,030
(b) Educational psychologists	344	290	276	50	468	269	289	1,987
(c) Psychotherapists	108	22	—	22	195	248	—	595
(d) Psychiatric social workers	468	473	468	59	736	503	468	3,177

(b) Speech Defects.

There were 31 Speech Clinics in operation at the end of the year at which a total of 93 treatment sessions were held each week. A new clinic was opened during the year at Grand Drive, Raynes Park, and regular sessions were held at Carew Manor, Gosden House, St. Nicholas', St. Christopher's and St. Philip's Special Schools, and at the Spastic Unit attached to Bedelsford Day Special School. There were 1,607 individual children treated during the year compared with 1,515 in 1955; these were mainly for stammer, lisp and underdeveloped speech. Of these, 243 were discharged as cured, 213 discharged as greatly improved, 115 discharged as showing some improvement and 82 as showing little or no improvement. A table showing the work of the Speech Therapists in 1956 is given at the end of this report.

The provision of tape recorders for use in speech therapy was made during the year and the speech therapists found them to be extremely useful. One speech therapist reports such a machine particularly helpful in dealing with three stammering boys. She writes:—

"One, aged seven, told his mother it was a rotten machine because it kept breaking down! (Until it was explained to him that it was he himself who was "breaking down", he had not realised he stammered!) Of the other two, one was a very intelligent fourteen year old grammar school boy with a severe stammer and a facial contortion who was so interested in hearing himself and making further recordings and noting his own improvement that he is now much better than I would have thought he could be in a short time. With every degree of improvement his self confidence further increased and he has never looked back. The third boy is 12 and has very difficult home conditions. He is not over intelligent but is a pleasant sensitive boy. He was horrified to hear his own voice and insisted on making a second recording straight away and he, too has made steady progress ever since."

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 1956:—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	414	6	140	560
Enteric fever	—	1	2	3
Measles	1,327	24	91	1,442
Whooping cough	768	39	51	858
German measles	1,896	27	69	1,992
Chicken-pox	4,510	31	105	4,646
Mumps	1,392	31	67	1,490
Jaundice	71	—	4	75
Other	713	40	97	850
Totals	11,091	199	626	11,916

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	12	3	15
Impetigo	96	8	104
Scabies	6	—	6
Other	47	3	50
Totals	161	14	175

Tuberculosis in Schools.

During the year twelve special investigations were undertaken (eleven in maintained schools and one in a private school) 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, 1,641 children were Mantoux tested and of these, 95 or 5.8 per cent. were found to be Mantoux positive. These figures exclude all children already known to be Mantoux positive who either attend Chest Clinics, or who are known to be Mantoux positive as a result of routine tuberculin testing at school of the 13-year-old age group. In addition, a large number of teaching and domestic staff were X-rayed, all with satisfactory results.

As an illustration, the following is a brief account of one of the investigations.

On the 25th October, a woman was notified as suffering from pulmonary tuberculosis, and subsequently three of her children were found also to have been infected. Two of the children were of school age and, as they attended different schools, the Chest Physician recommended that an investigation should be carried out at both schools.

During the course of these surveys, 536 children were Mantoux tested of whom 15 showed a positive reaction. Of these 15 children, one at each school was subsequently notified as being an early case of pulmonary tuberculosis.

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 1956 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.

Physical Education and Swimming, 1956-57.

At Primary level work in Physical Education is showing steady development and progress. The schools are better equipped with small apparatus for games and other activities than ever before, and the provision of climbing and agility apparatus is steadily going ahead, giving a new impetus and interest to the work. Teachers are free to work out their own schemes and syllabuses and this has led to a variety of experimental work which can only result in a general improvement in the overall standard.

Playground surfaces have again been improved and the habit of changing into suitable clothing and footgear for Physical Education is now generally established except where facilities and accommodation are still below average. The place of Physical Education in an all-round scheme of education is now more generally recognised and accepted by teachers and this is leading to wider reading and more frequent discussion of the main principles underlying the work.

