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Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1958

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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 report for the year 1958. The report has been prepared in accordance with Circular 22/58 of the Ministry of Health, and in that circular the Minister asks for the inclusion of a "brief general review of the manner in which, during the ten years since its start, the local health services have functioned in the wider setting of the National Health Service generally," and I gladly take this opportunity of giving the County Council a brief review of the health services over the past ten years. Most of the sections of the report incorporate a brief summary of the functioning of the section over the past ten years, but I should like to make a few general comments in this preface.

Since the passing of the Education Act of 1944, the County has been divided into nine administrative areas specially designed to meet the modern needs of the Education, Health and Welfare services. These divisions conform generally but not strictly with the boundaries of the county districts concerned, and each contains a number of county districts varying from two to six. The fact that the divisional areas for Education, Health and Welfare are identical is obviously a great help to securing effective and proper liaison between these three services. Moreover, the nine divisions coincide reasonably well, though not identically, with the areas served by the seven general hospital management committees in the County. The importance of maintaining a close liaison between the divisions and the hospital management committees cannot be over-emphasised since in many respects the services provided by the two bodies interlock, for example, in respect of the service for the care of mothers and young children, the midwifery and home nursing service, home help, geriatric and tuberculosis services, and so on. It is quite clear that if the administrative units on both sides are geographically identical, co-operation between the two bodies is made very much easier, and where it exists, the coincidence of the area of the divisions and the areas of the general hospital groups in Surrey has contributed much to securing unity and preventing duplication.

Each of the divisions has a Divisional Health Sub-Committee composed of two, three, four or five representatives from each county district council in the division plus five county representatives, including the Chairman and Vice-Chairman of the County Health Committee. These Divisional Health Sub-Committees are responsible for the day-to-day administration of the domiciliary services, advise the County Health Committee on local considerations affecting health policy matters generally, and co-operate with the County Health Committee on matters of senior divisional staffing. They have a certain measure of financial autonomy in respect of items already included in the annual estimates.

In 1949, on the initiative of the County Health Committee, a Joint Liaison Committee was formed with two representatives each from the County Health Committee, the Regional Hospital Board and the Executive Council, and with the Chairman of each of the general hospital management committees in the County. This Committee meets regularly and has performed a most valuable function in co-ordinating the work of the three bodies concerned. As regards liaison with the general practitioners, the activities of the above Committee have been valuable in securing this, as also has the constitution of the Executive Council which includes eight members from the County Council. Moreover, the County Medical Officer is invited to be present at the meetings of the Executive Council and is ex officio a member of the Local Medical Committee. Nevertheless, the liaison between the general practitioners and the domiciliary services of the County Health Committee still requires strengthening.

As regards co-operation with the county districts, I have already referred to the composition of the Divisional Health Sub-Committees, which, of course, helps to secure good liaison with the county districts. In addition, the Town Clerk or the Clerk of one of the districts in each division acts as Secretary of the Divisional Sub-Committee, and an administrative medical officer from the central office attends most of the Divisional Sub-Committee meetings. The County Council's policy is for the Divisional Medical Officer also to be Medical Officer of Health of one or more county districts in the division. Although there are nine divisions, twelve Medical Officers act as Divisional Medical Officers and eleven of them are also Medical Officers of Health of one or more county districts. Conversely, there are 18 Medical Officers of Health to county districts in the County (two of them being part-time) and of these, 11 also hold appointments as Divisional Medical Officers and one as a Deputy Divisional Medical Officer. Finally, to help to maintain liaison with the county districts, the County Medical Officer presides monthly at a meeting of all County District Medical Officers and Divisional Medical Officers in the County.

The population of the County at mid-year 1958 is estimated by the Registrar-General to be 1,432,500, an increase of 13,000 in the year, such increase being closely comparable with the

increases in the previous two years and appreciably greater than any other annual increase since 1950. The excess of live births over deaths was 4,301, and the remainder of the increase resulted from movements of the population. The County Districts where the largest increases of population occurred were Woking (1,650), Chertsey (1,280), and Leatherhead (1,100).

The number of live births and the birth rate in 1958 were 20,398 and 14.24 per thousand population respectively; the number of still births and the still birth rate were respectively 364 and 17.53 per thousand live and still births. The figures in respect of live births represent an appreciable increase in the total births taking place in the County over the number in previous years and continues a general trend which has been continuing over the past three years. Although about 70 per cent. of all confinements in Surrey take place each year in maternity hospitals or maternity units attached to general hospitals, much of the burden of the increase over this period has fallen on the general practitioners and domiciliary midwives since home confinements have increased by 1,343 and hospital confinements by 470 as compared with the figures for 1955.

The death rate from cancer of the lung and bronchus has again increased and now exceeds that in the previous peak year of 1955. Similarly, the death rates from vascular lesions of the nervous system, from coronary heart disease, from respiratory diseases (non-tuberculous), from malignant disease of the stomach and from violence all show appreciable increases.

It is gratifying to be able to report that the number of infant deaths and the infant mortality constitutes a new low record for the County, being 341 and 16.72 respectively. The infant mortality rate for England and Wales in 1958 was 22.5.

The various immunisation schemes of the County Council have proceeded satisfactorily during the year and attention is particularly drawn to poliomyelitis vaccination. By the end of the year, 58,117 persons had received three injections against poliomyelitis, 187,624 had received two injections and 8,008 had received one injection. The willingness of medical and nursing staff to cope with the work in dealing with these large numbers is much appreciated.

Demands on the ambulance service have steadily increased since its inception, but increasing experience has led to a number of measures contributing to greater efficiency and economy. For example, the County Council is one of the largest users of the hospital car service in the country and, with the development of adequate premises, steps have been taken to co-ordinate the journeys with those of the direct service under the same control. In the early days a good deal of repair and maintenance work had to be sent to outside contractors, but now a first-class maintenance service has been provided at each of the main stations under the County Engineer. Rules for the use of the service have now settled into a routine which is fairly well recognised and accepted by both hospitals and general practitioners, and cases seldom arise where there is any difference of opinion. Experience in the advantages and disadvantages of different types of ambulance and sitting case vehicles has been valuable and the needs of the service are now fairly well standardised. The introduction of wireless control has contributed greatly to the efficient and economic working of the service.

The work and organisation of the school health service showed little variation from that of previous years, although certain modifications have been made in the scheme of periodic medical inspections. Extension in the treatment of, and educational provision for, handicapped pupils has also taken place and reference to these developments is made in the body of the report.

The new scheme of inspection provides for medical examination of children on entry to all secondary schools. Quite often the transfer from primary to secondary school means a change of school medical officer as the new school is in a different area. Medical examination of the child on entry to the secondary school ensures that he will be seen at the earliest opportunity by the medical officer who thus becomes aware of any defects which need attention. Previously the child might not have been seen until the age of 14+ in the case of a secondary modern school. Further, any modifications to the school curriculum necessitated by medical defects can be brought to the attention of the teaching staff without delay. The new arrangement also caters for the increasing number of children receiving secondary education over the age of fifteen.

The Ministry of Education has asked for the returns of periodic medical inspections to be furnished in age groups by year of birth, instead of by grouping into four main sections as in previous years. The statistics for the year, and some of the tables in this report are, therefore, not strictly comparable with former years. Nevertheless, the overall percentage of children with "unsatisfactory" physical conditions again shows a drop; the total percentage of 0.7 comparing favourably with last year's figure of 0.85 per cent.

The day class for maladjusted children, which was opened in January at Hollymount House, Raynes Park had, by the end of the year, admitted twenty children. All the children were referred through the Wimbledon and New Malden Child Guidance Clinics. The children were divided into groups for teaching purposes according to the degree of maladjustment shown and experience proved that the optimum number in each group was six.

Wherever practicable, educational tests are given to the children soon after admission and re-testing is done at intervals of three to four months. In every case marked educational progress has been

made. Although it is not possible to obtain similar objective measurements of social progress, it is noteworthy that all physical symptoms, e.g., enuresis, truancy, facial tics, have ceased in the children discharged from Hollymount. Contact has been maintained with the homes and school and so far there has been no regression.

The incidence of infectious disease in the schools showed a marked decline in 1958. Total exclusions for the year for the principal infectious diseases numbered 11,240 against 18,028 for the previous year. Low incidences of measles and whooping cough accounted mainly for this change.

Poliomyelitis vaccination and B.C.G. vaccination were actively continued throughout the year. Third injections of poliomyelitis vaccine were authorised by the Ministry of Health and the age range was raised to include all pupils within the scheme instead of an upper age limit of fifteen, as previously.

Response to both poliomyelitis and B.C.G. vaccination has, on the whole, been good. Of the susceptible children in the thirteen to fourteen years age group 54.8 per cent. were protected with B.C.G.

In conclusion I wish to express my thanks to all members of the staff of the department for the admirable way in which they have carried on the work of the department 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 under one acre from the Borough of Richmond to the Royal Borough of Kingston-upon-Thames under the Kingston-upon-Thames and Richmond (Boundaries) Order, 1958. Such transfer took effect from the 1st April, 1958.

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 1958 was 1,432,500, an increase of 13,000 over the comparable figure for mid-year 1957. The population under 1 year is given by the Registrar-General as 19,800, the population 1-4 years as 76,100, and the population 5-14 years 214,800.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1954-1958 is shown in the following table:—

	1954.	1955.	1956.	1957.	1958.
Urban Districts...	1,228,760	1,235,600	1,245,000	1,255,800	1,266,000
Rural Districts ...	156,440	157,100	160,700	163,700	166,500
Administrative County	1,385,200	1,392,700	1,405,700	1,419,500	1,432,500
Increase or decrease over previous year ...	+ 9,700	+ 7,500	+ 13,000	+ 13,800	+ 13,000

The following table shows the population of each Sanitary District at the censuses of 1931 and 1951, and the Registrar-General's mid-year estimates for 1957 and 1958:—

DISTRICTS.	Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
		1931.	1951.	1957.	1958.
M.B. and Urban.					
1. Banstead	12,821	18,734	33,529	38,680	38,840
2. Barnes	2,517	42,440	40,593	39,390	39,220
3. Beddington and Wallington	3,045	26,328	32,757	32,460	32,390
4. Carshalton... ..	3,346	28,586	62,721	60,440	60,300
5. Caterham and Warlingham	8,233	21,774	31,293	34,030	34,800
6. Chertsey	9,983	16,988	30,852	36,410	37,690
7. Coulsdon and Purley	11,143	39,795	63,773	67,830	68,580
8. Dorking	9,511	15,204	20,252	20,600	20,730
9. Egham	9,350	17,196	24,690	28,560	29,250
10. Epsom and Ewell	8,427	35,231	68,055	67,340	67,590
11. Esher	14,847	32,407	51,432	55,840	56,660
12. Farnham	9,039	19,005	23,928	25,130	25,190
13. Frimley and Camberley... ..	7,768	16,532	20,386	24,170	25,130
14. Godalming... ..	2,393	10,940	14,244	15,640	15,750
15. Guildford	7,323	34,237	48,048	51,200	51,780
16. Haslemere	5,751	9,168	12,003	11,930	12,070
17. Kingston-upon-Thames	1,408	39,825	40,174	38,590	38,800
18. Leatherhead	11,187	16,483	27,206	32,650	33,750
19. Malden and Coombe	3,164	23,350	45,566	45,940	45,540
20. Merton and Morden	3,237	41,227	74,730	71,090	70,810
21. Mitcham	2,932	56,872	67,269	64,930	64,700
22. Reigate	10,255	34,547	42,248	49,330	49,760
23. Richmond	4,109	39,276	41,942	42,450	42,330
24. Surbiton	4,709	30,178	60,875	63,110	63,550
25. Sutton and Cheam	4,338	48,363	80,673	78,960	79,210
26. Walton and Weybridge	9,052	25,671	38,112	42,200	43,140
27. Wimbledon	3,212	59,515	58,141	57,630	57,520
28. Woking	15,708	35,987	47,596	59,270	60,920
Total	198,808	835,859	1,203,088	1,255,800	1,266,000
Rural.					
1. Bagshot	16,083	11,080	14,109	14,980	15,340
2. Dorking and Horley	53,943	18,485	25,832	29,260	29,980
3. Godstone	52,507	25,866	32,823	35,440	35,930
4. Guildford	59,643	31,554	44,936	50,130	51,050
5. Hambledon	68,175	24,926	31,851	33,890	34,200
Total	250,351	111,911	149,551	163,700	166,500
Administrative County	449,159	947,770	1,352,639	1,419,500	1,432,500

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, 1958, was £25,040,819, and the estimated produce of a 1d. rate for general County purposes for the year 1958-59 was £101,569.

VITAL STATISTICS.

The principal vital statistics for the year 1958 are summarised below. Additional information is given in the paragraphs which follow

Live births	...	...	...	...	...	...	20,398
Live birth rate per 1,000 population	...	...	...	...	...	...	14.24
Still births	...	...	...	...	...	...	364
Still birth rate per 1,000 live and still births	...	...	...	...	...	...	17.53
Total live and still births	...	...	...	...	...	...	20,762
Infant deaths	...	...	...	...	...	...	341
Infant mortality rate per 1,000 live births...	...	...	...	...	...	...	16.72
" " " " " legitimate births	...	...	...	...	...	...	16.41
" " " " " illegitimate births	...	...	...	...	...	...	23.84
Neo-natal mortality rate (first four weeks) per 1,000 live births	...	...	...	...	...	...	12.11
Illegitimate live births per cent of total live births	...	...	...	...	...	...	4.11
Maternal deaths (including abortion)	...	...	...	...	...	...	9
Maternal mortality rate per 1,000 total births	...	...	...	...	...	...	0.43

The following statement compares the County birth and death rates for the year 1958 with the previous year and with the mean of the five years 1953-57.

	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.		
1953	13.22	11.46	0.16	1.97	1.03	20.56
1954	13.13	10.96	0.11	1.96	0.08	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
1957	13.83	11.19	0.07	2.09	0.75	19.26
Mean of 5 years, 1953-1957	13.34	11.26	0.11	2.03	0.67	19.03
1958	14.24	11.24	0.07	2.10	0.43	16.72
Increase or decrease in 1958 on:						
5 years average	+0.90	-0.02	-0.04	+0.07	-0.24	-2.31
Previous year	+0.41	+0.05	—	—	-0.32	-2.54

1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 20,398, of which 10,418 were males and 9,980 females, as compared with 19,627 in the previous year, showing an increase of 771. The birth rate for the year was 14.24 as compared with 13.83 for the previous year.

The live birth rate is based on the number of live births per 1,000 of the estimated population of the area. The local rates shown in the Table on page 9 are not validly comparable by reason of the fact that the areal populations on which they are based may be of widely differing sex-age constitutions. With a view to eliminating this element of variation the Registrar-General has supplied a comparability factor for each area and this when multiplied by the live birth rate of the area produces an adjusted rate which may be regarded as comparable with the adjusted rate of any other area or with the crude live birth rate for England and Wales.

The factor for the Administrative County is 1.02, for the aggregate of Urban Districts 1.01 and for the Rural Districts 1.06. The effect of these factors on the 1958 crude live birth rates is shown below:—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	14.24	14.06	15.62
Adjusted rates	14.52	14.20	16.56

The birth rate for England and Wales for 1958 was 16.4 and for 1957, 16.1.

In addition to the 20,398 live births in Surrey, there were 364 still births and the rate of still births per 1,000 live and still births was 17.53 as compared with an average rate of 18.12 for the quinquennial period 1953-57.

Of the 20,398 live births 839 or 4.11 per cent. were illegitimate, as compared with 767 or 3.91 per cent. in 1957.

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
1958 ...	20,398	14.24	364	17.53	839	4.11

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1958 was 16,097, as compared with 15,885 in the year 1957. The crude death rate for 1958 was 11.24, compared with 11.19 for 1957. The death rate for England and Wales in 1958 was 11.7 compared with 11.5 for 1957.

3. Infant Mortality.

The number of infants under one year who died during 1958 was 341 compared with 378 in 1957. This represents an infant mortality rate of 16.72 per 1,000 live births as compared with a corresponding rate of 19.26 for the year 1957. The comparable figures for England and Wales were 22.5 in 1958 and 23.0 in 1957.

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
1958 ...	22.5	16.2	6.3	16.72	12.11	4.61

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 1958:—

DISTRICTS	Live births.			Live birth rate.	Adjusted birth rate.	still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardised death rate.	Excess of births over deaths.	Infants dying	
	M.	F.	Total									under 1 month.	1-12 months.
M.B. and Urban													
Banstead...	260	255	515	13.26	14.59	8	15.30	477	12.28	8.84	38	5	3
Barnes...	218	222	440	11.22	11.22	16	35.09	486	12.39	10.16	—46	6	2
Beddington and Wallington	208	192	400	12.35	12.97	13	31.48	331	10.22	9.81	69	2	1
Carshalton...	372	378	750	12.44	12.07	12	15.75	566	11.93	11.93	184	10	1
Caterham and Warlingham	279	240	519	14.91	15.51	8	15.18	355	10.20	10.10	164	5	6
Chertsey...	385	369	754	20.01	18.61	12	15.67	311	8.25	9.65	443	14	1
Coulsdon and Purley	498	482	980	14.29	15.86	13	13.09	877	12.79	8.70	103	12	5
Dorking...	149	141	290	13.99	14.97	8	26.85	254	12.25	10.78	36	4	—
Egham...	256	262	518	17.70	16.99	8	15.21	290	9.91	9.51	228	4	3
Epsom and Ewell	381	363	744	11.01	13.21	13	17.17	1,067	15.79	9.00	—323	12	4
Esher...	414	421	835	14.74	14.74	13	15.33	554	9.78	9.68	281	10	2
Farnham...	168	180	348	13.82	14.37	12	33.33	403	16.00	11.52	—55	4	4
Frimley and Camberley	264	260	524	20.85	20.85	8	15.04	221	8.79	10.37	303	10	7
Godalming	117	108	225	14.29	14.86	4	17.47	170	10.79	10.03	55	3	—
Guildford	396	360	756	14.60	14.16	12	15.63	587	11.34	10.43	169	6	2
Haslemere	86	83	169	14.00	13.86	2	11.70	144	11.93	9.54	25	1	—
Kingston-upon-Thames	261	275	536	13.81	13.26	15	27.22	434	11.19	10.29	102	5	3
Leatherhead	271	231	502	14.87	14.72	6	11.81	335	9.93	10.23	167	4	1
Malden and Coombe	276	255	531	11.66	12.24	11	20.30	419	9.20	9.57	112	6	2
Merton and Morden	423	398	821	11.59	12.05	12	14.41	763	10.78	12.40	58	6	2
Mitcham...	465	463	928	14.34	13.91	16	16.95	619	9.57	11.48	309	13	6
Reigate...	386	364	750	15.07	15.22	13	17.04	655	13.16	10.66	95	10	5
Richmond	313	266	579	13.68	12.72	12	20.30	589	13.91	10.71	—10	9	2
Surbiton...	459	408	867	13.64	13.64	16	18.12	641	10.09	10.90	226	11	3
Sutton and Cheam	516	519	1,035	13.07	13.07	9	8.62	971	12.26	12.01	64	11	6
Walton and Weybridge	354	321	675	15.65	15.18	7	10.26	444	10.29	9.98	231	5	5
Wimbledon	421	373	794	13.80	13.25	21	25.77	670	11.65	9.90	124	13	3
Woking	521	491	1,012	16.61	16.44	21	20.33	718	11.79	9.31	294	16	7
Total	9,117	8,680	17,797	14.06	14.20	321	17.72	14,351	11.34	10.32	3,446	217	86
Rural													
Bagshot...	112	104	216	14.08	14.92	3	13.70	168	10.95	10.29	48	2	2
Dorking and Horley	258	278	536	17.88	18.24	11	20.11	308	10.27	10.58	228	6	—
Godstone	298	310	608	16.92	18.27	12	19.35	440	12.25	9.68	168	9	2
Guildford	410	385	795	15.57	16.97	16	19.73	462	9.65	9.14	333	11	3
Hambledon	223	223	446	13.04	13.56	1	9.24	368	10.76	9.68	78	2	1
Total	1,301	1,300	2,601	15.62	16.56	43	16.26	1,746	10.49	9.97	855	30	8
Administrative County	10,418	9,980	20,398	14.24	14.52	364	17.53	16,097	11.24	10.34	4,301	247	94

* The standardised death rate is based on information supplied by the Registrar-General, and the effect of standardising the death rate is to adjust the population of a district in regard to sex and age distribution so as to make the death rate of that district truly comparable with those of other districts, and with the country as a whole.

