

[Report 1957] / Medical Officer of Health, Surrey County Council.

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Surrey (England). County Council.

Publication/Creation

1957

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Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1957

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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 1957.

The population of the County at mid-year 1957 is estimated by the Registrar General to be 1,419,500, an increase in the year of 13,800 which is slightly greater than the corresponding increase last year and appreciably greater than any other annual increase since 1950. The excess of live births over deaths was 3,742 which again is greater than for some years past. The remainder of the increase results from movement of population into the County. The County Districts which showed the largest increases in population in the year were Chertsey (1,500), Coulsdon and Purley (1,370), Esher (1,140) and Woking (2,520).

The number of live births and birth rate for 1957 was 19,627 and 13.83 respectively and the latter is higher than it has been since 1949. The "adjusted" birth rate (i.e. the 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 14.11 as compared with the birth rate for England and Wales of 16.1. The number of stillbirths and the stillbirth rate have increased from 322 and 16.8 respectively in 1956 to 373 and 18.65 respectively in 1957.

The standardised death rate for the year was 10.07 as compared with the death rate for England and Wales of 11.5. The number of deaths from cancer of the lung and bronchus, after a slight recession in 1956, resumed its upward trend in 1957 although it is not quite so high as the "peak year" of 1955. As I said in my last annual report, in the light of social conditions and human habits in this country, a continuation of this trend is likely for some years to come and is only likely to be reversed if the general public pay heed to the warnings they have been given as to the part played by cigarette smoking in the causation of the disease and if local authorities are active in implementing the provisions of the Clean Air Act, part of which is already in force and whose remainder comes into force on 1st June, 1958.

The number of deaths of infants under one year of age and infant mortality rate, having shown a steady annual fall since 1949, increased slightly from 336 deaths and a rate of 17.88 per thousand live births in 1956 to 378 deaths and a rate of 19.26 in 1957. The number of premature births notified in the County increased from 1,027 in 1956 to 1,196 in 1957 and the deaths in the first 24 hours of life amongst these births from 66 to 95. (Similarly premature stillbirths increased from 164 in 1956 to 184 in 1957.) Much of the increase in the infant mortality rate therefore relates to prematurity and in the body of the report (page 26) I draw attention to the serious loss of infants' lives associated with prematurity. During the year 15 women died in the County from causes associated with pregnancy and childbirth. This gives a maternity mortality rate of 0.75 which compares with the rate of 0.47 for England and Wales.

As mentioned in my last report the Ministry of Health consider that the maternal mortality rate can be still further reduced and they have asked the various bodies responsible for providing services to the expectant mother (i.e. hospital and specialist services, executive councils and local health authorities) to co-operate in devising measures designed to reduce this mortality. The professional representatives of these bodies have met and have reported to the Joint Liaison Committee which in turn has reported to its parent bodies. Their report is of sufficient importance to justify its inclusion in this report and it is to be found on pages 22 and 23.

The supply of poliomyelitis vaccine was limited throughout the year but by the end of it, 43,460 individuals had received a course of two injections since the inception of the scheme in 1956. The use of the vaccine had been notably free from complications and up to the end of the year no proven cases of poliomyelitis in persons immunised by it have been reported in the County. It is, however, too soon to attempt any real assessment of its efficacy. The schemes for immunisation against other diseases, diphtheria, smallpox, whooping cough, tuberculosis have proceeded satisfactorily and during the year the Minister approved the County Council's proposal to vaccinate against tetanus any child whose parents requested this to be done.

The number of patients carried by the ambulance service throughout the year again increased. The total mileage run by the direct service increased but this was offset by the falling mileage of the voluntary organisations and the hospital car service so that the overall total mileage decreased. This decrease is undoubtedly largely one of the advantages accruing from the use of wireless communication and to improved arrangements for the centralised reception of calls. Additional provision for ambulance cover to Gatwick Airport which was to open in 1958 was agreed by the Council during the year and two areas hitherto served by voluntary organisations had to be taken over by the direct service owing to staffing difficulties.

The report of the Royal Commission on Mental Health and Mental Deficiency was published during the year. The Royal Commission advocates that compulsion should be limited as much as possible and that procedure for ensuring the necessary treatment or care should be simplified and that the emphasis should be shifted from hospital care to community care. When the time comes to implement the Royal Commission's recommendations there will inevitably be a very considerable expansion in the mental health services of local health authorities.

The work and the organisation of the school health service has remained substantially unchanged over the past year and there appears to be a continued improvement in the children's physical well-being. The percentage of "unsatisfactory" physical condition of pupils inspected in the age groups recorded in Table ID shows a drop in all age groups: the total percentage of .85 comparing favourably with last year's figure of 1.19 per cent. This general improvement in the health of the school child has led the Ministry of Education to welcome experimentation in methods of inspection and ascertainment to meet changed conditions and as from January, 1958, revised arrangements for the periodic medical inspection of children of secondary school age have been introduced by the Education Committee.

Earlier ascertainment of defective hearing was undertaken during the year by the audiometry units and although the percentage of children who failed the test as would be expected, is not very great (4.3 per cent.), there is no doubt of the value and effectiveness of this scheme. The harmful effects of impaired hearing on academic progress and the serious implication of chronic ear disease on health, can both be allayed by early diagnosis. Besides routine testing of school entrants, screening tests are performed when the teacher, parent or child suspects a hearing loss, where academic work is poor (including educationally sub-normal pupils), where ear, nose and throat troubles are frequent or where the child suffers from some specific disability such as cerebral palsy or speech defect.

A further innovation introduced during the year was the sight testing of five-year-olds, using vision charts for the very young. Although the results are inevitably somewhat unreliable at this age, some children with defective vision were discovered and referred for treatment.

An epidemic of influenza in the schools occurred about September and continued until the end of October. At the peak some schools had as many as 60 per cent of pupils absent. Symptoms were mild on the whole and the children were able to return to school in about a week: a few cases were complicated by pneumonia. The presence of the Asian strain of Influenza Virus A was confirmed in a small number of pathological specimens which it was possible to get examined.

Measles showed a biennial increase following a small number of cases in 1956 and there were also mild epidemics of mumps and whooping cough throughout the County. Incidence of poliomyelitis was low and in December the poliomyelitis vaccination scheme was extended to cover children born on or after the 1st January, 1943.

B.C.G. vaccination of thirteen to fourteen-year-old school children, which was introduced in 1954, was again undertaken during the year and the response of parents to this protection against tuberculosis was most encouraging.

It is with deep regret that I record the death of the Principal School Dental Officer, Mr. D. M. McClelland on the 28th December. Mr. McClelland was appointed to the County staff as a School Dental Officer in 1931 and was made Principal School Dental Officer in 1950. Whilst at Central Office he developed and maintained the school dental service with unusual skill and ability and he was held in high esteem and affection by all his colleagues in the service. Mr. O. H. Minton was appointed as his successor in May, 1958.

In conclusion I am pleased to have the opportunity of expressing my appreciation to all members of the staff both in Central Office and in the field, for their co-operation and high standard of work throughout the year.

I have the honour to be, 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.

The only change affecting the area of the Administrative County which took place during the year was the transfer of two acres from the Borough of Barnes to London Administrative County under the London County Council (General Powers) Act, 1956. Such transfer took effect from the 1st April, 1957.

Population.

The population of the Administrative County at the 1951 Census was 1,352,639, and the Registrar-General's estimate of the population at mid-year 1957 was 1,419,500, an increase of 13,800 over the comparable figure for mid-year 1956. The population under 1 year is given by the Registrar-General as 19,000, the population 1-4 years as 75,000, and the population 5-14 years 215,000.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1953-1957 is shown in the following table:—

	1953.	1954.	1955.	1956.	1957.
Urban Districts...	1,219,600	1,228,760	1,235,600	1,245,000	1,255,800
Rural Districts ...	155,900	156,440	157,100	160,700	163,700
Administrative County	1,375,500	1,385,200	1,392,700	1,405,700	1,419,500
Increase or decrease over previous year ...	+10,000	+9,700	+7,500	+13,000	+13,800

The following table shows the population of each Sanitary District at the censuses of 1931 and 1951, and the Registrar-General's mid-year estimates for 1956 and 1957:—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1931.	1951.	1956.	1957.
M.B. and Urban.					
1. Banstead	12,821	18,734	33,529	38,220	38,680
2. Barnes	2,517	42,440	40,593	40,140	39,390
3. Beddington and Wallington	3,045	26,328	32,757	32,540	32,460
4. Carshalton... ..	3,346	28,586	62,721	60,970	60,440
5. Caterham and Warlingham	8,233	21,774	31,293	33,400	34,030
6. Chertsey	9,983	16,988	30,852	34,910	36,410
7. Coulsdon and Purley	11,143	39,795	63,773	66,460	67,830
8. Dorking	9,511	15,204	20,252	20,460	20,600
9. Egham	9,350	17,196	24,690	27,790	28,560
10. Epsom and Ewell	8,427	35,231	68,055	67,580	67,340
11. Esher	14,847	32,407	51,432	54,700	55,840
12. Farnham	9,039	19,005	23,928	24,890	25,130
13. Frimley and Camberley... ..	7,768	16,532	20,386	23,560	24,170
14. Godalming... ..	2,393	10,940	14,244	15,520	15,640
15. Guildford	7,323	34,237	48,048	50,560	51,200
16. Haslemere	5,751	9,168	12,003	11,730	11,930
17. Kingston-upon-Thames	1,408	39,825	40,172	38,790	38,590
18. Leatherhead	11,187	16,483	27,206	31,780	32,650
19. Malden and Coombe	3,164	23,350	45,566	45,750	45,940
20. Merton and Morden	3,237	41,227	74,730	71,590	71,090
21. Mitcham	2,932	56,872	67,269	64,990	64,930
22. Reigate	10,255	34,547	42,248	48,730	49,330
23. Richmond	4,109	39,276	41,944	42,420	42,450
24. Surbiton	4,709	30,178	60,875	62,610	63,110
25. Sutton and Cheam	4,338	48,363	80,673	78,820	78,960
26. Walton and Weybridge	9,052	25,671	38,112	41,520	42,200
27. Wimbledon	3,212	59,515	58,141	57,820	57,630
28. Woking	15,708	35,987	47,596	56,750	59,270
Total	198,808	835,859	1,203,088	1,245,000	1,255,800
Rural.					
1. Bagshot	16,083	11,080	14,109	14,710	14,980
2. Dorking and Horley	53,943	18,485	25,832	28,350	29,260
3. Godstone	52,507	25,866	32,823	34,720	35,440
4. Guildford	59,643	31,554	44,936	49,180	50,130
5. Hambledon	68,175	24,926	31,851	33,740	33,890
Total	250,351	111,911	149,551	160,700	163,700
Administrative County	449,159	947,770	1,352,639	1,405,700	1,419,500

The figures given by the Registrar-General express the populations for the 1931 Census as they would have appeared if the area boundaries at that time were the same as they are at present.

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1957, was £24,691,305, and the estimated produce of a 1d. rate for general County purposes for the year 1957-58 was £99,899.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1957 with the previous year and with the mean of the five years 1952-56.

	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.		
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
1956	13.37	11.50	0.09	2.06	0.63	17.88
Mean of 5 years, 1952-56 ...	13.15	11.13	0.13	1.99	0.66	19.36
1957	13.83	11.19	0.07	2.09	0.75	19.26
Increase or decrease in 1957 on:						
5 years average	+0.68	+0.06	-0.06	+0.10	+0.09	-0.10
Previous year	+0.46	-0.31	-0.02	+0.03	+0.12	+1.38

1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 19,627, of which 10,094 were males and 9,533 females, as compared with 18,794 in the previous year, showing an increase of 1,322. The birth rate for the year was 13.83 as compared with 13.37 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 1.02 and for the Rural Districts 1.06. The effect of these factors on the 1957 crude live birth rates is shewn below :—

	Administrative County.	Urban Districts.	Rural Districts.
	<i>per 1,000 of estimated home population.</i>		
Crude rates	13.83	13.59	15.63
Adjusted rates	14.11	13.86	16.57

The birth rate for England and Wales for 1957 was 16.1 and for 1956, 15.7.

In addition to the 19,627 live births in Surrey, there were 373 still births and the rate of still births per 1,000 live and still births was 18.65 as compared with an average rate of 18.22 for the quinquennial period 1952-56.

Of the 19,627 live births 767 or 3.91 per cent. were illegitimate, as compared with 769 or 4.09 per cent. in 1956.

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
1957 ...	19,627	13.83	373	18.65	767	3.91

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1957 was 15,885, as compared with 16,159 in the year 1956. The crude death rate for 1957 was 11.19, compared with 11.50 for 1956. The death rate for England and Wales in 1957 was 11.5 compared with 11.7 for 1956.

3. Infant Mortality.

The number of infants under one year who died during 1957 was 378 compared with 336 in 1956. This represents an infant mortality rate of 19.26 per 1,000 live births as compared with a corresponding rate of 17.88 for the year 1956. The comparable figures for England and Wales were 23.0 in 1957 and 23.8 in 1956.

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

Year.	England and Wales.			Surrey.		
	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.
1931 ...	65.7	31.5	34.2	43.12	24.84	18.28
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
1957 ...	23.0	16.5	6.5	19.26	14.78	4.48

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 1957:—

DISTRICTS	Live births.			Live birth rate.	Adjusted birth rate.	Still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardised death rate.	Infants dying	
	M.	F.	Total								under 1 month	1-12 months.
M.B. and Urban												
Banstead...	261	246	507	13.11	14.42	13	25.00	514	13.29	9.30	4	2
Barnes...	218	223	441	11.20	11.20	5	11.21	516	13.10	9.83	9	—
Beddington and Wallington	211	192	403	12.42	13.04	4	9.83	353	10.87	10.44	4	—
Carshalton...	350	344	694	11.48	11.14	16	22.54	504	8.34	10.68	13	2
Caterham and Warlingham	274	247	521	15.31	16.38	8	15.12	328	9.64	9.06	4	1
Chertsey...	373	334	707	19.42	18.45	18	24.83	350	9.61	11.05	18	3
Coulston and Purley...	488	469	957	14.11	15.66	18	18.46	1,001	14.76	9.45	13	3
Dorking...	158	128	286	13.88	14.85	4	13.79	241	11.70	10.18	2	1
Egham...	231	218	449	15.72	15.09	6	13.19	302	10.57	9.51	147	6
Epsom and Ewell...	312	327	639	9.49	11.48	19	28.88	1,133	16.83	9.09	15	3
Esler...	430	382	812	14.54	14.69	13	15.76	554	9.92	9.62	17	4
Farnham...	171	154	325	12.93	13.45	3	9.15	401	15.96	10.85	8	4
Frimley and Camberley	264	252	516	21.35	21.78	5	9.60	219	9.06	10.33	297	6
Godalming...	126	120	246	15.73	16.36	5	19.92	190	12.15	11.30	56	1
Guildford...	408	353	761	14.86	14.41	19	24.36	521	10.18	9.26	19	3
Haslemere...	78	87	165	13.83	13.69	6	35.09	121	10.14	8.21	44	—
Kingston-upon-Thames	262	286	548	14.2	13.63	8	14.39	432	11.19	10.29	116	2
Leatherhead...	259	244	503	14.79	14.94	9	18.29	304	9.31	9.31	179	3
Malden and Coombe...	259	271	530	11.54	12.12	10	18.52	486	10.58	11.11	44	4
Merton and Morden...	399	356	755	10.62	11.04	13	16.93	689	9.69	11.14	66	3
Mitcham...	484	398	882	13.58	13.04	17	18.91	594	9.15	11.07	288	5
Reigate...	363	318	681	13.80	13.94	8	11.61	564	11.43	9.83	117	3
Richmond...	300	276	576	13.57	12.62	7	12.01	566	13.34	9.87	10	—
Sutton and Cheam...	398	379	777	12.31	12.31	18	22.64	553	8.76	9.37	224	8
Walton and Weybridge	321	319	640	15.17	14.71	12	18.40	463	10.97	10.31	177	7
Wimbledon...	424	366	790	13.71	13.16	18	22.28	652	11.31	9.61	138	4
Woking...	528	480	1,008	17.01	16.84	25	24.20	775	13.08	9.94	19	12
Total	8,823	8,246	17,069	13.59	13.86	325	18.68	14,216	11.32	10.19	2,853	79
Rural												
Bagshot...	117	124	241	16.09	17.06	2	8.23	135	9.01	8.29	6	1
Dorking and Horley...	249	256	505	17.26	17.61	10	19.42	318	10.87	11.20	12	—
Godstone...	284	296	580	16.37	18.17	12	20.27	443	12.50	9.63	137	3
Guildford...	391	399	790	15.76	17.18	15	18.63	428	8.54	8.71	362	4
Hambleton...	290	212	502	13.04	13.56	9	19.96	345	10.18	9.26	97	1
Total	1,271	1,287	2,558	15.63	16.57	48	18.42	1,669	10.20	9.69	42	9
Administrative County	10,094	9,533	19,627	13.83	14.11	373	18.65	15,885	11.19	10.07	2,90	88

* 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 19.16 and 19.94: the neo-natal mortality rates for the urban and the rural districts respectively were 14.53 and 16.42.

4. Maternal Mortality.

In 1957 15 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 0.75 per thousand live and still births. The corresponding figures for England and Wales in 1957 were 349 and 0.47: and for Surrey in 1956 were 12 and 0.63.

5. Causes of Death.

The grouped causes of death arranged in order of frequency in 1957 in the County were as follows :—

	Deaths	Percentage of Total Deaths
Diseases of the heart	5,261	33.12
Malignant disease	2,961	18.64
Vascular lesions of the central nervous system	2,228	14.03
Bronchitis, pneumonia and other diseases of respiratory system... ..	1,506	9.48
Other circulatory diseases	812	5.11
Violent causes	554	3.49
Digestive diseases	229	1.44
Congenital malformation	140	0.88
Tuberculosis (all forms)	114	0.72
All other causes	2,080	13.09
	15,885	100.00

It is notable that tuberculosis as a cause of death has now fallen to ninth place, being exceeded not only by diseases of the heart and by vascular diseases of the central nervous system, by malignant disease, and respiratory diseases other than tuberculosis, but also by deaths by violence, digestive diseases and congenital malformation. Indeed, it can no longer properly be regarded as a "main" cause of death, being responsible only for 0.72 per cent. of the total deaths in the County. It retains, of course, its peculiar significance as being both an infectious disease—and, therefore, preventable—and a social disease.

Deaths due to violence may also be classified as "preventable," and attention is drawn to items 33, 34 and 35 of the table on page 14 which give the distribution of these deaths by age, sex and type of district. The deaths from all forms of violence each year since 1950 in Surrey and in England and Wales were as follows :—

SURREY.					ENGLAND AND WALES.			
	Males.	Females.	Total.	Rate per Million Living.	Males.	Females.	Total.	Rate per Million Living.
1950... ..	283	223	506	372	11,676	6,876	18,552	423
1951... ..	291	221	511	377	12,217	7,226	19,443	444
1952... ..	305	216	521	382	11,785	6,715	18,500	421
1953... ..	298	232	530	385	12,155	7,432	19,587	444
1954... ..	351	281	632	456	12,453	8,135	20,588	465
1955... ..	305	260	565	406	12,720	8,452	21,172	476
1956... ..	301	271	572	407	12,802	8,785	21,587	483
1957... ..	295	259	554	390	*	*	*	*

* Not available.

(a) CORONARY DISEASE.

In recent years the remarkable increases in coronary disease, and in cancer of the lung, have been much commented on and the following tables show the deaths in men and women, since 1950, in Surrey and in England and Wales :—

SURREY.					ENGLAND AND WALES.			
	Males.	Females.	Total.	Rate per Million Living.	Males.	Females.	Total.	Rate per Million Living.
1950... ..	1,127	724	1,851	1,363	34,708	20,047	54,755	1,249
1951... ..	1,118	770	1,888	1,393	36,965	21,344	58,309	1,331
1952... ..	1,178	796	1,974	1,446	38,997	22,432	61,429	1,398
1953... ..	1,188	793	1,981	1,440	38,966	22,785	61,751	1,401
1954... ..	1,321	861	2,182	1,575	42,387	24,514	66,901	1,511
1955... ..	1,403	923	2,326	1,670	44,256	26,341	70,597	1,589
1956... ..	1,418	933	2,351	1,673	46,921	27,869	74,790	1,674
1957... ..	1,475	982	2,457	1,731	*	*	*	*

* Not available.

It will be seen that the Surrey rate was appreciably higher than that for England and Wales until 1956, when the two rates were about identical.

(b) MALIGNANT DISEASE OF THE LUNG AND BRONCHUS.

	SURREY.				ENGLAND AND WALES.			
	Males.	Females.	Total.	Rate per Million Living.	Males.	Females.	Total.	Rate per Million Living.
1950... ..	328	78	406	299	10,254	1,987	12,241	280
1951... ..	363	75	438	323	11,166	2,081	13,247	303
1952... ..	414	82	496	363	11,981	2,237	14,218	323
1953... ..	440	68	508	369	12,881	2,251	15,132	343
1954... ..	509	83	592	427	13,995	2,336	16,331	369
1955... ..	556	94	650	467	14,821	2,451	17,272	388
1956... ..	522	91	613	436	15,615	2,571	18,186	407
1957... ..	534	106	640	451	16,430	2,688	19,118	426

In the case of cancer of the lung, the rate in Surrey has been consistently, and continues, higher than the rate in England and Wales.

(c) LEUKAEMIA.

Although leukaemia is not a common disease, its incidence has, in the last 25 years, risen more sharply in this Country than any other disease, except lung cancer and coronary thrombosis. Comparable increases have been noted in most countries in Western Europe and in North America. Similar figures to those given above, but related to leukaemia, are :—

	SURREY.				ENGLAND AND WALES.			
	Males.	Females.	Total.	Rate per Million Living.	Males.	Females.	Total.	Rate per Million Living.
1950... ..	38	42	80	59	994	838	1,832	42
1951... ..	32	28	60	44	984	943	1,927	44
1952... ..	47	31	78	57	1,102	941	2,043	46
1953... ..	38	37	75	55	1,116	1,005	2,121	48
1954... ..	41	35	76	55	1,142	1,018	2,160	49
1955... ..	49	28	77	55	1,223	1,001	2,224	50
1956... ..	49	43	92	65	1,229	1,086	2,315	52
1957... ..	54	38	92	65	*	*	*	*

* Not available.

Once again it will be noted that the rate for Surrey is appreciably higher than for England and Wales.

SMOKING AND CANCER OF THE LUNGS AND BRONCHUS.

In the early part of the year, the Minister circularised all local health authorities drawing attention to the conclusion of the Medical Research Council that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the last 25 years is that a major contributory factor is tobacco smoking, particularly of cigarettes. It is intended that this opinion should be brought effectively to public notice so that everyone may know the risks involved, and the County Council were asked to take appropriate steps to that end. The County Health Committee, in a report to the County Council, expressed some doubt as to whether or not the Council should spend money on publicity of this sort, which might more properly be regarded as a national responsibility, and proposed to co-operate only to the extent of displaying in County-owned properties posters drawing attention to the risks involved in smoking.