In Secondary Schools the shortage of well-qualified teachers is still being felt, and in spite of efforts to fill the gap the position shows little, if any, improvement. This gives rise to an uneven standard over the County, but in the schools with well-trained P.E. teachers the work is more than holding its own, and new ideas and techniques are being introduced.

Good use is being made of new books and films on all branches of Physical Education which can be seen and loaned from Glyn House. Notable successes in all branches of sports have been achieved by Surrey boys and girls in National Competition.

The Authority's Organisers have maintained their close association with the Central Council of Physical Recreation, and through it with the ruling bodies of all games and sports, and many coaching and refresher courses have been run during the year. The Pilot Scheme in connection with the Duke of Edinburgh's Award has also given a spur to those secondary schools concerned. During the year there has been a special drive to encourage school leavers, specially those from the suburban areas, to interest themselves in outdoor activities by means of half-day courses.

The teaching of Swimming in schools continued under the same arrangements as in previous years. Because of the abnormally wet summer the regular teaching at open-air Baths was severely interrupted, but apart from this the work proceeded as usual. In the coming educational year it is hoped to work out a new scheme for the County in order to make the maximum use of the swimming facilities available, to raise the standard to a higher level, and to ensure as far as possible that no child leaves school a non-swimmer.

(b) Open Air Education.

(i) SUMMER CAMP. The Henley Fort Camp was opened for 19 weeks from 5th May to 29th September and during this period no serious illness occurred. The following statistics are given for 1956 together with those for the preceding year:—

	1955 (34th season)	1956 (35th season)
Number of children	425	553
Number of teachers	26	32
Number of schools	8	10
Average cost of food per head per week ...	17/6d.	18/10½d.
Number of weeks	18	19

(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 150 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 usually 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, 1956 :—

No. in Attendance.	Total No. of mid-day meals supplied.	No. supplied free of cost.
167,233	98,576	3,273

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 142,991.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1956, the Education Committee was responsible for the maintenance and training at residential institutions of 11 handicapped persons over special school leaving age. The responsibility of the Committee in this respect is limited to these 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 4,419 children were medically examined as to their fitness to take part-time employment and of these only 8 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 6,425 examinations and re-examinations were carried out for this purpose.

There were 91 licences applied for during the year for pupils to take part in entertainments. All these children were examined by school medical officers and without exception were found to be fit.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1956.

The dental service for school children was provided by the staff of dental officers, assisted by dental attendants, hygienist and technicians. At the end of the year 32 full-time salaried and 36 sessionally paid dental surgeons were in the Council's service for this purpose. The number of full-time dental surgeons remained unchanged from last year and while the number of part-time dental surgeons employed showed an increase from 32 to 36, the gain to the school service, in terms of equivalent full-time officers, was no more than 0.5, making a total value of 43.7 officers.

Table V shows the results of the year's working. These, when compared with the previous year's report, show increases in the number of routine inspections of children, in the number actually treated, and in the amount of conservative work done on both temporary and permanent teeth, while at the same time the total number of teeth extracted and of general anaesthetics administered decreased. Both these trends are desirable and to be encouraged.

Orthodontic Service.

Of the staff given above two full-time and five part-time officers were specifically engaged on orthodontic inspection, consultation and treatment. These officers undertook the treatment of the more complicated and prolonged cases of dental irregularities referred to them. At the same time many clinic officers provided some orthodontic treatment either on their own initiative and responsibility or with the advisory assistance of one of the orthodontists. Table V now includes statistics which previously have appeared in the body of this report. I should like to emphasise, however, that it is impossible satisfactorily to reduce the work of an orthodontic service to a statement of figures. One completed case may represent a course of treatment lasting six weeks, whereas another may have been under treatment for as many years before satisfactory completion can be claimed. As an indication of time consumed or effort applied, statistics must be regarded as unreliable.

A necessary part of the orthodontic service, indeed of all branches of dental services, is the construction of appliances worn by patients. Fixed orthodontic appliances are usually constructed in the surgery by the orthodontist, but removable appliances must be processed in a laboratory.

County Dental Laboratory.