The infant mortality rates in the urban and the rural districts respectively were 17.03 and 14.61: the neo-natal mortality rates for the urban and the rural districts respectively were 12.19 and 11.53.

4. Maternal Mortality.

In 1958 9 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.43 per thousand live and still births. The corresponding figures for England and Wales in 1958 were 326 and 0.43 : and for Surrey in 1957 were 15 and 0.75.

5. Causes of Death.

The grouped causes of death arranged in order of frequency in 1958 in the County were as follows :—

	Deaths	Percentage of Total Deaths
Diseases of the heart	5,372	33.37
Malignant disease	3,005	18.67
Bronchitis, pneumonia and other diseases of respiratory system... ..	2,282	14.18
Vascular lesions of the central nervous system	1,654	10.28
Other circulatory diseases	844	5.24
Violent causes	604	3.75
Digestive diseases	203	1.26
Congenital malformation	136	0.84
Tuberculosis (all forms)	119	0.74
All other causes	1,878	11.67
	16,097	100.00

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 1958, 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.										Malignant Disease.										Violence																		
	Vascular lesions of nervous system.			Coronary diseases, angina.			Hypertension with heart disease.			Other heart disease.			Other circulatory disease.			Pulmonary Tuberculosis.			Respiratory diseases (Non-Tuberculous).			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		No.	Rate per 1,000		No.	Rate per 1,000			
M.B. and Urban.																																							
Barnstead	45	1.16		72	1.85		14	0.36		109	2.81		30	0.77		43	1.11		14	0.36		15	0.39		11	0.28		3	0.08		40	1.03		13	0.33				
Barns	83	2.12		93	2.37		7	0.18		58	1.48		32	0.82		49	1.25		11	0.28		24	0.61		7	0.18		3	0.05		47	1.19		18	0.46				
Beddington and Wallington	51	1.57		65	2.01		4	0.12		46	1.42		17	0.52		37	1.14		7	0.22		13	0.40		6	0.18		1	0.03		37	1.14		12	0.37				
Bursledon	69	1.14		75	1.24		7	0.12		78	1.29		41	0.68		62	1.03		20	0.33		40	0.66		16	0.27		4	0.07		55	0.91		25	0.41				
Caterham and Warrington	52	1.49		39	1.12		4	0.11		68	1.95		12	0.34		35	1.01		9	0.26		13	0.37		3	0.09		3	0.09		35	1.01		14	0.40				
Chertsey	37	0.98		43	1.14		6	0.16		33	0.88		15	0.40		46	1.22		5	0.13		17	0.45		6	0.16		—	—		30	0.80		9	0.24				
Condon and Purley	108	1.57		145	2.11		32	0.47		137	2.00		47	0.69		103	1.50		20	0.29		25	0.36		18	0.26		2	0.03		59	0.86		39	0.57				
Dorking	50	2.41		42	2.03		5	0.24		34	1.04		7	0.34		23	1.11		5	0.24		10	0.48		9	0.43		—	—		24	1.16		16	0.77				
Edham	39	1.33		54	1.85		5	0.17		43	1.47		14	0.48		29	0.99		10	0.34		17	0.58		3	0.10		3	0.10		26	0.89		12	0.41				
Epsom and Ewell	153	2.26		140	2.07		14	0.21		212	3.14		61	0.90		123	1.82		13	0.19		35	0.52		24	0.36		7	0.10		79	1.17		21	0.31				
Essex	83	1.46		85	1.50		16	0.28		91	1.61		30	0.53		45	0.79		9	0.16		25	0.44		11	0.19		2	0.04		60	1.06		19	0.34				
Farnham	73	2.90		45	1.79		5	0.20		72	2.86		20	0.79		46	1.83		7	0.28		12	0.48		5	0.20		2	0.08		42	1.67		19	0.75				
Finchley and Camberley	29	1.15		25	0.99		—	—		44	1.75		9	0.36		23	0.91		9	0.36		13	0.52		3	0.12		—	—		25	0.90		9	0.36				
Godalming	19	1.21		42	2.07		5	0.32		14	0.89		6	0.38		10	1.21		6	0.38		9	0.57		3	0.19		3	0.19		19	1.21		5	0.32				
Guildford	88	1.70		96	1.85		12	0.23		74	1.43		37	0.71		64	1.24		18	0.35		25	0.48		16	0.31		2	0.04		51	0.98		22	0.43				
Haslemere	24	1.09		28	2.32		2	0.17		19	1.57		8	0.66		9	0.75		1	0.08		4	0.33		4	0.33		3	0.25		14	1.16		4	0.33				
Kingston-upon-Thames	61	1.57		81	2.09		13	0.34		53	1.37		32	0.82		48	1.24		14	0.36		25	0.64		5	0.13		6	0.15		41	1.06		16	0.41				
Leatherhead	57	1.69		62	1.84		5	0.15		52	1.54		10	0.30		23	0.68		9	0.27		16	0.47		7	0.21		1	0.03		41	1.21		10	0.30				
Malden and Coombe	59	1.30		71	1.56		9	0.20		49	1.08		18	0.40		40	1.08		15	0.33		18	0.40		11	0.24		2	0.04		43	0.94		18	0.40				
Merton and Morden	97	1.37		109	2.25		24	0.34		84	1.19		34	0.48		80	1.13		26	0.37		35	0.49		7	0.10		4	0.06		77	1.09		35	0.49				
Mitcham	90	1.39		118	1.82		6	0.09		64	0.99		29	0.45		58	0.90		18	0.28		26	0.40		16	0.25		4	0.06		56	0.87		21	0.32				
Reigate	92	1.85		105	2.11		16	0.32		96	1.93		26	0.52		64	1.29		14	0.28		29	0.58		18	0.36		8	0.16		57	1.15		27	0.54				
Richmond	84	1.98		81	1.91		13	0.31		81	1.91		28	0.66		72	1.46		11	0.26		34	0.80		12	0.28		3	0.07		53	1.25		22	0.52				
Sutton and Cheam	144	1.82		184	2.32		20	0.25		164	2.07		29	0.37		81	1.02		25	0.32		36	0.45		15	0.19		4	0.05		83	1.05		36	0.45				
Walton and Weybridge	52	1.21		90	2.09		4	0.09		47	1.09		36	0.83		47	1.09		12	0.28		18	0.42		10	0.23		2	0.05		43	1.00		15	0.35				
Wimbledon	104	1.81		130	2.26		16	0.28		74	1.29		36	0.63		76	1.32		22	0.35		29	0.50		11	0.19		1	0.02		43	1.10		27	0.47				
Woking	98	1.61		104	1.71		22	0.36		152	2.50		32	0.53		60	0.98		12	0.20		24	0.39		12	0.20		1	0.02		71	1.17		21	0.34				
Total	2,028	1.60		2,387	1.89		303	0.24		2,114	1.67		731	0.58		1,477	1.17		355	0.28		616	0.49		285	0.23		78	0.06		1,352	1.07		538	0.42				
Rural.																																							
Bagshot	24	1.56		26	1.69		5	0.33		25	1.63		7	0.46		19	1.24		6	0.39		7	0.46		2	0.13		5	0.23		19	1.24		9	0.59				
Dorking and Horley	42	1.40		47	1.57		14	0.47		48	1.60		16	0.53		20	0.97		7	0.23		10	0.33		3	0.10		1	0.03		35	1.17		16	0.58				
Godstone	66	1.84		61	1.70		9	0.25		61	1.70		38	1.06		58	1.61		8	0.22		21	0.58		5	0.14		3	0.08		40	1.11		10	0.28				
Haslemere	81	1.59		79	1.55		6	0.12		57	1.12		26	0.51		42	0.82		19	0.20		22	0.43		9	0.18		3	0.06		36	0.71		15	0.29				
Hambleton	41	1.20		54	1.58		9	0.26		67	1.96		20	0.76		29	0.85		5	0.15		13	0.38		5	0.15		2	0.06		42	1.23		16	0.47				
Total	254	1.53		297	1.60		43	0.26		258	1.55		113	0.68		177	1.06		36	0.22		73	0.44		24	0.14		14	0.08		172	1.03		66	0.40				
Administrative County 1958	2,282	1.59		2,654	1.85		346	0.24		2,372	1.66		844	0.50		1,654	1.15		391	0.27		680	0.48		309	0.22		92	0.06		1,524	1.06		604	0.42				
Percentage of Total Deaths in 1958	14.18 (14.03)			16.49 (15.47)			2.15 (2.31)			14.74 (15.34)			5.24 (5.11)			10.28 (9.48)			2.43 (2.30)		4.28 (4.03)		1.92 (1.90)		0.57 (0.67)		1.92 (1.90)		0.57 (0.67)		9.47 (9.73)		3.75 (3.52)						

The figures shown in brackets relate to the year 1957.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1958.

The causes of all deaths during 1958 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.	6,946	165	29	45	69	239	1,913	1,962	2,524		873	22	2	7	14	27	212	232	357	
	F.	7,405	138	21	27	29	211	1,234	1,589	4,156		873	16	4	3	3	20	151	192	484	
1. Tuberculosis, Respiratory ...	M.	61	—	—	—	1	13	26	18	3		1	—	—	—	—	—	1	—	—	
	F.	32	—	—	—	—	6	16	9	1		6	—	—	—	—	—	5	—	1	
2. Tuberculosis, Other...	M.	6	—	—	—	—	3	1	—	2		2	—	—	1	—	1	—	—	—	
	F.	10	—	1	—	—	3	5	1	—		1	—	—	—	—	—	1	—	—	
3. Syphilitic Disease	M.	23	—	—	—	—	2	8	6	7		3	—	—	—	—	—	1	—	2	
	F.	21	—	—	—	—	—	6	8	7		1	—	—	—	—	—	1	—	—	
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	—	—	—	—	—	1	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	M.	1	—	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis...	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
8. Measles	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	1	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases	M.	22	—	—	1	—	5	5	5	6		2	—	—	—	1	—	1	—	—	
	F.	21	—	—	1	—	2	6	7	5		1	—	1	—	—	—	—	—	—	
10. Malignant Neoplasm, Stomach	M.	191	—	—	—	—	4	72	75	40		17	—	—	—	—	1	4	5	7	
	F.	164	—	—	—	—	5	48	40	71		19	—	—	—	—	1	4	4	10	
11. Malignant Neoplasm, Lung, Bronchus	M.	512	—	—	—	—	15	252	188	57		65	—	—	—	—	5	31	23	6	
	F.	104	—	—	—	—	3	48	31	22		8	—	—	—	—	1	4	3	—	
12. Malignant Neoplasm, Breast	M.	3	—	—	—	—	—	1	2	—		—	—	—	—	—	—	—	—	—	
	F.	282	—	—	—	—	37	143	54	48		24	—	—	—	—	3	8	5	8	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	78	—	—	—	—	7	32	19	20		14	—	—	—	—	—	8	5	1	
14. Other Malignant and Lymphatic Neoplasms	M.	713	—	3	4	4	32	222	213	235		81	—	—	1	1	1	23	22	33	
	F.	639	—	—	2	2	28	212	154	241		91	—	—	—	2	2	29	30	28	
15. Leukæmia, Ateleukæmia ...	M.	32	—	1	4	1	3	11	8	4		5	—	—	—	—	—	2	2	1	
	F.	32	—	4	1	—	1	11	7	8		4	—	—	1	—	—	2	1	—	
16. Diabetes	M.	31	—	1	—	—	3	9	8	10		6	—	—	—	—	1	1	1	3	
	F.	61	—	1	1	—	1	5	14	39		3	—	—	—	—	—	—	1	2	
17. Vascular Lesions of Nervous System	M.	772	—	—	1	3	8	141	240	379		103	—	—	—	—	4	16	36	47	
	F.	1,256	—	—	—	1	15	151	273	816		151	—	—	—	—	—	24	31	96	
18. Coronary Disease, Angina...	M.	1,490	—	—	—	—	35	528	482	445		150	—	—	—	—	3	47	51	49	
	F.	897	—	—	—	—	1	112	266	518		117	—	—	—	—	—	15	29	73	
19. Hypertension with Heart Disease	M.	113	—	—	—	—	—	21	32	60		14	—	—	—	—	—	4	4	6	
	F.	199	—	—	—	—	—	12	51	127		29	—	—	—	—	—	2	9	18	
20. Other Heart Disease ...	M.	739	—	—	—	2	10	87	166	465		110	—	—	—	—	1	9	27	73	
	F.	1,384	—	—	1	—	18	89	205	1,071		148	—	—	—	—	2	11	28	107	
21. Other Circulatory Disease ...	M.	311	—	—	—	1	6	67	91	146		51	—	—	—	—	—	12	12	27	
	F.	429	—	—	—	—	3	46	99	272		62	—	—	—	—	—	9	18	35	
22. Influenza	M.	35	1	—	—	1	4	9	8	12		5	1	—	—	—	—	1	1	2	
	F.	32	1	—	—	—	—	4	8	19		3	—	—	—	—	1	—	1	1	

Continued overleaf

ADMINISTRATIVE COUNTY OF SURREY—continued.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1958—continued.

The causes of all deaths during 1958 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
23. Pneumonia	M.	321	26	2	—	2	10	51	65	165	52	5	—	—	—	1	7	17	22		
	F.	418	14	1	5	—	5	46	85	262	46	3	—	—	—	1	3	7	32		
24. Bronchitis	M.	412	1	2	—	—	2	114	136	157	55	—	—	—	—	—	19	14	22		
	F.	192	3	2	1	—	4	30	46	106	11	—	—	—	—	1	2	2	6		
25. Other Diseases of Respiratory System	M.	79	1	1	3	3	9	24	17	21	9	—	1	—	—	—	3	1	4		
	F.	55	2	2	2	1	1	9	7	31	4	—	—	—	—	—	1	—	3		
26. Ulcer of Stomach and Duodenum	M.	80	—	—	—	—	2	25	23	30	11	—	—	—	—	—	—	5	6		
	F.	37	—	—	—	—	—	4	15	18	3	—	—	—	—	—	1	—	2		
27. Gastritis, Enteritis and Diarrhoea	M.	25	—	1	—	1	1	13	6	3	6	—	—	1	—	1	2	—	2		
	F.	33	—	—	—	1	2	4	8	18	8	1	1	—	—	—	—	—	6		
28. Nephritis and Nephrosis ...	M.	45	1	—	—	1	3	14	12	14	7	—	—	—	—	—	2	1	4		
	F.	24	—	—	—	1	3	3	6	11	6	—	—	—	—	1	1	1	3		
29. Hyperplasia of Prostate ...	M.	96	—	—	—	—	—	8	23	65	22	—	—	—	—	—	1	5	16		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, Childbirth, Abortion	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	9	—	—	—	1	8	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital Malformations ...	M.	63	36	2	6	1	5	12	1	—	8	4	—	1	2	1	—	—	—		
	F.	60	34	2	3	1	5	11	3	1	5	2	2	—	—	—	—	—	1		
32. Other Defined and Ill-defined Diseases	M.	494	94	6	8	14	22	106	98	146	42	12	1	2	—	3	6	3	15		
	F.	690	77	5	6	11	33	118	126	314	87	10	—	—	1	4	17	16	39		
33. Motor Vehicle Accidents ...	M.	88	—	2	9	17	15	21	8	16	17	—	—	—	8	1	4	2	2		
	F.	36	—	—	3	5	3	6	10	9	8	—	—	2	—	2	2	1	1		
34. All Other Accidents ...	M.	111	4	7	9	11	8	26	12	34	23	—	—	1	2	2	10	—	8		
	F.	152	3	3	1	3	4	18	22	98	12	—	—	—	—	1	—	—	11		
35. Suicide	M.	82	—	—	—	6	19	38	17	2	6	—	—	—	—	1	5	—	—		
	F.	69	—	—	—	2	12	37	15	3	—	—	—	—	—	—	—	—	—		
36. Homicide and Operations of War	M.	4	1	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—		
	F.	5	3	—	—	—	1	1	—	—	1	—	—	—	—	—	1	—	—		

7. Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1958, giving the number of cases of each disease notified and the attack rate :—

Disease.	1958	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	3	0.002
Post infectious	8	0.006
Acute pneumonia	542	0.38
Acute poliomyelitis—		
Paralytic	25	0.02
Non-Paralytic	10	0.007
Diphtheria	1	0.001
Dysentery	862	0.60
Enteric or Typhoid Fever	6	0.004
Erysipelas	56	0.04
Food poisoning	195	0.14
Measles, excluding Rubella	5,103	3.56
Meningococcal Infections	20	0.01
*Ophthalmia neonatorum	3	0.15
Paratyphoid fevers	5	0.003
†Puerperal Pyrexia	439	21.14
Scarlet Fever	883	0.62
Tuberculosis—Pulmonary	615	0.43
Non-pulmonary	73	0.05
Whooping cough	504	0.35

* 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	75 (190)
Meningococcal infections	1 (5)
Acute Poliomyelitis	— (12)

The figures in brackets relate to the year 1957.

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1958 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 615 cases of pulmonary tuberculosis and 73 cases of non-pulmonary tuberculosis during the year.