Subsequently, the County Health Committee selected suitable posters which they considered should be displayed in health premises, schools and public libraries. They invited the Education Committee to co-operate by allowing the display of posters at all secondary modern schools and grammar schools and public libraries, and subject thereto, authorised the County Medical Officer to obtain the necessary number of posters. They also suggested that the County Medical Officer might seek the co-operation of the Director of the Mass Radiography Service in the County in the display of posters.

The Education Committee, however, were not altogether in favour of these posters being displayed in premises used by children and asked the Chief Education Officer to consult with representatives of the Teachers Association and to report back.

The matter is still under consideration.

The number of deaths and the death rates per 1,000 population from certain important causes of death in each of the sanitary districts and in the Administrative County during 1957, 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.										Pulmonary Tuberculosis.		Respiratory diseases (Non-Tuberculous).		Malignant Disease.								Violence			
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant and lymphatic neoplasms.							
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000						
M.B. and Urban.																										
Barnston	52	1.24	71	1.84	12	0.31	113	2.92	27	0.70	13	0.34	44	1.14	8	0.21	16	0.41	8	0.21	2	0.05	44	1.14	9	0.23
Barnston	99	2.51	82	2.08	6	0.15	53	1.35	33	0.84	3	0.08	47	1.19	10	0.25	24	0.61	6	0.15	4	0.10	53	1.35	15	0.38
Beddington and Wallington	49	1.51	45	1.39	3	0.09	58	1.79	15	0.40	6	0.18	11	0.34	10	0.31	24	0.61	6	0.15	3	0.09	47	1.19	11	0.34
Beddington	57	0.94	82	1.36	10	0.17	79	1.31	18	0.30	20	0.33	25	0.41	6	0.10	24	0.61	6	0.10	2	0.03	52	0.86	12	0.30
Caterham and Warlingham	41	1.20	57	1.67	5	0.15	48	1.41	9	0.26	5	0.15	11	0.32	7	0.21	11	0.32	7	0.21	2	0.06	36	1.06	9	0.26
Caterham	41	1.13	54	1.48	6	0.16	39	1.07	14	0.38	1	0.03	36	0.99	9	0.25	14	0.38	5	0.14	2	0.05	32	0.88	16	0.44
Coulston and Purley	118	1.74	142	2.09	41	0.60	147	2.17	61	0.90	5	0.07	150	2.21	16	0.24	21	0.31	20	0.29	2	0.03	95	1.40	31	0.46
Dorking	39	1.89	30	1.46	6	0.29	46	2.23	11	0.53	2	0.10	10	0.92	6	0.29	10	0.49	4	0.19	7	0.34	31	1.50	6	0.29
Egham	39	1.37	43	1.51	12	0.42	47	1.65	17	0.60	10	0.42	5	0.18	12	0.42	5	0.18	4	0.14	2	0.07	30	1.05	10	0.34
Epsom and Ewell	127	1.89	117	1.74	17	0.25	202	3.89	65	0.97	4	0.06	296	1.49	24	0.36	33	0.49	16	0.24	6	0.09	103	1.53	34	0.50
Faber	94	1.68	79	1.41	17	0.30	76	1.26	22	0.39	2	0.04	33	0.59	14	0.25	34	0.61	8	0.14	3	0.05	70	1.25	19	0.34
Farnham	81	3.22	37	1.47	9	0.36	70	2.79	22	0.88	1	0.04	41	1.63	8	0.32	8	0.32	7	0.28	2	0.08	39	1.55	12	0.48
Frimley and Camberley	40	1.65	39	1.61	7	0.29	24	0.99	7	0.29	3	0.12	21	0.87	5	0.21	12	0.50	3	0.12	—	—	—	—	9	0.37
Godalming	25	1.60	37	2.37	1	0.06	27	1.73	7	0.45	—	—	48	0.94	7	0.14	26	0.51	12	0.23	5	0.10	45	0.88	24	0.47
Guildford	88	1.72	85	1.66	11	0.21	64	1.25	24	0.47	3	0.06	—	—	2	0.17	1	0.08	4	0.34	1	0.08	22	1.84	6	0.50
Haslemere	18	1.51	26	2.18	2	0.17	13	1.09	12	1.01	—	—	3	0.25	2	0.17	1	0.08	4	0.34	1	0.08	22	1.84	6	0.50
Kingston-upon-Thames	74	1.92	68	1.76	11	0.29	42	1.69	26	0.67	6	0.16	61	1.58	10	0.26	16	0.41	7	0.18	5	0.13	38	0.98	10	0.26
Leatherhead	50	1.53	47	1.44	6	0.18	43	1.32	9	0.28	3	0.09	39	0.92	5	0.15	12	0.37	4	0.12	3	0.09	32	0.98	9	0.28
Malden and Coumbe	79	1.72	92	2.00	8	0.17	51	1.11	28	0.61	4	0.09	39	0.65	13	0.28	23	0.50	14	0.30	3	0.07	50	1.09	18	0.39
Merton and Morden	88	1.24	122	1.72	11	0.15	65	0.91	34	0.48	3	0.04	74	1.04	19	0.27	42	0.59	24	0.34	7	0.10	63	0.89	37	0.52
Mitcham	77	1.19	93	1.43	11	0.17	82	1.26	24	0.37	3	0.05	67	1.03	23	0.35	41	0.63	13	0.20	2	0.03	55	0.85	19	0.29
Reigate	94	1.91	105	2.13	14	0.28	86	1.74	20	0.41	3	0.06	43	0.87	13	0.26	16	0.32	9	0.18	5	0.10	43	0.91	21	0.43
Richmond	82	1.93	88	2.07	10	0.24	85	2.00	23	0.54	6	0.14	50	1.18	10	0.24	26	0.61	14	0.33	2	0.05	52	1.22	21	0.49
Sutton and Cheam	112	1.42	139	1.65	21	0.27	158	2.00	49	0.62	5	0.06	65	0.82	28	0.35	38	0.48	18	0.23	7	0.08	59	0.93	17	0.27
Walton and Weybridge	51	1.21	87	2.06	8	0.19	55	1.20	36	0.85	1	0.02	35	0.83	9	0.21	25	0.59	12	0.28	5	0.12	45	1.07	21	0.50
Wimbledon	106	1.84	118	2.05	15	0.26	79	1.37	35	0.61	3	0.05	70	1.21	15	0.26	29	0.50	15	0.26	4	0.07	52	0.90	28	0.49
Woking	92	1.55	114	1.92	36	0.61	191	3.22	32	0.54	4	0.07	62	1.05	6	0.10	29	0.49	9	0.15	2	0.03	66	1.11	26	0.44
Total	1,995	1.59	2,189	1.74	331	0.26	2,179	1.74	719	0.57	89	0.07	1,372	1.09	327	0.26	583	0.46	274	0.22	93	0.07	1,391	1.11	489	0.39
Rural.																										
Bagshot	8	0.53	31	2.07	2	0.13	19	1.27	2	0.13	—	—	10	0.67	6	0.40	7	0.47	3	0.20	1	0.07	18	1.20	4	0.27
Dorking and Horley	61	2.08	38	1.30	6	0.21	45	1.54	19	0.68	1	0.03	14	0.48	11	0.38	10	0.34	4	0.14	2	0.07	32	1.23	18	0.62
Godalming	56	1.58	66	1.86	16	0.45	66	1.86	37	1.04	3	0.08	41	1.16	8	0.23	12	0.34	9	0.25	6	0.17	36	1.06	10	0.28
Guildford	57	1.14	71	1.42	6	0.12	60	1.20	16	0.32	2	0.04	43	0.86	9	0.18	13	0.26	6	0.12	5	0.10	36	0.72	11	0.38
Hambleton	51	1.50	62	1.83	6	0.18	68	2.01	19	0.56	2	0.06	26	0.77	5	0.15	15	0.44	6	0.18	—	—	33	0.97	14	0.41
Total	233	1.42	298	1.64	36	0.22	258	1.58	93	0.57	8	0.05	134	0.82	39	0.24	57	0.35	28	0.17	14	0.09	155	0.95	65	0.40
Administrative County 1957	2,228	1.57	2,457	1.73	397	0.26	2,437	1.72	812	0.57	97	0.07	1,506	1.06	396	0.26	640	0.45	392	0.21	107	0.08	1,546	1.09	554	0.39
Percentage of Total Deaths in 1957	14.03 (14.12)		15.47 (14.55)		2.31 (2.26)		15.34 (15.95)		5.11 (5.23)		0.61 (0.79)		9.48 (10.73)		2.30 (2.15)		4.03 (3.79)		1.90 (1.92)		0.67 (0.71)		9.73 (9.31)		3.62 (3.54)	

The figures shown in brackets relate to the year 1956.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1957.

The causes of all deaths during 1957 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.	6,846	198	29	46	66	263	1,932	1,857	2,455		829	27	6	5	16	26	201	229	319	
	F.	7,369	129	25	31	32	230	1,274	1,662	3,986		841	24	2	1	8	16	141	188	461	
1. Tuberculosis, Respiratory ...	M.	69	—	—	—	—	9	32	23	5		5	—	—	—	—	1	2	1	1	
	F.	20	—	—	—	—	7	4	4	5		3	—	—	—	—	1	—	1	1	
2. Tuberculosis, Other...	M.	10	—	—	1	1	3	4	—	1		1	—	—	—	—	1	—	—	—	
	F.	4	—	—	—	—	—	2	1	1		2	—	—	—	—	—	1	—	1	
3. Syphilitic Disease	M.	34	—	—	—	—	—	14	12	8		3	—	—	—	—	—	—	3	—	
	F.	18	—	—	—	—	—	3	7	8		2	—	—	—	—	—	1	—	1	
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	2	2	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	M.	2	2	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	3	—	—	—	—	1	—	—	2		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis...	M.	9	—	—	1	1	6	1	—	—		—	—	—	—	—	—	—	—	—	
	F.	3	—	—	1	—	2	—	—	—		—	—	—	—	—	—	—	—	—	
8. Measles	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	—	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Para- sitic Diseases	M.	17	1	1	1	3	4	3	3	1		3	—	1	1	—	—	—	—	1	
	F.	9	—	1	—	—	1	—	3	4		—	—	—	—	—	—	—	—	—	
10. Malignant Neoplasm, Stomach	M.	173	—	—	—	—	4	79	41	49		22	—	—	—	—	—	10	5	7	
	F.	154	—	—	—	—	5	29	48	72		17	—	—	—	—	—	1	8	8	
11. Malignant Neoplasm, Lung, Bronchus	M.	492	—	—	—	—	12	271	145	64		42	—	—	—	—	1	24	12	5	
	F.	91	—	—	—	—	3	40	25	23		15	—	—	—	—	—	5	5	5	
12. Malignant Neoplasm, Breast	M.	1	—	—	—	—	—	1	—	—		—	—	—	—	—	—	—	—	—	
	F.	273	—	—	—	—	25	121	67	60		28	—	—	—	—	3	9	7	9	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	93	—	—	—	—	10	34	27	22		14	—	—	—	—	—	9	5	—	
14. Other Malignant and Lymphatic Neoplasms	M.	701	—	1	3	6	36	240	191	224		81	—	1	—	—	5	24	27	24	
	F.	690	1	2	3	4	30	238	173	239		74	—	—	—	1	3	20	19	31	
15. Leukæmia, Aleukæmia ...	M.	47	—	—	6	3	7	15	6	10		7	—	—	—	2	1	1	1	2	
	F.	35	—	3	1	—	3	13	4	11		3	—	—	—	—	—	2	1	—	
16. Diabetes	M.	19	—	—	—	—	—	8	8	3		2	—	—	—	—	—	—	1	1	
	F.	54	—	—	—	1	1	15	17	20		6	—	—	—	—	—	2	2	2	
17. Vascular Lesions of Nervous System	M.	708	—	—	1	—	9	138	201	359		103	—	—	—	—	—	19	29	55	
	F.	1,287	1	—	—	2	11	168	312	793		130	—	—	—	—	1	21	26	82	
18. Coronary Disease, Angina...	M.	1,312	—	—	—	1	25	467	428	391		163	—	—	—	—	4	45	64	50	
	F.	877	—	—	—	—	5	114	310	448		105	—	—	—	—	—	11	36	58	
19. Hypertension with Heart Disease	M.	129	—	—	—	—	—	28	39	62		21	—	—	—	—	—	1	9	11	
	F.	202	—	—	—	—	1	21	55	125		15	—	—	—	—	—	2	4	9	
20. Other Heart Disease ...	M.	806	—	—	1	1	13	110	203	478		101	—	—	—	—	3	8	27	63	
	F.	1,373	1	—	—	—	15	108	220	1,029		157	—	—	—	—	—	14	26	117	
21. Other Circulatory Disease ...	M.	310	1	—	—	1	11	63	89	145		48	—	—	—	—	1	6	12	29	
	F.	409	—	—	1	—	5	65	85	253		45	—	—	—	—	—	7	14	24	
22. Influenza	M.	76	2	1	2	4	3	19	23	22		9	—	1	1	1	1	2	1	2	
	F.	87	1	1	6	2	10	22	12	33		18	—	—	—	1	1	3	2	11	

Continued overleaf

The causes of all deaths during 1957 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

[illegible]

7. Infectious Diseases: Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1957, giving the number of cases of each disease notified and the attack rate:—

Disease.	1957	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	3	0.002
Post infectious	13	0.01
Acute pneumonia	822	0.58
Acute poliomyelitis—		
Paralytic	91	0.06
Non-Paralytic	46	0.03
Diphtheria	—	—
Dysentery	818	0.58
Enteric or Typhoid Fever	6	0.004
Erysipelas	89	0.06
Food poisoning	258	0.18
Measles, excluding Rubella	20,875	14.71
Meningococcal Infections	18	0.01
*Ophthalmia neonatorum	6	0.31
Paratyphoid fevers	15	0.01
†Puerperal Pyrexia	510	25.50
Scarlet Fever	659	0.46
Tuberculosis—Pulmonary	666	0.47
Non-pulmonary	62	0.04
Whooping cough	2,147	1.51

* 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 (1)
Whooping Cough	2 (—)
Diphtheria	— (1)
Influenza	190 (79)
Meningococcal infections	5 (7)
Acute Poliomyelitis	12 (16)

The figures in brackets relate to the year 1956.

POLIOMYELITIS.

The following account of an episode affecting the Borough of Epsom and Ewell and an adjoining district is of considerable interest as it illustrates certain epidemiological features of the disease.

From the end of June onwards there had been a noticeable incidence of a minor illness involving rise of temperature, slight sore throat, headache, and, in a few cases, aching limbs. There was at first no suspicion that the poliomyelitis virus might be responsible for these symptoms. On the 22nd July information was received from the Coroner that a post-mortem examination performed that day on an adult male had shown the cause of death to be poliomyelitis with the onset of illness on the 14th July. This patient had a child who attended a certain private school in the district. Further incidents relative to this school were as follows:—

(1) A boy attending the school was absent on the 12th July and subsequently with a minor illness of the type referred to above. He made a temporary recovery but relapsed on the 19th July, this time with diplopia (double vision). On the 25th July his father was admitted to hospital with advanced poliomyelitis of the respiratory system.

(2) On the 19th July the sister of a child attending the school, but resident in another district became ill, and was subsequently diagnosed as suffering from non-paralytic poliomyelitis. Two other children of school age in this family had been taken ill on the 14th July with temperature, headache, and aching limbs, but they recovered in a few days. On the 24th July the father of this family developed similar symptoms and subsequently developed paralytic poliomyelitis with weakness of the muscles of the shoulder girdle. The children in the family had completed vaccination against poliomyelitis on the 18th May.

(3) On the 24th July a child attending the school, resident in an adjoining district, became ill with paralytic poliomyelitis, subsequently developing signs of pharyngeal paralysis.

(4) On 1st August a further school child was taken ill while on holiday. Diagnosis of poliomyelitis was made on its return to the district three weeks later as slight residual weakness of one ankle was detected. A child at the holiday address in the north of England developed paralytic poliomyelitis on the 12th of August.

Poliomyelitis virus type I was recovered from a number of these cases, including paralytic cases, non-paralytic cases, and contacts without symptoms.

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1957 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 666 cases of pulmonary tuberculosis and 62 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 1957 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
1941	1,049	0.88	566	0.48	280	0.24	116	0.10
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
1957	666	0.47	97	0.07	62	0.04	17	0.01

The case-rate of pulmonary tuberculosis per thousand of the population was the lowest recorded since tuberculosis became notifiable in 1912, namely, 0.47. The previous lowest record was 0.52 in 1956. The number of notifications of pulmonary tuberculosis decreased by 71 in comparison with the 1956 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 in 1957 an analysis of the Registrars' Death Returns (including transferable deaths) indicated that there were 76 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 1957 was 209, a reduction of 15 compared with the previous year.

The case-rate of non-pulmonary tuberculosis for 1957 was also the lowest recorded, namely 0.04. The previous lowest record was 0.05 in the year 1956. There was a decrease of 7 in the number of notifications of non-pulmonary tuberculosis in comparison with the 1956 figure.

The case rates for Surrey, compared with those for England and Wales in 1957, were as follows :—

	SURREY	ENGLAND AND WALES
Pulmonary Tuberculosis ...	0.47 per 1,000	0.65 per 1,000
Non-Pulmonary Tuberculosis ...	0.04 per 1,000	0.08 per 1,000

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

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year ...	1	—	—	—	1
One and under 2 years ...	3	1	1	1	6
2 " " 5 " ...	7	6	—	—	13
5 " " 10 " ...	5	2	1	3	11
10 " " 15 " ...	10	8	1	2	21
15 " " 20 " ...	32	33	3	3	71
20 " " 25 " ...	40	45	2	6	93
25 " " 35 " ...	64	50	4	11	129
35 " " 45 " ...	72	48	1	5	126
45 " " 55 " ...	74	25	4	8	111
55 " " 65 " ...	71	15	1	3	90
65 " " 75 " ...	36	8	—	2	46
75 and upwards ...	7	3	—	—	10
Totals ...	422	244	18	44	728
1956	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 1956 the following noteworthy decreases occur in the number of notifications of pulmonary tuberculosis :—

<i>Males</i> —Age group 25-35	=	33
<i>Females</i> „ „ 25-35	=	27

Apart from the above new notifications, during the year 529 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc. (The corresponding figure for 1956 was 572.) The transfers from other areas comprised just over 92 per cent. of this group and there were 41 deaths of unnotified cases of tuberculosis.

The site of disease and place of death in the 41 unnotified cases were as follows :—

	In Hospitals	At Home	Total
Pulmonary tuberculosis	11	3	14
Tuberculous meningitis	2	—	2
In addition, 25 persons died from other causes (T.B. also present) as follows	13	12	25
Totals ...	26	15	41

The age distribution of the 14 unnotified deaths from pulmonary tuberculosis was 15-20, 1 ; 25-34, 2 ; 35-44, 2 ; 45-54, 1 ; 55-64, 1 ; 65-74, 5 ; 75 and over, 2.

The age distribution of the 27 unnotified deaths from non-pulmonary tuberculosis and from other causes, tuberculosis being also present, was 25-34, 2 ; 45-54, 3 ; 55-64, 2 ; 65 and over, 20.

Unnotified deaths in hospitals comprise 63 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, 1957, were as follows :—

	Pulmonary	Non-Pulmonary
<i>Males</i>	5,967	603
<i>Females</i>	4,599	802
Totals ...	10,566	1,405
Grand Total ...	11,971	

The total of 11,971 is a decrease of 213 as compared with the figure (12,184) for 1956. The number of pulmonary cases has fallen by 78 and the non-pulmonary figure has decreased by 135. The corresponding total for 1955 was 12,290.

The total of 9,210 cases on chest clinic registers for 1957, as set against 11,971 on the District Medical Officers' registers, represents a difference of 2,761. 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 (0.07) was the lowest recorded in Surrey, the previous low record being 0.09 in 1956. The death rate for non-pulmonary tuberculosis, namely 0.01, was the same as in 1956 which was the lowest recorded in Surrey.

Provisional death rates for England and Wales in 1957 were as follows :—

Pulmonary tuberculosis	0.095 per 1,000
Non-Pulmonary tuberculosis	0.012 per 1,000.

The distribution of the deaths and the death rates from tuberculosis in the various sanitary districts of the County are shown on page 12.

(c) NEW CASES AND DEATHS.

The total number of new cases which became known either through formal notification or otherwise, as described above, was 1,257. The corresponding figure for 1956 was 1,378, and for 1955 was 1,429.

Of the 114 deaths which occurred during the year 1957, 14 or 12.3 per cent. occurred in non-notified cases in which the primary cause of death was tuberculosis. Tuberculosis was a secondary cause of death in 27 unnotified cases.

WORK OF THE COUNTY HEALTH DEPARTMENT.

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

Capital Building Programme.

No new projects have been completed since my last report. The national restriction on capital expenditure is still in force but Ministerial approval to proceed with the following projects during the year was obtained :—

Project.	Purpose.	Present Position.
Between Streets, Cobham	Welfare Centre/School Clinic ...	Building work commenced.
Green Wrythe Lane, Carshalton ...	do.	Building work commenced.
Pollards Hill, Mitcham	do.	Tender accepted.
Morden Road, Morden	do.	Tenders will be invited shortly.
	and library	

In addition progress has been made with some of the outstanding projects as the following table shows :—

Project.	Purpose.	Present Position.
Park Barn Estate, Guildford	M.D. Occupation and Training Centre	Building work well advanced.
Grayswood Road, Haslemere	Ambulance Sub-Station	Revised sketch plans and estimate submitted to Ministry.
Walton Lodge Estate, Banstead ...	do.	Ministry have approved in principle. Revised sketch plans and estimates submitted.
Reigate	Main Ambulance Station	Negotiations proceeding for the acquisition of a site.
Gatwick	Ambulance Sub-Station	Negotiations proceeding for acquisition of site at the new Airport.
Wimbledon	do.	Extension of tenancy of present premises requested. Site for new station has been acquired.
Chaldon Road, Caterham-on-the-Hill	Welfare Centre/School Clinic ..	Ministry approval to proceed to preparation of working drawings.
Ewell Court, Ewell	do.	Lease of existing premises extended for a further year ending August, 1959.
Caterham Valley	do.	Ministry have approved the appropriation of a site in Stafford Road, Caterham Valley.
Molesey	do.	Agreement reached with Esher Council to a site at The Forum.
Victoria Road, Horley	do.	Ministry have approved appropriation of site in advance of requirements.
Wallington	do.	County owned property 59, Woodcote Road, held against future Clinic requirements.
Junction of Acre and Cross Roads, Kingston	do.	Purchase of all plots on site now completed.
Guildford	do.	Negotiations being opened for acquisition of a fresh site.

Night Attendance Scheme.

As in the previous year the Council agreed to meet losses in the current financial year sustained by the following 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.

The schemes remained substantially the same except that in the cases of Guildford and Mitcham the fee payable to the night attendant was raised from 12/6d. to 15/- per night.

The associations submitted the following information regarding their schemes and the deficits incurred were reimbursed by the Council :—

(a) Guildford.

A deficit of £51 17s. 11d. was incurred in providing night attendants for eleven patients and bus fares.

(b) *Mitcham.*

A deficit of £31 18s. 5d. was incurred in providing night attendants for thirteen patients and bus fares.