The County Dental Laboratory meets the requirements of the greater part of the mechanical needs of the Council's clinics, while to some extent the services of outside laboratories continue to be used. The staff of the County Laboratory during 1956 consisted of one technician in charge and five assistant technicians. A record of their work in connection with the school service is shown below with the total work for all services shown in brackets.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns.	Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,126	171	266	29	10	2,152	126	4,880
(2,126)	(612)	(314)	(29)	(10)	(2,152)	(820)	(6,063)

Oral Hygienist.

An analysis of the year's work of the oral hygienist shows :—

School Inspections Attended.	Treatment.			Time given to Individual Instruction of Patients.
	Attendances.	Scaling and Polishing.	Application of Caries Deterrents.	
26.	1,706	2,848	132	123½ hours

In general reference to the year 1956 it is necessary to repeat that staffing of the dental services remains a major difficulty. The recruitment from time to time of a full-time officer is so frequently balanced by a prior or anticipated resignation that little change takes place in the actual strength of the permanent staff. It can be claimed that all dental clinics are functioning, but in order to maintain this situation too great dependence is necessarily placed on the services of part-time temporary officers. The amount of service they are able to give fluctuates and this leads to over frequent changes and attendant problems. This has to be stated as a prevailing circumstance. It does not appear to be a defect on which material action towards improvement can be taken.

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.

Age Groups inspected and Number of Pupils examined in each :—

Entrants	16,156
Second Age Group	17,010
Third Age Group	13,143
Total	46,309
Additional Periodic Inspections	23,164
Grand Total	69,473

B.—OTHER INSPECTIONS.

Number of Special Inspections	13,798
Number of Re-inspections	18,536
Total	32,334

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).

Age groups inspected.	For defective vision (excluding squint).	For any of the other conditions recorded in Table III.	Total individual pupils.
Entrants	132	1,640	1,731
Second Age Group	1,102	1,645	2,592
Third Age Group	820	802	1,565
Total	2,054	4,087	5,888
Additional Periodic Inspections	1,221	2,530	3,571
Grand Total	3,275	6,617	9,459

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE IA.

Age groups inspected.	Number of pupils inspected.	Satisfactory.		Unsatisfactory.	
		No.	% of Col. (2).	No.	% of Col. (2).
Entrants	16,156	15,953	98.74	203	1.26
Second Age Group	17,010	16,798	98.75	212	1.25
Third Age Group	13,143	13,016	99.03	127	0.97
Additional Periodic Inspections	23,164	22,873	98.74	291	1.26
Total	69,473	68,640	98.81	833	1.19

TABLE II.

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	412,030
(ii) Total number of individual pupils found to be infested	718
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE III.

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

Defect or Disease.	PERIODIC INSPECTIONS.				TOTAL (including all other age groups inspected).	
	Entrants.		Leavers.			
	Requiring treatment.	Requiring observation.	Requiring treatment.	Requiring observation.	Requiring treatment.	Requiring observation.
Skin	149	283	203	183	730	981
Eyes—						
(a) Vision	132	154	820	640	3,275	2,835
(b) Squint	205	241	23	26	551	663
(c) Other	64	73	33	53	261	328
Ears—						
(a) Hearing	31	159	17	46	236	545
(b) Otitis Media	45	314	10	51	126	744
(c) Other	27	76	34	17	138	208
Nose and Throat	492	2,297	46	227	1,037	5,155
Speech	104	324	7	18	307	629
Lymphatic Glands	58	1,186	6	69	171	2,424
Heart	39	190	11	105	125	732
Lungs	93	474	16	114	242	1,284
Developmental—						
(a) Hernia	19	68	3	6	64	171
(b) Other	19	223	8	19	99	817
Orthopaedic—						
(a) Posture	84	299	136	258	833	1,705
(b) Feet	184	406	88	129	894	1,380
(c) Other	203	843	142	380	1,030	2,738
Nervous System—						
(a) Epilepsy	11	25	9	9	44	109
(b) Other	8	96	3	23	41	292
Psychological—						
(a) Development	6	78	12	12	194	372
(b) Stability	20	289	6	19	74	678
Abdomen	4	35	—	1	15	79
Other	117	240	68	158	481	949