The notifications and the case rates for pulmonary tuberculosis and for other forms of tuberculosis in 1958 and in certain preceding years were as follows :—

Year.	PULMONARY TUBERCULOSIS		OTHER FORMS OF TUBERCULOSIS	
	Primary cases notified.	Case-rate per 1,000 population.	Primary cases notified.	Case-rate per 1,000 population.
1921	648	0.88	127	0.17
1931	802	0.85	194	0.21
1941	1,049	0.88	280	0.24
1951	1,118	0.82	155	0.11
1952	1,209	0.89	136	0.10
1953	988	0.72	131	0.10
1954	865	0.62	142	0.10
1955	747	0.54	99	0.07
1956	737	0.52	69	0.05
1957	666	0.47	62	0.04
1958	615	0.43	73	0.05

The case-rate of pulmonary tuberculosis per thousand of the population was the lowest recorded since tuberculosis became notifiable in 1912, namely 0.43. The previous lowest record was 0.47 in 1957. The number of notifications of pulmonary tuberculosis decreased by 51 in comparison with the 1957 figure.

The number of patients on the registers with a positive sputum during the last six months of 1958 was 185, a reduction of 24 compared with the previous year.

The case-rate of non-pulmonary tuberculosis for 1958 rose very slightly from 0.04 in 1957 to 0.05. There was an increase of 11 in the number of notifications of non-pulmonary tuberculosis in comparison with the 1957 figure.

The case rates for Surrey, compared with those for England and Wales in 1948 and 1958 were as follows :—

	Year.	Surrey.	England and Wales.
Pulmonary Tuberculosis ...	1948	0.79 per 1,000	1.03 per 1,000
" " " ...	1958	0.43 per 1,000	0.59 per 1,000
Non-Pulmonary Tuberculosis ...	1948	0.14 per 1,000	0.20 per 1,000
" " " ...	1958	0.05 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 ...	—	—	—	—	—
One and under 2 years ...	2	—	—	1	3
2 " " 5 " ...	2	2	—	—	4
5 " " 10 " ...	6	5	—	1	12
10 " " 15 " ...	5	5	3	2	15
15 " " 20 " ...	30	29	2	4	65
20 " " 25 " ...	42	34	—	6	82
25 " " 35 " ...	56	61	10	8	135
35 " " 45 " ...	66	40	6	9	121
45 " " 55 " ...	76	16	3	4	99
55 " " 65 " ...	76	17	1	4	98
65 " " 75 " ...	25	11	1	4	41
75 and upwards ...	9	—	—	4	13
Totals ...	395	220	26	47	688
1957	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

(b) DEATHS.

The numbers of deaths and the death rates for pulmonary tuberculosis and other forms of tuberculosis in 1958 and in certain preceding years were as follows :—

Year.	Pulmonary Tuberculosis.		Other forms of Tuberculosis.	
	Deaths.	Death rate per 1,000 population.	Deaths.	Death rate per 1,000 population.
1921	449	0.61	109	0.14
1931	524	0.56	81	0.09
1941	566	0.48	116	0.10
1951	260	0.19	37	0.03
1952	227	0.17	26	0.02
1953	226	0.16	25	0.02
1954	153	0.11	26	0.02
1955	140	0.10	16	0.01
1956	128	0.09	13	0.01
1957	97	0.07	17	0.01
1958	100	0.07	19	0.01

The death rates for both pulmonary and non-pulmonary tuberculosis showed no change over the previous year the figures for which were the lowest recorded, viz. : Pulmonary 0.07, Non-Pulmonary 0.01. This is a direct result of the recent advances in treatment, including chemotherapy and thoracic surgery, combined with a closer supervision of all patients.

Provisional death rates for England and Wales in 1958 were as follows :—

Pulmonary tuberculosis ...	0.089 per 1,000
Non-Pulmonary tuberculosis ...	0.011 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 and tables showing the causes of all deaths in 1958, classified in age groups for the aggregate of urban districts and for the aggregate of rural districts will be found on pages 13 and 14.

The statistics quoted above are supplied by the Registrar General. It should be noted, however, that not all deaths of tuberculous patients are included under the heading of tuberculosis for the reason that, as a general rule, the Registrar General only allocates a death to tuberculosis when that disease is the sole or underlying cause of death. For instance, the death of a tuberculous patient in a road accident would not be allocated to tuberculosis.

In 1958 some 230 tuberculous patients (of whom 170 were notified cases) died as follows :—

	<i>Pulmonary.</i>	<i>Non-Pulmonary.</i>	<i>Total.</i>
Deaths allocated by the Registrar General (tuberculosis being the sole or underlying cause)	100	19	119
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	41	—	41
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	63	7	70
	<u>204</u>	<u>26</u>	<u>230</u>

There were 60 deaths of unnotified cases of tuberculosis in 1958 as follows :—

<i>In Hospitals.</i>	<i>At Home.</i>	<i>Total.</i>
36	24	60

Not all of these deaths have been allocated to tuberculosis by the Registrar General; nevertheless it should be noted that the total of unnotified deaths compares unfavourably with the totals of 40, 48 and 41 in 1955, 1956 and 1957 respectively.

(c) REGISTERS.

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, 1958, were as follows :—

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>
Males	5,815	542
Females	4,412	758
Totals ...	10,227	1,300
Grand Total ...	11,527	

The total of 11,527 is a decrease of 444 as compared with the figure (11,971) for 1957. The number of pulmonary cases has fallen by 339 and the non-pulmonary figure has decreased by 105. The corresponding total for 1956 was 12,184.

During 1958, 488 cases were transferred in from outside the County and 721 cases were transferred out. The names of 706 patients were removed from the Register on the grounds of recovery.

The total of 8,996 cases on chest clinic registers for 1958, as set against 11,527 on the District Medical Officers' registers, represents a difference of 2,531. It is still essential for the District Medical Officer of Health to continue to keep a register which will show the total tuberculous cases in his area.

WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the department are given in the subsequent sections of the Report. There are, therefore, only three matters which I need to refer to here.

Capital Building Programme.

The following capital building projects have been completed since my last report :—

Project.	Purpose.	Date Completed.
Park Barn Estate, Guildford	Training Centre	January, 1959.
Green Wrythe Lane, Carshalton	Welfare Centre/School Clinic	February, 1959.
Between Streets, Cobham	Welfare Centre/School Clinic	May, 1959.

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

Project.	Purpose.	Present Position.
Pollards Hill, Mitcham	Welfare Centre/School Clinic	Building work nearing completion.
Chaldon Road, Caterham-on-the-Hill	do.	Tenders invited.
Morden Road, Morden	Welfare Centre/School Clinic and Library	Building work commenced.
Ewell Court, Ewell	Welfare Centre/School Clinic	Lease of existing premises extended for a further year to August, 1960.
Guildford	Welfare Centre/School Clinic and Child Guidance	Ministry of Health have asked for this project to be included in the Education Committee's building programme.
Ham	Welfare Centre/School Clinic	Richmond Borough Council have been asked to reserve a site on their new housing estate. In the meantime a site is being leased and the pre-fabricated bungalow thereon has been purchased for use as a dental clinic.
Walton Lodge Estate, Banstead	Ambulance Sub-Station	Building work in hand.
Grayswood Road, Haslemere	do.	Proceeding to the invitation of tenders.
Earlswood Mount, Redhill	Ambulance Control Station	do.
Abbotsbury Road, Morden	Training Centre	do.

Prevention of the Break-up of Families.

During the year Divisional Medical Officers held 101 Co-ordinating Conferences at which 823 reviews of families were made. Many families were, of course, considered at more than one conference. At the end of 1958, 260 families remained on the registers and they were classified as follows :—

Classification.	Problem Families.	Falling Families.	Families with Problems.	Total.
Have probably reached their own highest standard of behaviour but still require help and/or supervision	71	27	14	112
Improving	25	16	9	50
Improvement thought possible but not yet evident	32	16	5	53
Deteriorating	33	10	2	45
Total No. of families on registers at 31.12.58	161	69	30	260
Families removed from registers during 1958 :—				
(a) Problems resolved	45	35	30	110
(b) Other reasons (e.g. removed)	26	12	9	47

These 260 families are all known to the Health Visitors for their district and the latter in addition are giving special attention and support to a further 414 families which have not been considered by a co-ordinating conference.

REHOUSING.

In about ten per cent of the families dealt with it was felt that their problems would be largely overcome if they were suitably rehoused and twelve families were in fact rehoused.

SPECIAL HOME HELPS.

During each quarter of 1958 an average of eighteen problem families received the services of the special home helps whose total services amounted to 9,798 hours. In addition, 2,715 hours of service were given to other problem families by ordinary home helps.

In 1957 two special five-day courses were held for the training of special home helps, and in 1958 a third course was held and 19 attended. At the end of the year 52 special home helps were available for duty with problem and failing families. When working with these families they receive an extra 4d. per hour, but at other times they are employed and paid as ordinary home helps.

ESTABLISHMENT OF FAMILY SOCIAL SERVICE.

For many years the Council have employed 10 almoners to undertake the social care of the tuberculous patients attending the chest clinics in the County. In recent years some of the almoners have gradually found time to undertake also the social care of some of the non-tuberculous patients attending the chest clinics and more recently several of the almoners have also given assistance to certain Divisional Medical Officers in dealing with individual problem families.

In November, 1957, the number of almoners was increased to 11 in order to enable two of the almoners to undertake a pilot scheme for the social care of both chest clinic cases and problem and failing families in their areas. This scheme proved to be successful and the Council decided to extend it as opportunities arise to the whole County.

In October, 1958, the Council made an arrangement with South London Family Service Unit for Miss Jackson, an experienced case worker attached to that Unit, to devote her full time services to problem or failing families referred to her by the Divisional Medical Officers in the north-eastern part of the County, the Council making a grant at the rate of £840 per annum in respect of her salary and certain other approved expenditure.

In December, 1958, a further officer was appointed who will devote half of her time as deputy to the County Care Organiser at the County Hall and the other half as divisional social worker in the adjacent north central health division. Authority has been given to appoint in the ensuing year the whole time equivalent of four-and-a-half additional social workers making a total of 17½ including Miss Jackson: their total time will be spent almost equally between chest clinic work under the Chest Physicians and family social work under the Divisional Medical Officers.

All these social workers, with the exception of Miss Jackson, who is, of course, not on the staff of the Council, will receive the same salary and conditions of service as almoners according to their qualifications and experience. Some of them will act only as almoners at chest clinics or as divisional social workers, while others will be both almoners at chest clinics and divisional social workers.

The scheme for the future will, therefore, maintain the present social service for the tuberculous and extend it to a limited extent to the non-tuberculous attending chest clinics. It will also provide each Divisional Medical Officer with the services of a social worker who will assist him in

- (a) planning the family case work,
- (b) co-ordinating the work of the various officers and voluntary organisations,
- (c) ensuring that the various domiciliary social services considered to be necessary are provided, and
- (d) acting as a visiting case worker in selected families.

TRAINING HOMES.

Five mothers and their children were sent for training to Frimhurst Recuperative Home at Frimley and the husbands of four of these women paid week-end visits as guests of the proprietors. No other training home was used in 1958.

The Welfare Committee have adapted one of their large houses for the reception and training of up to six evicted families and it will be available for use during 1959.

Although the principal responsibility for the co-ordination of the work in connection with the prevention of the break-up of families rests with the Divisional Medical Officers, other county officers and officers of district councils together with the various voluntary and statutory organisations are also associated with this work and my thanks are due to them for their close co-operation and assistance without which successful work in this field would be impossible.

Gatwick Airport.

This airport became operational in 1958 and the County Council assumed responsibility for health control duties, i.e., the enforcement and execution of the Public Health (Aircraft) Regulations, 1952, and for the medical examination of aliens under the Aliens Order, 1953. For both these purposes it has been sufficient to establish a rota of general practitioners working in the neighbourhood, who can be supplemented, if necessary, by medical officers on the Council's staff. The extra ambulance provision for Gatwick is referred to under the Ambulance section of this Report.

The following table shows in summary the comparable figures to those given in the previous table over the past ten years :—

Year.	At Home.	In Private Nursing Home.	In Hospital.	Total Registered Births L. & S.
1949	4,950	+ 1,344 out-County 2,410	10,807	20,066
1950	4,361	1,305	12,870	18,774
1951	4,012	1,091	12,963	18,224
1952	3,849	1,043	13,130	17,977
1953	4,073	969	13,382	18,524
1954	4,110	828	13,584	18,545
1955	4,248	789	13,821	18,639
1956	4,568	793	13,781	19,116
1957	5,073	767	13,790	20,000
1958	5,591	856	14,291	20,762

From this table it is apparent that the main burden of the increased number of births in the past four years has fallen on the domiciliary midwifery service, the increase in home confinements being 1,343 as against an increase in hospital confinements of 470 and of confinements in nursing homes of 67.

(b) Expectant and Nursing Mothers.

Co-operation with hospital maternity units which has been developed over recent years has improved liaison in several directions notably in regard to the selection of maternity cases for admission to hospital. Home conditions reports are sought for a large proportion of the applications received by maternity units where the reasons are other than medical, resulting in a more careful selection. In this way knowledge of the expectant mothers in her area becomes available to the health visitor much earlier. Furthermore, most hospitals notify the discharge of mothers and infants with particulars of confinement and progress as a matter of routine, thus ensuring an early follow-up in the home by the health visitor or midwife. It has also been possible at one hospital for the health visitors to be attached to the antenatal clinics resulting in a still closer integration of the two services. The value of close liaison between the various bodies responsible for the maternity services has also been demonstrated in regard to the prevention of toxæmia of pregnancy and its importance has been emphasised to those concerned.

Division.	Number of premises in use at end of year (whether held at Child Welfare Centres or elsewhere).	Average number of sessions held per month during year.		Number of Women in attendance.		Total number of attendances during the year.	
		Medical Officers' sessions.	Midwives' sessions.	Number of Women who attended during the year.	Number of new cases included in Col. (4).	Medical Officers' sessions.	Midwives' sessions.
(1)	(2)	(3)		(4)	(5)	(6)	
Clinics for Ante-Natal Examination.							
North-Western	15	31	23	1,169	938	2,421	2,627
Central	6	32	4	1,917	1,156	7,185	1,685
North-Central	10	36	27	1,806	1,213	5,007	2,351
Southern	3	10	—	171	129	853	—
South-Eastern	4	16	—	369	274	1,541	—
Northern	5	18	18	1,046	781	3,799	1,820
South-Western	3	8	—	403	403	2,617	—
North-Eastern—							
Wimbledon	3	8	10	366	264	646	488
Merton & Morden	2	8	—	347	257	1,433	—
Mitcham	3	14	8	846	754	2,129	1,698
Mid-Eastern—							
Carshalton	4	17	—	263	192	1,341	—
Beddington & Wallington	1	4	—	130	96	503	—
Total ...	59	202	90	8,833	6,457	29,475	10,669
†Clinics for Post-Natal Examination.							
North-Western	11	31	4	100	100	92	23
Central	6	32	—	394	381	585	—
North-Central	10	36	—	330	330	405	—
Southern	3	10	—	73	70	73	—
South-Eastern	4	16	—	115	89	206	—
Northern	5	18	—	330	330	340	—
South-Western	3	8	—	205	205	206	—
North-Eastern—							
Wimbledon	3	8	10	8	8	8	—
Merton & Morden	2	8	—	34	34	34	—
Mitcham	2	2	—	64	64	64	—
Mid-Eastern—							
Carshalton	4	17	—	29	29	33	—
Beddington & Wallington	1	4	—	18	18	23	—
Total ...	54	190	14	1,700	1,658	2,069	23

† Separate post-natal clinics are not held, cases being seen at ante-natal clinics and the figures refer to sessions held and women examined post-natally at ante-natal clinics.

Total figures relative to ante-natal sessions and attendances over the ten-year period since the inception of the National Health Service are as follows:—

Year.	Number of Sessions per Month.		Number of Women attending.		Number of Attendances.	
	Medical Officers.	Midwives.	First time in the year.	All cases.	Medical Officers' sessions.	Midwives' sessions.
1949		256		9,294		38,467
1950		233		8,902		35,507
1951		220		8,197		34,831
1952		209		7,323		33,348
1953	206	45	5,748	7,538		33,521
1954	202	79	6,123	8,248	29,948	7,936
1955	198	73	6,009	7,986	30,430	6,941
1956	201	74	5,666	7,571	28,593	7,659
1957	199	84	6,277	8,927	29,334	9,161
1958	202	90	6,457	8,833	29,475	10,669

It will be seen that the number of women attending and the attendances at the ante-natal clinics, having fallen appreciably in the first years of the National Health Service, are now again increasing. There is no doubt that the work of the ante-natal clinics has changed greatly in recent years, that much more emphasis is now put on their educative function and that expectant mothers appreciate the services they offer.

I must again refer to the poor attendances by mothers for post-natal examination. This is particularly unfortunate, having regard to the high incidence of gynaecological ailments or disabilities directly attributable to child bearing. It is, of course, possible that many women go to their general practitioner for post-natal examination, but the numbers who at a later stage come to the gynaecological departments of the hospitals, suggest that many are not so seen.

(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, 160 Surrey cases were admitted to mother and baby homes, and 46 Surrey cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council while 91 cases were sent by the Council to other Homes, payment being made per capitem.

In addition, 54 cases were admitted to the hostel provided by the County Council at Dorincourt, Woking, for the reception of expectant and nursing mothers who are unmarried or who are in need of residential accommodation. Residence in these hostels is normally for two months before and two months after confinement and mothers are assisted to find employment on leaving the hostels and in making arrangements for the care of their babies.

(d) Maternity outfits.

A maternity outfit is supplied free, on request, to each expectant mother being confined at home who makes use of one or other of the arrangements for the care of expectant mothers under the National Health Service.

(e) Maternal mortality.

The total maternal deaths assigned to the County in 1958 was nine, which gives a maternal mortality rate of 0.43 per thousand live and still births which corresponds exactly with the rate for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 8.

All nine of the deaths actually occurred in the County. Eight cases were confined in hospitals. One, a case of self-induced abortion, was admitted to hospital and all died in hospital.

(f) Puerperal pyrexia.

During 1958, 439 cases of puerperal pyrexia were notified representing an attack rate of 21.14 per thousand live and still births as compared with 14.82 for England and Wales. Of these cases 27 occurred in domiciliary confinements and the remainder in institutional confinements. The difference in the notification rates in domiciliary and in institutional confinements is notable being 4.9 in domiciliary practice and 27.1 in institutional practice (including hospitals and private nursing homes).

(g) Infant mortality.

The infant mortality rate in the Administrative County of 16.72 compares with 22.5 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics" (page 9).

The urban infant mortality rate in 1958—namely 17.03 (303 deaths)—is higher than the rural rate—namely 14.61 (38 deaths).

(h) Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1958 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	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) 3 lb. 4 oz. or less (1,500 gms. or less) ...	109	34	48	5	3	2	11	2	5	—	—	—	—	—	—	81	5	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	157	12	132	9	2	7	9	1	7	3	—	3	—	—	—	38	5	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.) ...	208	11	192	20	—	20	3	—	3	11	—	10	—	—	—	23	1	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	465	6	451	120	—	116	10	—	8	6	—	6	—	—	—	29	1	1
Totals	940	64	823	154	5	145	33	3	23	20	—	19	—	—	—	171	12	3

† 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 ...	20,398	19,251	1,147
Deaths among live births in the first month of life ...	247	110	137
Still births ...	364	178	186

* 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 19,251 non-premature live births produced 110 neo-natal deaths and the 1,147 premature live births produced 137 neo-natal deaths. In addition about half the still births are associated with prematurity. Unfortunately the figures for the last ten years give no indication of any decrease in the incidence of premature births.