(c) *Wimbledon.*

A deficit of £34 14s. 6d. was incurred in providing night attendants for five patients and fares.

Care of the Elderly.

During the year the Joint Liaison Committee, comprised of representatives of the Regional Hospital Board, of the County Council and of the Executive Council, appointed a Special Sub-Committee to consider the existing services and facilities for the elderly, to estimate how far these fell short of the reasonable need and to formulate general principles for the guidance of the Joint Committee in determining future policy on geriatric work. The Special Sub-Committee met three times and in their report to the Joint Liaison Committee—subsequently adopted by it and submitted to the three parent bodies—came to the conclusion that “only where there is an active geriatric committee fully representative of the statutory and voluntary bodies concerned is the best use likely to be made of the services and facilities available within any area and the development and co-ordination of geriatric services energetically pursued” and also that, while recognising the responsibility of the general practitioner for the medical care of the old people on his list, “only where there is a geriatrician can there begin to be any proper assessment of the needs of old people and some certainty that each person will obtain the service or facilities which he or she personally requires”; they consider also that the geriatrician needs the assistance of a health visitor and/or a social worker. Further, they propose to investigate the possibilities of establishing, on an experimental basis, a day hospital or centre for old people adjacent to St. Luke's Hospital to be run by the Guildford Group Hospital Management Committee.

Prevention of the Break-up of Families.

As mentioned in the preface to my Annual Report for 1956, the County Council approved certain recommendations made by the Working Party appointed to consider the provisions required for a service to prevent the break-up of families. Progress in framing such a service was made during the year.

(1) The scheme of co-ordinating conferences with the Divisional Medical Officer acting as co-ordinating officer for dealing with neglect or ill-treatment of children was extended to deal also with families which were considered likely to break up unless certain action was taken. To these conferences are invited officers of local authorities and representatives of voluntary bodies who are or are likely to be involved in dealing with the families. The meetings are held at regular intervals, not less frequently than every three months.

In all, 386 families had been considered by these conferences from their inception up to the end of the year at which time 226 families remained on the registers and were classified as follows:—

Classification.	Problem Families.	Failing Families.	Families with Problems.	Total.
Have probably reached their own highest standard of behaviour but still require help and/or supervision ...	65	27	8	100
Improving	27	25	8	60
Improvement thought possible but not yet evident ...	25	10	11	46
Deteriorating	18	2	—	20
Total No. of families on registers at 31.12.57 ...	135	64	27	226
Families removed from registers:—				
(a) Problems resolved	33	40	36	109
(b) Other reasons (e.g. removed)	29	15	7	51

(2) Health visitors in the normal course of their work come in contact with many of the problem and failing families. Details of the work of the health visitors are given on page 33 but their work in this matter has not been scheduled separately.

(3) The Working Party recommended a pilot scheme in the Northern Division and in part of the North-Western Division around Woking by giving the Divisional Medical Officer the assistance of a trained social worker “to advise him and to help him to ensure that the best and fullest use is made of all the official and voluntary services which are available.” Towards the end of the year it was possible to recruit an additional officer to enable this pilot scheme to be implemented. This service has since proved most valuable and it is intended to extend it to other parts of the County as opportunities arise.

(4) One of the principal recommendations made by the Working Party was the development of a scheme for special home helps, and this recommendation was implemented during the year as follows :—

The Council approved an establishment of 20 equivalent full-time special home helps for allocation to households which, in the opinion of the divisional co-ordinating conferences are in danger of breaking-up but where improvement is possible and can best be achieved by providing a special home help ; a secondary use to which they may be put would be to act as a long-term prop to families where no substantial measure of improvement is likely, but where their presence can help to provide a reasonable standard of care for the children, e.g. where one or both parents are of low mental capacity.

Authority was given for the selection and training of 40 helps in the first place to allow for wastage and geographical distribution of cases. These helps were recruited from the existing home help strength and were especially selected for their personal qualities and household skill. Two courses each of five days duration were held, 20 helps attending each course. The courses were designed to give the home helps a clear picture of what work with problem families entails and especially of the part which they would be expected to play in helping and instructing the housewife to manage her domestic responsibilities, in family budgeting, and so on; information of the work of other official and of voluntary bodies dealing with problem families was also included in the course. When these specially trained home helps are actually working with problem families the Council agreed that they should be paid an extra 4d. per hour. At other times they are paid as ordinary home helps. In addition the Council authorised the expenditure of a small sum for the purchase of essential kitchen equipment in problem family homes although it is hoped that much of this will be supplied from voluntary sources.

This particular part of the service was just getting into its stride by the end of the year by which time a total of 13 cases had been attended by the special helps and 2,287 hours service provided.

(5) During the year, the provision for sending mothers and children to training homes run in various parts of the country by voluntary bodies was taken advantage of on two occasions, families being sent to Brentwood, Marple, Cheshire, a training home sponsored by the Community Council of Lancashire.

During the year also, a similar home was set up in Surrey at Frimley by two ladies working in a voluntary capacity and it is hoped that it will be possible to send some of the mothers and children needing such training to this home in future, so avoiding the long journey to other more distant training homes.

(6) Negotiations with the Family Service Units for the setting up of a unit in north-east Surrey proceeded during the year, but although the Family Service Units agree to this proposal in principle they were prevented from putting the scheme into practice owing to inability to recruit staff for the purpose.

(7) Other aspects of the work relating to problem and failing families fall to be dealt with by other departments of the County Council, but I should like to mention that the scheme for developing a training home for evicted families made good progress during the year and it may be that the home will come into operation in 1958.

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 1957 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.	
M.B. and Urban.													
Banstead	179	—	—	—	—	—	3	—	—	1	—	—	32
Barnes...	169	—	—	—	—	—	—	—	—	—	—	—	225
Beddington and Wallington	95	—	—	—	—	—	—	—	—	—	—	—	19
Carshalton	162	—	451	—	—	1,520	2	—	92	—	—	—	7
Caterham and Warlingham	198	—	—	—	—	—	—	—	—	—	—	—	88
Chertsey	225	—	—	—	—	—	—	—	—	2	—	—	529
Coulsdon and Purley	307	—	—	—	—	—	—	—	—	—	—	—	27
Dorking	82	42	182	—	—	170	2	9	100	—	—	—	364
Egham	140	—	—	—	—	—	2	—	—	—	—	—	8
Epsom and Ewell	166	16	416	—	—	806	1	1	6	—	—	—	61
Esher	175	—	—	—	—	—	—	—	—	3	—	—	27
Farnham	112	—	156	—	—	47	—	—	95	1	8	—	201
Frimley and Camberley	102	—	123	—	—	2	—	—	46	—	—	—	45
Godalming	38	20	—	—	—	—	—	7	—	—	—	—	328
Guildford	159	40	551	—	15	739	—	17	—	1	—	—	521
Haslemere	21	—	129	—	—	6	—	—	97	1	—	—	251
Kingston-upon-Thames	83	—	344	—	—	1,358	—	—	182	—	—	—	5
Leatherhead	173	—	—	—	—	—	—	—	42	—	—	—	6
Malden and Coombe	121	—	—	—	—	—	—	—	1	—	—	—	71
Merton and Morden	106	—	222	—	—	495	—	—	281	—	—	—	13
Mitcham	232	—	—	—	—	—	—	—	367	1	4	—	52
Reigate	158	—	—	—	—	—	—	—	408	2	2	—	32
Richmond	148	—	518	—	—	892	—	—	581	1	3	—	90
Surbiton	167	—	—	—	—	—	—	—	17	—	—	—	23
Sutton and Cheam	195	—	—	—	—	—	—	—	260	1	10	—	181
Walton and Weybridge	170	32	280	—	9	198	—	—	519	—	—	—	80
Wimbledon	91	176	—	—	141	64	—	5	509	3	1	—	23
Woking	396	—	577	—	—	739	—	812	154	2	1	—	16
									471	1	13	—	87
									56	2	—	—	22
1,033													
Rural.													
Bagshot	59	—	104	—	—	227	—	—	138	—	—	—	13
Dorking and Horley	134	—	—	—	—	—	—	—	—	—	2	—	8
Godstone	228	14	—	—	—	—	—	—	—	—	6	—	515
Guildford	205	—	—	—	—	—	—	—	—	—	9	—	46
Hambleton	95	—	—	—	—	—	—	—	—	—	1	—	101
											2	—	805
											1	—	451
Totals	5,031	340	4,321	17	243	7,264	16	851	1,407	25	184	2,205	20,000

The percentage of confinements taking place in hospitals was 70.3, in private nursing homes 3.9, and at home 25.8.

(b) **Expectant and Nursing Mothers.**

In 1956, Circular 9/56 was received from the Ministry of Health. This circular related to the prevention of toxæmia of pregnancy and amongst other things suggested to local authorities that meetings of professional representatives of each hospital group providing for maternity cases, of the County Council and of the general practitioners, should be arranged to consider measures designed to prevent toxæmia. During 1957, these meetings took place and the findings of the various meetings were reported to the Joint Liaison Committee and by that Committee to the Regional Hospital Board, the Executive Council and the County Council.

The following is extracted from the report of the Joint Liaison Committee to its constituent bodies and subsequently accepted by them :—

“ The Joint Committee noted with pleasure the emphasis placed by all the professional representative bodies on the need for close liaison between the various bodies responsible for maternity services and the substantial measure of agreement between them as to the form which such co-operation should take.

“ *The Ante-Natal Clinics.*

“ The Joint Committee take the view that the ante-natal clinic—whether run by hospital or local authority—is a prime factor in the care of the expectant mother and that all such women, whatever the other arrangements for their care may be, can benefit in one way or another from attending it. Thus, all ante-natal clinics should be open to any expectant mother, whatever the arrangements made for her confinement and she should be free to use them to whatever extent, either whole or in part, as may seem best in the individual case. The Joint Committee consider that the functions which an ante-natal clinic ought to fulfil are not only medical but also educational and social : they can be summarised as follows :—

“ Firstly, the staff can impart knowledge to the expectant mother on the processes of pregnancy, childbirth and lactation ; they can demonstrate, and see that the mother is familiar with gas and air or other analgesic apparatus ; they can advise on mothercraft and related subjects ; secondly, they can arrange relaxation classes ; thirdly, the ordinary routine supervision of the pregnancy can be done there either by medical officer or by midwife, the extent to which it is being done being dependent on the plan of supervision of the individual case ; fourthly, the clinic provides facilities which may not be available elsewhere (e.g., for blood examination, for weighing, etc.) ; and fifthly, arrangements can be made through the clinic for expectant and nursing mothers to make use of the County Council's priority dental service.

“ The Joint Committee agree most strongly with the view expressed at many of the meetings of professional representatives and by the County Medical Officer as to the need for the closest link between the ante-natal clinics run by the hospitals and by the local authority and, in particular, they would like to see (a) the services of the consultant obstetrician and his medical staff made available in the local authority's ante-natal clinics and (b) the services of the local authority's ancillary staff (health visitors, midwives, etc.) made available in the hospital ante-natal clinics. With regard to the latter, the particular uses which should be made of the local authority staff should include domiciliary visits and advice in the home in preparation for the arrival of the baby, preparing reports on home conditions, follow-up of defaulters, courses of talks on mothercraft and other allied subjects at the clinics, and so on.

“ The Joint Committee also feel it is important, especially in the later stages of pregnancy, that mothers should not be asked to travel long distances for their supervision. Hospital ante-natal clinics are necessarily ‘ centralised ’ upon the hospital and, therefore, should be supplemented in outlying areas by local authority clinics. One of the principal advantages to be expected from the close linkage of medical obstetric staff suggested above would be the ease with which patients could be interchanged between the hospital ante-natal clinic and any nearer local authority ante-natal clinic. On the other hand, patients living near the hospital should be dealt with by the hospital ante-natal clinic whether they are due for a hospital or a home confinement.

“ *Other Ante-Natal Supervision.*

“ The pattern of ante-natal supervision in each individual case should be mapped out in advance and all concerned—the hospital and local authority staff, the family doctor and the midwife—should clearly know the part each was to play.

“ The minimum standard of ante-natal supervision required of general practitioners is, by itself, inadequate and either must be supplemented by the midwife, by the ante-natal clinic or by the general practitioner himself. Where a general practitioner intended to give only maternity medical services, as at present defined, the midwife must assume the full role of midwife as defined by statute or in the rules of the Central Midwives Board ; nevertheless, it is important that every patient should be examined by a doctor as well as by a midwife during the course of the pregnancy and the midwife must encourage any patient who books under her for her confinement also to arrange for a general practitioner to provide maternity medical services. Failing that, the midwife must see that the expectant mother attends the ante-natal clinic. Arrangements should be made for the midwife, as far as possible, to be present when the general practitioner conducts his examination of the patient (both before and after labour) as required by the maternity medical services.

" The general practitioner—with the patient's consent—should be told when a patient is booked for a hospital confinement and kept informed of any abnormality that might give rise to an emergency for which he might be called in.

" If the general practitioner is undertaking the whole of the ante-natal care of any particular case which is booked for hospital confinement, the services of the health visitor should be available to give any ancillary help required, e.g. education, advice, etc., while the ante-natal clinic can help also in this direction.

" Home visiting is desirable in all maternity cases. When the midwife has been booked for the confinement either as midwife or as maternity nurse, she will do such home visiting as may be necessary; but cases booked for hospital confinement may need some special arrangement to ensure that they are visited in their homes and in this connection the Joint Committee wish to commend the arrangements made by certain hospitals whereby the Health Visitor is notified of all new cases attending their ante-natal clinic so that she can visit during the ante-natal period. Usually two such visits are paid. The Joint Committee also note with approval a further scheme at one hospital by which Health Visitors are encouraged to visit mothers from their areas during the lying in period, so that the mother may get to know her own Health Visitor before she goes home.

" Local Arrangements Needed to Ensure a Follow-up Home Visit When Patient Fails to Attend for Ante-Natal Examinations.

" Health visitors automatically follow-up non-attendances at a local authority ante-natal clinic and can also follow-up in general practitioner and hospital clinic cases if the Divisional Medical Officer or individual health visitor is advised.

" Arrangements for Hospital Treatment of Early Toxaemia.

" Difficulty seems often to be failure to take prompt steps at earliest sign of developing toxaemia. Any abnormality should be reported by the midwife to the general practitioner or hospital consultant.

" Beds should be made available for ante-natal care other than at the expense of gynaecological beds.

" Arrangements for Blood Tests.

" Arrangements are generally satisfactory in the County although the desirability of undertaking haemoglobin tests as a routine might be considered. Blood tests are taken by the general practitioner or at local authority and hospital ante-natal clinics. Difficulties sometimes arise due to uncertainty as to who is arranging blood tests.

" Health Education.

" Responsibility for educative talks by say, the health visitor, and relaxation classes, to be taken by a physiotherapist, in general might well rest with the local health authority and take place at both hospital and local authority ante-natal clinics. Subjects of the talks should include not only pregnancy and parturition but also mothercraft.

" Talks for fathers could be of value.

" Interchange of Records.

" The form of ante-natal records should be prescribed nationally and so allow for easy interchangeability. There should be free interchange of information between general practitioner, midwife and consultant obstetrician: a form for this purpose might also be standardised nationally."

In general the arrangements which have been described in previous years have continued. It is gratifying to be able to report an increase in the numbers of women attending at County Council ante-natal clinics and also in the total attendances. The number of expectant mothers visited by health visitors and the number of visits to them also shows a small but welcome increase.

Division.	Number of premises in use at end of year (whether held at Child Welfare Centres or elsewhere).	Number of sessions now held <i>per month</i> 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 ...	15	31	23	1,115	779	2,305	2,149
Central ...	6	28	8	1,789	1,053	6,248	1,324
North-Central ...	10	34	23	1,977	1,189	4,719	2,084
Southern ...	5	13	—	183	129	956	—
South-Eastern ...	5	17	—	474	372	1,906	—
Northern ...	6	18	14	1,035	796	4,043	1,536
South-Western ...	3	8	—	395	395	2,652	—
North-Eastern—							
Wimbledon ...	3	8	8	289	239	547	447
Merton & Morden ...	2	8	—	404	272	1,525	—
Mitcham ...	3	14	8	824	738	2,354	1,621
Mid-Eastern—							
Carshalton ...	4	16	—	296	203	1,561	—
Beddington & Wallington	1	4	—	146	112	518	—
Total ...	63	199	84	8,927	6,277	29,334	9,161
†Post-Natal Clinics.							
North-Western ...	—	—	—	92 (92)	92 (92)	97 (97)	9 (9)
Central ...	—	—	—	394 (394)	386 (386)	490 (490)	—
North-Central ...	—	—	—	344 (344)	341 (341)	358 (358)	—
Southern ...	—	—	—	83 (83)	79 (79)	90 (90)	—
South-Eastern ...	—	—	—	144 (144)	141 (141)	154 (154)	—
Northern ...	—	—	—	315 (315)	315 (315)	323 (323)	—
South-Western ...	—	—	—	175 (175)	175 (175)	191 (191)	—
North-Eastern—							
Wimbledon ...	—	—	—	— (10)	— (10)	7 (7)	—
Merton & Morden ...	—	—	—	— (30)	— (30)	— (30)	—
Mitcham ...	1	1	—	69 (5)	64 (4)	72 (5)	—
Mid-Eastern—							
Carshalton ...	—	—	—	37 (37)	26 (26)	41 (41)	—
Beddington & Wallington	—	—	—	10 (10)	10 (10)	10 (10)	—
Total ...	1	1	—	1,663(1,639)	1,629(1,609)	1,833(1,796)	9 (9)

† 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, 140 Surrey cases were admitted to mother and baby homes, and 41 Surrey cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, while 78 cases were sent by the Council to other Homes, payment being made per caput.

In addition, 50 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.

During the year a review was undertaken of the number and type of cases admitted to the County Council Home at Woking. As the denominational Mother and Baby Homes and Shelters on the whole confine admissions to unmarried girls having their first baby the problem of the married woman destitute of accommodation, and the single girl in her second or later pregnancy falls to be dealt with by the County Council solely. It was decided that the accommodation at Dorincourt was insufficient for this purpose and that efforts should be made to secure additional accommodation for these classes of inmate.

(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 1957 was 15 which gives a maternal mortality rate of 0.75 per thousand live and still births compared with 0.47 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. Seven cases were confined in hospitals. Four patients were confined at home and of these 3 died in hospital.

(f) Puerperal Pyrexia.

During 1957, 510 cases of puerperal pyrexia were notified representing an attack rate of 25.5 per thousand live and still births as compared with 16.00 for England and Wales. Of these cases 25 occurred in domiciliary confinements and the remainder in institutional confinements.

(g) Infant Mortality.

The infant mortality rate in the Administrative County of 19.26 compares with 23.0 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 1957—namely 19.16 (327 deaths)—is lower than the rural rate—namely 19.94 (51 deaths).

(h) Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1957 as adjusted by transferred notifications :—

Weight at birth.	PREMATURE LIVE BIRTHS.															PREMATURE STILL-BIRTHS.		
	†Born in Hospital.			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in hospital	Born at home	Born in nursing home
	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Not weighed	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
(a) 3 lb. 4 oz. or less (1,500 gms. or less) ...	134	56	48	5	5	—	6	2	4	6	4	1	—	—	—	68	8	3
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	206	16	173	13	—	13	9	—	8	2	—	2	—	—	—	56	1	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	182	6	167	26	—	26	5	—	5	4	—	4	—	—	—	19	1	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	465	3	453	105	1	104	13	1	12	12	—	12	—	—	—	22	3	1
Totals	990	82	841	149	6	143	33	3	29	24	4	19	—	—	—	167	13	4

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

This table emphasises the serious loss of infant lives associated with prematurity. The size of the problem can most simply be shown as follows :—

	TOTAL	NON- PREMATURE	* PREMATURE
Live births	19,627	18,431	1,196
Deaths among live births in the first month of life	271	107	164
Still births	373	189	184

* The Ministry of Health's definition of a premature birth is one when the infant at birth weighs 5½ lbs. or less.

It will be seen that the 18,431 non-premature live births produced 107 neo-natal deaths and the 1,196 premature live births produced 164 neo-natal deaths. In addition about half the still births are associated with prematurity.

(i) Ophthalmia Neonatorum.

In 1957 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 117 babies and 6 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 0.31.

Of the 6 cases notified by medical practitioners none occurred in the practice of midwives. Four cases were treated at home, and two were treated in hospital, and in no case was vision impaired.

(j) Infant Welfare Centres.

The County Council maintained 186 infant welfare centres in the year as against 184 in 1956. Additional centres were started at—

- (i) Amity Grove, S.W.20.
- (ii) Scouts Hut, Oriental Road, Woking.
- (iii) Village Hall, Pyrford.
- (iv) 1, Star Post Hill, Camberley.
- (v) Bellfields, Guildford.

The following centres were closed during the year—

- (i) Aston Road, Raynes Park.
- (ii) Methodist Church Hall, Cottenham Park, Wimbledon.
- (iii) Hawkedon, Camberley.

The new centre at Amity Grove, Cottenham Park is a purpose-built building on two floors comprising a medical and a dental unit and providing facilities for the distribution of welfare foods. The medical unit is so constructed as to provide clinic facilities for infant welfare, for expectant and post-natal mothers, for minor ailments clinic and for sight testing and speech therapy. The dental clinic provides two dental surgeries, the second being available for orthodontic work or for a dental hygienist as may be required. The clinic replaces the previous accommodation at Aston Road, Raynes Park and at the Methodist Church Hall, Cottenham Park.

The following table shows the attendance at the centres for the year 1957 :—

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.
				1957.	1956.	1955-52.		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 ...	33	113	2,984	2,584	2,394	3,306	8,284	39,074	10,107	8,738	57,919
Central ...	25	108	2,343	2,397	2,158	4,243	8,798	41,400	12,846	17,446	71,692
North-Central ...	15	92	2,415	2,178	1,697	2,643	6,518	35,538	7,953	7,864	51,355
Southern ...	28	96	1,432	1,281	1,259	1,688	4,198	19,324	6,845	7,759	33,928
South-Eastern ...	15	59	1,340	1,156	1,128	1,844	4,128	18,056	4,819	10,343	33,218
Northern ...	7	40	969	868	825	982	2,675	14,841	3,128	2,011	19,980
South-Western ...	41	131	2,149	1,782	1,946	3,250	6,978	30,086	10,826	12,799	53,711
North-Eastern—											
Wimbledon ...	5	34	845	744	731	891	2,366	12,487	3,402	4,345	20,234
Merton & Morden ...	4	32	610	445	589	1,075	2,109	11,062	2,983	3,536	17,581
Mitcham ...	5	28	860	796	693	653	2,142	13,444	2,210	1,391	17,045
Mid-Eastern—											
Carshalton ...	4	40	610	595	661	1,457	2,713	9,585	3,184	4,213	16,982
Beddington & Wallington ...	4	12	367	336	279	503	1,118	4,780	1,773	1,634	8,187
	186	785	16,924	15,162	14,360	22,535	52,027	249,677	70,076	82,079	401,832
Voluntary.											
Southern ...	1	1	12	14	12	14	40	102	47	41	190
SW (Army School of Health)											
S.C.C. Health Visitor attends	1	2	10	9	11	23	43	141	60	86	287
	2	3	22	23	23	37	83	243	107	127	477

It will be noted that the number of children attending the centres in 1957 and who were born in that year formed 77.37 per cent. of the total live births in the year and that the average number of attendances of these children in the year was sixteen.