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections.	
	Requiring treatment.	Requiring observation.
Skin	1,447	117
Eyes—		
(a) Vision	2,107	814
(b) Squint	92	50
(c) Other	332	55
Ears—		
(a) Hearing	206	177
(b) Otitis Media	57	20
(c) Other	136	52
Nose and Throat	1,199	539
Speech	329	135
Lymphatic Glands	32	81
Heart	23	88
Lungs	126	181
Developmental—		
(a) Hernia	23	13
(b) Other	25	56
Orthopaedic—		
(a) Posture	205	160
(b) Feet	154	93
(c) Other	462	334
Nervous System—		
(a) Epilepsy	8	12
(b) Other	54	59
Psychological—		
(a) Development	134	92
(b) Stability	151	110
Abdomen	46	8
Other	1,806	612

TABLE IV.

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

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	650	75
Errors of refraction (including squint)	10,468	913
Total	11,118	988
Number of pupils for whom spectacles were prescribed	5,585	495

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated.	
	By the Authority.	Otherwise.
Received operative treatment :—		
(a) for diseases of the ear	—	31
(b) for adenoids and chronic tonsillitis	—	1,218
(c) for other nose and throat conditions	—	34
Received other forms of treatment	1,079	441
Total	1,079	1,724
Total number of pupils in schools who are known to have been provided with hearing aids :—		
(a) in 1956	15	20
(b) in previous years	2	50

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority.	Otherwise.
Number of pupils known to have been treated at clinics or out-patient departments	2,908	1,009

GROUP 4.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS FOR WHICH SEE TABLE II).

	Number of cases treated or under treatment during the year by the Authority.
Ringworm—	
(i) Scalp	16
(ii) Body	5
Scabies	9
Impetigo	174
Other skin diseases	1,851
Total	2,055

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	668
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GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	1,607
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GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated or under treatment during the year by the Authority.
(a) Number of cases of miscellaneous minor ailments treated by the Authority	4,316
(b) Pupils who received convalescent treatment under School Health Service arrangements	259
(c) Pupils who received B.C.G. vaccination	9,291
(d) Other than (a), (b) and (c) above (specify) :—	
1. Glands	26
2. Heart and Circulation	15
3. Lungs	121
4. Development	17
5. Nervous System	55
Total	14,100

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—	
(a) At periodic inspections	125,195
(b) As specials	13,252
Total (1)	138,447
(2) Number found to require treatment	78,987
(3) Number offered treatment	71,393
(4) Number actually treated	44,108
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)	140,093
(6) Half-days devoted to :—	
Periodic (school) inspection	1,287
Treatment	17,838
Total (6)	19,125
(7) Fillings :—	
Permanent teeth	78,099
Temporary teeth	18,102
Total (7)	96,201
(8) Number of teeth filled :—	
Permanent teeth	64,285
Temporary teeth	15,026
Total (8)	79,311
(9) Extractions :—	
Permanent teeth	9,616
Temporary teeth	33,302
Total (9)	42,918
(10) Administration of general anaesthetics for extraction	19,327
(11) Orthodontics :—	
(a) Cases commenced during the year	1,169
(b) Cases carried forward from previous year	2,089
(c) Cases completed during the year	777
(d) Cases discontinued during the year	105
(e) Pupils treated with appliances	2,326
(f) Removable appliances fitted	2,312
(g) Fixed appliances fitted	62
(h) Total attendances	21,565
(12) Number of pupils supplied with artificial dentures	222
(13) Other operations—	
Permanent teeth	26,216
Temporary teeth	10,397
Total (13)	36,613

SPEECH THERAPY.
STATISTICAL REPORT FOR YEAR 1956.