(i) Ophthalmia Neonatorum.

In 1958 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 140 babies and 3 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 0.15.

Of the 3 cases notified by medical practitioners one occurred in the practice of midwives. One case was treated at home, and two were treated in hospital, and in no case was vision impaired.

(j) Infant Welfare Centres.

The County Council maintained 187 infant welfare centres in the year as against 186 in 1957. An additional centre was started at St. Anthony's Church Hall, Sanderstead.

The following table shows the attendance at the centres for the year 1958 :—

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.
				1958.	1957.	1956-53.		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	115	3,420	2,846	2,840	2,999	8,685	42,169	9,963	8,175	60,307
Central ...	25	108	2,563	2,519	2,261	3,923	8,703	43,536	11,887	14,193	69,616
North-Central ...	15	90	2,513	2,298	1,896	2,546	6,740	34,662	7,875	6,875	49,412
Southern ...	28	96	1,648	1,338	1,269	1,762	4,369	21,312	6,738	6,943	34,993
South-Eastern ...	16	57	1,348	1,175	1,189	1,718	4,082	18,675	5,175	4,256	28,106
Northern ...	7	40	1,038	897	864	938	2,699	15,448	3,198	1,754	20,400
South-Western ...	41	136	2,395	1,967	1,918	3,035	6,920	34,084	10,953	12,244	57,281
North-Eastern—											
Wimbledon ...	5	34	829	750	743	1,051	2,544	13,835	3,112	3,941	20,888
Merton & Morden ...	4	32	640	590	541	1,008	2,139	11,237	2,879	2,916	17,032
Mitcham ...	5	28	886	820	696	648	2,164	13,450	2,216	1,255	16,921
Mid-Eastern—											
Carshalton ...	4	40	696	631	639	1,284	2,554	10,334	2,830	3,749	16,913
Beddington & Wallington ...	4	12	360	326	320	457	1,103	4,971	1,705	1,500	8,176
	187	788	18,336	16,157	15,176	21,369	52,702	263,713	68,531	67,801	400,045
Voluntary.											
Southern ...	1	1	23	20	16	9	45	108	64	80	252
SW (Army School of Health)											
S.C.C. Health Visitor attends	1	2	16	14	9	24	47	86	42	64	192
	2	3	39	34	25	33	92	194	106	144	444

It will be noted that the number of children attending the centres in 1958 and who were born in that year formed 79.37 per cent of the total live births in the year; the corresponding figure for 1957 was 77.37 per cent. The average number of attendances of these children in the year was sixteen.

The number of children attending and the number of attendances at infant welfare centres over the past ten years, together with the number of registered live births is as follows :—

Year.	Registered live births.	No. of children under 1 year who attended for first time.	Total number of children attending in the year.	Total attendances of all children in the year.
1949	19,668	15,662	Not available	344,715
1950	18,386	14,012		355,671
1951	17,841	14,437		356,333
1952	17,633	14,234		366,585
1953	18,187	14,862	49,348	367,333
1954	18,193	15,119	49,370	374,329
1955	18,305	15,191	48,717	374,459
1956	18,794	16,195	49,905	382,002
1957	19,627	16,946	52,110	402,309
1958	20,398	18,375	52,794	400,489

In recent years both the total number of children under one year attending the centres and of the proportion of children born in the County who so attend has steadily increased.

The holding of parentcraft circles has extended greatly during the year and these continue to be 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 43 children under the age of five years and 20 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 13 day nurseries with a total number of 567 places. The following day nurseries were closed during the year :—

- (i) Moor Lane, Chessington.
- (ii) Hurst Cottage, West Molesey.
- (iii) Russell Road, Wimbledon.
- (iv) Vicarage Road, Egham.
- (v) Bradmore Green, Old Coulsdon.

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) Where, upon consideration of individual circumstances, it appears to the Council that admission is necessary in the interests of the child.

(m) Voluntary Inspection of Children under Five Years of Age.

Special toddlers' clinics are held in some areas at which children under school age are, with the consent of the parents, given a routine medical examination at the ages of 2, 3 and 4 years, and, if necessary, treatment. Elsewhere, such examinations are undertaken at ordinary welfare clinics. Children at day and residential nurseries and nursery schools are also medically examined at routine intervals.

(n) Distribution of Welfare Foods.

The scheme for the distribution of welfare foods for which the County Council became responsible in July, 1954, continued during the year, 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.

The following issues were made during 1958 :—

National Dried Milk.			Cod Liver Oil.	A. & D. Tablets.	Orange Juice.	
Free.	2/4	4/-			Free.	5d.
3,028	217,287	2,399	88,980	78,450	1,402	811,699

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil	A. & D. Tablets	Orange Juice.
Hospitals	2,341	54	24	4,200
Nurseries	83	1,252	—	1,150

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

- (a) Maternity and child welfare centres 174
- (b) Others 79

As will be seen from the following table, there was an appreciable falling-off in the sales of National Dried Milk and orange juice in 1958 due in the main to the increase in the charge for dried milk and the age limit of two years for the issue of orange juice. These changes were brought into operation in 1957, but their full effect would not be seen until 1958. Although the take-up of

national dried milk has dropped, it should be remembered that expectant mothers and mothers of young children can obtain fresh milk at reduced rates as an alternative :—

Year.	National Dried Milk.	Cod Liver Oil.	A. & D. Tablets.	Orange Juice.
1954 (From 5th July)	227,794	125,249		538,315
1955	403,421	190,007	72,741	1,193,738
1956	386,766	164,054	78,581	1,262,085
1957	302,123	136,949	80,419	1,329,055
1958	222,714	88,980	78,450	813,101

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

Report of the Chief Dental Officer for the year 1958.

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

Patients are generally referred by medical officers, general medical practitioners, health visitors and midwives. Other patients were treated following personal application.

The actual time occupied in the inspection and treatment of mothers and young children is assessed as the equivalent of 1,576 sessions and the number of attendances made by patients was 10,649. The number of new patients attending during the year was 2,814 of which approximately 63 per cent were pre-school children.

Dental X-rays were available at eleven clinics throughout the County. Dentures for mothers were provided through the County Dental Laboratory and to a lesser extent by outside contractors.

Individual and group talks on dental health education were given by members of the staff and in particular by the oral hygienist.

The appended tables give details of work done during the year under review.

O. H. MINTON,

Chief Dental Officer.

(a) Numbers provided with dental care.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers ...	1,473	1,391	1,246	890
Children under 5 ...	3,040	2,481	2,099	1,744

(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 ...	625	2,566	—	8	1,628	348	170	221	117
Children under 5 ...	—	3,598	609	—	1,884	947	—	—	16

DOMICILIARY MIDWIFERY AND HOME NURSING.

During 1958, although the number of cases attended by home nurses decreased, the total number of visits to them increased slightly; in addition, there was a considerable increase in the demand for the services of the domiciliary midwives. It has not yet been possible to recruit staff up to the full establishment approved by the County Council in 1957, but some improvement in actual numbers was effected partly by full-time appointments and partly by employing part-time nurses.

A table analysing the work undertaken during the year by the district nurses is set out below. It is clear that the pattern of work is changing, more nursing care being needed and the number of

injections given being very much less. In the districts where housing development has taken place there has been a rise in the birth rate with a consequent increase in the amount of domiciliary midwifery undertaken. In certain districts the midwives have also had to undertake the care of mothers and babies who have been discharged from hospital before the tenth day.

Analysis of Nursing Cases.

(i) PRINCIPAL MEDICAL AND SURGICAL CONDITIONS.

Cases.	Aged 0-15.	Aged 15-40.	Aged 40-60.	Aged 60+	Total All ages.
Diseases of the heart	2	38	382	3,271	3,693
Circulatory	4	177	334	1,301	1,816
Malignant neoplasm—					
Chest	—	—	124	275	399
Abdominal	—	—	97	272	369
Other sites	—	—	238	605	843
Vascular lesions of nervous system	—	—	387	1,683	2,070
Respiratory diseases	214	277	578	1,610	2,679
Pulmonary tuberculosis	7	142	110	66	325
Non-pulmonary tuberculosis	3	57	50	35	145
Influenza	25	40	50	79	194
Rheumatic diseases	2	24	162	830	1,018
Otitis media	280	114	—	46	440
Cystitis and pyelitis	14	114	72	123	323
Accidents	68	53	59	159	339
Fractures	8	5	27	242	282
	627	1,041	2,670	10,597	14,935

(ii) OTHER.

General care of the aged	2,426
Uterine	1,458
Maternal complications	726
Infections	787
Gastric ulcer	167
Diabetes :	
Insulin	591
Insulin plus treatment	147
Constipation	1,625
Diagnostic preparations	1,731
Bones and joints	275
Gangrene	66
Post-operative dressings	1,450
Minor ailments	450
Mental disorders	134
Boils and carbuncles	959
Diverticulitis	138
Skin infection	247
Eye infection	104
Miscellaneous	331
	13,812

The position regarding housing accommodation for district nurses and midwives referred to in my last annual report has been further reviewed during the year, and steps have been taken to improve the position.

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

The requirement of the Central Midwives Board that midwives should attend approved refresher courses every five years was met by sending 35 midwives to courses at Oxford, Bristol, Birmingham, Cardiff, Hastings, Kingston-upon-Hull and Leeds. In addition, both district nurses and health visitors were given the opportunity of attending national courses run by professional organisations or the course organised by the County Council at Glyn House, Ewell. A short course on Mental Health for district nurses and health visitors on the County staff was held in the autumn at Glyn House.

(b) TRAINING OF STUDENT DISTRICT NURSES AND PUPIL-MIDWIVES.

A number of Nurses' Homes and 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. 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 theoretical instruction laid down in the syllabus of the Queen's Institute is given in the training unit in the Surbiton Home.

During the year thirteen candidates were selected to take the course.

(c) WORK OF THE DISTRICT NURSES.

At the end of the year there were 275 full-time and 75 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1958 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 ...	3,253	584	4	60	22	46	3,969	2,289	157	725
Central ...	3,522	843	9	44	26	45	4,489	2,699	96	1,029
North-Central ...	3,204	898	11	54	41	35	4,243	2,400	198	1,017
Southern ...	2,099	499	6	55	10	27	2,696	1,720	38	499
South-Eastern ...	1,378	294	1	34	15	26	1,748	975	89	262
Northern ...	1,891	170	1	21	4	3	2,090	1,325	58	471
South-Western ...	3,148	637	28	32	35	29	3,909	2,141	172	729
North-Eastern—										
Merton & Morden ...	1,294	111	3	76	14	—	1,498	885	19	310
Mitcham ...	895	115	—	56	5	—	1,071	618	19	330
Wimbledon ...	1,296	106	1	21	—	4	1,428	842	19	306
Mid-Eastern—										
Beddington & Wallington ...	573	113	7	14	6	1	714	405	40	138
Carshalton ...	761	86	—	38	—	7	892	486	12	234
	23,314	4,456	71	505	178	223	28,747	16,785	917	6,050
Number of visits paid by Home Nurses during the year:—										
North-Western ...	60,507	10,223	22	3,193	64	2,663	76,672	53,822	1,269	53,097
Central ...	112,431	17,087	60	2,467	199	1,741	133,985	99,617	542	98,139
North-Central ...	80,495	17,643	58	1,911	401	3,731	104,239	79,796	1,118	75,944
Southern ...	47,850	8,640	23	2,679	63	2,826	62,081	45,961	1,087	35,180
South-Eastern ...	26,575	5,324	7	2,650	70	624	35,250	25,734	551	15,547
Northern ...	52,567	5,904	9	714	26	675	59,905	46,468	255	44,204
South-Western ...	75,988	15,694	327	2,210	249	4,811	99,279	70,867	1,050	61,202
North-Eastern—										
Merton & Morden ...	30,769	3,320	14	2,924	65	941	38,033	24,811	106	25,712
Mitcham ...	25,298	3,992	—	3,499	24	491	33,304	22,227	127	24,795
Wimbledon ...	25,260	3,729	2	1,335	6	1,130	31,462	23,770	194	20,455
Mid-Eastern—										
Beddington & Wallington ...	11,753	3,306	38	1,042	51	214	16,404	12,315	241	11,751
Carshalton ...	19,738	2,531	14	2,024	19	194	24,520	14,514	72	20,419
	569,231	97,393	574	26,648	1,247	20,041	715,134	519,903	6,612	486,445

Once again I must draw attention to the high proportion of the nurses' time which is spent with the over 65 age group. In 1958 58.05 per cent of the patients and 72.9 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 1958 was 576.

(b) WORK OF THE MIDWIVES DURING 1958.

(1)	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Doctor or another).	Doctor not present at time of delivery of child.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority...	111	727	1,483	3,187	5,508	—
(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)	—	—	—	—	—	1,061
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	12,765
(d) Midwives in private practice (including midwives employed in Nursing Homes)	7	1	—	—	8	131
Total	118	728	1,483	3,187	5,516	13,957

It will be noted that of 19,473 confinements attended by midwives during the year, only 5,516 (or 28.33 per cent) occurred in the homes ; of the remainder, 12,765 (or 65.55 per cent) were confined in hospital and 1,192 (or 6.12 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	749
(b) Others	266

(ii) For cases in Institutions 711

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	1,726
Stillbirths	93
Laying out dead body	55
Liability to be a source of infection	283
Death of mother or baby	39
Artificial feeding (in addition to or in place of breast feeding)	2,382
	<hr/>
	4,578

In previous reports I have drawn attention to the steady increase in notifications of artificial feeding. The increase continues and the following table gives detailed information relating to the last five years :—

Year.	Total notifications.	Notifications in respect of :		% Proportion of confinements where artificial feeding was adopted.	
		Hospital confinements.	Domiciliary confinements.	Hospital.	Domiciliary.
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
1958... ..	2,382	1,896	486	13.6	8.8

(e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid...	...	...	...	...	...	...	142
Stillbirths...	...	...	...	...	...	...	95
Liability to be source of infection	...	...	...	...	...	...	239
Death of mother or baby	...	...	...	...	...	...	39
Total	...	...	...	...	...	...	515

(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	...	...	...	180
(ii) In institutions	...	...	...	213

Analgesic	No. of sets of apparatus available at end of the year	No. of domiciliary cases in which analgesia given.
Gas and Air	140	4,304
Trilene	14	629
Pethedine	—	2,548

Geriatric Visiting and Social Work.

The Joint Liaison Committee, to whose work reference has already been made, has been very active in relation to the geriatric services and has submitted a report, which is in process of implementation, to its parent bodies on this aspect of the health services. As a consequence of this report the policy of a joint appointment of a geriatrician attached to each of the general hospital groups of the County responsible both to the Hospital Management Council and to the County Council has been agreed; the County Council takes responsibility for the appointment of geriatric health visitors attached to each geriatric unit, while other personnel and services are provided by the Management Committees. Apart from the hospital side of the work, the personnel undertake much visiting to the old people in their own homes and ensure that all the various services available to them are, as appropriate, brought into use. The geriatrician is also available to advise on the care and disposal of cases in Part III. accommodation.

The new unit at St. Peter's Hospital, Chertsey, was put into commission during the latter month's of the year and is already meeting a real need in the area.

In the Guildford area much of the visiting is undertaken by the Old People's Welfare Association, with whom the geriatric health visitor has a weekly meeting for the interchange of cases and information. Close liaison has been also kept with the Godalming and Shalford Old People's Welfare Associations, the Round Table and the Red Cross all of whom have given much valued help and assistance during the year. The Church Army Home at Woking has always given help where it is required. At Christmas time certain old ladies who depend on domestic help and the meals-on-wheels scheme would have been in difficulties but for their timely reception at the Church Army Home where they had a happy time.

In the Kingston area consideration was given during the year to the introduction of a scheme for domiciliary physiotherapy.

The arrangement whereby certain elderly patients are admitted to the hospital for periods of 6 weeks to give relatives a rest was continued during the year and proved most successful. In Malden, Surbiton and Barnes, flourishing Day Clubs have been established and are greatly appreciated.

The "Lend-a-hand" scheme pioneered by Malden Old People's Welfare Association whereby in an emergency an old person in difficulty could receive care and attention from voluntary sources for a period of 48 hours has proved to be a great help to the patients and to the Geriatric Unit, especially during the busy winter months.

The St. Helier Unit has been established many years. It was felt that it would be helpful to appoint a health visitor to the unit staff and this was done during the year. Excellent relations are maintained with the voluntary bodies in the area to the great benefit of the elderly and the hospital.

Throughout the County many organisations help the elderly and the County Council do all possible to further their work. An example may be given in the Chiropody Service which is provided by voluntary effort and is contacted in County Council clinics.

It is good to be able to report the existence of these valued voluntary organisations each in its own way assisting the elderly in their special problems and difficulties. This happy relationship between voluntary and official effort is to the great benefit of the elderly themselves and is to be encouraged and commended.

The following statistics shew the work done during the year.

(a) CASES.

Geriatric Unit.	No. of Hospital beds.	No. of cases referred to unit.	Referred by				Referred to General Health Visitors.
			General Practitioners.	Hospital Almoners.	Local Authority.	Other sources.	
Kingston	M. 80 F. 222 } 302	952	642	50	2	258	128
Guildford	M. 24 F. 82 } 106	480	172	269	5	34	74
St. Helier	M. 50 F. 174 } 224	802	Figures not available		1958.		
Chertsey (commenced Oct., 1958)	M. 14 F. 50 } 64	70	58	7	—	5	70

(b) TYPES OF VISIT.

Geriatric Health Visitor.	Home Visits.						Other Visits to			
	First visits.		Revisits to Patient.	Visits to Relative.	Miscellaneous.	Total.	Hospital Wards.	Hospital Clinics.	Nursing Homes.	Welfare Homes Stat. or Vol.
	H.V.	H.V. with Dr.								
Kingston	92	661	1,457	42	—	2,252	69	—	2	—
Guildford	494	—	2,545	170	376	3,585	14	38	—	—
St. Helier (commenced October, 1958)	4	—	272	—	—	276	1	—	—	—
Chertsey (commenced October, 1958)	—	70	15	3	3	91	8	—	4	6

(c) CASES DEALT WITH WHO WERE :—

Geriatric Unit.	Admission to Hospital.	Admission to Nursing Home.	Admission to Welfare Home.	Admission to Hospital to give relatives a rest.	Admission to Day Hospital.
Kingston	415	87	27	92	—
Guildford	81	16	20	32	—
St. Helier	534	Figures not available.		102	—
Chertsey	7	3	2	4	—

During the year 500 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis) and 4,609 to old people 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 217, an increase of 4.