In some areas parentcraft circles have been started and these are proving very popular. Such topics as home accidents, behaviour difficulties of the toddler, childish ailments that can be dealt with at home are discussed at the meetings.

Some evening sessions have been held and the attendance has been good. The fathers have appreciated the opportunity of attending Brains Trusts and Discussion Groups.

(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 35 children under the age of five years and 23 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 18 day nurseries with a total number of 719 places, the nursery at Old Trimmers, Farnham having been 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.

(Early in 1958 a special Sub-Committee was set up to review the Day Nursery Service. They recommended the closure of 5 day nurseries by 1st October, 1958, and at the time of writing this report the future of the remaining 13 day nurseries is still under consideration.)

A case of measles occurred in the All Saints Day Nursery, Wimbledon, during January, 1957. At this time the disease was very prevalent in the district and arrangements were made for the susceptible children to have an injection of Gamma Globulin in order to prevent them from developing measles in a severe form.

There were 16 such susceptible children in the nursery and the parents of 15 of these children agreed to their being inoculated. It was gratifying to observe that a number of the children inoculated who did eventually develop measles developed it in a very modified form, with little constitutional upset.

(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 1957 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 1957 the following issues were made :—

National Dried Milk.				C.L.O.	A. & D.	Orange Juice.	
Free.	10½d.	2/4	4/-			Free.	5d.
3,365	103,446	193,535	1,777	136,949	80,419	5,566	1,323,489

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil	A. & D. Tablets	Orange Juice.
Hospitals	2,852	38	146	5,401
Nurseries	106	1,486	—	4,397

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

- (a) Maternity and child welfare centres ... 178
- (b) Others 76

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

It is with deep regret that I record that Mr. D. M. McClelland who had served the County as Chief Dental Officer for some 8½ years and previously as an Assistant Dental Surgeon since September, 1931, died on the 28th December, 1957. His successor, Mr. O. H. Minton, took up duty on 20th May, 1958, and will make his report next year.

For the year under review the dental inspection and treatment of nursing and expectant mothers and children under five years of age was carried out by the Council's staff of dental officers. There was no material change in the arrangements for routine inspection and treatment of patients in these categories. The actual time occupied is assessed at the equivalent of 1,715 sessions and the number of attendances made by patients was 11,804. The number of new patients attending during the year was 3,093 of which approximately 63 per cent. were pre-school children.

Dental X-rays were available at seven centres. Dentures for mothers were provided through the County Dental Laboratory and to a lesser extent by outside contractors. The staff of the Laboratory was increased during the year by the appointment of an Apprentice Technician, a young man who had been educated in one of the Council's boarding special schools for the deaf.

The following tables give details of work done during the year. It is encouraging to observe the continued increase in the conservative treatment provided.

(a) Numbers provided with dental care.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers ...	1,565	1,460	1,208	886
Children under 5 ...	3,310	2,885	2,417	2,097

(b) Forms of treatment provided.

	Scalings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extractions.	General anaesthetics.	Dentures provided.		Radio-graphs.
							Full upper or lower.	Partial upper or lower.	
Expectant and Nursing Mothers ...	624	2,696	—	2	1,846	442	185	232	98
Children under 5 ...	—	4,438	751	—	2,267	1,191	—	—	13

MIDWIFERY AND HOME NURSING.

Domiciliary Midwifery and Home Nursing.

Increasing difficulties were experienced during the year in maintaining an adequate nursing staff, particularly in areas where no house or flat is provided or where the accommodation, if offered, is in the traditional type of nurses' home.

In September a special Sub-Committee was appointed—

- to review the staffing establishment of the Home Nursing and Midwifery Service, and
- to consider and report on the need in the near future to provide additional accommodation for district nurses and midwives linked with the necessity to attract new recruits to fill the vacancies which will arise in the Home Nursing and Midwifery Service.

As a result of the findings of the special Sub-Committee it was decided that—

- an overall establishment of 317 full-time district nurses and midwives, or their equivalent, and 29 pupil midwives should be authorised, and
- as a general policy, when vacancies occur posts at present occupied by full-time midwives should be filled by district nurse/midwives.
- arrangements should be made to provide housing accommodation for district nurses and midwives appointed to succeed existing staff upon their retirement from the service and who are occupying their own accommodation and to fill the additional appointments.

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

Thirty-five midwives attended approved resident refresher courses under the auspices of the Royal College of Midwives, and five attended a similar approved course provided by Kingston-upon-Hull County Borough Council. In addition midwifery lectures are included in the district nurses/health visitors course held in Surrey every year by the County Council.

The annual refresher course was held at Glyn House, Ewell, in May. Fifty nurses and health visitors attended; in addition to those on the course other members of the medical and nursing staff of the County, almoners and members of the W.V.S. attended several of the lectures. The inaugural address was given by Dr. G. E. Godber, Deputy Chief Medical Officer, Ministry of Health, who spoke on the potential development of the domiciliary nursing service and the subjects of the lectures which followed were specially chosen to stress the development and changes which are taking place at this time.

In addition to the refresher course at Ewell, 10 health visitors and 12 district nurses attended courses at the Royal College of Nursing and 8 district nurses attended the residential course at Bangor which was organised by the Queen's Institute of District Nursing.

(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.

District nurse training is organised through the Queen's Institute of District Nursing and suitable candidates are sent to the Guildford and Surbiton Training Homes.

The facilities for the training of student district nurses at the Guildford and Surbiton Homes were extended during the year by arranging for them to receive their lectures at the Surbiton Home instead of having to attend the Queen's Institute of District Nursing in London for that purpose. The Deputy Home Nursing Superintendent acts as the course tutor and lectures are given to the candidates by senior members of the medical profession. The high quality of the lectures given and the instruction in County procedure received by the candidates make them eminently suitable for subsequent recruitment to the County staff.

(d) WORK OF THE DISTRICT NURSES.

At the end of the year there were 281 full-time and 72 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1957 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 ...	3,702	620	32	66	13	—	4,433	2,572	248	742
Central ...	3,792	1,110	67	54	16	—	5,039	3,032	83	965
North-Central ...	3,869	981	56	52	42	—	5,000	2,732	211	882
Southern ...	2,108	629	13	43	5	—	2,798	1,719	198	536
South-Eastern ...	1,447	445	—	44	13	—	1,949	1,050	107	281
Northern ...	1,918	209	—	38	2	3	2,170	1,323	48	491
South-Western ...	4,186	859	82	25	39	—	5,191	2,812	236	867
North-Eastern—										
Merton & Morden	1,237	156	—	54	2	—	1,449	831	22	374
Mitcham	1,098	147	1	66	3	—	1,315	772	29	282
Wimbledon	1,339	91	—	37	—	3	1,470	835	29	322
Mid-Eastern—										
Beddington & Wallington	675	147	35	18	10	—	885	529	24	155
Carshalton	837	129	—	22	—	—	988	568	9	245
	26,208	5,523	286	519	145	6	32,687	18,775	1,244	6,142
Number of visits paid by Home Nurses during the year :—										
North-Western ...	63,993	9,701	131	3,564	104	—	77,493	53,080	1,663	49,191
Central ...	107,438	24,823	729	3,406	156	—	136,552	98,040	724	87,099
North-Central ...	84,608	17,312	599	1,597	229	—	104,345	78,891	1,348	67,322
Southern ...	44,853	13,024	63	2,626	50	—	60,616	44,908	1,710	39,695
South-Eastern ...	25,317	5,873	—	2,602	60	—	33,852	24,432	478	25,108
Northern ...	50,590	7,045	—	904	22	31	58,592	44,988	215	42,551
South-Western ...	83,345	15,019	744	1,105	383	—	100,596	71,734	1,551	65,248
North-Eastern—										
Merton & Morden	29,425	3,891	—	3,334	39	—	36,689	23,055	145	28,775
Mitcham	26,130	4,067	1	4,229	21	—	34,448	23,153	195	23,687
Wimbledon	25,747	3,851	—	1,563	—	839	32,000	23,349	238	24,707
Mid-Eastern—										
Beddington & Wallington	11,162	2,765	233	1,443	110	—	15,713	10,682	115	11,273
Carshalton	18,575	2,504	—	2,468	—	—	23,547	13,486	75	19,386
	571,183	109,875	2,500	28,841	1,174	870	714,443	509,798	8,957	484,042

Since my last report there has been a marked change in the type of work undertaken by the district nurses. Fewer injections are now being given as more drugs are taken orally.

The types of case that the nurse is now attending are—

- (i) Cardiac failure including hypertension ;
- (ii) Respiratory infections.
- (iii) Accidents in the home mainly in the over 65 and under 5 age groups ;
- (iv) Malignant neoplasms of all age groups ;
- (v) Vascular lesions.

Once again I must draw attention to the high proportion of the nurses' time which is spent with the over 65 age group. In 1957 57.4 per cent. of the patients and 71.4 per cent. of the visits were applicable to this age group.

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 as a midwife or maternity nurse during 1957 was 602.

(b) WORK OF THE MIDWIVES DURING 1957.

	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...	46	903	1,268	2,530	4,747	—
(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)	—	—	—	—	—	1,072
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	12,319
(d) Midwives in private practice (including midwives employed in Nursing Homes)	3	1	37	4	45	101
Total	49	904	1,305	2,534	4,792	13,492

It will be noted that of 18,284 confinements attended by midwives during the year, only 4,792 (or 26.2 per cent.) occurred in the homes ; of the remainder, 12,319 (or 67.4 per cent.) were confined in hospital and 1,173 (or 6.4 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	846
(b) Others	256

(ii) For cases in Institutions	636
---------------------------------------	-----

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	1,738
Stillbirths	109
Laying out dead body	53
Liability to be a source of infection	295
Death of mother or baby	46
Artificial feeding (in addition to or in place of breast feeding)	2,141
	<u>4,382</u>

In previous reports I have drawn attention to the steady increase in notifications of artificial feeding. There is a very slight reduction this year in the number of these notifications.

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.
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
1957... ..	2,141	1,774	367	13.1	7.6

(e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid... ..	110
Stillbirths... ..	82
Liability to be source of infection	252
Death of mother or baby	30
Total... ..	<u>474</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	183
(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	139	3,698
Trilene	15	530
Pethedine	—	2,198

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 amount of the work is still increasing. The majority of the calls for assistance came from the general practitioners in the area and requests were received from other hospitals for social help in connection with the discharge of some of their patients.

The assistance given by the voluntary agencies which cater for the elderly in the area has continued to an even greater extent this year. Their co-operation with the statutory services has been greatly appreciated by the staff of the geriatric unit and has been to the benefit of all the cases dealt with.

Guildford Hospital Area.

Visits paid by the Geriatric Social Worker continued to shew an increase, but the day attendance scheme has not been as popular as anticipated.

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	598	...	671
Cases referred by—				
(a) General Practitioners	169	...	586
(b) Almoners	386	...	49
(c) Public Health Departments	} 43	...	36
(d) Geriatric Clinic	
(e) Other sources	
Total number of visits paid	2,375	...	2,585
Cases dealt with who were—				
(a) Admitted to Hospital	108	...	390
(b) Admitted to Nursing Homes	11	...	53
(c) Admitted to Welfare Homes	26	...	23
(d) Admitted to Hospital to give relatives a rest	23	...	39
(e) Admitted to day Hospital	5	...	—
(f) Died	117	...	80

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 3,640 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis) and many of the general health visitors are visiting old people regularly to give help and advice and to refer cases for other social services where necessary.

HEALTH VISITING

(a) Establishment.

At the end of the year the total establishment of health visitors was 213, an increase of 2.

(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, 1957.		Live births 1957.		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 1957 birth cards.				First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.		
North-Western ...	1	26	3,727	3,083	14,711	566	14,155	942	1,782	3,555	17,757	9,495	15,877	3,360	12,398		
Central ...	1	24	2,704	2,398	11,442	477	12,152	1,585	3,650	2,931	14,436	8,659	13,448	2,114	10,575		
North-Central ...	1	23	2,667	2,423	11,229	488	13,656	1,170	2,087	2,556	15,246	7,594	14,985	2,917	11,184		
Southern ...	1	18	2,058	1,945	8,268	459	8,266	554	1,021	1,797	11,319	5,632	11,762	3,402	8,428		
South-Eastern ...	1	12	1,503	1,480	6,490	541	6,490	473	678	1,575	8,320	4,235	9,115	690	6,010		
Northern ...	1	10	1,017	918	4,160	416	4,905	525	863	949	4,953	2,287	3,590	778	3,878		
South-Western ...	1	21	2,427	2,222	9,821	468	9,184	991	1,455	2,390	13,700	6,576	11,648	1,562	12,053		
North-Eastern—																	
Merton and Morden ...	1	9	755	725	3,448	383	4,854	469	942	719	4,276	2,491	4,868	536	3,886		
Mitcham ...	1	9	882	812	3,970	442	4,723	563	822	876	6,128	3,177	6,177	1,071	3,802		
Wimbledon ...	1	7	790	687	3,039	434	4,034	404	694	749	3,716	2,369	3,865	452	2,978		
Mid-Eastern—																	
Beddington and Wallington ...	1	4	403	391	1,714	428	2,149	254	466	423	2,084	1,106	2,280	68	1,580		
Carshalton ...	1	9	694	658	3,320	369	3,862	479	873	666	3,007	2,284	4,230	920	2,820		
Relief Staff ...	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—		
Total ...	9	177	19,627	17,742	81,612	461	88,430	8,409	15,333	19,186	104,942	55,905	101,145	17,870	79,592		
Total 1956 ...	9	175	18,794	17,264	80,920	462	89,245	8,379	15,095	19,034	106,868	54,421	102,625	18,805	74,062		

Health visitors also made 44,738 visits to mothers and young children which were ineffectual as no access was gained to the person to whom the visit was intended.

(c) Other Duties of Health Visitors.

The general health visitors combine with their other duties the duties of school nurse and details of their work in the School Health Service are given on page 65.

(d) The Health Visitors' Training Course.

The scheme adopted by the County Health Committee in January, 1955, for training candidates to undertake service in the County as health visitors continued in 1957.

Owing to the shortage of accommodation at the Brooklands Technical College arrangements were made for the course to be held at Hollymount, Pepys Road, Wimbledon, as in the previous year.

Twelve students were selected to take the course, which commenced in September, 1957, and 11 sat the examination. All were successful in obtaining the Health Visitor's Certificate of the Royal Society of Health and all have since been recruited to the County Health Visiting staff.

(e) Training of Hospital 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 1957 50 lectures were given by senior health visitors, 12 by superintendent district nurses and 16 by members of the Council's medical staff. Most of the students spend a day or two on the district with members of the staff. This has entailed extra work, but the comments of the sister tutors and ward sisters indicate that these visits were of great value to the student nurses and 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 1957 and the immunised state of the child population at the 31st December, 1957.

District.	No. of children.			Total No. of children who completed a course of 'immunisation whether primary or reinforcing at any time since 1st January, 1943.				Immunity index.			
	Immunised in 1957.		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	421	30	266	106	1,570	1,787	960	20.1	62.0	56.3	55.6
Barnes... ..	357	35	515	108	1,123	1,798	1,661	23.0	60.1	78.3	69.5
Beddington and Wallington	239	62	429	31	1,021	1,362	1,335	15.5	64.9	58.9	59.0
Carshalton	571	100	1,232	130	2,032	3,317	2,605	17.8	66.8	66.1	63.5
Caterham and Warlingham...	369	41	570	47	1,180	1,739	1,234	10.0	62.3	61.9	58.6
Chertsey	666	80	493	108	1,690	1,928	1,166	16.1	82.3	62.0	63.4
Coulsdon and Purley	897	35	1,260	187	2,531	3,480	2,809	20.1	77.0	64.5	64.4
Dorking	230	16	275	56	748	939	932	16.7	75.6	62.3	61.8
Egham	438	9	314	118	1,266	1,298	679	27.8	65.5	47.6	51.6
Epsom and Ewell	497	33	823	76	2,015	3,245	2,463	11.3	77.5	66.4	65.8
Esher	611	60	746	193	2,176	2,475	1,835	24.5	77.7	60.7	62.5
Farnham	241	35	510	41	1,004	1,098	1,222	26.9	74.2	63.2	65.0
Frimley and Camberley	351	33	289	66	1,081	1,359	813	13.2	70.8	71.7	65.6
Godalming	180	10	378	35	658	831	968	15.1	82.8	79.7	75.9
Guildford	582	67	292	122	1,779	1,460	908	17.0	68.9	38.5	45.2
Haslemere	134	20	534	20	493	797	1,018	12.6	52.8	89.2	74.4
Kingston-upon-Thames	472	22	583	143	1,391	1,300	871	29.8	78.8	49.9	56.1
Leatherhead	394	36	533	86	1,399	1,745	989	16.2	81.0	61.9	63.2
Malden and Coombe	558	60	1,419	130	1,648	2,439	2,167	22.4	75.1	73.8	70.8
Merton and Morden	688	93	2,400	63	2,008	2,829	2,995	8.3	63.3	57.6	56.2
Mitcham	631	116	1,783	219	2,233	3,493	3,237	24.4	56.5	69.1	62.9
Reigate	680	61	530	147	2,305	2,738	668	21.6	79.4	45.7	53.1
Richmond	444	38	707	168	1,631	2,380	1,884	29.7	73.2	84.1	77.1
Surbiton	643	128	1,406	166	2,486	2,106	1,325	21.2	78.1	38.7	47.4
Sutton and Cheam	728	33	523	168	2,647	3,555	2,517	18.6	71.6	56.0	57.6
Walton and Weybridge	603	46	298	119	1,682	1,740	1,332	19.2	72.3	50.3	53.9
Wimbledon	534	32	1,494	107	1,961	2,266	2,383	12.6	61.2	54.8	53.6
Woking	825	175	968	132	2,408	3,219	1,720	14.1	73.0	55.2	56.7
Rural.											
Bagshot	214	94	264	49	689	901	495	21.9	90.6	57.4	62.5
Dorking and Horley	422	27	326	94	1,252	1,294	1,144	21.7	69.2	53.3	55.6
Godstone	459	132	210	89	1,331	1,521	1,267	17.8	70.2	58.9	59.0
Guildford	543	87	1,638	105	1,970	2,576	2,748	14.3	54.6	70.7	62.4
Hambleton	336	51	582	76	1,236	1,903	1,649	16.0	55.1	65.4	59.5
Totals 1957	15,958	1,897	24,590	3,505	52,644	66,918	51,999	18.4	70.2	55.3	56.6
Totals 1956	15,837	2,200	23,795	3,276	50,365	92,065	89,249	17.6	68.3	57.3	57.4

(ii) DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

There were no cases of diphtheria in children notified during the year. During the year 1,101 home visits were paid by health visitors in connection with vaccination and immunisation.

(b) Smallpox Vaccination.

The Council's arrangements are 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		354	29	13	17	22	435	—	1	7	41	178	227
Barnes		267	22	18	27	42	376	—	—	7	30	196	233
Beddington and Wallington		119	75	17	20	38	269	—	—	7	16	96	119
Carshalton		390	31	31	33	66	551	1	—	6	26	144	177
Caterham and Warlingham		369	18	22	10	23	442	—	—	6	20	80	106
Chertsey		435	33	40	48	49	605	—	—	10	33	185	228
Coulsdon and Purley ...		732	45	28	43	70	918	—	—	15	38	164	217
Dorking		154	8	7	9	19	197	—	—	2	20	76	98
Egham		256	8	12	19	39	334	—	1	2	13	76	92
Epsom and Ewell		397	24	37	41	73	572	—	1	6	37	251	295
Esher... ..		579	9	21	21	6	636	1	1	8	33	161	204
Farnham		144	110	8	8	14	284	—	—	5	29	96	130
Frimley and Camberley ...		324	20	16	11	13	384	—	—	1	19	81	101
Godalming		163	2	6	5	14	190	—	—	1	14	54	69
Guildford		228	186	50	50	59	573	—	—	2	19	147	168
Haslemere		111	10	6	4	12	143	—	—	1	22	57	80
Kingston-upon-Thames		281	35	17	12	320	665	—	—	3	20	134	157
Leatherhead... ..		367	20	23	20	20	450	—	1	11	52	145	209
Malden		350	21	23	18	17	429	—	—	3	16	47	66
Merton and Morden ...		481	20	21	41	62	625	—	—	5	24	164	193
Mitcham		603	48	65	87	66	869	—	—	4	21	130	155
Reigate		409	27	32	35	49	552	—	—	4	47	228	279
Richmond		378	31	34	23	30	496	—	—	11	57	280	348
Surbiton		547	57	28	43	102	777	—	—	13	35	303	351
Sutton and Cheam		527	37	45	55	97	761	—	1	8	48	317	374
Walton and Weybridge ...		406	40	20	32	51	549	—	—	6	41	250	297
Wimbledon		443	36	20	35	43	577	—	2	2	13	69	86
Woking		337	285	63	61	83	829	—	—	7	26	132	165
Rural.													
Bagshot		143	12	8	6	8	177	—	—	7	3	18	28
Dorking and Horley		300	22	21	27	21	391	—	1	15	65	178	259
Godstone		200	155	23	28	51	457	—	—	10	56	239	305
Guildford		486	23	26	30	33	598	—	—	4	43	148	195
Hambleton		305	18	16	15	24	378	—	—	12	39	285	336
Total 1957		11,585	1,517	817	934	1,636	16,489	2	9	211	1,016	5,109	6,347
Total 1956		10,214	1,485	498	473	865	13,535	—	4	175	750	3,565	4,494

There was reported during the year, one case of vaccinal encephalitis in a child of 5½ months of age. A complete recovery was made after 5 days' stay in hospital.