Clases.	Addington.	Barnes.	Camberley.	Caterham.	Cherbury.	Dorking.	Egham.	Epsom.	Bewell.	Farnham.	Godalming.	Guildford.	Hann.	Hook.	Kingston.	Leatherhead.	Lingfield.	Malden.	Mitcham.	Morden.	Northlake.	Purley.	Raynes Park.	Reigate.	Richmond.	Surrey.	Sutton.	Wallingford.	Walton.	Wimbledon.	Woking.	Bedford.	Carew Manor.	Special School.	Golden House.	St. Christopher's.	St. Nicholas.	St. Philip's.	Special School.	Total.							
No. of Sessions held :—																																															
Treatment ...	42	42	59	136	80	80	84	79	29	78	98	264	49	126	101	82	42	168	104	72	82	141	14	156	142	78	162	116	169	186	268	128	73	70	44	118	72	—	—	—	—	3,834					
Consultation ...	1	—	—	—	—	—	7	3	2	—	—	44	—	—	41	—	—	1	1	1	—	1	9	—	—	—	—	—	5	5	—	22	—	—	—	—	—	—	—	—	—	—	142				
No. of Cases :—																																															
On Register at beginning of year ...	18	17	15	29	12	22	26	13	20	23	13	61	6	19	22	12	6	56	43	46	19	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	918			
Added during year ...	13	7	13	23	9	7	21	15	23	17	12	42	13	19	15	9	7	15	31	23	20	35	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	689			
Discharged during year ...	15	6	14	16	5	8	17	15	29	19	8	36	11	23	18	11	6	31	38	38	13	55	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	653				
Remaining at end of year :—																																															
Under treatment ...	16	18	14	36	16	21	30	13	14	21	17	67	8	15	19	10	7	40	36	31	26	22	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	954				
Awaiting admission ...	8	7	3	—	2	7	19	18	1	6	6	43	3	3	29	4	4	—	28	30	—	12	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	375				
To be admitted ...	—	—	3	—	—	4	5	—	—	1	1	8	3	3	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	80				
Analysis of Cases Treated :—																																															
(1) Stammering ...	7	4	11	15	8	6	6	6	9	12	6	30	3	11	8	7	2	16	16	16	20	12	21	3	15	11	14	21	21	14	18	21	2	5	4	1	10	3	399	—	—	—	—	—			
(2) Defects of articulation :—																																															
(a) Dyslalia ...	22	17	13	27	11	21	36	17	27	12	14	63	11	27	21	12	10	47	37	31	23	40	8	54	20	8	48	39	54	40	30	2	9	12	5	6	8	882	—	—	—	—	—				
(b) Rhinolalia :—																																															
(i) Cleft palate ...	—	3	1	—	—	1	2	3	—	2	2	4	—	—	2	1	1	4	—	—	4	1	2	1	—	—	—	1	7	1	4	1	2	1	1	1	—	—	—	—	—	—	—	—	55		
(ii) Nasal obstruction ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(c) Cluttering ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(d) Idioglossia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(e) Dysarthria ...	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(3) Aphasia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(4) Defects of voice ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(5) Defective speech due to :—																																															
(a) Amentia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(b) Deafness ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(6) Retarded speech ...	1	—	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Analysis of Discharges :—																																															
Achieved normal speech ...	4	1	4	6	3	6	5	4	12	1	5	10	9	17	6	5	—	9	18	4	4	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	243	
Were greatly improved ...	6	3	4	6	1	2	7	7	9	8	1	13	—	5	4	2	3	11	12	11	4	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	213	
Showed some improvement ...	5	1	4	2	—	—	3	2	6	7	1	11	1	1	3	2	—	4	3	19	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	115	
Showed little or no improvement ...	—	1	2	2	1	—	2	2	2	3	1	2	1	—	5	2	3	7	5	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	82
Cases discharged :—																																															
By clinic ...	12	3	9	11	3	6	10	11	18	10	5	21	9	20	11	7	3	16	33	20	3	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	424	
Because of non-co-operation by parents ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Left district ...	1	2	3	1	1	—	1	2	3	6	1	10	—	—	4	3	1	11	1	1	—	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	84
Transfer to special schools ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42
Other reasons ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	68