(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, 1938.		Live births 1938.	Case load.	Average No. of H.V. per year.	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.		Total No. of families or households visited by Health Visitors.	
	D.H.V.	H.V.	Registered and adjusted.	No. of birth cards.			First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	Other.	Total visits.
North-Western ...	1	27	3,866	3,002	579	14,705	1,078	2,051	3,707	18,255	8,679	15,577	15,577	3,301	12,991	12,991
Central ...	1	24	2,848	2,713	487	12,778	1,455	2,828	2,704	13,899	7,067	12,540	12,540	2,133	10,942	10,942
North-Central ...	1	24	2,769	2,497	487	13,814	1,578	2,765	2,708	15,585	7,407	14,050	14,050	628	11,223	11,223
Southern ...	1	17	2,189	2,021	524	8,962	707	1,184	2,070	10,586	5,111	10,516	10,516	941	8,199	8,199
South-Eastern ...	1	12	1,577	1,567	583	7,003	484	869	1,570	8,772	4,328	8,539	8,539	667	6,022	6,022
Northern ...	1	10	1,019	952	419	4,734	556	938	947	4,878	2,318	3,515	3,515	865	4,137	4,137
South-Western ...	1	23	2,437	2,340	445	10,236	1,032	1,619	2,541	14,455	6,705	12,643	12,643	1,883	9,609	9,609
North-Eastern—																
Merton and Morden ...	1	9	821	797	379	4,839	599	1,003	769	4,924	2,481	4,985	4,985	704	3,916	3,916
Mitcham ...	1	9	928	855	421	4,874	469	854	760	5,125	2,781	5,732	5,732	1,183	3,775	3,775
Wimbledon ...	1	7	794	694	428	3,619	379	709	779	3,859	2,290	3,487	3,487	603	2,947	2,947
Mid-Eastern—																
Beddington and Wallington ...	1	4	400	400	435	2,201	283	525	407	2,109	1,088	2,407	2,407	37	1,662	1,662
Carshalton ...	1	9	750	680	363	3,969	450	825	721	2,900	1,751	3,426	3,426	156	2,867	2,867
Relief Staff ...	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	9	180	20,398	19,118	470	91,734	9,070	16,170	19,683	105,347	52,006	97,407	97,407	13,101	78,290	78,290
Total 1937	9	177	19,627	17,742	461	88,430	8,409	15,333	19,186	104,942	55,905	101,145	101,145	17,870	79,592	79,592

Health visitors also made 46,506 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 also undertake the duties of school nurse and details of their work in the School Health Service are given on page 68.

Their other duties include work in connection with :—

- (a) Problem families.
- (b) Health education.
- (c) Visiting the elderly in their homes.
- (d) Care and after care of the mental defectives in the community.

(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 1958. In recent years difficulties have arisen in finding suitable permanent accommodation for the course.

Ten students were selected to take the course, which commenced in September, 1958, one student withdrew and 9 sat the examination.

Eight 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 1958, 47 lectures were given by senior health visitors, 10 by superintendent district nurses and 23 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 1958 and the immunised state of the child population at the 31st December, 1958.

District.	No. of children.			Total No. of children who completed a course of immunisation whether primary or reinforcing at any time since 1st January, 1944.				Immunity index.			
	Immunised in 1958.		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	322	77	898	99	1,514	2,560	2,617	17.7	57.0	60.8	56.6
Barnes... ..	398	29	580	140	1,351	1,859	2,409	30.4	71.1	79.3	73.7
Beddington and Wallington	323	12	609	59	1,018	1,909	2,426	29.0	64.0	63.1	62.0
Carshalton	509	13	980	137	1,998	3,439	4,175	18.9	68.1	63.0	61.5
Caterham and Warlingham...	460	48	525	120	1,270	2,311	1,990	24.0	67.8	59.0	59.1
Chertsey	504	74	209	118	1,859	1,873	1,752	15.8	81.8	49.5	55.5
Coulsdon and Purley	879	93	1,284	244	2,772	4,437	4,111	25.0	78.0	62.0	63.9
Dorking	221	4	28	47	781	1,179	1,749	12.2	72.4	56.0	56.2
Egham	374	—	254	124	1,258	1,634	1,602	27.1	62.5	44.1	48.4
Epsom and Ewell	513	28	934	115	2,035	3,868	5,738	18.5	72.1	62.9	62.7
Esher	635	13	548	221	2,230	3,534	4,649	26.7	75.6	60.5	62.1
Farnham	257	9	855	92	980	1,789	1,832	28.8	72.8	65.0	66.8
Frimley and Camberley	436	20	181	82	1,281	1,445	1,303	16.4	75.0	58.2	60.0
Godalming	174	35	374	43	727	896	1,083	20.6	86.1	79.6	77.5
Guildford	496	228	1,589	117	2,090	3,583	3,707	16.2	80.4	65.3	65.7
Haslemere	165	28	245	47	501	847	1,079	28.5	52.8	84.1	72.0
Kingston-upon-Thames	428	27	499	165	1,358	2,005	2,313	35.1	77.8	60.0	62.9
Leatherhead	402	38	570	110	1,460	2,242	2,642	23.2	77.3	68.3	66.7
Malden and Coombe	395	130	373	122	1,611	3,015	4,189	22.6	61.2	69.8	64.8
Merton and Morden	622	26	136	175	2,067	3,833	6,061	22.2	67.5	53.4	54.8
Mitcham	790	84	140	247	2,366	3,714	4,876	26.2	67.8	63.8	62.5
Reigate	554	16	449	125	2,216	4,144	3,020	18.1	77.6	45.3	52.0
Richmond	511	25	791	175	1,625	2,498	2,552	30.6	73.1	84.1	77.1
Surbiton	709	90	1,162	213	2,510	4,262	4,550	25.1	80.6	49.2	55.3
Sutton and Cheam	556	64	921	155	2,333	3,862	4,514	15.5	62.6	49.1	50.2
Walton and Weybridge	461	36	209	111	1,675	2,369	2,551	16.7	70.3	49.8	52.7
Wimbledon	516	83	187	132	1,899	3,195	3,984	16.1	61.1	52.5	52.3
Woking	745	120	739	219	2,583	4,891	4,732	21.6	73.0	50.2	54.0
Rural.											
Bagshot	214	1	109	75	737	980	909	33.3	89.0	49.9	58.5
Dorking and Horley	350	8	70	74	1,294	1,913	2,463	15.0	72.3	46.8	51.0
Godstone	411	89	292	59	1,409	2,054	2,547	11.1	73.4	56.1	57.4
Guildford	600	88	1,113	201	1,917	2,481	3,036	25.4	53.2	59.8	55.6
Hambleton	303	84	182	107	1,184	1,600	2,022	24.2	52.0	59.5	55.4
Totals 1958	15,233	1,720	18,035	4,270	53,909	86,221	99,183	21.6	70.8	53.9	56.0
Totals 1957	15,958	1,897	24,590	3,505	52,644	66,918	51,999	18.4	70.2	55.3	56.6

(ii) DIPHTHERIA NOTIFICATIONS.

There were no cases of diphtheria in children notified during the year. During the year 1,195 home visits were paid by health visitors in connection with vaccination and immunisation.

(b) Smallpox Vaccination.

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

Districts.	Vaccinated.						Re-Vaccinated.						
	Age	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
M.B. and Urban.													
Banstead	291	9	13	6	17	336	—	—	6	24	158	188	
Barnes	267	8	11	12	—	298	—	—	1	9	—	10	
Beddington and Wallington	155	109	27	20	33	344	—	—	4	14	56	74	
Carshalton	391	16	10	11	52	480	—	—	2	14	95	111	
Caterham and Warlingham	377	21	16	13	18	445	—	—	2	19	95	116	
Chertsey	431	107	17	11	37	603	—	—	5	26	89	120	
Coulsdon and Purley	695	31	23	24	39	812	—	—	5	23	125	153	
Dorking	153	7	5	11	7	183	—	1	2	17	45	65	
Egham	275	14	16	15	53	373	—	—	—	3	46	49	
Epsom and Ewell	519	20	10	12	39	600	—	3	6	25	193	227	
Esher... ..	627	5	6	13	27	678	—	—	7	59	78	144	
Farnham	265	15	10	2	7	299	—	—	1	26	84	111	
Frimley and Camberley	358	17	16	13	13	417	—	—	6	33	87	126	
Godalming	153	3	8	12	5	181	—	—	1	11	41	53	
Guildford	227	197	34	16	65	539	—	—	2	14	129	145	
Haslemere	124	4	11	5	6	150	—	—	2	15	35	52	
Kingston-upon-Thames	319	10	16	3	34	382	—	—	—	8	132	140	
Leatherhead... ..	356	14	10	13	14	407	—	1	10	47	147	205	
Malden	394	8	11	14	18	445	—	—	1	11	57	59	
Merton and Morden	513	22	12	18	52	617	1	2	3	13	137	156	
Mitcham	683	17	19	19	34	772	—	—	—	8	64	72	
Reigate	426	16	15	27	24	508	—	—	7	16	148	171	
Richmond	320	24	14	7	—	365	—	—	3	29	—	32	
Surbiton	633	22	19	16	54	744	—	1	8	28	240	277	
Sutton and Cheam	634	39	31	11	43	758	—	—	5	36	252	293	
Walton and Weybridge	423	11	10	13	26	483	—	—	4	27	252	283	
Wimbledon	480	25	15	8	24	552	—	2	5	8	89	104	
Woking	340	292	37	40	25	734	—	—	4	30	120	154	
Rural.													
Bagshot	148	3	7	6	5	169	—	—	—	1	15	16	
Dorking and Horley	295	16	12	14	19	356	—	—	7	28	126	161	
Godstone	334	40	28	25	20	447	—	—	7	41	125	173	
Guildford	552	35	31	25	22	665	1	1	11	42	199	254	
Hambleton	343	11	12	12	20	398	—	2	5	58	158	223	
Total 1958	12,501	1,188	532	467	852	15,540	2	13	132	763	3,617	4,527	
Total 1957	11,585	1,517	817	934	1,636	16,489	2	9	211	1,016	5,109	6,347	

A case of generalised vaccinia in a baby of nearly 4 months of age was reported during the year. The illness was mild and after 12 days' stay in hospital the baby was discharged completely recovered.

(c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1958. 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 primary course of inoculation during 1958.	
	0-4 years.	5-14 years.
M.B. and Urban.		
Banstead	321	7
Barnes	386	7
Beddington and Wallington... ..	314	19
Carshalton	520	3
Caterham and Waringham	439	10
Chertsey	484	9
Coulsdon and Purley... ..	848	26
Dorking... ..	223	2
Egham	367	—
Epsom and Ewell	434	4
Esher	631	6
Farnham	248	7
Frimley and Camberley	372	20
Godalming	163	4
Guildford	482	8
Haslemere	155	2
Kingston-upon-Thames	420	—
Leatherhead	377	—
Malden and Coombe	369	15
Merton and Morden	627	11
Mitcham	762	9
Reigate	529	6
Richmond	504	—
Surbiton	627	10
Sutton and Cheam	496	5
Walton and Weybridge	431	30
Wimbledon	630	43
Woking	724	10
Rural.		
Bagshot... ..	202	1
Dorking and Horley	341	4
Godstone	394	12
Guildford	527	13
Hambleton	249	17
Total 1958	14,596	333
Total 1957	15,730	518

(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.	No. in age group offered Vaccination.	Consents.	Percentage of consents.	Absent.	Mantoux +ve.	Percentage +ve.	Absent from B.C.G.	Vaccinated.	Percentage who were vaccinated.
North-Western	2,756	1,661	60.3	162	178	11.9	3	1,418	51.5
Central	2,418	1,693	70.0	65	29	5.5	10	1,528	63.2
North-Central*	15	15	100.0	3	1	8.3	—	11	73.3
Southern	2,021	1,363	67.4	100	149	11.8	—	1,114	55.2
South-Eastern*	98	74	75.4	7	9	11.9	—	58	58.1
Northern	885	599	67.7	—	64	10.7	7	528	59.6
South-Western	3,566	1,988	55.7	74	203	10.6	72	1,639	45.9
North-Eastern—									
Merton and Morden	1,056	734	69.5	154	27	4.7	—	553	52.4
Mitcham	961	729	75.9	24	81	11.5	5	619	64.4
Wimbledon... ..	328	297	90.6	17	25	8.9	2	253	77.1
Mid-Eastern—									
Beddington and Wallington	657	424	64.5	35	39	10.0	40	310	47.2
Carshalton	626	450	71.9	17	19	4.4	9	405	64.7
Totals	15,387	10,027	65.2	658	885	9.4	148	8,436	54.8

* The bulk of the vaccinations for these divisions was carried out in the early months of 1959 and the figures will be given in next year's report.

FREEZE-DRIED VACCINE.

Circular 7/58 was received from the Ministry of Health indicating that Local Authorities should be given the opportunity of using either freeze-dried or liquid vaccine. Trials conducted by the Medical Research Council were considered to be sufficiently satisfactory to justify the use of freeze-dried vaccine as an alternative to the liquid vaccine.

In Surrey it was decided to continue with the liquid vaccine and to use the freeze-dried vaccine in an emergency when the liquid vaccine for any reason was not available.

(e) Anti-Tetanus Vaccination.

The Council's medical staff give this vaccine when asked to do so and not as a routine measure. During the year 5,844 children under 15 years of age completed a primary course of three injections with either single or combined vaccine and 665 children in the same age group received a reinforcing dose.

(f) Poliomyelitis Vaccination.

In September, circular 20/58 was received from the Ministry of Health extending the offer of vaccination to further groups of persons and by the inclusion of third injections. These extensions were based on advice given by the Joint Committee on Poliomyelitis Vaccine set up by the Central and Scottish Health Services Councils. To comply with the advice of the Joint Committee, the priority groups at present registered were offered vaccination before persons in the new age groups were vaccinated. The low acceptance rate in the case of expectant mothers was stressed by the Minister and efforts were directed at increasing the acceptances in this class of persons.

The offer of vaccination was extended to persons born in the years 1933-1942 and with the existing priority groups this meant that the population between the ages of 6 months and 25 years was eligible for this protection.

In addition, the Minister recommended a third dose of vaccine to be given not less than 7 months after the second injection.

These extensions of the scheme meant a great increase in the administrative and clinical work both in the divisions and at the central office. To reach the older persons in the eligible age groups, posters were exhibited, advertisements put in the press and Saturday morning clinics were instituted and evening clinics were authorised as required. The response was reasonably satisfactory as is shown by the following table.

Class.	No. vaccinated with two injections.	No. of persons awaiting vaccination at 31st December, 1958.
Children born 1943-1957 and those born in 1958 who were 6 month's of age	173,989	6,326
Young persons born 1933-1942	2,997	2,487
Expectant mothers	7,474	288
General practitioners and their families	1,087	—
Ambulance staff and their families	719	61
Hospital staff, medical students and their families vaccinated by general practitioners	1,358	39
Totals	187,624	9,201

At the end of the year 58,117 persons had completed a course of three injections, while 8,008 had received one injection.

AMBULANCE SERVICE.

About 90 per cent of the work of the Service is concerned with routine admissions and discharges to hospitals and with transport for their out-patients. All general hospitals of any size in the County have now appointed a Transport Officer who is the main link between hospital and ambulance services. Close day-to-day liaison is maintained between these Transport Officers and Ambulance Superintendents, and in addition the County Medical Officer with his Chief Ambulance Officer keep in touch with the Group and Hospital Secretaries. As a result of experience, it was found advantageous to arrange regular meetings between Hospital Officers and Ambulance Officers at

which both sides could put their own points and answer points raised by the other side. These meetings were so successful in enabling each side to see the difficulties of the other and in obviating difficulties by mutual co-operation that, although meetings are still held infrequently, they have now become largely a formality. Similar procedures have been adopted with other hospitals. Whilst there is still room for improvement and efforts to effect improvements are continuous, the relationship between Hospital and Ambulance Service is cordial and complaints from hospitals are now rare.

It has only been found practicable to deal with broad matters of ambulance policy affecting general practitioners through the County Executive Committee and/or the Medical Councils. General Practitioners work more as individual professional men and so good relations with them depend more on individual contact and goodwill built up slowly over a period of years, with mutual respect for each others problems. The general arrangements with general practitioners are that they may order ambulance transport by telephone (without written confirmation) if the proposed journey is to a local hospital or recognised place of treatment, provided that the doctor certifies verbally that the treatment is necessary and the patient is not fit to travel by public transport. For more distant journeys or journeys of a special nature (e.g., private house to private house) a written certificate may be requested followed, if considered necessary, by medical investigation. Difficulties have occasionally arisen as a result of the regulation that patients must be taken to the nearest hospital which can provide the necessary form of treatment. Thus while a patient has free choice as to where he will be treated under the Act, he is not automatically entitled to free ambulance transport to that place. This is, however, gradually coming to be understood by users of the service and, of course, every effort is made to interpret the ruling reasonably. Ambulance crews arriving at incidents sometimes find it necessary to obtain the services of a doctor quickly (e.g., in the case of a suspected death due to coal-gas poisoning, etc., in a house). In such cases they radio to their control who then request a local doctor to attend. General practitioners have always given their fullest co-operation, even when the patient is not one of their own, and letters of thanks are always sent to the general practitioners concerned. In general, there are good relations between the general practitioners and the Ambulance Service with full co-operation on either side, and there is evidence to indicate that the doctors are reasonably satisfied with the ambulance service provided.

The fact that ambulance transport can only be requested by hospitals and general practitioners is now generally recognised and accepted by the general public, and no difficulties arise. Transport requests for out-patients are normally only accepted from general practitioners in respect of an initial visit to hospital. Out-patients are transported to and from hospitals in small groups, and this practice seems to be generally accepted. In the early days of the Service there were many complaints about out-patients having to wait a long time before transport was available to take them home after treatment; careful control has greatly improved the position, but there is still room for further improvement.

The art of providing transport economically for many out-patients each day consists of collecting small groups of patients and transporting them together on one journey in small buses, without causing hardship by long journeys or long waiting times; and it is necessary to strike a balance between uneconomical use of transport on the one hand and subjecting the patients to long tedious journeys on the other. With a greater degree of centralised control, out-patient control work can be concentrated in a limited number of officers, who will thereby become increasingly experienced and expert at the job. The number of emergency cases dealt with each year continues to increase and since any member of the public may call an ambulance in cases of sudden illness in streets or public places, a proportion of the calls are for minor injuries. However, since an apparently trivial injury might in fact turn out to be serious, it is not desirable to seek to restrict this facility. Special attention to the availability and timings for emergency cases is given by Headquarters, where the records of each case are scrutinised. The average for the whole County is just over five minutes from the time of call receipt until an ambulance arrives at the incident, and as a routine, any case where the time is substantially above the average, is specially investigated.

Any patient, relative or friend may request an ambulance for a maternity case. In the early days of the Service, patients were asked to produce evidence that a maternity bed had been booked at a specific hospital before transport could be supplied, but as there was no evidence of misuse of the service and in order to eliminate unnecessary administrative work, this practice has now been abandoned and all maternity calls are now accepted without question.