(c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1957. 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 1957.		No. of children who received a reinforcing injection during 1957.	
	0-4 years.	5-14 years.	0-4 years.	5-14 years.
M.B. and Urban				
Banstead	416	14	15	130
Barnes	363	4	15	32
Beddington and Wallington ...	206	25	6	58
Carshalton	419	5	152	24
Caterham and Warlingham ...	375	9	142	96
Chertsey	644	30	5	108
Coulsdon and Purley	881	21	164	215
Dorking	228	2	2	6
Egham	427	8	220	52
Epsom and Ewell	494	6	50	112
Esher	609	32	10	338
Farnham	234	10	2	131
Frimley and Camberley ...	346	15	60	63
Godalming	189	5	3	11
Guildford	909	25	30	124
Haslemere	146	4	1	36
Kingston-upon-Thames ...	450	—	12	9
Leatherhead	309	7	32	94
Malden and Coombe	511	11	3	144
Merton and Morden	646	21	62	52
Mitcham	611	12	56	68
Reigate	650	20	6	185
Richmond	459	11	16	39
Surbiton	626	65	91	1,308
Sutton and Cheam	726	12	41	59
Walton and Weybridge ...	564	23	16	132
Wimbledon	508	20	53	40
Woking	847	48	11	211
Rural.				
Bagshot	192	2	7	61
Dorking and Horley	400	10	8	31
Godstone	434	13	23	27
Guildford	559	15	27	80
Hambleton	352	13	8	30
Total 1957	15,730	518	1,349	4,106
Total 1956	15,083	556	1,248	3,009

(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 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	2,724	1,655	60.7	62	199	12.5	61	1,333	49.0
Central	2,516	1,836	73.0	32	115	6.4	13	1,676	66.6
North-Central	2,706	1,900	70.0	—	134	7.0	1	1,765	65.0
Southern	2,010	1,313	65.5	192	178	16.0	8	935	46.5
South-Eastern	606	357	58.9	33	21	6.4	6	297	49.0
Northern	776	576	74.2	—	59	10.3	10	507	65.3
South-Western	2,116	1,305	61.7	75	157	12.7	25	1,046	49.4
North-Eastern—									
Merton and Morden ...	190	158	83.2	23	8	5.9	2	125	65.8
Mitcham	117	95	81.2	12	9	10.8	2	72	61.5
Wimbledon	756	619	81.9	59	37	6.6	11	512	67.7
Mid-Eastern—									
Beddington and Wallington	431	301	69.8	40	30	11.4	—	231	53.6
Carshalton	627	430	68.8	46	25	6.8	21	338	51
Totals	15,575	10,545	67.7	574	972	9.2	160	8,837	56.7

(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.

The scheme for the voluntary vaccination of children was extended during the year by the inclusion of expectant mothers, ambulance personnel and their families, general medical practitioners and their families and families of hospital staff. The latter groups are normally vaccinated by general medical practitioners.

The supply of vaccine was received at fairly regular intervals during the year but the amounts supplied at each interval were such that many persons registered for this form of protection would have had to wait for a considerable time before they could be dealt with. The Ministry of Health therefore made arrangements for the purchase of American and Canadian Salk type vaccine which was subjected to stringent tests both in the country of origin and in this country before being offered to parents and others. All registered persons were invited to state their preference for the type of vaccine they wished to be used. The first supply of the Salk type vaccine was received in the first few days of January, 1958.

(Since the end of the year the Minister has further made available Salk type vaccine tested only in its country of origin.)

The following statistics shew the work done since the inception of the scheme until the 31st December, 1957 :—

Category.	Received two injections at 31st December, 1957.	Awaiting Vaccination on 31st December, 1957.
Children	43,363	98,900
Expectant Mothers	—	593
General Practitioners and Families ...	50	423
Ambulance Staff	—	801
Families of Hospital Staff	47	112
Totals	43,460	100,829

(g) Asian Influenza Vaccination.

In September the Ministry of Health made available a vaccine to give protection against the asian type of influenza. No mass vaccination scheme was contemplated but vaccination was offered to hospital staff, general medical practitioners, district nurses and midwives, home helps, ambulance staff and public health inspectors.

The number of persons in the eligible categories who asked for this form of protection was 2,080 and sufficient vaccine was received from the Ministry of Health for these persons to be vaccinated.

AMBULANCE SERVICE.

(1) Organisation and Administration.

After a review of the Headquarters staff during the year, an additional post of Deputy to the Chief Ambulance Officer was authorised and the newly appointed officer for this post took up his duties on the 2nd September, 1957. A Headquarters Control Officer to assist in increasing co-ordination within the Service, particularly with regard to long journeys and journeys by rail, was also appointed. Apart from these additional appointments the general organisation and administration of the Service remained unchanged.

(2) Operational Strength.

(a) PERSONNEL.

During the year it was necessary to increase the strength of operational personnel by one Supervisor and three Driver Attendants when the Direct Service became responsible for the Warlingham area which had previously been served by the St. John Ambulance Brigade. This increase was partly off-set by economies in manpower made possible by reduced night manning at Carshalton so that there was a net increase of only two operational personnel.

(b) VEHICLES.

By withdrawing one ambulance from reserve, coupled with some redistribution of the fleet, two ambulances and one sitting-case vehicle were posted to Warlingham in place of the St. John Ambulance Brigade vehicles which had previously operated there. In the Direct Service, the number of operational ambulances increased by one, the reserves decreased by one, and the total fleet remained unchanged. As the St. John Ambulance Brigade ceased to operate three vehicles at Warlingham, there was a net reduction of two vehicles operating in the scheme as a whole.

(3) Premises.

In September a full review of the capital building programme was submitted to the Committee. Certain projects which had been held up due to the financial restrictions imposed on all capital expenditure were becoming urgent, notably the fourth control station at Redhill to replace the present temporary and unsatisfactory accommodation at Smallfield. It was decided to ask the Minister of Health to allow this project to proceed in the near future. Initial steps were taken during the year to acquire a site at Redhill and it is hoped that early progress will be made on this project.

The following items were also considered as urgent :—

- (i) Extension to the existing control stations at Chertsey, New Malden and St. Helier to accommodate the increased number of sitting-case vehicles now being operated.
- (ii) The erection of a new sub-station at Haslemere.
- (iii) The erection of a new sub-station at Banstead.

In each of the two latter cases sites have been obtained and the outline plans are at present with the Minister of Health.

(4) Voluntary Organisations.

The voluntary organisations continue to play their part in the County's Ambulance Services. Except for changes at Warlingham and Woking, which are dealt with elsewhere in this report, the strength of the agency and supplementary services remains as before, although there is some evidence that volunteers are not as freely available as previously.

(5) The Hospital Car Service.

This ancillary service is composed of members using their own cars to carry patients for the County Council. They are reimbursed on a mileage basis but receive no other payment. This service continues to perform a useful function by relieving the County's service of many sitting cases travelling on journeys not usually covered by other service vehicles.

(6) Warlingham S.J.A.B. Agency Station.

In January, at the request of the St. John Ambulance Brigade Divisional Superintendent, the County's directly provided service assumed responsibility for operating an ambulance service in the Warlingham area. Prior to this request the St. John Ambulance Brigade had provided an agency service in the area, but due to difficulties with volunteers was finally obliged to withdraw from the ambulance scheme at short notice. The County Council have now taken over the lease of the premises used by the Brigade until such time as a more suitable station can be built.

(7) Woking British Red Cross Society Agency Station.

In addition to the County Ambulance Service station at Woking, the British Red Cross Society provided an ambulance manned by two paid staff on an agency basis. During the latter part of the year difficulties arose with the paid staff and it was decided that from the 1st December, 1957 this agency service would be replaced by an ambulance operated by the County's service. This date was later postponed and it was agreed that the change-over would occur early in 1958.

(8) Gatwick Airport.

As the new airport was due to open in the Spring of 1958, it was necessary to ensure that adequate ambulance cover was available in the event of an aircraft accident. After investigation and consultation with all concerned it was found necessary to authorise an increase in the Surrey Ambulance Service in the area by two four-berth ambulances, 12 driver/attendants and one supervisor. This increase will be implemented gradually as the airport is brought into full use. Preliminary steps were also taken to obtain a site within the confines of the airfield for the establishment of an ambulance sub-station to serve the area when the area control, now at Smallfields, moves to Redhill.

(9) National Health Service (Amendment) Act, 1957.

The National Health Service (Amendment) Act, 1957 came into operation during the year. The Act gives local health authorities, who are already running an ambulance service, permission to provide ambulance transport on a repayment basis in respect of cases which are not eligible for free

transport. The Council decided that, as a general rule, their directly provided ambulance service should not be made available for such private work, in view of the availability of voluntary ambulances in the County. Authority was however given to provide an ambulance on repayment in any individual case where the County Medical Officer is satisfied that circumstances warrant it.

(10) Annual Efficiency Competition.

A large number of enthusiastic teams entered for the annual efficiency competition. The finals of the competition were held at the Ambulance Training School on 17th June, 1957, when the Chairman of the County Health Committee presented the awards.

The results were :—

St. Helier ("B") Control team won the A. L. Roberts trophy for First Aid.
Wimbledon Sub-Station team won the Hooper Company Shield for driving.

The St. Helier Control team then went on to the Regional final of the National Competition where they gained second place.

(11) Award for Bravery.

In August, 1957, an R.A.F. plane with four persons on board crashed near Botley Hill, Titsey. Two occupants were killed instantly, one thrown clear and the fourth was trapped by his legs in the wreckage. Despite risk, both of fire due to the escape of petrol and further collapse of the wreckage, Supervisor Bates of the Warlingham Ambulance Sub-Station climbed into the aircraft and made the trapped man as comfortable as possible. After returning to his ambulance to radio for a doctor, Bates returned into the aircraft and remained with his patient until he was released. For carrying out his duty without regard to personal safety, it was learned towards the end of the year that Her Majesty the Queen has been graciously pleased to give orders for the publication of Mr. Bates' name as having been awarded the Queen's Commendation for Brave Conduct.

(12) Lewisham Railway Disaster.

Although ambulances from Surrey were not required to attend the scene of the Lewisham Rail Disaster in December, 1957, arrangements were made to support the London Ambulance Service and vehicles were held on the London/Surrey border for that purpose. Subsequently the following message was sent by the Medical Officer of Health for the County of London :—

"I am writing to thank you for the assistance provided by the Surrey Ambulance Service on the night of the railway disaster at St. John's, Lewisham. It was most reassuring to know that the London Ambulance Service could call on your service for assistance and that you were prepared to take over any of the normal work occurring in the South West area of London."

(13) Types of Work.

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

					<i>Accidents.</i>	<i>Illnesses.</i>	<i>False Calls.</i>	<i>Total.</i>
1956	...	...	...	...	9,503	3,500	1,232	14,235
1957	...	...	...	...	7,869	3,188	1,311	14,368

The average time taken to arrive at the scene of an accident from the time of receipt of the call was 5 minutes for the directly provided service and 5.6 minutes for the voluntary organisations services. These figures show a slight improvement over the previous year, the figures then being 5.4 minutes and 6.1 minutes, respectively.

(b) MATERNITY CASES.

In general, maternity cases receive the same high priority as accident and emergency cases. The exceptions are where reliable medical opinion considers no such urgency exists. During the year 6,874 maternity cases were carried involving a mileage of 72,388. These figures compare with 7,017 cases and 75,241 miles for the preceding year.

(c) INFECTIOUS CASES.

The total number of infectious patients carried was 1,433 and a mileage of 17,545 miles was run ; although the number of cases was only two less than in the previous year the mileage was reduced by 3,978 miles. In addition, the detached ambulance stationed at Milford Chest Hospital and manned by the hospital staff carried 759 patients a total of 9,800 miles.

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

This category of work continues to occupy some 90 per cent. of the time and resources of the Ambulance Service. The overall increase in the number of patients carried during the year is largely due to increases in the demand for work falling within this group. Every effort is made to keep the

demand for transport to a minimum where hospital out-patients are concerned. Hospital medical staff and general practitioners, etc., are required to certify that patients are incapable of travelling to and from hospital by public transport. In addition, Area Ambulance Superintendents maintain the closest liaison with all hospitals in their area, and any cases, where there is doubt about the need for specialised transport, are referred for further medical opinion.

During 1957 the number of general patients carried increased by 27,489, an increase of 7.9 per cent. over the preceding year. There are no indications that the increasing number of patients in this category is reaching its peak. The increasing demand is mainly due to the continuing expansion of the hospital out-patient clinics.

The Ambulance Service has every day to deal with the considerable problem of organising the transport to many different hospitals both inside and outside the County of a wide variety of patients, ranging from the fully ambulant to the fully recumbent, and in co-ordinating transport to strict time schedules. Considerable advanced planning is necessary if this service is to work smoothly, and it is essential to have adequate notice of the need to supply transport from the hospital staffs.

(14) Summary of Work.

The demand on the Ambulance Service continues to increase although it is satisfying to note that the rate of increase in Surrey is again below the national average rate of increase.

The reason for the steady upward trend is found in the increase in out-patient facilities at hospitals within the County and to a lesser extent at teaching hospitals outside the County. There was also an increase in the number of accident cases which is no doubt attributable to the increase in road traffic.

The total number of patients carried and total miles covered by each section of the unified service are given below for 1957 and for the three preceding years :—

Service.	1954		1955		1956		1957	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
County Service (including Contractors)	154,604	1,254,516	195,249	1,330,774	230,120	1,421,270	273,577	1,551,928
Detached Ambulance at Milford Chest Hospital ...	758	13,922	924	16,055	677	10,268	759	9,800
Voluntary Organisations—								
S.J.A.B. ...	41,631	463,866	48,673	545,244	50,982	519,942	52,889	490,011
B.R.C.S. ...	4,488	67,315	4,663	61,990	5,076	63,825	5,414	66,281
Hospital Car Service	120,290	1,584,857	102,469	1,486,627	84,331	1,326,825	65,897	1,128,864
Total ...	321,771	3,384,476	351,978	3,440,690	371,186	3,342,130	398,536	3,246,884

The annual rate of increase in ambulance mileage for the County together with the national increase are shown below :—

<i>Annual Percentage in Ambulance Mileage relative to 1949.</i>			
<i>Surrey Ambulance Service.</i>		<i>Ministry of Health</i>	
	<i>Increase.</i>	<i>Figures for Whole Country.</i>	
	%		%
1950	10.6	1950	14
1951	5.4	1951	17
1952	6.7	1952	19
1953	10.8	1953	25
1954	10.2	1954	26
1955	12.0	1955	29
1956	8.8	1956	25
1957	5.7	1957	not yet available

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

(a) Tuberculosis.

Responsibility for dealing with this disease is shared between the County Council and the Regional Hospital Board, the former being responsible for prevention, care and after care, the latter for diagnosis and treatment. Close liaison is maintained between the officers of the two authorities and many of the medical staff are jointly appointed.

CHEST CLINIC ORGANISATION.

There are seventeen independent Chest Clinics which are grouped under the respective Chest Physicians into ten 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 20 devote full time to the tuberculosis service, the remainder being general health visitors who undertake the tuberculosis visiting in certain rural areas of the County. During 1957 these health visitors paid a total of 29,050 visits to tuberculous households and attended 3,247 chest clinic sessions.

The plans of the Regional Board for providing new and improved chest clinic buildings have proceeded during the year. Building work was begun on a new central chest clinic to take the place of the present Mitcham, Merton and Morden and Wimbledon Chest Clinics at St. Helier Hospital during 1957 on the Cumberland Hospital site and it is anticipated that this development will be completed early in 1959. The unit will not only provide radiological and treatment facilities for out-patients but will augment the existing facilities at Cumberland Hospital for in-patients. The central Chest Clinic for Woking, Weybridge and Egham at St. Peter's Hospital, Chertsey, the Chest Clinics for Purley and Redhill areas at Purley Hospital and Redhill Hospital respectively will all be completed early in 1958 and will provide all the treatment and diagnostic facilities required by modern chest clinics. Of the seventeen chest clinics in Surrey there remain only three (those for Kingston, Mortlake and Dorking) for which schemes for upgrading are prepared. Unfortunately the plan to incorporate Kingston Chest Clinic, the largest clinic in Surrey, into the development scheme at Kingston Hospital was eliminated for financial reasons whilst Mortlake is linked with any future development at the Royal Richmond Hospital.

The Review Team of the Chest Services Sub-Committee of the South West Metropolitan Regional Hospital Board have continued to review bed states, general clinical arrangements and staffing throughout the Region during the year. Reductions in the number of beds in the Region for pulmonary tuberculosis since 1951 total over 700 and additional recommendations will bring this total to over 1,000 by early 1959.

The major chest hospitals, including Milford, have been preserved and it is hoped that their work will be expanded by providing beds to certain area chest physicians, these beds being directly under their control. Additional beds have been provided locally for chest physicians both for tuberculous and non-tuberculous chest conditions.

Progress is being made on the control and supervision of tuberculosis and it is important to note that despite the fall in new notifications, there are still 9,210 patients on the clinic registers who require supervision. In addition, the total attendance of 48,763 shows only a slight drop from that of 1956 (49,565).

Of all new patients (excluding contacts) seen at chest clinics in 1957, viz. 6,173, only 539 were tuberculous. The remaining 5,634 were non-tuberculous making the ratio of tuberculous to non-tuberculous patients approximately 1:10. This gives some measure of the trend of development and extension of the chest clinic services to include non-tuberculous chest conditions which has been coupled with the build-up of diagnostic and treatment facilities at clinics. Correspondingly, beds controlled locally by the area chest physicians and beds at all major chest hospitals provide for a variety of non-tuberculous chest conditions.

This general transition in chest clinic and chest hospital work is one which will require consideration in the near future in relation to corresponding developments in the field of prevention, care and after care of patients.

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 1957 a total of 3,288 new contacts were seen at chest clinics, of which 27 were diagnosed as suffering from tuberculosis (8.2 per 1,000 examined). The total new contacts examined in 1957 represents a decrease of 237 on the 1956 figure.

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 emphasized by the figures on page 45 where it will be seen that 30 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 1957. 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 38).

Chest Clinic.	Total.
Carshalton	55
Dorking	27
Egham	35
Epsom... ..	122
Farnham	64
Guildford	145
Kingston	126
Merton and Morden... ..	93
Milford	50
Mitcham	104
Mortlake	116
Purley	100
Redhill	126
Sutton	110
Weybridge	97
Wimbledon	49
Woking	89
Total	1,508

(3) *Garden Shelters.*

The County Council have provided 56 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 1957 only 3 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.		Child. (under 15 years)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 New Cases (Excluding Contacts)												
(a) Diagnosed Tuberculous—												
(1) T.B. Plus	172	81	1		3	9	2		175	90	3	
(2) T.B. Minus	127	94	26		3	13	8		130	107	34	
(b) Non-Tuberculous	—	—	—	—	—	—	—	—	2,626	2,108	894	
(c) Not determined...	—	—	—	—	—	—	—	—	3	3	—	
												6,173
2 Contacts First Examined ...												
(a) Diagnosed Tuberculous—	7	3	17		—	—	—	—	7	3	17	
(b) Non-Tuberculous	—	—	—	—	—	—	—	—	538	949	1,774	
(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	
												3,288
3 Contacts Re-examined (Excluding those under Paragraph 2 above)												
(a) Diagnosed Tuberculous	14	13	2		—	—	1		14	13	3	
(b) Non-Tuberculous	—	—	—	—	—	—	—	—	694	1,491	3,649	
(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	
												5,864
4 Transferred Cases ...												
(a) From other Areas (outside the County)	207	200	22		10	11	1		217	211	23	
(b) To other Areas (outside the County)...	216	188	11		4	10	3		220	198	14	
												883
5 Cases Written off Register												
(a) Recovered	190	155	26		20	29	17		210	184	43	
(b) Died	108	36	—		1	2	—		109	38	—	
(c) Lost sight of	60	58	8		4	7	8		64	65	16	
(d) Other reasons	5	2	—		1	—	—		6	2	—	
												737
6 Cases Returned to Register												
...	26	22	4		6	2	—		32	24	4	
												60
7 Cases on Register on 31st December												
(a) Diagnosed Tuberculous	4,725	3,584	352		170	264	115		4,895	3,848	467	
(b) With known positive sputum previous six months	149	58	1		—	—	1		149	58	2	
(c) With other positive findings	9	3	—		—	—	1		9	3	1	
												209
												13

1. No. of attendances at Chest Clinics (including Contacts) ... 48,763
2. No. of visits by Medical Staff to homes ... 1,048
3. No. of refills given at A.P. Clinics ... 5,096 (630 sessions at an average of 8.1 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 1957).	No. of T.B. Cases on the Register on 1/1/57.	No. of New Cases Definitely T.B. (including contacts).	No. of T.B. Cases on the Register on 31/12/57.	No. of T.B. Cases on the Register per 1,000 Population on 31/12/57.	No. of Contacts Attending during 1957.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	60,440	668	28	618	10.23	141	259	400	1	3	4	194	3,182	16.4
Dorking ...	33,470	148	10	147	4.39	60	126	186	4	1	5	48	825	17.2
Egham ...	28,560	200	12	200	7.03	113	206	319	—	1	1	25	624	25.0
Epsom ...	99,990	563	34	553	5.53	252	546	798	—	—	—	211	4,288	20.3
Farnham ...	66,060	246	22	266	4.03	175	342	517	—	2	2	56	2,012	35.9
Guildford ...	118,190	624	50	691	5.85	200	284	484	2	—	2	151	3,062	29.3
Kingston ...	203,480	983	76	911	4.48	309	603	912	5	1	6	345	6,054	17.5
Merton and Morden ...	71,090	729	40	699	9.83	158	494	652	2	7	9	226	4,013	17.8
Milford ...	27,840	190	20	220	7.90	151	81	232	4	—	4	50	1,311	* 26.2
Mitcham ...	97,390	837	26	803	8.25	238	187	425	—	3	3	179	3,259	18.2
Mortlake ...	81,840	488	34	456	5.57	214	367	581	1	—	1	212	3,190	15.0
Purley ...	101,860	472	42	502	4.93	193	198	391	3	2	5	124	2,241	18.1
Redhill ...	108,900	580	58	598	5.49	361	486	847	4	4	8	197	3,578	18.2
Sutton ...	109,900	997	41	972	8.84	209	721	930	—	—	—	249	5,069	20.4
Weybridge ...	78,610	520	24	540	6.87	182	339	521	—	4	4	98	1,709	17.4
Wimbledon ...	57,630	369	44	361	6.26	156	186	342	1	—	1	119	2,230	18.7
Woking ...	74,250	681	35	673	9.06	176	439	615	—	2	2	111	2,116	19.1
Totals ...	1,419,500	9,295	596	9,210	6.49	3,288	5,864	9,152	27	30	57	2,595	48,765	18.8

* Average per doctor session = 13.1.

(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 1957 was 4—1 at Preston Hall and 3 at Enham-Alamein. Chest Physicians are making use increasingly of the local facilities which exist at the Government Training Centres at Waddon and Egham, where a wide range of training facilities exist, and from which a patient can remain in his domestic environment, and continue under chest clinic supervision.

CARE AND AFTER-CARE.

(i) *Tuberculosis Care Almoners.*

The team of ten tuberculosis care almoners and one tuberculosis care organiser was increased by one almoner during the year so as to implement the recommendation of the Working Party on the Prevention of the Break-up of Families that the almoning service for patients attending the chest clinics be extended to provide a similar service to problem and failing families. The addition of one almoner enabled a pilot scheme to be started in November when the chest clinic areas of Woking and Mortlake, hitherto jointly served by one almoner, were separated under two almoners each of whose time would be equally divided between the chest physician for chest clinic work and the divisional medical officer for problem or failing family work. Other almoners in the team have undertaken similar work but to a lesser degree as their time is still almost fully occupied upon chest clinic work.

(ii) *Provision of Milk Free of Charge.*

The average number of patients receiving milk free of charge each week throughout the year was 458 (475 the previous year).

(iii) *Segregation of Contacts.*

92 (122) children were boarded-out during the year to protect them from risk of infection or to enable a patient to accept institutional treatment. 54 of these were placed in Sendhurst Grange, the County Council's special hostel for the segregation of contacts, and the remainder either with foster parents or relatives, or in children's homes.

54 (77) new cases were placed and 58 (89) returned to their own homes during the year; the average stay of the latter was 17 (29) weeks. (The corresponding figures for the previous year are shown in brackets).

(iv) *Tuberculosis Care Committees.*

The excellent work of the twenty voluntary Care Committees has continued unabated. The following figures show the extent of the help which they have given to patients and their families who were in difficulty.

Throughout the year the Committees raised approximately £8,280 by their own efforts and received £1,000 in grants from the County Council. The total expenditure of £9,550 covered a wide range of items to meet the individual needs of each family but the main items were food (£1,724), clothing (£600), bedding (£100), household equipment (£888), family holidays (£1,263), pocket money to patients in sanatoria (£544), fares for relatives to visit (£413) and donations to the Standing Conference for children's holidays (£1,412).

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 £2,224 during the year which included a grant of £200 from the County Council. Its expenditure was mainly upon the provision of country and seaside holidays for 200 children selected by the Chest Physicians (£1,631), art therapy schemes for patients in hospital (£200) and loans and grants for the establishment of patients in work after treatment (£239). The Conference continued to finance the purchase of materials for sale to patients under the County Council's occupational therapy scheme. The County Education Committee again granted the Conference the use of Sheepatch School for a fortnight's summer holiday for 150 children from families where there is a case of tuberculosis 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 assistant occupational therapists, and one non-technical assistant. Students have attended during the year for their practical experience.

The number of patients registered for occupational therapy was 128 as compared with 153 in 1956. Exhibitions and sales of goods made by patients have been held during the year in various parts of the County. The Standing Conference and individual Care Committees have again given valuable assistance to the Section, also to individual patients; particularly in meeting the initial cost of materials in necessitous cases. The jig-saw library has functioned satisfactorily, although a slight decline has been noticed. The Standing Conference have met the cost, which is mainly postal. The amount expended on consumable materials for the year was £2,737 18s. 8d., which of course is recoverable from patients.

The average number of domiciliary visits has remained high and a consistently high standard of work has been maintained. The number of patients receiving occupational therapy on 31st December, 1957 was 490, of whom 188 were in hospital, 217 were domiciliary, 25 outpatients attending centres, and 60 postal.

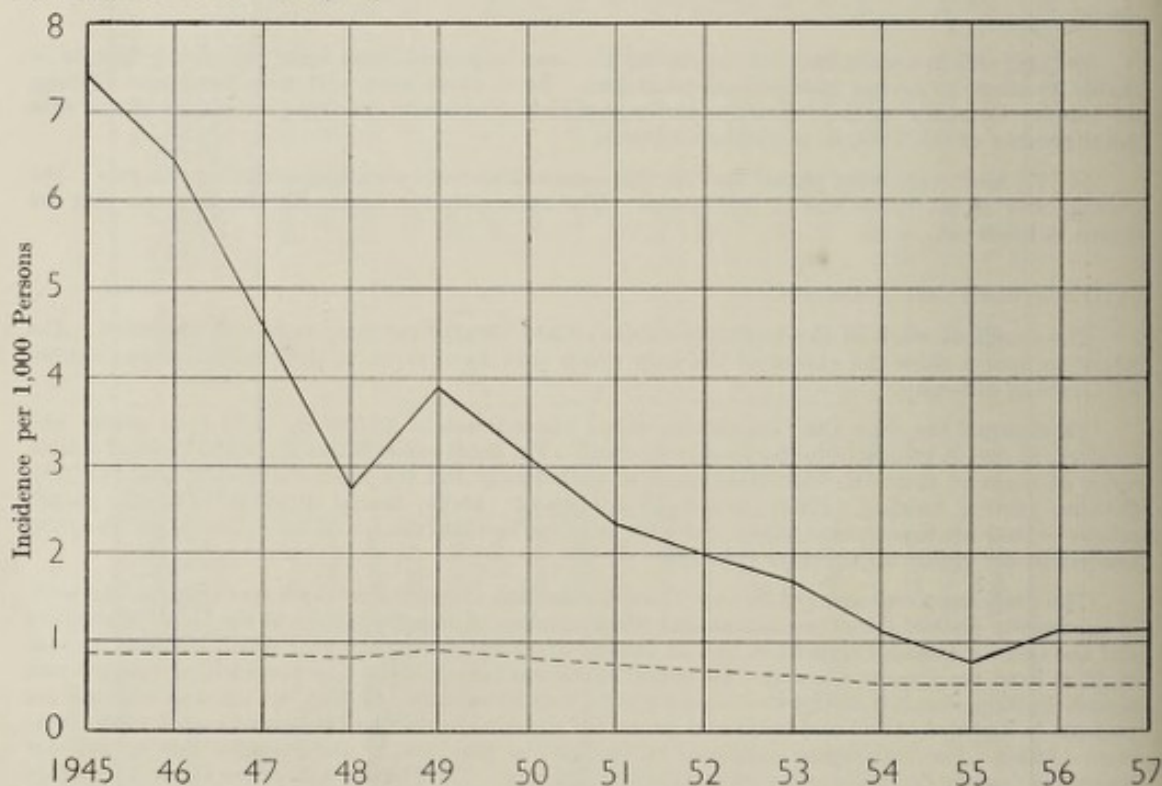
MASS RADIOGRAPHY.

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 1957, 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, the units took part in the Glasgow Mass X-ray Campaign. Fourteen working weeks were spent at Glasgow and over 70,000 people passed through the units during the campaign.

In the year, the two units examined 120,768 people, a decrease of 13,847 when compared with 1956. This figure does not include the examinations made at Glasgow.

144 new cases of active pulmonary tuberculosis were detected; 117 were members of the general public and 27 were found in mental hospital groups. Thirty were subsequently proved to be infectious cases and 83 were non-infectious. We were unable to obtain the results of bacteriological investigations in 31 cases. Notifications resulting from Mass Radiography examinations formed approximately 12 per cent. of all new notifications in Surrey in 1957, a drop of 4.3 per cent. compared with 1956. This is attributed to the increased use of miniature camera units at hospitals and chest clinics in the County. The incidence of active pulmonary tuberculosis among examinees was 1.2 per 1,000 examinations, which showed no change since 1956. Both years show a small rise over the incidence rate for 1955 (0.98).



KEY :

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

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

The curve on the graph is flattening out and more determined efforts must be made to detect the remaining cases in the community.

	Active Pulmonary Tuberculosis	Incidence Rate per 1,000 Examinations
Volunteers previously X-rayed (76,157)	65	0.85
New examinees (44,611)	79	1.8

The proportion of people previously examined by the Mass Radiography Service continues to rise—63 per cent. in 1957 and 60 per cent. in 1956. There is still a considerably higher incidence of active pulmonary tuberculosis in people attending for the first time.

During 1957, in conformity with the policy of the Ministry of Health and the Regional Board, detailed field trials were carried out on the provision of an ultra mobile unit which could operate entirely independently and provide a regular General Practitioner service in areas of the County where radiological cover was limited and also deal with small factory groups. As a result of these experiments and trials the Regional Board has recently approved the development of this unit and it is anticipated that it will be operating by the winter of 1958. Detailed programme arrangements are being discussed with those concerned.

In 1957, the Units detected 37 cases of primary lung cancer (32 males and 5 females). Corresponding figures for 1956 were—38 males and 5 females.

Analysis of Abnormal Findings.

	Male	Female	Total	Rate per 1000
A. Cases of Pulmonary Tuberculosis.				
1. Inactive pulmonary tuberculosis.				
(a) Primary lesions	1,020	831	1,851	15.3
(b) Post-primary lesions	799	635	1,434	11.9
2. Active pulmonary tuberculosis.				
(a) Primary disease	1	—	1	0.009
(b) Unilateral post-primary disease	63	33	96	0.8
(c) Bilateral post-primary disease	32	11	43	0.4
(d) Pleural effusion	2	2	4	0.03
3. Cases recommended for occasional clinical supervision ...	143	78	221	1.8
4. Cases recommended for close clinical supervision ...	15	4	19	0.16
5. Cases recommended for hospital or sanatorium treatment ...	81	39	120	0.9
6. Cases recommended for domiciliary treatment	6	3	9	0.07
B. Non-Tuberculous Conditions.				
Congenital abnormalities of bony thorax	573	600	1,173	9.7
Acquired abnormalities of bony thorax	171	98	269	2.2
Congenital malformation of lung	33	17	50	0.4
Bacterial and virus infection of lung	80	66	146	1.2
Bronchiectasis	65	37	102	0.8
Honeycomb lung	6	3	9	0.07
Emphysema	505	73	578	4.8
Pulmonary fibrosis (non-tuberculous)	201	96	297	2.5
Pneumoconiosis	13	—	13	0.1
Benign tumours of the lung and mediastinum	16	30	46	0.38
Primary carcinoma of the lung and mediastinum	32	5	37	0.3
Metastases in the lung and mediastinum	3	3	6	0.05
Enlarged mediastinal glands (not sarcoid)	1	1	2	0.01
Sarcoidosis	10	12	22	0.2
Pleural thickening or calcification	570	224	794	6.5
Abnormalities of the diaphragm	27	35	62	0.5
Congenital abnormalities of the heart	25	42	67	0.55
Acquired abnormalities of the heart	214	184	398	3.3
Miscellaneous	59	17	76	0.6
Pneumoconiosis with tuberculosis	2	—	2	0.01

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.
				Active P.T.	Incidence per 1,000.	Active P.T.	Incidence per 1,000.		
General Public	27,461	38,333	65,794	41	1.5	23	0.6	64	0.9
Industrial Groups	28,564	14,942	43,506	37	1.3	13	0.9	50	1.1
School Groups	1,006	364	1,370	—	—	1	2.7	1	0.7
General Practitioners Groups ...	57	52	109	—	—	—	—	—	—
Institutional Groups	4,383	4,847	9,230	19	4.3	8	1.6	27	2.9
Contacts	454	305	759	1	2.2	1	3.2	2	2.6

(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 £2 0s. 0d. per week towards their maintenance; if they claim to be unable to do so they are required to submit a statement of their financial circumstances, on which the amount they will be asked to pay is assessed.

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

Particulars of the cases dealt with during the year ended 31st December, 1957, 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	134	103	91	328
Cost (before deduction of contributions by patients)	£1,254	£1,034	£855	£3,143
Length of stay: 1 week	15	2	8	25
2 weeks	99	82	68	249
3 weeks	18	18	14	50
4 weeks	2	—	1	3
over 4 weeks	—	1	—	1

(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, 1957, was as follows:—

<i>Article</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	65	Bed cradles	367
„ bellows	53	Crutches	191
„ rings	1,217	Douche cans	15
Bed rests	993	Feeding cups	156
„ pans	2,013	Inhalers	16
„ tables	151	Mackintosh sheets	1,893
Invalid chairs	1,022	Steam kettles	22
Commodes	511	Urinals	668

(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 but at Woking sessions for females were discontinued with effect from the 31st October, 1957. 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:—

1957	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis	7	—	1	5	—	1	18	32
	(7)	(2)	(—)	(15)	(2)	(3)	(19)	(48)
Gonorrhœa	26	—	3	36	5	11	78	159
	(36)	(5)	(3)	(36)	(7)	(9)	(65)	(161)
Other conditions	148	12	29	257	35	80	553	1,114
	(126)	(15)	(24)	(302)	(65)	(92)	(530)	(1,154)
Totals	181	12	33	298	40	92	649	1,305
	(169)	(22)	(27)	(353)	(74)	(104)	(614)	(1,363)

The figures in brackets relate to the year 1956.

Although there has been a considerable fall in the number of new cases of venereal disease since 1947, the improvement has fluctuated. Except for the year 1956 there has been progressively fewer cases of syphilis, but in the case of gonorrhœa the improvement has been halted over the past six years. These figures for Surrey follow very closely the national trends.

Year.	Syphilis.	Gonorrhœa	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
1957	32	159	1,114	1,305

* The great majority of these conditions are not venereal.

(e) Public Education in Health.

Divisional Health Sub-Committees, to whom the duty of developing a comprehensive health education programme has been entrusted, continued during the year to carry out public education in health in a variety of ways.

In addition to lectures given by specialist lecturers to widely different groups such as Women's Guilds, Mothercraft and Parentcraft groups, Youth Clubs, Church Fellowships, Medical Officers and Health Visitors of the Council's staff have given many talks accompanied by demonstrations and films at the Infant Welfare Centres and Ante-Natal Clinics on various subjects affecting the health and happiness of the family including food hygiene, prevention of accidents in the home, immunisation and vaccination, and mass radiography. Valuable assistance was also given in one Division by the staff of local hospitals in providing speakers and by the S.E. Electricity and Gas Boards in providing suitable materials for exhibition.

Leaflets and booklets have been made available at the Welfare Centres and posters displayed at Public Libraries, Public Baths, Day Nurseries, etc.

HOME HELPS.

(a) Administration of the Scheme.

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

(b) Establishment.

The establishment of equivalent full-time helps for the financial year ended the 31st March, 1958 was 533. The average number of equivalent full-time helps employed weekly throughout the calendar year was 519.1 an increase of 12.5 over the previous year.

(c) Supervision.

During the year Divisional Supervisors paid 5,703 first visits, 13,557 revisits and 2,368 miscellaneous visits, a total of 21,628 compared with 21,405 for the previous year.

In one division the supervisor's post was increased from three quarter to full time, and in two divisions assistant supervisors were appointed.

(d) The Scope of the Scheme.

The total number of cases helped during 1957 was 7,989 an increase of 386 or 5 per cent. over 1956. The number of chronic sick (including the aged and infirm) and the maternity cases increased by 170 and 323 respectively, whilst the number of cases of tuberculosis and cases of acute illness decreased by 47 and 60 cases respectively.

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

Type of case.	Number of cases helped during 1957.	Hours of service given during 1957.	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	2,083 (26%)	133,046 (13%)	63	26.2	2.4	99 (3.6%)
Acute... ..	1,541 (19%)	70,838 (7%)	46	9.8	4.7	139 (4.9%)
Chronic	4,237 (53%)	776,877 (77%)	183	5.9	31.0	2,523 (89.4%)
Tuberculosis... ..	128 (2%)	25,532 (3%)	199	7.4	26.9	68 (2.1%)
County 1957	7,989 (100%)	1,006,293(100%)	126	6.6	19.1	2,829 (100%)
County 1956	7,603 (100%)	984,442 (100%)	129	7.2	18.0	2,633 (100%)

In general terms the average number of hours service per case per week was lower in every category than in 1956 while the average duration of service per case was larger in every category except the maternity cases where a slight reduction occurred.

From the above table it will be noted that for the first time since the inception of the County Council's scheme the total number of hours service to patients has reached over one million hours.

The table on page 53 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 helps' time spent on (a) service to patients; (b) travelling; (c) sickness and (d) holidays.

The table on page 54 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.

Division.	Population mid-1957	Acreage.	Average equivalent F/T Home employed weekly during 1957.	Total number of cases helped during the year.					Percentage of Home Helps' time spent on			
				Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
North-Western	216,360	84,592	62.0	334	176	327	17	854	86.4	2.8	5.0	5.8
Central	220,730	42,841	64.8	322	292	731	21	1,366	84.4	4.8	5.1	5.7
North Central	203,480	24,128	68.8	268	247	590	10	1,115	82.8	4.8	6.6	5.8
Southern	135,000	125,760	26.1	237	114	198	5	554	87.4	3.8	4.6	4.2
South-Eastern	107,370	22,414	40.2	292	286	261	13	252	86.2	2.7	5.2	5.9
Northern	81,840	6,628	44.7	142	75	366	7	590	84.0	5.1	5.3	5.6
South-Western	168,170	127,026	50.2	243	150	340	6	739	86.0	4.9	4.0	5.1
North-Eastern	193,650	9,381	132.9	166	86	1,149	37	1,438	83.5	4.8	6.1	5.6
Merton and Morden U.D.	71,090	3,237	38.4	57	36	366	17	479	83.0	5.2	6.4	5.4
Mitcham M.B.	64,930	2,932	46.3	73	27	341	12	453	84.3	4.3	5.8	5.6
Wimbledon M.B.	57,630	3,212	48.2	36	23	442	8	511	83.1	4.7	6.4	5.8
Mid-Eastern	92,900	6,391	29.4	79	115	275	12	481	83.0	4.7	7.0	5.3
Beddington and Wallington M.B.	32,460	3,045	17.3	45	50	168	6	260	81.3	4.5	9.1	5.1
Carshalton U.D.	60,440	3,346	12.1	34	65	107	6	212	85.4	4.9	4.0	5.7
County 1957	1,419,500	449,161	519.1	2,083 26%	1,541 19%	4,237 53%	128 2%	7,989	84.5	4.4	5.5	5.6
County 1956	1,405,700	449,161	506.6	1,760 23%	1,601 21%	4,067 53%	175 3%	7,603	84.9	4.5	5.1	5.5

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. During 1957, the Sub-Committee met seven times.

STAFFING.

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

The Sub-Committee are now responsible for the running of eight Occupation and Training Centres, the total number of mental defectives on the registers being 365 at the end of 1957, compared with 344 at the end of 1956. Each Centre has a Supervisor, qualified by diploma, and other staff in accordance with the number of defectives on the register.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARD.

Co-operation with the hospital services is continuing and the Physician Superintendents of the Mental and Mental Deficiency Hospitals, to which Surrey patients are admitted, are always found to be most helpful. There has been a further decrease in the number of mental defectives awaiting admission to hospitals, the number on 31st December, 1957 being 123, as compared with 164 on 31st December, 1956. Urgent cases are usually found beds without much difficulty.

The after-care visiting of former mental hospital patients is still done mainly by psychiatric social workers from the mental hospitals, although in a few cases Health Visitors and Authorised Officers do this work. If the report of the Royal Commission on the law relating to mental illness and mental deficiency is implemented, it can be foreseen that the Council will become responsible for all after-care visitation.

There are 19 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 carried out by Health Visitors and Authorised Officers. During 1957 3,409 visits were paid by Health Visitors and 1,592 by Authorised Officers. Recuperative holidays were arranged in suitable cases for patients suffering from mental illness and short-term care for many mentally defective patients.

LUNACY AND MENTAL TREATMENT.

The following table gives statistics of cases dealt with by Authorised Officers under the Lunacy and Mental Treatment Acts during 1957. The total number of cases reported to Authorised Officers from all sources was 2,851.

No Lunacy Action after enquiry or referred to other Departments, etc.		Cases examined and dismissed by Justices.		3 Day Order, Sec. 20, L. Act.		14 Day Order, Sec. 21, L. Act.		Voluntary patient, Sec. 1, M.T. Act.		Temporary patient, Sec. 5, M.T. Act.		Urgency Orders, Sec. 17, M.T. Act.		Certified by Justices, Sec. 16, L. Act.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
234	348	34	59	265	511	7	4	277	460	23	55	33	45	184	312

In addition, information was received that 1,135 voluntary patients were admitted to mental hospitals directly from their homes without the assistance of an Authorised Officer having previously been seen at one of the 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.

The increased number and better geographical distribution of observation beds has led this year to a larger number of cases being dealt with by admission to this type of accommodation. As a corollary there has been a diminution in the number of urgency orders, and in this way certification has been avoided in a proportion of acute cases.

Observation Beds.

During 1957, observation beds for Surrey cases were available at St. Helier (General) Hospital and at Banstead, Brookwood, Horton (from June 1957), West Park and Netherne (Mental) Hospitals. The County now appears to be adequately served in this respect.

MENTAL DEFICIENCY.

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

Mental defectives requiring hospital care on a long-term basis are admitted to Botleys Park Hospital, Chertsey, The Manor Hospital, Epsom, The Royal Earlswood Institution, Redhill, and The Fountain Hospital, Tooting, according to the part of the County in which they live and, to some extent, their ages and grades. These four hospitals are extremely co-operative in helping the Council to provide temporary care for mental defectives in emergencies as visualised by Ministry of Health Circular 5/52. During 1957, 91 cases were admitted to health service hospitals under the terms of this circular and 4 patients were admitted to other homes for short emergency periods at the expense of the Council.

During 1957, 21 petitions were presented for Orders sending defectives to hospitals or placing them under guardianship and Orders were obtained in all these cases. Twenty-six cases were dealt with on behalf of other authorities. In 74 cases assistance was given to relatives in completing the formalities under Section 3 of the Mental Deficiency Act, 1913. Five patients were admitted to institutions from Courts (Section 8) and one Surrey case was dealt with by the Home Secretary (Section 9).

The following table shows particulars of mental defectives on the Council's Register on 31st December, 1957, of all new cases coming to the notice of my Department during 1957, how these cases were dealt with and full particulars of the hospital waiting lists as at 31st December, 1957 :—

1. Particulars of Cases Reported during 1957.

	Under age 16. M.	F.	Aged 16 and over. M.	F.	Grand Total.
(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	40	31	—	—	71
(ii) On leaving special schools	4	2	9	10	25
(iii) On leaving ordinary schools	3	3	1	—	7
(2) Police or by Courts	—	—	3	—	3
(3) Other sources... ..	13	4	3	4	24
Total of 1 (a)	60	40	16	14	130
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	14	7	4	20	45
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	—	—	—	2	2
(d) Cases reported in which action was incomplete at 31st December, 1957, and are thus excluded from (a) or (b)	9	4	21	5	39
Total of 1 (a)-(d) inclusive	83	51	41	41	216

2. Disposal of Cases Reported during 1957.

(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number :—					
(i) Placed under Statutory Supervision	45	32	13	10	100
(ii) Placed under Guardianship	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	1	1
(iv) Admitted to hospitals	14	2	2	3	21
Total of 2 (a)	59	34	15	14	122
(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	12	5	2	12	31
(ii) Action unnecessary	—	1	—	5	6
Total of 2 (b)	12	6	2	17	37
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	3	7	3	3	16
Total of 2 (a)-(c) inclusive	74	47	20	34	175

3. Number of Mental Defectives for whom Care was arranged by the Local Health Authority under Circular 5/52 during 1957 and admitted to :—

(a) National Health Service hospitals	27	20	15	29	91
(b) Elsewhere	2	1	—	1	4
Total	29	21	15	30	95

					Under age 16.		Aged 16 and over.		Grand
					M.	F.	M.	F.	Total.
4. Total Cases on Authority's Registers at 31/12/57.									
(i) Under Statutory Supervision	...	...	...	...	227	176	237	228	868
(ii) Under Guardianship	...	...	...	...	—	—	13	19	32
(iii) In "Places of Safety"	...	...	...	...	—	—	—	1	1
(iv) In hospitals	...	...	...	...	221	148	742	659	1,770
Total of 4 (i)-(iv) inclusive	...	...	...	...	448	324	992	907	2,671
(v) Under voluntary supervision	...	...	...	...	18	13	148	195	374
Total of 4 (i)-(v) inclusive	...	...	...	...	466	337	1,140	1,102	3,045
5. Number of Defectives under Guardianship on 31st December, 1957, 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 31/12/57 (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 :—									
(i) "Cot and chair" cases	...	...	...	...	2	—	—	—	2
(ii) Ambulant low grade cases	...	...	...	...	5	—	—	1	6
(iii) Medium grade cases	...	...	...	...	—	2	1	2	5
(iv) High grade cases	...	...	...	...	—	—	—	—	—
Total urgent cases	...	...	...	...	7	2	1	3	13
(2) Not in urgent need of hospital care :—									
(i) "Cot and chair" cases	...	...	...	...	13	10	1	1	25
(ii) Ambulant low grade cases	...	...	...	...	15	10	5	11	41
(iii) Medium grade cases	...	...	...	...	12	14	7	11	44
(iv) High grade cases	...	...	...	...	—	—	—	—	—
Total non-urgent cases	...	...	...	...	40	34	13	23	110
Total of urgent and non-urgent cases	...	...	...	...	47	36	14	26	123
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :—									
(i) Occupation centre	...	...	...	...	155	108	57	80	400
(ii) Industrial centre	...	...	...	...	—	—	—	—	—
(iii) Home training	...	...	...	...	—	—	—	—	—
Total of 6 (b)	...	...	...	...	155	108	57	80	400
(c) Of the cases included in 6 (b), number receiving training on 31st December, 1957 :—									
(i) In occupation centre (including voluntary centres)	...	...	...	...	138	94	55	80	367
(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)	...	...	...	...	138	94	55	80	367

Occupation and Training Centres.