Difficulties have arisen where patients have booked a maternity bed at a distant hospital or nursing home, or when a patient has booked a bed locally but has subsequently moved some distance away before the confinement is due. If ambulance transport is then requested at the last moment, the call must be answered regardless of the distance involved. Agreement has been reached with appropriate hospitals in Surrey to the effect that when a maternity case has to travel a long distance and, en route, the ambulance crew suspect that birth is imminent, or there are other complications, they can take the patient to the nearest hospital, where the patient will be admitted without question.

Close and cordial relations have been established with the police, fire and other public services. In particular, the ambulance and hospital plan for dealing with major catastrophes has been dovetailed with the police and fire service plans. All services have agreed that in the event of a major catastrophe, there must be close liaison between the headquarters of the services concerned from the moment the incident is first notified. The Ambulance Service is at a great disadvantage here since there is as yet no operational headquarters. Ambulance transport on repayment basis is regularly provided for a

small number of mentally defective children to Occupation and Training Centres; occasional assistance is given in respect of other children for the same purpose. Similarly, transport is occasionally provided on a repayment basis for the transport of child contacts under the Tuberculosis Boarding Out Scheme, and for conveying handicapped children admitted to hospital schools and special schools.

AMBULANCE SERVICE.

(1) Organisation and Administration.

The organisation and administration of the Ambulance Service remained unchanged throughout the year. Hitherto the service has been organised into five control areas, each with one main station which also served as the "control," that is as the centre for the reception, co-ordination and allocation of all calls on the service. This system has worked well and economically and has proved able to meet so far the steadily increasing volume of work. However, with the continuing increase, it has become obvious that further strengthening of the operational control is needed and towards the end of the year the County Health Committee asked for a full report as to means of further improving the control system.

(2) Operational Strength.

(a) PERSONNEL.

The operational establishment of the County's service increased during the year by fifteen. The reasons for this increase were

- (i) The termination of the agency arrangement with the Woking Red Cross due to staff difficulties. To meet this situation two additional driver attendants were recruited to the County's staff with a corresponding decrease in agency paid staff.
- (ii) The provision of additional facilities in connection with the opening of Gatwick Airport.

For this purpose an additional supervisor and twelve drivers were appointed to serve in the Gatwick area.

(b) VEHICLES.

Two additional four-berth Ambulances were added to the fleet during the year to meet the requirements of Gatwick Airport.

During the year it became necessary to replace three older sitting case vehicles and also to increase the reserve strength of this type of vehicle; and five sitting case vehicles were accordingly purchased.

The authorised vehicular strength is now 64 Ambulances, and 41 Sitting Case Vehicles.

(3) Premises.

During the year the site for the main station at Earlswood for the south-eastern part of the County was finally secured and planning commenced. The need for this station has become more urgent with the establishment of the airport at Gatwick. Detailed plans of the proposed new stations at Banstead and Haslemere were also approved. The County Council approved in principle the erection of a sub-station within the perimeter of the Gatwick area to serve the airport and surrounding area.

A site has still not been found for the proposed new station in the Warlingham area, but during the year an opportunity arose to increase the available temporary accommodation by renting an adjoining garage.

(4) Revised Form of Proposals as to Ambulance Services.

During the year revised proposals for Ambulance Services were submitted to, and approved by, the Minister of Health. There is little change in the substance of these proposals from those submitted earlier, but the actual form of presentation required by the Minister was a considerable change from earlier forms. The chief variation is that the Minister no longer requires authorities to indicate exact requirements in men and vehicles at a given time. He now requires only the maximum and minimum strengths which the authority concerned considers necessary to provide an efficient service for the foreseeable future. Within these limits it is possible to vary establishments as necessary without the Minister's specific approval, as was required under previous proposals.

(5) Voluntary Organisations.

The Voluntary Organisations continue to play an important part in the County's Ambulance Services particularly in the extra metropolitan part of the County. Early in the year under review the Woking division of the British Red Cross changed status from being an agency station operating one ambulance continuously available, to a supplementary station operating one ambulance as and when volunteers were available. The cover lost as a result of this change was replaced by strengthening the direct service in the area.

(6) Hospital Car Service.

There has been a slight reduction in work done by the Hospital Car Service during the year, due largely to improved control methods. The Hospital Car Service continues to have a very important role to play in the County's Ambulance Services and I wish to express my appreciation of the large amount of voluntary work done by members of the Women's Voluntary Service in organising the work of the Hospital Car Service drivers.

(7) Epsom Civic Exhibition.

The County's Ambulance Service took part in the Civic Exhibition held at Epsom Town Hall from 22nd to 29th September, 1958. Maps and models designed to illustrate the flexibility of the service with the use of radio controlled movement were shown.

(8) Incidents involving Aircraft.

During the year under review three aircraft crashed within the County. On 30th August, 1958, a prototype Handley Page Dart aircraft with 11 people on board crashed on fire at Eashing Park, Godalming, the occupants were thrown clear and no casualties resulted. On 26th November, 1958, a two-seater private aircraft crashed near Merstham—occupants escaped injury. On the 2nd December, 1958, a Viscount aircraft crashed near Camberley killing its crew of five men. Each of these incidents was a potential major accident, but fortunately all the aircraft fell on open ground. The Viking aircraft which crashed on property in Southall, Middlesex, was for some time in difficulties over Surrey. In addition to the foregoing since May, 1958, there have been 11 full emergency calls to Gatwick Airport to stand by for the landing of a defective aircraft.

(9) Annual Efficiency Competition.

The finals of the Annual Efficiency Competition were held at the Ambulance Training School on 8th June, 1958. The results were as follows:—

Surbiton Sub-Station	...	...	A. L. Roberts Trophy for First Aid.
Kingston Control Station	...	...	Hooper Co. Shield for Driving.

Earlier in the year the Chairman of the County Council presented safe driving awards to 149 men who between them have completed over 600 years of driving without an accident.

(10) Personnel.

I have in earlier reports drawn attention to the number of men suffering from back injuries due to lifting patients, and appropriate steps have been taken to instruct driver-attendants in correct methods of lifting patients. Over the past few years the number of men who have retired due to ill-health is as follows: 1955, 1; 1956, 4; 1957, 3; 1958, 5.

(11) Work of the Service.

The increase in the number of patients carried and miles run continues. The all round rate of increase has slowed from the more rapid rises in the early days of the service and is now almost uniform. In each of the three years shown in Table I the increase in the number of patients carried is in the order of 27,000 each year. Fortunately, due to improved control techniques, the total mileages for the years have not shown a proportionate increase and it has been possible to absorb the additional work without increases in staff (except for additional staff authorised to provide better cover in the Gatwick area).

EMERGENCY CASES.

Table I shows that the increase in accident cases in 1958 was more than double the increase between 1956 and 1957. This is due in a large measure to the rise in road accidents.

The average time taken to arrive at the scene of an accident from the time of receipt of the call was 5.1 minutes for the directly provided service and 5.5 minutes for the voluntary organisations.

GENERAL CASES.

The increases in patients and mileages shown in Table I are, with the exception of the accident increase mentioned above, almost entirely due to increased out-patient work. In this category alone 1958 shows an increase over 1957 of 27,802 patients and 128,698 miles.

SUMMARY.

Table I shows the work done by the whole Service in 1958 and in the two preceding years. Table II gives the division of this work between the four parts of the service and Table III divides the work of the Council's Direct Service in 1958 between types of vehicles used.

(12) Civil Defence.

The Ambulance Service has a statutory responsibility for the training of volunteers to the Ambulance and Casualty Collecting Section of the Civil Defence Corps. This section now has a total of over 2,500 volunteers enrolled.

During the year the training fleet of ambulances and other vehicles was increased to 32 ambulances, 5 casualty collecting vehicles and 4 sitting case cars.

Throughout the County 50 training classes are held weekly; 53 members of the peacetime service are qualified by examination as Instructors.

The training includes vehicle driving, exercises and training in convoy driving, and volunteers may also get practical experience within the peacetime service.

In May, 1958, a large-scale exercise was organised by the Home Office and the Ministry of Health in conjunction with the local Civil Defence organisation and the Surrey Ambulance Service. The exercise was centered on Sandown Park Race Course and was designed to test, inter alia, the ambulance transport arrangements from the damage area through the Forward Medical Aid Unit sited in the Park and on to base hospitals. The exercise, which was given the code name of "Shuttlecock," included Civil Defence ambulances and personnel from Surrey, Middlesex and London and peacetime ambulances from Surrey together with a number of Military ambulances. The total number of "casualties" involved was 525.

A team of observers from selected ambulance services throughout the country, from Lancashire to Sussex, were present at the request of the Minister of Health. It was considered that the exercise yielded valuable points for guidance in future policy.

TABLE II.

DIVISION OF WORK SHOWN IN TABLE I AS BETWEEN COUNTY'S DIRECT SERVICE AND AND THE VOLUNTARY ORGANISATIONS.

Year.	County Service.		Voluntary Organisations.				Hospital Car Service.		Infectious Diseases Hospital.	
	Patients.	Miles.	S.J.A.B.		B.R.C.S.		Patients.	Miles.	Patients.	Miles.
			Patients.	Miles.	Patients.	Miles.				
1956	230,120	1,421,270	50,982	519,942	5,076	63,825	84,331	1,326,825	677	10,268
1957	273,577	1,551,928	52,889	490,011	5,414	66,281	65,897	1,128,864	759	9,800
1958	297,561	1,662,750	54,788	488,196	5,507	66,585	66,946	1,124,935	812	7,905

TABLE III.

DIVISION OF WORK DONE BY COUNTY'S DIRECT SERVICE AS BETWEEN VEHICLE TYPES IN 1958.

	Patients.	Miles.
Ambulance...	133,235	884,465
Sitting Case Vehicle	145,547	649,334
Car ...	18,779	128,951

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. During the ten-year period considerable developments have taken place in the tuberculosis service. Firstly, in 1949 B.C.G. vaccination was introduced for contacts of tuberculous cases, and in 1954 it was extended to all school children between their thirteenth and fourteenth birthdays. Secondly, the Regional Hospital Board has undertaken a considerable reorganisation of the chest clinics, most of which are now situated in hospitals, so providing a valuable link with the general medical services of the hospitals. During the period there has been a dramatic fall in the number of notifications, case-rates and death-rates of tuberculosis, and to a great extent the work of the chest clinics now deals with non-tuberculous chest diseases. Moreover, with the introduction of new methods of treatment, an increased number of tuberculous patients are receiving treatment at home and, in consequence, an appreciable number of hospital beds hitherto reserved for tuberculous patients have now been transferred to deal with geriatric patients, non-tuberculous diseases of the chest, and so on.

I have already referred in the Preface to the need for liaison with the Regional Hospital Board and to the work of the Joint Liaison Committee. Such liaison has been very valuable in regard to tuberculosis; the County Council and the Regional Hospital Board share the appointment of an administrative medical officer who is in charge of both the hospital and domiciliary aspects of this service; the County Council reimburses the Board for part of the salaries of all chest physicians, who, in return, undertake responsibility for the domiciliary side of the tuberculosis service; the occupational therapy unit of the Council's staff also visit tuberculous cases in hospital wards. Thus close liaison is maintained in the work of the two authorities.

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). There remain five Chest Clinics (Carshalton, Mitcham, Merton and Morden, Sutton and Wimbledon) in St. Helier Hospital, although steps will be taken early in 1959 to transfer Mitcham, Merton and Morden and Wimbledon clinics to a new central chest clinic at Cumberland Hospital. 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.

Tuberculosis visiting throughout the County is undertaken by 37 health visitors of whom 19 devote full time to the tuberculosis service, the remainder being general health visitors who undertake the tuberculosis visiting in certain rural areas of the County. During 1958 these health visitors paid a total of 27,679 visits to tuberculous households and attended 3,170 chest clinic sessions.

The plans of the Regional Board for providing new and improved chest clinic buildings have proceeded during the year. The new central chest clinic at Cumberland Hospital providing accommodation for the Mitcham, Merton and Morden, and Wimbledon Chest Clinics was completed in the last quarter of 1958 and provides the latest diagnostic and radiological equipment required in modern chest clinics as well as radiological facilities for Cumberland Hospital. (A limited scheme to provide clinic accommodation at Dorking Hospital for Dorking Chest Clinic has been prepared and will be completed in 1959.) Of the seventeen chest clinics in Surrey there remain only two (Mortlake and Kingston) for which schemes of upgrading have been prepared but which have not yet been developed.

During the year arrangements were made to replace all the existing 70 mm. Odelca Camera Units in Chest Clinics and in the Radiological Departments of General Hospitals by the improved 100 mm. Odelca Camera Units and a start was made in St. Peter's Hospital, Chertsey, St. Helier Hospital and Kingston Chest Clinic. By the end of 1959 there will be six 100 mm. units in Chest Clinics or General Hospitals in Surrey covering 12 chest clinic areas.

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.

At the major chest hospitals in Surrey the number of beds under the clinical control of area chest physicians has been increased and many more beds for non-tuberculous chest conditions are being used in these institutions. In addition, beds are provided for chest physicians locally for both tuberculous and non-tuberculous chest conditions.

Progress is being made in the control and supervision of tuberculosis, but it is important to note that, despite the fall in new notifications, there are still 8,996 patients on the clinic registers who require supervision. In addition, the total attendance of 49,089 shows a slight increase from that of 1957 (48,763).

Of all new patients (excluding contacts) seen at chest clinics in 1958, viz., 6,506, only 543 were tuberculous. The remaining 5,963 were non-tuberculous making the ratio of tuberculous to non-tuberculous patients approximately 1:11, but it should be noted that, in this connection, the phrase "non-tuberculous" includes very many patients who are not suffering from any serious chest complaint, having attended for observation. The proportion of tuberculous patients to patients suffering from non-tuberculous chest ailments is approximately 1:4. This gives some measure of the trend of development and the extension of chest clinic services to include non-tuberculous chest conditions which has been coupled with the build-up of diagnostic and treatment facilities mentioned above.

This general transition in chest clinic and chest hospital work is one which will continue to 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 1958 3,009 new contacts were seen at chest clinics, of which 11 were diagnosed as suffering from tuberculosis (3.6 per 1,000 examined). The total new contacts examined in 1958 represents a decrease of 279 on the 1957 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 emphasised by the figures on page 47 where it will be seen that 22 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 1958. 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 37).

Chest Clinic.	Total.
Carshalton	83
Dorking	27
Egham	31
Epsom... ..	117
Farnham	47
Guildford	176
Kingston	148
Merton and Morden... ..	100
Milford	29
Mitcham	65
Mortlake	180
Purley	82
Redhill	152
Sutton	151
Weybridge	100
Wimbledon	54
Woking	112
Total	1,654

(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 1958 no requests for garden shelters were received from the Chest Physicians. At the end of the year 26 new-type shelters were on loan to patients in the County.

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

		Respiratory (R)				Non-Respiratory (NR)				Totals			
		Adult.		Child. (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	182	73	3	...	4	4	1	...	186	77	4	...
	(2) T.B. Minus	122	100	20	...	12	18	4	...	134	118	24	...
	(b) Non-Tuberculous	...	...	...	...	...	...	...	...	2,094	2,138	817	...
	(c) Not determined...	...	...	...	...	...	...	...	...	10	4	...	...
	(a) Diagnosed Tuberculous—	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	4	3	4	...	...	...	...	...	4	3	4	...
	(c) Not determined	...	...	...	...	...	...	...	...	540	757	1,701	...
	(a) Diagnosed Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	11	10	1	...	...	...	...	...	11	10	1	...
	(c) Not determined	...	...	...	...	...	...	...	...	956	1,522	3,344	...
	(a) From other Areas (outside the County)	...	...	...	...	...	...	...	...	...	...	...	...
	(b) To other Areas (outside the County)...	227	164	14	...	4	10	1	...	231	174	15	...
	(a) Recovered	215	188	16	...	6	9	4	...	221	197	20	...
	(b) Died	...	...	...	...	...	...	...	...	...	...	...	...
	(c) Lost sight of	263	217	30	...	13	23	18	...	276	240	48	...
	(d) Other reasons	97	29	...	...	5	1	...	...	102	30	...	...
	...	49	31	2	...	8	5	2	...	57	36	4	...
	...	8	3	...	...	...	...	...	...	8	3	...	...
	...	20	11	...	...	5	2	...	...	25	13	...	...
	(a) Diagnosed Tuberculous	4,669	3,486	321	...	163	261	107	...	4,832	3,747	428	...
	(b) With known positive sputum previous six months	...	...	...	...	...	...	...	...	...	...	...	...
	(c) With other positive findings	132	53	...	...	...	...	...	...	132	53	...	...
	...	4	1	...	...	...	...	...	...	6	5	...	...
2	Contacts First Examined ...	...	...	...	...	...	...	...	...	...	...	...	...
3	Contacts Re-examined (Excluding those under Paragraph 2 above)	...	...	...	...	...	...	...	...	...	...	...	...
4	Transferred Cases ...	...	...	...	...	...	...	...	...	...	...	...	...
5	Cases Written off Register	...	...	...	...	...	...	...	...	...	...	...	...
6	Cases Returned to Register	...	...	...	...	...	...	...	...	...	...	...	...
7	Cases on Register on 31st December	...	...	...	...	...	...	...	...	...	...	...	...
	(a) Diagnosed Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...
	(b) With known positive sputum previous six months	...	...	...	...	...	...	...	...	...	...	...	...
	(c) With other positive findings	...	...	...	...	...	...	...	...	...	...	...	...

1. No. of attendances at Chest Clinics (including Contacts) ... 49,089
2. No. of visits by Medical Staff to homes ... 892
3. No. of refills given at A.P. Clinics ... 2,314 (500 sessions at an average of 4.6 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 1958).	No. of T.B. Cases on the Register on 1/1/58.	No. of New Cases Definitely T.B. (including contacts).	No. of T.B. Cases on the Register on 31/12/58.	No. of T.B. Cases on the Register per 1,000 Population on 31/12/58.	No. of Contacts Attending during 1958.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	60,300	618	29	627	10.40	140	160	300	1	—	1	184	2,938	16.0
Dorking ...	33,920	147	8	125	3.69	43	142	185	—	—	—	44	750	17.0
Egham ...	29,250	200	5	202	6.91	87	210	297	1	—	1	44	814	18.5
Epsom ...	101,340	553	37	542	5.35	195	570	765	—	2	2	218	4,556	20.9
Farnham ...	67,350	266	18	272	4.04	129	365	494	1	1	2	120	2,088	17.4
Guildford ...	119,760	691	42	688	5.74	136	176	312	3	—	3	151	2,946	19.5
Kingston ...	204,550	911	104	886	4.33	282	631	913	1	3	4	357	6,359	17.8
Merton and Morden ...	70,810	699	32	680	9.60	123	352	475	—	—	—	225	3,717	16.5
Milford ...	28,060	220	11	223	7.95	84	81	165	—	2	2	51	1,508	30.7*
Mitcham ...	97,090	803	33	729	7.51	190	115	305	1	2	3	108	2,724	16.2
Mortlake ...	81,550	456	41	430	5.27	312	891	1,203	—	2	2	208	3,326	16.0
Purley ...	103,380	502	29	499	4.83	146	143	289	2	1	3	175	2,562	14.6
Redhill ...	110,250	598	58	617	5.60	339	400	739	1	1	2	195	3,529	18.1
Sutton ...	110,280	972	46	921	8.35	284	493	777	—	1	1	241	4,884	20.3
Weybridge ...	80,830	540	30	545	6.74	134	575	709	—	4	4	102	1,922	18.8
Wimbledon ...	57,520	361	18	345	6.00	118	133	251	—	—	—	109	2,033	18.7
Woking ...	76,260	673	35	676	8.86	267	407	674	—	3	3	110	2,373	21.6
Totals ...	1,432,500	9,210	576	9,007	6.29	3,009	5,844	8,853	11	22	33	2,702	49,089	18.2

* Average per doctor session = 15.4.

(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. At the end of 1958 the Council were liable for one patient. This patient was in 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.

The Surrey scheme for Care and After-Care of the Tuberculous continued on the same lines as before 1948. However, there has since been a marked change in the kind of service given by the almoners (and to some extent, the care committees) to the patients and their families. It is no longer necessary to spend a large proportion of time on providing basic needs (for example, the manipulation of the old tuberculosis treatment allowances). The almoners have been freed to extend the scope of their case work service to the non-material problems such as difficult marital and family relationships, resettlement in work, and rehabilitation in general. The care committees, likewise, are freed from the provision of basic necessities (beds, clothing, etc.) to some extent and have been able to branch out into schemes such as family holidays.

(i) *Tuberculosis Care Almoners.*

During the year further consideration was given to the redeployment of the care almoners in view of the diminishing incidence of tuberculosis in Surrey. The pilot scheme, which proposed that the care almoners, in addition to their care work for the cases attending the chest clinics should also undertake family social service in the divisional health offices, and which was started during the previous year in two areas of the County, proved after a six months' trial that it was successful, and it was decided to extend the scheme to the whole of the County by increasing the existing establishment of eleven almoners to sixteen-and-a-half almoners on the following basis :—

- (a) *Care of the tuberculous.* The work of the almoners for the tuberculous at the chest clinics would continue on the present basis of the equivalent of eight full-time almoners.
- (b) *Other chest diseases.* The work of the almoners for the non-tuberculous chest cases at the chest clinics would continue, but on the reduced basis of the equivalent of one whole-time almoner.
- (c) *Family social service.* By the deployment of the equivalent of six-and-a-half almoners the service of social workers would be extended to all of the health divisions of the County on the lines of the pilot scheme so that as the work of the tuberculosis care almoners diminished in the future their spare time would be absorbed into the extension of the family social service.
- (d) *Central administration.* The time spent in the County Hall on the central administration and co-ordination of the almoning service would be increased from one half-time almoner dealing only with the work arising from the chest clinics to the equivalent of one full-time almoner dealing also with the family social service.

During the year a start was made upon the implementation of this scheme by the appointment of one additional almoner whose time was divided between family social service in the North Central health division and acting as deputy to the care organiser at County Hall. Further appointments were deferred until 1959.

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

The average number of patients receiving milk free of charge each week throughout the year was 417 (458 the previous year).

(iii) *Segregation of Contacts.*

89 (92) children were boarded out during the year to protect them from risk of infection or to enable a patient to accept institutional treatment. 61 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.

55 (54) new cases were placed and 76 (58) returned to their own homes during the year; the average stay of the latter was 17 (17) weeks. (The corresponding figures for the previous year are shown in brackets.)

(iv) *Tuberculosis Care Committees.*

The twenty voluntary Care Committees continued their excellent work of caring for patients and their families who were in difficulty.

Throughout the year, the Committees raised approximately £8,692 by their own efforts and received £985 in grants from the County Council. The total expenditure of £9,102 covered a wide range of items to meet individual needs, but the main items were food (£1,713), clothing (£421), household equipment (£972), pocket money for patients (£584), fares for relatives to visit (£339), and family holidays (£2,686).

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 £2,868 during the year which included a grant of £200 from the County Council. The schemes which the Conference financed were those which were best dealt with centrally on behalf of all of the Care Committees, such as the provision of art therapy in chest wards in hospitals (£235), loans and grants where substantial amounts are required to establish patients in work after treatment (£174), and summer holidays at the country and seaside for families selected by the chest physicians (£2,298). The County Education Committee again granted to the Conference the use of Sheepatch School for holidays for 150 child "contacts" and contributed 25 per cent of the cost. As an experiment the Conference hired four beach chalets and let them to the Care Committees for summer holidays where patients and their families could go together on the advice of the chest physicians. The Care Committees not only repaid to the Conference the cost of renting the chalets, but also met the cost of fares and holiday spending money. The 43 families which were sent away so greatly appreciated the holiday that the Conference booked twice as many chalets for the following summer. The Conference continued to finance the purchase of materials for sale to patients under the County Council's occupational therapy scheme and provided a mobile shop for the sale of the patients' finished work.

(v) *Occupational Therapy.*

The establishment remains as previously, i.e., Supervisor of Occupational Therapy, Assistant Head Occupational Therapist, three Assistant Occupational Therapists, and one Non-Technical Assistant.

Students have attended during the year for their practical experience.

The organisation remains as in the previous year. The number of patients registered for occupational therapy during the year was 143 as compared with 128 in 1957. Exhibitions and sales of goods made by patients have been held during the year in various parts of the County. The Standing Conference provided a mobile shop, specially designed for the purpose of assisting sales of goods. This was delivered on 10th June, and regular sales from this van were arranged in conjunction with Care Committee meetings, fetes, visits to works, etc. The Standing Conference and various Care Committees have again given valuable help to the section, also to individual patients in meeting the initial cost of materials. The headquarters removed from "Keeldar," 27, Queens Road, Kingston-upon-Thames, to 104, Westbury Road, New Malden, on 28th March. The jig-saw library has functioned satisfactorily although on a smaller scale. The Standing Conference meets the cost of operation which is mainly postal. The amount expended on consumable materials for the year was £3,256 1s. 3d., which is recoverable from patients (£2,737 18s. 8d. in 1957).

Harrowlands was closed for chest patients in March and visiting was discontinued.

Again the average number of domiciliary visits has remained high with a very consistent high standard of work. The number of patients receiving occupational therapy on 31st December, 1958, was 453, of whom 86 were in hospital, 214 domiciliary, 18 out-patients attending centre, and 58 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 1958 two Mass Radiography Units were operated from the Headquarters at Worcester Park and 104,457 people were X-rayed, a decrease of 16,311 compared with 1957 and a decrease of 30,158 since 1956.

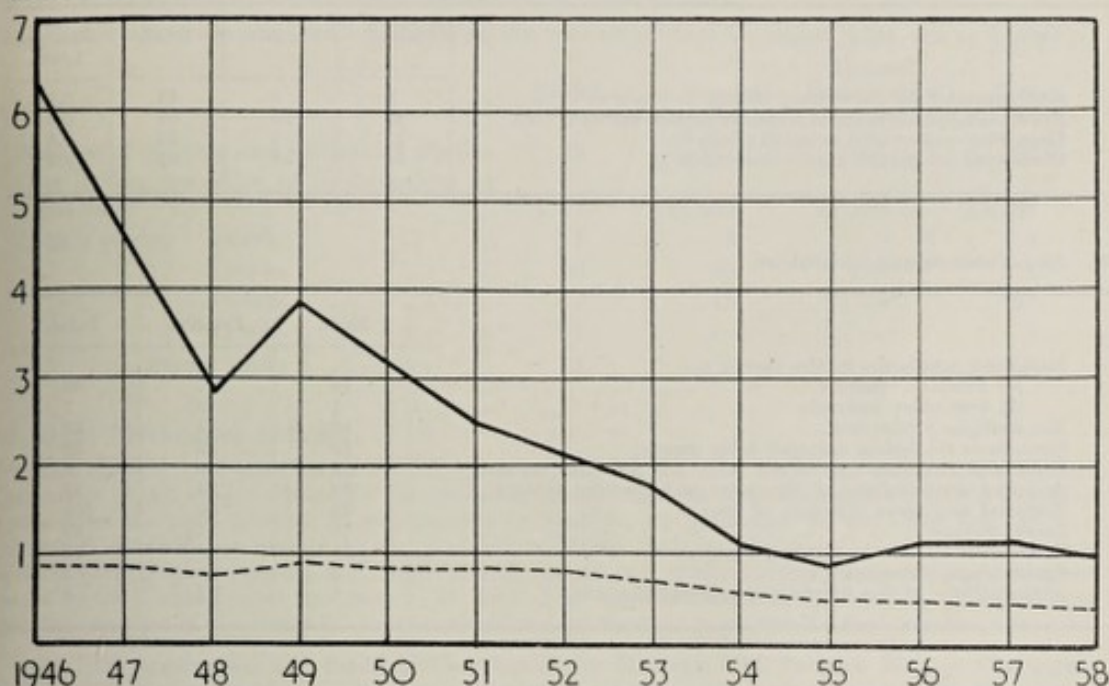
The smaller number of examinations is partly due to the absence of the units when they took part in community surveys in Edinburgh and Glasgow. During the last year, the possible dangers of radiation from chest X-rays undoubtedly kept many people from volunteering for examination.

107 new cases of active pulmonary tuberculosis were detected. It should be explained that cases of pulmonary tuberculosis requiring treatment or close clinic observation have both been included as active cases whereas, in previous years, only cases requiring treatment were included in this category.

34 cases were subsequently found to be infectious. Of the remaining 73 cases, 65 were non-infectious and in 8 cases the results of bacteriological investigations were unobtainable.

In 1958, approximately 9.4 per cent of the new notifications of pulmonary tuberculosis in Surrey followed mass radiography examination. This is a drop of 2.6 per cent compared with 1957.

The incidence of active pulmonary tuberculosis among examinees was 1.0 per 1,000 examinations, which is a slight reduction compared with 1957 when 1.2 per 1,000 persons X-rayed were found to be active cases.



KEY:

— Incidence of active cases per 1,000 examinations by Mass Miniature Radiography.
 Number of notifications to Surrey County Council per 1,000 population.

The proportion of people previously examined by the Mass Radiography Service continues to rise—71 per cent in 1958 and 63 per cent in 1957.

There is still a higher incidence of active pulmonary tuberculosis in people attending for the first time and in those who have not had a chest X-ray within the last three years.

	Active Pulmonary Tuberculosis.	Incidence Rate per 1,000 Examinations.
Volunteers X-rayed 0-3 years ago.		
58,119 (55 per cent of total X-rayed)	37	0.63
Volunteers X-rayed more than 3 years ago.		
16,482 (16 per cent of total X-rayed)	23	1.3
Not previously X-rayed by M.M.R.		
29,856 (29 per cent of total X-rayed)	47	1.5

The analysis of cases into age groups again shows the highest incidence of active tuberculosis in the older men (aged 55-59 years—3.3 per thousand) and it remains difficult to attract men of this age group to come forward for examination.

In 1958 the units detected 46 cases of primary lung cancer (39 males and 7 females). A high proportion of these cases were men aged 45 years and over as shown by the following statistics:—

	Men X-rayed aged 45 years and over.	Cases of Primary Lung Cancer.	Incidence Rate per 1,000 X-rayed.
1957	21,193	30	1.4
1958	18,183	36	1.9

During the year, one 35 mm. Mass Radiography set was replaced by a 100 mm. Odelca mirror camera unit. This unit is highly mobile and has been designed to provide a service for general practitioners to have their patients X-rayed without the formality of referring them to a Chest Clinic for consultative examination. The unit visits 19 sites once a week.

Pulmonary tuberculosis case finding by Mass Radiography in Surrey continues to yield diminishing returns. Other methods and facilities for diagnosis, together with the adverse publicity received in the national press on the subject of radiation hazards, are among the causes of this trend. Nevertheless, it is interesting to note that, in 1957, no fewer than 4,770,927 mass radiography examinations were carried out in Great Britain and as a result 17,835 cases of pulmonary tuberculosis were discovered together with 2,362 cases of lung cancer. Finally, the recent report of the Adrian Committee has confirmed that the benefits of mass miniature radiography far outweigh any possible disadvantages that radiation may have on the individuals examined.

*Analysis of Abnormal Findings.***A. Cases of Pulmonary Tuberculosis.**

	Male.	Female.	Total.	Rate per 1,000.
Recommended for domiciliary treatment (Code 0) ...	9	4	13	0.1
Recommended for hospital treatment (Code 0) ...	42	26	62	0.5
Close clinic supervision required (Code 0) ...	27	5	32	0.3
Occasional out-patient supervision (Code 1) ...	54	35	89	0.8

B. Non-Tuberculous Conditions.

	Male.	Female.	Total.
Malignant neoplasms in the thorax:—			
(a) Primary tumours ...	39	7	46
(b) Secondary tumours ...	1	6	7
Non-malignant tumours ...	12	11	23
Sarcoidosis (including enlarged hilar glands) ...	16	22	38
Congenital abnormalities of the heart and vascular system ...	6	—	6
Acquired abnormalities of the heart and vascular system ...	30	23	53
Bacterial and virus infection of lung ...	59	50	109
Bronchiectasis ...	28	11	39
Pulmonary fibrosis (non-tuberculous) ...	21	8	29
Spontaneous pneumothorax ...	3	—	3
Abnormalities of the diaphragm and oesophagus ...	1	7	8

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 ...	26,444	38,532	64,976	48	1.8	19	0.4	67	1.0
Industrial Groups ...	22,852	11,889	34,741	29	1.2	8	0.6	37	1.0
School Children ...	950	125	1,075	—	—	1	8.0	1	0.9
General Practitioner Groups ...	113	111	224	—	—	1	9.0	1	4.4
Institutional Groups ...	669	1,487	2,156	—	—	1	0.6	1	0.4
Contacts ...	565	623	1,188	—	—	—	—	—	—
Ante-natal Patients ...	—	6	6	—	—	—	—	—	—
Approved School Groups ...	91	—	91	—	—	—	—	—	—

(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. At its commencement in 1948, the Council's scheme was restricted to patients who, following treatment in hospital, required a short period of recuperation to complete their recovery. From the 1st April, 1952, the scheme was extended to hospital out-patients and was further extended as from the 1st April, 1953, to include persons who have been ill at home. Patients 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.

During the first year of the operation of the scheme 201 persons were sent to Holiday Homes at a total cost (excluding contributions by patients) of £1,442 7s. 10d., and in the year ended 31st March, 1959, the figures were 339 and £3,313 5s. 0d. respectively.

Particulars of the cases dealt with during the year ended 31st December, 1958, 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	73	112	145	330
Cost (before deduction of contributions by patients)	£741	£1,062	£1,356	£3,159
Length of stay : 1 week	2	3	5	10
2 weeks	60	93	125	278
3 weeks	7	15	15	37
4 weeks	2	—	—	2
over 4 weeks	2	1	—	3

(c) Night Attendance Scheme.

In 1952 and 1953 the Council considered an application from the Guildford Old People's Welfare Committee to run a pilot scheme for the provision of night attendants in their area. In 1955 following a report on the pilot scheme, it was decided to continue to guarantee to meet any loss, up to a maximum of £100 per annum (later increased to £150) sustained by the Guildford Old People's Welfare Committee in running their night attendance scheme on the understanding that any payment made by the Council must continue to be limited to reimbursement of loss on fees plus bus fares and that no part of the Council's contribution must go towards payment of administrative expenses.

In 1956 application was made to the Council by Mitcham Old People's Welfare Committee and the Wimbledon Guild of Social Service for grants of up to £50 towards their night attendance schemes, and these applications were granted. All three schemes continue to operate.

(d) 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 56.

The extent of the loans of nursing equipment during the year ended 31st December, 1958, was as follows :—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	63	Bed cradles	427
„ bellows	63	Crutches	156
„ rings	1,172	Douche cans	16
Bed rests	958	Feeding cups	149
„ pans	2,048	Inhalers	20
„ tables	150	Mackintosh sheets	1,708
Invalid chairs	1,125	Steam kettles	14
Commodore	696	Urinals	550

(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.

(e) Venereal Diseases.

The clinics at Guildford, Woking, Redhill and Carshalton were continued during the year by the respective Hospital Management Committees, but the clinic for females at Kingston Hospital was discontinued with effect from the 16th January, 1958. 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:—

1958	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Heller Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis	6	—	—	9	1	—	12	28
	(7)	(—)	(1)	(5)	(—)	(1)	(18)	(32)
Gonorrhoea	12	—	3	41	—	16	88	160
	(26)	(—)	(3)	(36)	(5)	(11)	(78)	(159)
Other conditions	141	—	34	301	36	84	583	1,179
	(148)	(12)	(29)	(257)	(35)	(80)	(553)	(1,114)
Totals	159	—	37	351	37	100	683	1,367
	(181)	(12)	(33)	(298)	(40)	(92)	(649)	(1,305)

The figures in brackets relate to the year 1957.

I drew attention in my report for 1957 to the fact that although there had been progressively fewer cases of syphilis in the past few years, in the case of gonorrhoea the improvement had been halted. This situation has continued during 1958 as the tables show.

Year.	Syphilis.	Gonorrhoea	Other Conditions.	Total.
1947	255	415	2,068	2,738
1948	192	291	2,244	2,727
1949	148	218	1,919	2,285
1950	110	176	2,102	2,388
1951	105	123	1,466	1,694
1952	74	156	1,439	1,669
1953	67	165	1,469	1,701
1954	42	153	1,195	1,390
1955	40	143	1,150	1,333
1956	48	161	1,154	1,363
1957	32	159	1,114	1,305
1958	28	160	1,179	1,367

* The great majority of these conditions are not venereal.

(f) 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.

Lectures have continued to be 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.

Leaflets and booklets have been made available at the welfare centres and posters displayed at public libraries, public baths, day nurseries, etc.

The Council have also participated in two Government inspired propaganda drives to educate the public, firstly of the risks involved of contracting lung cancer in smoking tobacco, particularly heavy cigarette smoking, and secondly of the steps to be taken to prevent the tragic death toll caused by accidents in the home.

Regarding the former, posters published by the Central Council for Health Education were displayed at all properties under the control of the County Health Committee and at County and Municipal Public Libraries.

The Home Office with the support of the Ministry of Health promoted a national "Guard that Fire" campaign in November, 1958, directed primarily towards exhorting people to guard fires, it being considered that such a campaign would make a valuable contribution towards preventing burning accidents from this source. All county districts were asked for their co-operation in organising the campaign in their districts along the lines of the Government's Campaign Guide and a large number of posters for display on all public notice boards were supplied by the Council.