The Council continue to provide eight Occupation and Training Centres for mental defectives at the following addresses :—

Ewell	...	...	Old Schools Lane, Ewell.
Guildford	...	...	St. Francis' Church 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	...	...	Kenneth Black Memorial Hall, Worple Road, Wimbledon, S.W.19.

A practical unit for adult male patients, under a part-time male instructor, is now functioning at Sutton, and a specially planned Centre at Park Barn, Guildford, is in course of erection and should be opened in 1958.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration, of seven nursing homes. On the 31st December, 1957, there remained 51 registered nursing homes and 13 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 1957 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1957.	Number of children provided for.
Premises	34	777
Daily Minders	145	1,455

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following application from Dorking and Horley R.D.C. for the Council's observations to the Ministry of Health under Section 2 (2) of the Act was received during 1957 and reported to the Rivers and Streams Committee who approved the scheme in principle :—

Abinger Dean Sewerage Scheme (an extension of the Abinger Hammer Sewerage Scheme)—estimated cost £10,000.

REFUSE DISPOSAL.

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

MILK AND DAIRIES.

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

Under these regulations the County Council are responsible for the licensing and supervision of the pasteurisation or sterilisation of milk in those districts of the County for which they are the Food and Drugs Authority.

No new licences were granted during the year and the total number of pasteuriser's licences in force on the 31st December, 1957, remained at 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	347	3
Failed Phosphatase test only	2	—
Failed Methylene Blue Test only... ..	1	—
Failed both tests	—	—

(b) Tubercle Infected Milk.

One notification was received during 1957 of milk produced at a farm 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 the herd were submitted to a clinical examination. The

herd, a small one of eight animals, had been recently compulsorily tuberculin tested by the Ministry's Veterinary Inspector under the Tuberculosis Eradication Order and six of these animals had reacted to the test and were awaiting slaughter. Post-mortem examination revealed one cow to have generalised tuberculosis with T.B. lesions in the udder and supramammary glands and the others were infected to a lesser degree. The milk of the two remaining cows was examined biologically with negative results. Fortunately, the milk from the herd had been pasteurised before distribution.

This single notification during the past year compares with two, one, and eight, respectively in the three previous years.

FOOD AND DRUGS ACT, 1955.

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 Act.

(1) General.

The County Council is now the Food and Drugs Authority for eleven of the thirty-three County Districts in the Administrative County and the following table gives particulars of samples taken within the Council's Food and Drugs Area for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling, during 1957. Comparative figures for 1956 and 1955 are also given :—

	Milk.			Food other than milk.			Drugs.			Totals.		
	1957	1956	1955	1957	1956	1955	1957	1956	1955	1957	1956	1955
Examined	655	718	1,063	244	239	244	9	11	24	908	968	1,331
Adulterated or Irregular ...	11	21	33	28	21	22	—	—	3	39	42	58
Percentage Adulterated or Irregular	1.68	2.92	3.10	11.47	8.78	9.01	—	—	0.125	4.29	4.33	4.35
Samples per 1,000 of average annual population ...	2.05	2.25	2.56	0.76	0.75	0.57	0.03	0.03	0.07	2.84	3.03	3.20

Estimated Mid-Year Population.

1957	319,040
1956	312,630
1955	327,290

In classifying the samples as either genuine, 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 recent years ; in all, 69 varieties of food and 7 different drugs were sampled and the downward trend of the percentage figures for adulterated or irregular samples found continues to be maintained. This is emphasised by the fact that in only 9 of these 76 varieties was any irregularity found.

(2) Colouring Matter in Food.

New Regulations were introduced during the year which afford better protection to the public in relation to the use of colouring matter in food. These Regulations, based on the recommendations of the Food Standards Committee, came into operation in stages commencing from 30th June, 1957, and will be wholly in force by 30th June, 1959. The main provisions :—

- Prohibit the sale or importation of food containing any added colouring matter other than those specified in the First Schedule.
- Prohibit the sale for human consumption of meat, game, poultry, fish, fruit or vegetable in a raw and unprocessed state having in or upon them, otherwise than for marking purposes, any added colouring matter at all, except that citrus fruit may have permitted colouring if this is suitably indicated in accordance with the Regulations.
- Prohibit the sale or advertising for sale of any food containing non-permitted colouring matter and impose requirements as to labelling of food containing permitted colouring matter and colouring and flavouring compounds.
- Provide that where certain food is certified by a public analyst as containing non-permitted colouring matter, that food may be considered for the purposes of Section 9 of the Food and Drugs Act, 1955, as being unfit for human consumption.

Under the previous Preservatives Regulations it was permissible to use almost any colours in food except for the small number specified as forbidden; now only a limited number of colours are permitted. After five years the list is to be reviewed in the light of any additional information then available.

(3) *Milk.*

Of the 655 samples of milk procured for analysis only 11 samples were found to be either adulterated or sub-standard. Legal proceedings were instituted in respect of two samples of Channel Islands Milk.

Surrey has been specified by Orders under Food and Drugs Acts as an area in which only specially designated milk may be sold by retail for human consumption. The permitted designations are "Sterilised," "Pasteurised" and "Tuberculin Tested" Milk. Between 80 per cent. and 90 per cent. of the milk sold in the administrative county was "Pasteurised" milk; only two of the many samples of milk of that designation taken were sub-standard, being slightly deficient in solids-not-fat content. The other nine unsatisfactory samples were of Tuberculin Tested Channel Islands Milk. Eight of these samples were below the standard of 4 per cent. milk fat.

(4) *Foods Other than Milk.*

Samples of foods other than milk taken during the year included luncheon meat, sausages, flour, ice cream and ice lollies, alcoholic beverages, butter and meat pies.

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 1957 was 2,678 compared with 2,649 at the end of 1956.

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, 1957.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1...	—	1	1	1	1	2
2...	—	1	1	1	2	3
3...	1	—	1	1	1	2
4...	1	—	1	3	1	4
5—10	1	1	2	16	12	28
11—15	—	1	1	17	15	32
16—20	—	—	—	6	10	16
21—29	3	2	5	38	34	72
30—39	5	2	7	58	41	99
40—49	3	1	4	116	86	202
50—59	5	12	17	116	141	257
60—64	7	10	17	91	111	202
65—69	12	14	26	90	152	242
70—79	34	66	100	241	422	663
80—84	24	44	68	120	272	392
85—89	7	29	36	77	220	297
90 and over	1	15	16	27	138	165
Unknown	—	—	—	—	—	—
	104	199	303	1,019	1,659	2,678

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 384 as compared with 355 at the end of 1956.

Before the name of any person is included on the Blind or Partially Sighted Register, medical certificate Form BD8 must be completed by an Ophthalmologist. During the year 532 forms were received—as compared with 497 during 1956. 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	36	44	1	187
(b) Treatment (Medical, Surgical or Optical)	61	24	1	73
<hr/>				
* (II) Number of cases at (I) (b) above which on follow-up action have received treatment	16	17	1	64

* Of the number who have not received treatment, 31 have died or have moved from the area. Many recommendations for treatment are qualified by the reservation "when general condition permits."

(ii) HOME TEACHERS FOR THE BLIND.

There have been staff changes during the year but the complement of 10 Home Teachers has been maintained. During the year they paid 22,500 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 adjust themselves to the handicap of blindness. Seven handicraft classes functioned during the year and arrangements were put in hand for the formation of a new one at Guildford. Sixteen Social Clubs were in being and 2 additional ones are expected to be opened during 1958. These are at Purley, where a club was formed some years ago but had to close on account of the illness of the organiser and the other one will be at Woking which will entertain blind persons from the surrounding area. As stated in previous Reports, the value of these Clubs cannot be too highly stressed and I welcome the opportunity of again being able to express my thanks to the local Committees who are responsible for organising them.

(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, two are maintained in Sunshine Homes by the County Council, 8 are at home and 1 is in a Mental Deficiency Institution. Of the 60 blind children of school age in the County, 30 attend Schools for the Blind, 2 are at a Special School for Handicapped Children, 8 are not at school and 20 are ineducable on account of other defects, 4 being in Mental Hospitals, 9 in Mental Deficiency Institutions and 7 are at home.

Employment.

The continued co-operation between the County Council and the Royal National Institute for the Blind (to which the County Council pays a capitation fee) has ensured the employment of blind persons between the ages of 16 and 59 years in open industry and commerce. During the year the following "placements" have been made: 14 blind persons found employment for the first time and 7 persons having lost employment have been found other posts. Of these placements there are: 4 machine operators, 4 capstan lathe operators, 2 press operators, 3 persons employed in sub-assembly, 1 telephonist, 1 shorthand-typist, 1 radio fault finder, 1 light engineer and 4 persons placed in miscellaneous forms of employment.

The Placement Officer has visited 27 persons in relation to Industrial Rehabilitation and Training, 14 of whom were considered suitable; he has paid 117 follow-up and service calls, 195 calls on firms he hoped would offer employment, 37 calls on Local Authorities and 72 calls on Ministry of Labour and National Service Offices. The Training Officer has trained "on the job" 5 persons, 46 have received further training and 7 investigations have been made of operations which might be suitable for blind persons to carry out.

Workshops for the Blind, Home Workers' Scheme and National Library.

There are at present 14 blind persons employed in Workshops for the Blind, and the County Council continues to pay capitation fee to the Workshops and supplementation of earnings to the blind employees who are basket makers, brush makers, mattress makers and machine knitters. The County Council also pays capitation fees to the Royal National Institute for the Blind in respect of 42 blind persons whose work is supervised by their Home Industries Department. Augmentation of earnings is paid to some 47 workers who are engaged in a variety of trades and professions.

In addition, capitation fees are paid by the County Council to the National Library for the Blind in respect of 311 blind readers.

(iv) THE SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.

As in the past, close co-operation has existed 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 £1,571 on holiday grants to blind persons, £738 on grants for miscellaneous purposes (including £1 per head for a gift for each housebound or bed-ridden blind person at Christmas), £423 on wireless installation and maintenance (the radios are supplied

by the British Wireless for the Blind Fund but not maintained by them) and £1,746 was incurred by the purchase of materials for handicraft purposes. This increase in the purchase of materials proves the progress in the occupational therapy work carried out by the Home Teachers and quite a considerable sum is recovered by the sale of the goods produced by the blind people. The Association assists financially a number of the Social Clubs and £189 was expended during the year for this purpose. The two Hostels "Camden House," East Molesey, and "Walden" at Surbiton, continue to meet their purposes—viz., providing accommodation for able-bodied blind persons who prefer to enjoy the privacy of their own bed-sitting rooms. A number of the rooms are occupied by blind persons who are in employment and the comfort of the two Hostels is much appreciated.

(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 (£1,050), the League for the Hard of Hearing (Surrey and Middlesex Division) (£100), British Epilepsy Association (£25), and the British Council for the Welfare of Spastics (£89).

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 1957 was 1,419,500, which includes 215,000 children between the ages of 5-14 years inclusive. In January, 1958, there were 180,248 children on the registers of 674 county and voluntary schools, an increase of 2,480 in the number of children on the school registers compared with January, 1957.

MEDICAL INSPECTION.

(a) MAINTAINED SCHOOLS.

The arrangements for the medical inspection of children in maintained schools during 1957 were as follows :—

Group.	Age when Inspected.	School Concerned.
Entrants	Pupils admitted to maintained schools for first time (normally 5-6 years)	Primary Schools principally.
Second Age Group ...	During year in which age of 11 is reached On entry (approximately 11 years) if not previously seen within one year at Primary School	Primary and Secondary (Modern) Schools. Secondary (Grammar) Schools.
Third Age Group	At 14½ years (approximately) During year in which age of 15 is reached. During term prior to leaving school ...	Primary and Secondary (Modern) Schools. Secondary (Grammar) Schools. Secondary (Junior Technical, Day Commercial and Art) Schools.
Other Routine Inspections	(a) At aged 8 (b) At aged 13 (c) On entry (approximately 13½ years)	Primary Schools. Secondary (Grammar) Schools. Secondary (Junior Technical, Day Commercial and Art) Schools.

It will be noted that while the arrangements in primary schools are uniform, there is considerable variation in the arrangements applying to Secondary Schools according to whether they are classified as Grammar Schools, Junior Technical, Day Commercial and Art Schools or Modern. These variations had developed over the course of years and towards the end of 1957 consideration was given to their simplification. The Education Committee have now approved the introduction as from the 1st January, 1958, of the following revised arrangements for the periodic medical inspection of children of secondary school age :—

Age Group.	Examination.
On entry to secondary school	Complete medical examination.
During year in which age 13 is reached (if more than a year from last routine medical examination)	Eye test only.
During year in which age 15 is reached	Complete medical examination.
During year prior to leaving school (if more than one year after last routine medical examination)	Complete medical examination.

The entry examination to the secondary school will apply to all types of secondary school. If, as is normally the case, entry was at eleven years, an eye test alone will be done at age thirteen.

At the examination on entry, the teacher should be allowed to include for examination any other pupils for whom he/she thinks a special examination is needed. The only pupils who would be exempt from examination would be those who had an examination within a year at the primary school and whose cards are available at the secondary school.

The number of children examined in primary and secondary schools was 71,563 and 41,217 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.

THE SCHOOL HEALTH SERVICE

The purpose of the school health service is to provide a comprehensive health program for all school children. This program includes physical, mental, and social health services. The physical health services include regular health examinations, dental care, and vision testing. The mental health services include counseling and psychological testing. The social health services include health education and community outreach programs. The school health service is an integral part of the school system and is essential for the well-being of all school children.

Physical Health Services	
Regular health examinations	Annual physical examinations for all school children.
Dental care	Regular dental check-ups and treatment for all school children.
Vision testing	Annual vision testing for all school children.
Immunizations	Regular immunizations for all school children.
First aid	First aid training for all school children.
Health education	Health education programs for all school children.
Community outreach	Community outreach programs for all school children.
Mental Health Services	
Counseling	Counseling services for all school children.
Psychological testing	Psychological testing for all school children.
Social Health Services	
Health education	Health education programs for all school children.
Community outreach	Community outreach programs for all school children.

The school health service is a comprehensive health program for all school children. It includes physical, mental, and social health services. The physical health services include regular health examinations, dental care, and vision testing. The mental health services include counseling and psychological testing. The social health services include health education and community outreach programs. The school health service is an integral part of the school system and is essential for the well-being of all school children.

Mental Health Services	
Counseling	Counseling services for all school children.
Psychological testing	Psychological testing for all school children.
Social Health Services	
Health education	Health education programs for all school children.
Community outreach	Community outreach programs for all school children.

The school health service is a comprehensive health program for all school children. It includes physical, mental, and social health services. The physical health services include regular health examinations, dental care, and vision testing. The mental health services include counseling and psychological testing. The social health services include health education and community outreach programs. The school health service is an integral part of the school system and is essential for the well-being of all school children.

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AUDIOMETRY.

The scheme for the routine testing of hearing of school children was continued during the year. Two audiometricians serve the whole County using the puretone instrument. Children born in 1950 and 1951 were tested for hearing loss, together with others specially referred by teachers. Certain groups of handicapped pupils, e.g., children suffering from speech defects, cerebral palsy and educational retardation were also reviewed. Each child is tested individually and a chart constructed for those with a significant hearing loss. This audiogram is of diagnostic importance and can be filed for comparison with subsequent re-tests. Children failing the test in one or both ears are subsequently examined clinically by the medical staff to determine the cause and, if necessary, referred to their own doctors or hospital for further investigation and treatment.

The following table gives details of the work of the audiometricians during the year 1957.

	Division.							Total.
	N.W.	N.C.	S.E.	N.	S.W.	N.E.	M.E.	
(1) No. of children tested...	4,544	4,602	2,142	4,118	1,789	4,707	1,012	22,914
(2) No. of children who failed test in one or both ears and referred to school medical officers	224 (4.9%)	139 (3.0%)	121 (5.7%)	131 (3.2%)	119 (6.6%)	196 (4.2%)	66 (6.5%)	996 (4.3%)
(3) Result of investigations by Assistant Medical Officers:—								
(a) No appreciable hearing loss on clinical examination	42	24	11	20	16	42	6	161
(b) History of otitis media...	35	9	9	24	18	21	4	120
(c) Wax in external auditory meatus	29	19	15	29	14	21	12	139
(d) Catarrhal conditions, etc.	55	28	33	27	47	33	11	234
(e) No local cause found for deafness	10	23	1	3	3	5	—	45
(f) Unhealthy tonsils	14	4	10	10	2	12	12	64
(g) Mental retardation	2	2	—	3	2	—	1	10
(h) Miscellaneous causes	12	25	11	7	2	6	9	72
(i) Untraced or left district	6	4	—	2	—	6	4	22
(j) Referred to general practitioners or still awaiting appointments	20	1	17	5	1	27	—	71
(k) Already supplied with hearing aids	2	—	1	—	—	1	—	4
(l) Investigations remaining to be carried out	20	—	13	1	44	22	7	107
	247*	139	121	131	149†	196	66	1,049
(4) Children referred to specialists for investigation and treatment	7	26	5	27	33	23	2	123
(5) Special educational treatment recommended in selected cases:—								
(a) Favourable position in class	6	8	1	11	16	4	2	48
(b) Hearing aid provided	—	2	—	2	1	—	—	5
(c) Lip reading instruction	—	1	—	1	—	2	1	5

* Includes 23 children who failed the test in 1956 and were not investigated until 1957.

† Includes 30 children who failed the test in 1956 and were not investigated until 1957.

DISEASES AND DEFECTS.

(a) Incidence.

Of the 71,563 pupils examined at periodic medical inspections 10,227 (or 14.3 per cent.) were found to be in need of treatment for 11,516 diseases and defects. Table III shows these diseases and defects from which it will be seen that 5,430 or 47.1 per cent. of them were defects of the nose and throat and of vision and squint. During the year 482 cases of chronic tonsillitis and adenoids were recommended for treatment and 2,856 placed under observation following the medical inspection of the four age groups.

There were 19,685 defects found to be in need of treatment in the course of periodic and special inspections in 1957, and 23,614 defects, a proportion of which were found in previous years, were actually treated during the year.

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

During 1957 school medical officers carried out 12,327 special inspections and 17,239 re-inspections of children while 11,794 visits were paid by health visitors to the homes of the children for all purposes. An analysis of these is given on page 68.

(c) Physical condition.

The Ministry of Education recognises two categories relating to the general physical condition of the child, viz.: "Satisfactory" and "Unsatisfactory."

The number and percentages of children placed in each of these categories for each age group examined in 1957 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. As pediculosis infestation can now be quickly brought under control the health visitor uses her discretion in very slight degrees of infestation as to whether she excludes the child from school, but apart from this verminous children are 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 1957 the health visitors reported 684 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1953-1957 are given below :—

	1953	1954	1955	1956	1957
Number of visits to Schools by nurses for all purposes	14,174	13,387	13,092	13,192	13,266
Cases with nits in the hair	2,341	2,178	1,267	1,165	1,084
Cases with lice in the hair	220	179	137	116	113
Cases with verminous bodies	3	12	9	5	1
<i>Exclusions—</i>					
1st Time	264	363	190	163	190
2nd Time	42	67	24	13	23
3rd Time... ..	7	38	3	—	6

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

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 1957 was 8,258; the corresponding figure in 1956 was 8,334.

(b) Eye Diseases, Defective Vision and Squint.

Table IV (group I) 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.

Although the effective strength of the dental officer staff shows a slight reduction at the end of 1957 as compared with the end of 1956, considerable fluctuations have occurred during the course of the year.

Recruitment of full-time officers is still a major difficulty and to maintain the service considerable dependence is placed on the services of part-time officers. Other commitments frequently compel part-time officers to reduce or drop completely the sessions they undertake in the clinics.

The services of part-time officers are more readily replaced, but constant changes in the dental officer personnel are unsatisfactory. To maintain the service with all clinics functioning it is essential to utilise the services of sessionally employed officers.

At the 31st December, 1957, there were 34 whole-time and one part-time dental officer on the County staff providing the equivalent of 31 full-time officers for the school dental service. In addition, the sessions undertaken by 31 part-time officers were equivalent to 11.1 whole-time officers. (The equivalent of approximately 3 whole-time officers provided the maternity and child welfare dental service).

Orthodontic Service

The treatment of abnormalities in the relationship of the jaws and irregularities of the teeth forms an important branch of the dental service and is widely appreciated by the children being treated and their parents.

The duration of a course of orthodontic treatment varies considerably, a simple case being corrected in perhaps six weeks while a complex case may require treatment for several years.

Of the dental staff previously mentioned, one full-time and 4 part-time officers were specifically engaged on orthodontic inspection, consultation and treatment. In addition, nearly all dental

officers at the clinics undertake a certain amount of orthodontic treatment usually on their own initiative, but frequently after consultation with one of the orthodontists.

Irregularities of the teeth are corrected by the use of orthodontic appliances, either fixed or removable and in some cases in conjunction with the extraction of teeth to relieve overcrowding.

In the vast majority of cases a successful result, both functionally and aesthetically is obtained. In cases referred by the speech therapists speech defects have been eliminated or much improved by orthodontic treatment. Another aspect is the good psychological effect on a sensitive child by the correction of an unsightly deformity.

County Dental Laboratory.

The staff of the laboratory consists of a Chief Technician assisted by 5 technicians. An apprentice who was appointed in September was soon contributing to the output of the laboratory, principally by relieving the trained staff of the simpler though necessary procedures in the construction of appliances.

The greater part of the prosthetic work from the Council's clinics is undertaken at the County Laboratory, but it is still necessary to send a limited amount of work to outside laboratories. The following table shows a record of the work of the County Laboratory in connection with the school dental service. The total work for all services is shown in brackets :—

Orthodontic Appliances.	Dentures.	Repairs.	Crowns.	Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,054	209	250	33	16	2,279	133	4,974
(2,054)	(552)	(283)	(33)	(16)	(2,279)	(846)	(6,063)

Oral Hygienist.

The duties of the oral hygienist consist of scaling and polishing the teeth, the application of caries deterrents to the teeth and instruction in oral hygiene to patients and relieves the dental officer of this time consuming though necessary work. An analysis of the oral hygienist's work shows :—

School Inspections Attended.	Treatment.			Instruction in Oral Hygiene
	Attendances.	Scaling and Polishing.	Application of Caries Deterrents.	
24	1,816	2,258	97	129 hours

Clinics and Equipment.

The new clinic at Amity Grove, Cottenham Park, was opened during the year under review in replacement of the sub-standard accommodation at Aston Road, Raynes Park, and in several clinics new items of dental equipment, so essential to improve the available facilities, have been installed. These included X-ray apparatus, dental units and dental chairs.

The Council's policy of employing specialist anaesthetists for the administration of general anaesthetics at gas sessions has been continued.

Table V shows the results of the year's work in connection with the school dental service. These, when compared with the previous year's report, show a considerable increase in the number of children inspected and a slight increase in the number of fillings inserted in temporary teeth. There was a reduction in the number of fillings in permanent teeth and a welcome reduction in the number of extractions of both permanent and temporary teeth.

On the basis of 100 children treated, 171 fillings were inserted in permanent teeth and 22 permanent teeth extracted. The ratio of inspection sessions to treatment sessions was 1 : 13.

(d) Orthopaedic and Postural Defects.

Three clinics staffed by sessionally employed orthopaedic surgeons continued to be held ; two of these are held in the Borough of Guildford and one in the Borough of Wimbledon. A total of 344 children made 490 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	24	24	6
	Byfleet	13	10	—
	Camberley	42	4	13
	Chertsey	24	17	11
	Egham	48	25	29
	Hersham	23	16	6
	New Haw	24	23	21
CENTRAL	Walton	13	22	8
	Cheam	93	75	27
	Epsom	48	36	40
	Ewell	49	56	21
NORTH CENTRAL	Leatherhead	192	78	50
	Sutton, Robin Hood Lane	94	61	12
	Sutton, Stonecot Hill	45	12	6
	St. Philip's, Chessington	37	22	6
	Hook	46	45	36
SOUTHERN	Kingston	44	60	43
	Long Ditton	43	40	38
	Malden	46	35	32
	Dorking	15	19	—
	Horley	42	35	4
SOUTH EASTERN	Lingfield	21	7	1
	Merstham	28	22	2
	Oxted	22	10	2
	Reigate	106	100	81
	St. Nicholas, Redhill	14	33	5
NORTHERN	Caterham	85	101	111
	Purley	226	137	197
SOUTH WESTERN	Barnes	46	118	76
	Ham	45	80	89
	Mortlake	23	59	22
	Richmond, Windham Road	47	92	70
NORTH EASTERN	Richmond, Sheen Road	45	78	66
	Ash	42	24	27
	Cranleigh	24	3	1
	Farnham	39	18	16
	Godalming	38	16	24
	Guildford, Stoke Road	60	32	29
	Guildford, Stoughton	58	33	33
	Haslemere	22	4	4
MID-EASTERN	Shalford School	42	16	8
	Wimbledon, Pelham Road	84	43	32
	Wimbledon, Amity Grove	27	10	5
	Carshalton	324	76	56
	Wallington	207	127	141
Total		2,680	1,954	1,507

(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 1957, 272 children made 3,404 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 1957 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. ...	274	126	1,072	171	36	208	587	2,474
C. ...	148	55	248	114	15	52	310	942
N.C. ...	70	125	722	164	10	157	220	1,468
S. ...	1,061	52	504	87	73	195	378	2,350
S.E. ...	24	39	189	4	12	23	74	365
N. ...	31	35	200	95	14	38	50	463
S.W. ...	162	86	487	171	36	94	248	1,284
N.E. ...	168	118	569	154	6	265	182	1,462
M.E. ...	84	43	677	59	5	77	41	986
TOTAL ...	2,022	679	4,668	1,019	207	1,109	2,090	11,794

B. FIXED APPOINTMENTS.

Division.	Medical Inspection.	General Medical Clinic.	Cleanliness.	Eye.	Other.	Total
N.W. ...	537	504	432	4	166	1,643
C. ...	393	277	254	64	267	1,255
N.C. ...	534	369	336	10	—	1,249
S. ...	432	497	308	61	157	1,455
S.E. ...	256	104	160	41	219	780
N. ...	224	308	130	49	57	768
S.W. ...	529	216	337	3	91	1,176
N.E. ...	731	532	292	1	—	1,556
M.E. ...	325	438	179	1	237	1,180
TOTAL ...	3,961	3,245	2,428	234	1,194	11,062

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 1957, 1,452 Surrey pupils were attending special schools compared with 1,381 at the end of 1956.

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

<i>Educationally Sub-Normal.</i>				<i>Accommodation.</i>	<i>Age Range.</i>
Gosden House Boarding School, Bramley	...	...	...	80 girls	5—16
				20 boys	5—10
				20 mixed (day)	
St. Nicholas Boarding School, Redhill	...	...	...	100 boys	10—16
				20 boys (day)	
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	...	...	...	100 mixed	7—16
<i>Delicate and Physically handicapped.</i>					
Limpsfield Grange Boarding School, Oxted	...	...	...	38 mixed (eventually 60)	
				girls	5—16
				boys	5—9

				Accommodation.	Age Range.
Sunnydown Boarding School, Guildford	...	...	...	40 boys	10—16
Bedelsford Day School, Kingston-upon-Thames	...	...	...	72 mixed (including spastic unit)	5—16
<i>Deaf.</i>					
Portley House Boarding School, Caterham	...	...	...	40 mixed	7—12
Nutfield Priory School, Redhill	...	...	...	66 mixed (eventually 80)	12—16
<i>Maladjusted.</i>					
Starhurst Hostel, Dorking	...	...	...	25 boys	11—15
Thornchace Hostel, Grove Road, Merrow, Guildford	...	...	...	20 mixed girls boys	5—15 5—10

Special Schools in Hospitals.

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

The following table shows the number of children ascertained as handicapped pupils and the provision made for their education :—

Category.	Total Handi- capped Pupils.	Disposal.									
		Recommended Special School or Hostel.						Home Tuition.	Tuition in Hospital or Special Units	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	45	—	34	34	1	7	—	—	—	—	3
Partially sighted	75	—	48	48	—	2	12	1	—	10	2
Deaf	105	35	69	104	—	1	—	—	—	—	—
Partially deaf	94	—	38	38	1	8	22	1	—	21	3
Educationally sub-normal	1,685	568	61	629	50	249	546	10	—	153	48
Epileptic	118	—	28	28	1	1	31	2	1	50	4
Maladjusted	236	37	158	195	1	11	4	8	—	7	10
Physically handi- capped	754	72	136	208	4	15	163	37	78	172	77
Delicate	431	80	84	164	29	9	54	6	11	148	10
Speech defect	5	—	4	4	1	—	—	—	—	—	—
Totals	3,548	792	660	1,452	88	303	832	65	90	561	157

During 1957, 81 children were reported to the Mental Health Committee as ineducable and 47 educationally subnormal pupils were recommended for statutory supervision on attaining school leaving age.

Convalescent Treatment.

There were 272 children admitted to convalescent homes during the year, a slight increase on the previous year when the number was 259. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

(a) *Child Guidance.*

Throughout the year attention has been focused on emotional difficulties in children and valuable progress has been made in the prevention and treatment of maladjustment. A working party consisting of representatives of the medical and education departments, clinic staff and head teachers, have met regularly to discuss ways and means by which this important service can be improved. These meetings have been of great assistance in examining the difficulties and aims of all who are trying to help the maladjusted child. One direct result of the working party's recommendations was the establishment in January, 1958, of a day class for maladjusted children at Hollymount House, Raynes Park, which is proving of considerable value. The opening of a second class at Hollymount House has now been authorised and it is hoped to provide this shortly. The Education Committee are deeply interested in the problem of the maladjusted child which is one needing concerted action from both the medical and educational fields.

The decision of the Council to establish additional child guidance clinics at Farnham, Godalming and Richmond was implemented during the year and following some delay due to difficulties in recruiting staff these centres were duly opened. The new clinics relieved pressure of work on the Guildford and New Malden centres and also reduced the amount of travelling for the children attending.

Child guidance services in Surrey are now 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>
Farnham	2	3	} 11	2	} 11
Godalming	2	3		2	
Guildford	6	6	11	2	11
Malden	6	6	11	2	11
Reigate	6	6	11	—	11
Richmond	4	4	11	2	11
Sutton	11	11	22	6	22
Wimbledon	6	6	11	5	11
Woking	6	6	11	—	11

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

Clinic.	Farnham	Godalming	Guildford	Malden	Reigate	Richmond	Sutton	Wimbledon	Woking	Total
No. of cases referred during year ...	13	19	143	162	120	79	210	138	86	970
No. of new cases seen	10	5	117	150	92	61	146	119	73	773
No. of cases discharged	1	7	135	140	85	64	181	114	25	752
Analysis :—										
(a) Treatment completed	—	—	48	43	41	13	116	30	16	307
(b) No treatment required	1	5	33	51	14	23	55	39	2	223
(c) non co-operation of parents ...	—	1	4	27	1	7	8	5	4	57
(d) Other arrangements made ...	—	1	50	19	29	21	2	40	3	165
No. of cases under treatment at end of year	9	5	47	34	18	14	35	55	27	244
No. of cases under supervision at end of year	17	19	90	91	186	42	80	160	45	730
No. of cases withdrawn from waiting list during year	1	7	52	39	40	14	49	10	8	220
No. of cases remaining on waiting list at end of year	2	7	25	11	20	12	64	15	24	180
No. of interviews by psychiatrists ...	88	57	1,160	1,131	1,063	511	1,183	745	1,017	6,955
Analysis :—										
(a) With children for examination ...	16	14	134	137	78	56	233	103	71	842
(b) With children for treatment ...	38	18	540	640	562	240	573	500	844	3,955
(c) With parents	24	11	354	184	361	157	311	128	58	1,588
(d) With others... ..	10	14	132	170	62	58	66	14	44	570
No. of sessions held :—										
(a) Psychiatrists	20	24	268	303	283	168	428	292	292	2,078
(b) Educational psychologists ...	28	47	438	319	202	194	444	285	281	2,238
(c) Psychotherapists	—	—	252	42	—	92	239	246	—	871
(d) Psychiatric social workers ...	20	20	573	517	468	303	590	501	468	3,460

(b) Speech Defects.

There were 35 Speech Clinics in operation at the end of the year at which a total of 98 treatment sessions were held each week. New clinics were opened during the year at Sherwood House, Mitcham; Merstham; Amity Grove, Wimbledon, and Hersham. 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 1,732 individual children treated during the year compared with 1,607 in 1956; these were mainly for stammer, lisp and underdeveloped speech. Of these 223 were discharged as cured, 177 discharged as greatly improved, 120 discharged as showing some improvement and 82 as showing little or no improvement. A table showing the work of the Speech Therapists in 1957 is given at the end of this report.

The provision of tape recorders for use in speech therapy proved a valuable aid to treatment and additional machines were purchased during the year. There are now eleven machines distributed throughout the County.

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 1957 :—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	355	7	112	474
Enteric fever	—	—	—	—
Measles	7,621	44	228	7,893
Whooping cough	1,114	44	91	1,249
German measles	1,024	8	36	1,068
Chicken-pox	2,756	13	39	2,808
Mumps	3,957	22	123	4,102
Jaundice	19	—	5	24
Other	339	15	56	410
Totals	17,185	153	690	18,028

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	12	1	13
Impetigo	66	3	69
Scabies	11	1	12
Other	26	2	28
Totals	115	7	122

Tuberculosis in Schools.

During the year eleven special investigations were undertaken (eight in maintained schools and three in private schools) as a result of a child or a teacher attending the school being notified as suffering from tuberculosis. In each case the parents were informed that a case of tuberculin 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.

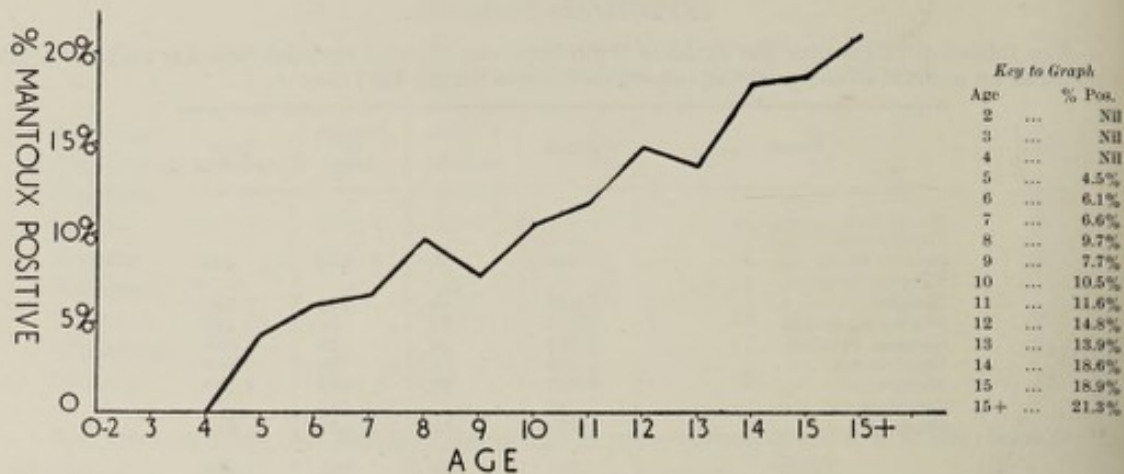
In all, 1,218 children were Mantoux tested and of these, 209 or 17.2 per cent. were found to be Mantoux positive. These figures exclude all children already known to be Mantoux positive who either attend Chest Clinics or who are known to be Mantoux positive as a result of routine tuberculin testing at school of the 13 year-old age group. In addition, a large number of teaching and domestic staff were X-rayed with satisfactory results, and a few limited surveys involving the X-ray only of a few pupils revealed no spread of infection.

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

On the 14th February a school teacher was notified as suffering from pulmonary tuberculosis and the entire school was subsequently investigated. One child was admitted to hospital suffering from pulmonary tuberculosis shortly before the investigation began, and as a result of the survey, in which 311 children were Mantoux tested, a boy in the teacher's class was notified whilst a further two are being kept under observation at the local Chest Clinic.

It appears probable that the teacher was the source of infection. It is gratifying to note that a subsequent Mantoux re-examination of the class contacts revealed no further spread of the disease.

Since the first of these investigations was carried out in 1953, a total of 49 extensive surveys has been undertaken. The graph overleaf sets out by age groups the Mantoux positivity rates for some 8,000 children so far tested.



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 1957 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 1957-58.

The improvement noted over the past few years in the standard of Physical Education in Primary Schools is being maintained. The recruitment of teachers for Primary work presents no problem and with reasonable staffing, adequate supplies of equipment and improved playing surfaces, the development of good posture, poise and skill is going ahead in most schools with great interest and enjoyment.

At the Secondary stage the position is by no means so happy. There is still a great shortage of suitably trained teachers for both boys' and girls' work. This causes many difficulties and results in a most uneven standard of work over the County as a whole. Attempts have been made to increase the number of specialist teachers for Secondary Schools by "conversion" courses for Primary teachers and by recruitment of redundant specialists from the Services, but with little success.

There has been, however, a steady improvement in facilities for Physical Education in Secondary Schools. Playing surfaces, both grass and hard, are better in quality and size; pavilions and other changing accommodation have been provided in many places, and schools are more generously equipped for a full range of games and sports than they have previously been.

A full programme of refresher and coaching courses was completed during the year covering a wide range of activities, viz., Gymnastics, Games, Athletics, Outdoor Activities, Swimming and Diving. Most were extremely well attended and successful.

In December, 1957, the Education Committee appointed Mr. John I. Disley as Assistant Organiser of Physical Education. Mr. Disley is an international athlete and a well-known instructor in Camping, Rock-climbing and Canoeing, and his experience, enthusiasm and knowledge will, without doubt, result in a rapid growth of interest in Outdoor Activities in Schools and Clubs.

Changes in the Education Committee's policy in regard to the teaching of Swimming have been made during the year. It is now proposed to give Swimming instruction to children between the ages of 9 and 11 years instead of 10-12 years as previously. This should prove better both from the educational and administrative points of view. Encouragement to non-swimming schools is being given (a) by providing extra transport for children to and from the Baths where necessary, and (b) by approving suitable plans for the building of Learners' Baths on school sites (with financial help in two approved schemes during the year 1958-59).

The full effect of the Committee's revised policy will not be felt for two or three seasons, but already it has been welcomed as a sound and wise move.

Successful courses on the teaching of Swimming for men and women have been held during the year, as a result of which more qualified teachers of Swimming are available.

(b) Open Air Education.

(i) **SUMMER CAMP.** The Henley Fort Camp was opened for 18 weeks during the period 11th May to 28th September and during this period no serious illness occurred. The following statistics are given for 1957 together with those for the preceding year :—

	1956 (35th season)	1957 (36th season)
Number of children	553	496
Number of teachers	32	32
Number of schools	10	8
Average cost of food per head per week ...	18/10½d.	£1/1/4d.
Number of weeks	19	18

(ii) **SHEEPHATCH SCHOOL.** The County Council have purchased the Sheephatch School, which has been on lease since 1946, and the Education Committee have decided to continue using the school 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.

Priority is given to pupils over 13 years of age on 1st April and the children usually remain at the school for one term.

The health at the 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, 1957 :—

No. in Attendance.	Total No. of mid-day meals supplied.	No. supplied free of cost.
155,151	91,274	2,951

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 135,310.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1957, the Education Committee was responsible for the maintenance and training at residential institutions of four handicapped persons over special school leaving age. The responsibility of the Committee in this respect is limited to those persons who require education as part of their training. Where the training is purely vocational responsibility is accepted by the Ministry of Labour and National Service.

EMPLOYMENT OF CHILDREN.

During the year 4,355 children were medically examined as to their fitness to take part-time employment and of these only seven 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 6,624 examinations and re-examinations were carried out for this purpose.

There were 56 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.

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	16,399
Second Age Group	20,023
Third Age Group	14,048
Total	50,470
Additional Periodic Inspections	21,093
Grand Total	71,563

B.—OTHER INSPECTIONS.

Number of Special Inspections	12,327
Number of Re-inspections	17,239
Total	29,566

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	293	1,653	1,872
Second Age Group	1,414	2,150	3,368
Third Age Group	1,021	967	1,848
Total	2,728	4,770	7,088
Additional Periodic Inspections	1,210	2,171	3,139
Grand Total	3,938	6,941	10,227

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	16,399	16,233	98.99	166	1.01
Second Age Group	20,023	19,828	99.03	195	.97
Third Age Group	14,048	13,982	99.53	66	.47
Additional Periodic Inspections	21,093	20,912	99.14	181	.86
Total	71,563	70,955	99.15	608	.85

TABLE II.

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	401,755
(ii) Total number of individual pupils found to be infested	684
(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	130	351	261	229	911	1,205
Eyes—						
(a) Vision	289	492	1,026	636	3,938	3,593
(b) Squint	218	244	49	36	671	682
(c) Other	58	82	31	50	232	347
Ears—						
(a) Hearing	35	185	21	98	152	692
(b) Otitis Media	66	488	23	97	164	1,163
(c) Other	47	138	43	73	196	418
Nose and Throat	362	1,973	54	262	821	4,446
Speech	132	340	17	38	278	710
Lymphatic Glands	74	938	7	62	166	1,929
Heart	13	216	30	98	77	798
Lungs	110	478	25	151	299	1,308
Developmental—						
(a) Hernia	22	75	6	7	64	208
(b) Other	19	334	13	50	131	1,070
Orthopaedic—						
(a) Posture	93	302	157	293	864	1,800
(b) Feet	228	437	108	210	913	1,566
(c) Other	216	779	124	384	921	2,837
Nervous System—						
(a) Epilepsy	2	14	11	9	33	81
(b) Other	10	87	6	33	54	299
Psychological—						
(a) Development	5	97	11	36	58	400
(b) Stability	24	332	8	46	113	1,033
Abdomen	6	72	9	8	43	189
Other	75	191	71	144	417	1,047
	2,234	8,645	2,111	3,050	11,516	27,821

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections.	
	Requiring treatment.	Requiring observation.
Skin	1,313	139
Eyes—		
(a) Vision	1,615	627
(b) Squint	93	35
(c) Other	286	52
Ears—		
(a) Hearing	271	261
(b) Otitis Media	40	40
(c) Other	48	50
Nose and Throat	932	478
Speech	369	168
Lymphatic Glands	30	100
Heart	27	107
Lungs	134	159
Developmental—		
(a) Hernia	11	9
(b) Other	31	78
Orthopaedic—		
(a) Posture	175	202
(b) Feet	194	181
(c) Other	395	272
Nervous System—		
(a) Epilepsy	10	15
(b) Other	65	78
Psychological—		
(a) Development	256	88
(b) Stability	159	140
Abdomen	75	46
Other	1,640	566
	8,169	3,891

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	601	61
Errors of refraction (including squint)	11,942	987
Total	12,543	1,048
Number of pupils for whom spectacles were prescribed	6,422	579

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	—	35
(b) for adenoids and chronic tonsillitis	—	1,009
(c) for other nose and throat conditions	—	32
Received other forms of treatment	1,087	462
Total	1,087	1,538
Total number of pupils in schools who are known to have been provided with hearing aids :—		
(a) in 1957	5	11
(b) in previous years	14	68

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority.	Otherwise.
Number of pupils known to have been treated at clinics or out-patient departments	2,565	944

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	1
(ii) Body	12
Scabies	40
Impetigo	169
Other skin diseases	2,163
Total	2,385

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	639
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GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	1,732
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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	4,185
(b) Pupils who received convalescent treatment under School Health Service arrangements	272
(c) Pupils who received B.C.G. vaccination	8,529
(d) Other than (a), (b) and (c) above (specify) :—	
1. Glands	14
2. Heart and Circulation	16
3. Lungs	132
4. Development	18
5. Nervous System	53
Total	13,219

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—	
(a) At periodic inspections	139,988
(b) As specials	12,323
Total (1)	152,311
(2) Number found to require treatment	83,426
(3) Number offered treatment	78,472
(4) Number actually treated	43,741
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)	133,061
(6) Half-days devoted to :—	
Periodic (school) inspection	1,403
Treatment	18,179
Total (6)	19,582
(7) Fillings :—	
Permanent teeth	74,831
Temporary teeth	18,450
Total (7)	93,281
(8) Number of teeth filled :—	
Permanent teeth	61,969
Temporary teeth	15,695
Total (8)	77,664
(9) Extractions :—	
Permanent teeth	9,585
Temporary teeth	28,495
Total (9)	38,080
(10) Administration of general anaesthetics for extraction	17,159
(11) Orthodontics :—	
(a) Cases commenced during the year	1,186
(b) Cases carried forward from previous year	3,208
(c) Cases completed during the year	743
(d) Cases discontinued during the year	98
(e) Pupils treated with appliances	1,867
(f) Removable appliances fitted	2,152
(g) Fixed appliances fitted	36
(h) Total attendances... ..	20,986
(12) Number of pupils supplied with artificial dentures	226
(13) Other operations—	
Permanent teeth	24,505
Temporary teeth	9,661
Total (13)	34,166

SPEECH THERAPY.
STATISTICAL REPORT FOR YEAR 1957.

[illegible]