Arrangements were also made for all Health Visitors and Home Nurses to stimulate preventive action with appropriate advice and publicity in the course of home visiting to young children and the elderly. The Council were of opinion that consideration should be given to more permanent arrangements for the education of the general public in the need to avoid accidents in the home.

HOME HELPS.

The Home Help Service has expanded greatly in the 10-year period since the inauguration of the National Health Service. In 1949, the average weekly number of cases attended was 1,331, and the total number in the year was 5,696 while the number of full-time equivalent home helps was 351. In 1958 the average weekly number of cases was 2,942 and the total attended was 8,279 with 522 full-time equivalent home helps. The organisation set up in the early days of the service has proved itself in practice and has only needed to be expanded in detail. Reference should be made to the scheme for providing Special Home Helps for problem families: such home helps, selected from the general body of the service, are given a short intensive course of instruction and thereafter when serving a problem family are paid an extra 4d. per hour. In all, 57 home helps have received this training.

(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, 1959, was 542. The average number of equivalent full-time helps employed weekly throughout the calendar year was 522.6, an increase of 3.5 over the previous year.

(c) Supervision.

During the year the Divisional Supervisors paid 6,243 first visits, 15,399 revisits and 3,007 miscellaneous visits, a total of 24,649 compared with 21,628 for the previous year.

(d) The Scope of the Scheme.

The total number of cases helped during 1958 was 8,279, an increase of 290 or 3.6 per cent. over 1957. The number of chronic sick (including the aged and infirm), acute and tuberculosis cases increased by 266, 135 and 3 respectively, whilst the number of maternity cases decreased by 114.

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 1958.	Hours of service given during 1958.	Average total hours of service per case.	Average No. of hours service per case per week.	Average duration of service per case in weeks.	Average No. of cases being helped per week.
Maternity	1,969 (24%)	131,278 (13%)	67	25.3	2.6	100 (3.4%)
Acute... ..	1,676 (20%)	69,328 (7%)	41	8.4	4.9	158 (5.4%)
Chronic	4,503 (54%)	788,309 (78%)	175	5.8	30.0	2,623 (89.1%)
Tuberculosis... ..	131 (2%)	21,366 (2%)	163	6.7	24.2	61 (2.1%)
County 1958 ...	8,279 (100%)	1,010,281 (100%)	122	6.6	18.7	2,942 (100%)
County 1957 ...	7,989 (100%)	1,006,293 (100%)	126	6.6	19.1	2,829 (100%)

The table on page 56 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 time spent on (a) service to patients; (b) travelling; (c) sickness; and (d) holidays.

The table on page 57 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-1958.	Average equivalent F/T Helpa employed weekly during 1958.	Total number of cases helped during the year.				Percentage of Home Helpa' time spent on				
			Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
North-Western ...	222,300	84,592	385	158	360	16	919	86.6	3.2	4.3	5.9
Central ...	222,750	42,841	394	268	807	16	1,485	84.4	5.0	5.0	5.6
North Central ...	204,550	24,128	289	201	673	17	1,180	83.8	5.0	5.3	5.9
Southern ...	136,770	125,760	146	104	257	6	513	88.1	4.0	3.6	4.3
South-Eastern ...	108,910	22,414	285	331	241	14	871	86.2	2.5	5.9	5.4
Northern ...	81,550	6,628	78	83	418	9	588	84.2	4.9	5.3	5.4
South-Western ...	169,950	127,026	204	275	326	5	810	86.9	4.8	3.0	5.3
North-Eastern ...	193,030	9,381	115	112	1,123	40	1,390	82.9	5.4	6.2	5.5
Merton and Morden U.D.	70,810	3,237	46	55	361	16	478	82.1	6.6	7.2	4.1
Mitcham M.B. ...	64,700	2,932	45	27	348	16	436	83.4	4.5	6.4	5.7
Wimbledon M.B. ...	57,520	3,212	24	30	414	8	476	83.8	5.0	5.0	6.2
Mid-Eastern ...	92,690	6,391	73	144	298	8	523	84.2	5.4	5.4	5.1
Beddington and Wallington M.B. ...	32,390	3,045	43	54	175	1	273	82.2	5.0	7.8	5.0
Carshalton U.D. ...	60,300	3,346	30	90	123	7	250	87.0	5.4	2.2	5.4
County 1958 ...	1,432,500	449,161	1,969 23.8%	1,676 20.2%	4,503 54.4%	131 1.6%	8,279	84.6	4.7	5.1	5.6
County 1957 ...	1,419,500	449,161	2,083 26%	1,541 19%	4,237 53%	128 2%	7,989	84.5	4.4	5.5	5.6

Average weekly number of cases helped.										Average service per case.							
Division.	Maternity.	Acute.	Chronic.	T.B.	Total.	Per equivalent F/T Home Help employed.	Per 10,000 population.	Maternity.		Acute.		Chronic.		T.B.		Total.	
								Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.
North-Western ...	19	15	196	8	238	4.1	10.9	23.9	2.5	9.6	4.9	8.1	28.3	10.7	27.9	9.5	12.9
Central ...	24	9	394	4	431	6.7	19.6	21.0	3.1	8.2	1.8	4.6	25.4	4.8	13.2	5.6	15.1
North Central ...	15	34	382	7	438	6.2	21.9	27.7	2.6	5.5	8.8	5.1	29.5	6.3	22.5	5.9	19.3
Southern ...	7	9	141	3	160	5.7	12.5	26.9	2.5	13.2	4.4	5.3	28.5	8.7	26.0	6.8	16.1
South-Eastern ...	13	29	166	7	215	5.4	21.5	26.9	2.5	8.3	4.6	5.4	34.2	6.2	23.8	7.1	13.0
Northern ...	4	10	230	4	248	5.1	31.0	22.7	2.9	5.2	6.0	7.0	28.9	3.9	21.8	7.3	21.9
South-Western ...	10	21	212	2	245	4.6	15.3	31.5	2.4	11.7	4.8	6.7	33.7	13.4	14.9	8.2	15.8
North-Eastern ...	5	17	734	23	779	6.1	41.1	27.1	2.2	8.3	7.9	5.7	34.0	5.9	30.6	5.9	30.0
Merton and Morden U.D....	2	11	230	10	253	6.3	36.1	27.7	2.0	6.5	10.1	5.4	33.2	6.3	31.0	5.7	27.5
Mitcham M.B. ...	2	3	226	8	239	5.5	37.5	27.9	2.2	12.1	4.4	6.4	33.6	5.6	28.1	6.6	28.8
Wimbledon M.B. ...	1	3	278	5	288	6.4	50.0	24.6	2.8	12.5	6.2	5.4	34.9	5.4	36.6	5.4	34.0
Mid-Eastern ...	3	14	168	3	188	6.3	21.1	26.0	2.4	9.3	4.8	5.3	29.3	5.1	18.4	6.0	18.8
Beddington and Wallington M.B. ...	2	5	91	—	98	5.6	30.0	26.4	2.4	9.5	4.5	5.9	26.5	4.6	4.9	6.5	18.6
Carshalton U.D. ...	1	9	77	3	90	7.1	15.3	26.6	2.3	9.0	5.0	4.7	32.2	5.1	21.0	5.4	19.6
County 1958 ...	100	158	2,623	61	2,942	5.3	20.6	25.3	2.6	8.4	4.9	5.8	30.0	6.7	24.2	6.6	18.7
County 1957 ...	99 3.6%	139 4.9%	2,523 89.4%	68 2.1%	2,829 100%	5.4	19.9	26.2	2.4	9.8	4.7	5.9	31.0	7.4	26.9	6.6	19.1

MENTAL HEALTH SERVICES.

Administration.

Developments in mental health during the 10-year period have been mainly directed to improving and extending the facilities for day training of mentally sub-normal children. The county is now adequately covered geographically but the standard of several of the premises leaves much to be desired. Progress in new building or adaptations has been slow, mainly because of the difficulty in obtaining suitable sites. In two instances the Education Committee have kindly allocated a portion of school playing fields for new building. The growing public awareness and acceptance of the services provided is instanced by the formation of several branches of the National Society for Mentally Handicapped Children in the county with which the Council co-operates as a measure of public relations. Relations with local health authority staff and hospital personnel have always been most friendly, but the work of the County Council in domiciliary care and after-care has hitherto largely been limited to the care of mental defectives since the hospitals have wished to follow their cases into the community when this has been necessary, and, accordingly, have only referred a very small number of cases to this department. It has, therefore, not been practicable to set up a body of mental welfare officers outside the existing duly authorised officers and health visitors; it is hoped, however, that the new Mental Health Act will result in improved liaison with the hospitals and will enable the County Council's care work among the mentally afflicted to be expanded.

RESPONSIBLE COMMITTEE.

During 1958, the Mental Health Services Sub-Committee continued to be responsible for all matters relating to mental health services. This Sub-Committee, consisting of fourteen members of the County Health Committee and (ex officio) the Chairman and Vice-Chairman of that Committee.

STAFFING.

Staffing arrangements are as described in my report for 1952.

Eight Training Centres are now administered by the Sub-Committee, the total number on the registers being 376 at the end of 1958, compared with 367 at the end of 1957. Each Centre has a Supervisor, qualified by diploma, and other staff in accordance with the number of trainees on the register.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARD.

An excellent relationship is enjoyed with the Physician Superintendents of the mental and mental deficiency hospitals, to which Surrey patients are admitted. There is still a waiting list for mental deficiency hospitals, but this has shown a small reduction (from 123 to 119) during 1958. Vacancies can usually be found for really urgent cases.

At present the after-care visiting of former mental hospital patients is done mainly by psychiatric social workers from the mental hospitals, but in a few cases Health Visitors and Mental Welfare Officers perform this task.

There are 19 psychiatric and mental deficiency out-patient clinics in Surrey and these are mainly staffed by medical officers from the mental and mental deficiency hospitals 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 Mental Welfare Officers. During 1958, Health Visitors paid 3,652 visits to female patients and boys under sixteen and Mental Welfare Officers paid 1,584 visits to male patients over sixteen. 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 Mental Welfare Officers under the Lunacy and Mental Treatment Acts during 1958. The total number of cases reported to Mental Welfare Officers from all sources was 2,937.

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.
164	371	37	57	359	548	3	3	299	504	38	56	14	47	179	258

In addition, information was received that 1,143 voluntary patients were admitted to mental hospitals directly from their homes without the assistance of a Mental Welfare 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, Netherne and West Park.

During 1958, observation beds for both sexes were available at all the mental hospitals and for female patients only at St. Helier General Hospital. There are now sufficient observation beds to meet the needs of Surrey patients.

MENTAL DEFICIENCY.

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

Surrey mental defectives are eligible, according to the part of the County in which they live and to some extent their ages and grades, for admission on a long-term basis, to Botleys Park Hospital, Chertsey, The Manor Hospital, Epsom, The Royal Earlswood Hospital, Redhill, and The Fountain Hospital, Tooting. In addition, the Physician Superintendents of these four hospitals are most helpful in providing temporary care for mental defectives in emergencies as visualised by Ministry of Health Circular 5/52. During 1958, 124 cases were admitted to health service hospitals under the terms of this circular and seven patients were admitted to other homes for short emergency periods at the expense of the council.

Also during the year, 14 petitions were presented for Orders sending defectives to hospitals or placing them under guardianship and Orders were obtained in all these cases. Twelve cases were dealt with on behalf of other authorities. In nine cases assistance was given to relatives in completing the formalities under Section 3 of the Mental Deficiency Act, 1913, and, following the issue of Circular 2/58 by the Ministry of Health early in the year, 82 informal patients were admitted to mental deficiency hospitals. Seven patients were dealt with by Courts (Section 8) and one by the Home Secretary (Section 9).

The following table shows particulars of mental defectives on the Council's Register on 31st December, 1958, of all new cases coming to the notice of my department during 1958, how these cases were dealt with and full details of the hospital waiting lists as at 31st December, 1958 :—

1. Particulars of Cases Reported during 1958.

		Under age 16.		Aged 16 and over.		Grand
		M.	F.	M.	F.	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 ...	...	30	21	—	—	51
(ii) On leaving special schools ...	...	1	3	8	7	19
(iii) On leaving ordinary schools ...	...	6	1	—	—	7
(2) Police or by Courts ...	...	—	—	4	—	4
(3) Other sources... ..	...	8	4	8	10	30
Total of 1 (a) ... ..	...	45	29	20	17	111
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground ...	...	23	9	20	34	86
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b) ... ..	...	—	—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (a) or (b) ... ..	...	8	8	6	10	32
Total of 1 (a)-(d) inclusive ... ..	...	76	46	46	61	229

2. Disposal of Cases Reported during 1958.

(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number :—						
(i) Placed under Statutory Supervision ... ..	...	33	18	9	7	67
(ii) Placed under Guardianship ... ..	...	—	—	—	1	1
(iii) Taken to "Places of Safety" ... ..	...	—	—	—	1	1
(iv) Admitted to hospitals ... ..	...	12	11	11	8	42
Total of 2 (a) ... ..	...	45	29	20	17	111
(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 ... ..	...	16	5	11	23	55
(ii) Action unnecessary ... ..	...	4	2	8	9	23
Total of 2 (b) ... ..	...	20	7	19	32	78
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged ... ..	...	3	2	1	2	8
Total of 2 (a)-(c) inclusive ... ..	...	68	38	40	51	197

3. *Number of Mental Defectives for whom Care was arranged by the Local Health Authority under Circular 5/52 during 1958 and admitted to :—*

	Under age 16.		Aged 16 and over.		Grand Total.
	M.	F.	M.	F.	
(a) National Health Service hospitals	46	20	30	28	124
(b) Elsewhere	3	3	—	1	7
Total	49	23	30	29	131

4. *Total Cases on Authority's Registers at 31/12/58 :—*

(i) Under Statutory Supervision	234	169	228	246	877
(ii) Under Guardianship (including patients on licence)	—	1	10	10	21
(iii) In "Places of Safety"	—	—	1	1	2
(iv) In hospitals (including patients on licence)	233	157	756	658	1,804
Total of 4 (i)-(iv) inclusive	467	327	995	915	2,704
(v) Under voluntary supervision	24	15	158	214	411
Total of 4 (i)-(v) inclusive	491	342	1,153	1,129	3,115

5. *Number of Defectives under Guardianship on 31st December, 1958, 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 31/12/58 (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	3	1	—	1	5
(ii) Ambulant low grade cases	7	1	—	2	10
(iii) Medium grade cases	1	2	—	—	3
(iv) High grade cases	—	—	—	—	—
Total urgent cases	11	4	—	3	18

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

(i) "Cot and chair" cases	15	7	1	1	24
(ii) Ambulant low grade cases	14	7	3	8	32
(iii) Medium grade cases	12	5	11	16	44
(iv) High grade cases	—	—	—	1	1
Total non-urgent cases	41	19	15	26	101
Total of urgent and non-urgent cases	52	23	15	29	119

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

(i) Occupation centre	175	122	54	86	437
(ii) Industrial centre	—	—	—	—	—
(iii) Home training	—	—	—	—	—
Total of 6 (b)	175	122	54	86	437

(c) Of the cases included in 6 (b), number receiving training on 31st December, 1958 :—

(i) In occupation centre (including voluntary centres)	140	103	50	83	376
(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)	140	103	50	83	376

Training Centres.

The Council now provide eight training centres at the following addresses :—

Ewell	Old Schools Lane, Ewell.
Guildford	Pond Meadow Training Centre, Park Barn, 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, S.W.19.

A purpose built centre for 60 trainees was completed during the year at the Park Barn Estate, Guildford, and was occupied for use in January, 1959. Plans to provide a slightly larger centre at Morden are well advanced but there is still great difficulty in finding sites for development at Kingston and Purley. These are the most urgent projects but the need for improved facilities for other parts of the County will become pressing in the near future. The practical unit for male adults at Sutton is proving very successful and a further unit has been provided at Ewell by the conversion of an air raid shelter. In future building, the policy is to make provision for both male and female practical units in association with junior centres, the part for the males being completely self contained.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration, of five nursing homes. On the 31st December, 1958, 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 1958 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1958.	Number of children provided for.
Premises	42	966
Daily Minders	165	1,678

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following applications from Local Authorities for the Council's observations to the Ministry of Housing and Local Government under Section 2 (2) of the Act were received during 1958 and reported to the Rivers and Streams Committee :—

Authority.	Scheme.	Estimated Cost.	Committee Decision.
Bagshot R.D.C. ...	Sewerage and sewage disposal at Chobham and Bisley	£369,362 (original estimate) [Council to contribute £111,250—(1956)]	Approval now given to expenditure of £20,000 which has been saved on the works for further extensions in West End and Chobham.
Dorking and Horley R.D.C.	Sewerage—Abinger Hammer	£10,603 (increased estimate) in lieu of original estimate submitted in 1955	Council's grant increased from £1,430 to £3,400.
Godstone R.D.C.	Main Drainage—Felbridge ...	£162,500	Scheme approved in principle.
Guildford R.D.C.	Sewerage and sewage disposal— Tillingbourne Valley— Phases I and II Phases III, IV and V ...		Grant increased from £16,000 to £17,456. Grant increased from £34,000 to £42,161.
	Sewerage disposal—Ash Vale, Phase II		Grant amounting to £20,000 approved.
	Sewerage disposal—Eflingham		Grant amounting to £17,615 approved.
	Water supply—Albury ...	£31,672	Scheme approved in principle.
Woking U.D.C. ...	Sewerage extension — Hoe Valley	£87,400	Decision deferred.

REFUSE DISPOSAL.

One new application under Section 94 of the Surrey County Council Act, 1931, for permission to tip refuse on a site within the Urban District of Dorking was received during the year. The application was refused to enable discussions to take place between the County Council and the Urban District Council.

Four renewals were granted. The total number of approved refuse dumps in the County is nine and all are conducted satisfactorily.

MILK AND DAIRIES.

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

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

No new licences were granted during the year, and the total number of pasteurisers licences in force on the 31st December, 1958, 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	335	14
Failed Phosphatase test only	2	—
Failed Methylene Blue Test only... ..	1	—
Failed both tests	—	—

(b) Tubercle Infected Milk.

No notifications of milk produced at farms in Surrey having been found on biological examination to be infected with the tubercle bacillus were received during 1958. This is the first occasion for very many years that this satisfactory state of affairs has occurred. The whole of the County has been scheduled as a "Specified" area by the Minister of Health since 1954 and all sales of milk by retail for human consumption, and catering sales, have to be either pasteurised, sterilised or tuberculin tested. The tuberculosis eradication scheme of the Minister of Agriculture, Fisheries and Food under which all bovines in Surrey herds not already attested were tested with tuberculin and any animals proving to be tuberculous, however slight, slaughtered, is also now complete. There is no doubt that both of these schemes have been largely instrumental in reaching the satisfactory position which now obtains.

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.

The County Council is 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 1958. Comparative figures for 1957 and 1956 are also given :—

	Milk.			Food other than milk.			Drugs.			Totals.		
	1958	1957	1956	1958	1957	1956	1958	1957	1956	1958	1957	1956
Examined	706	655	718	252	244	239	13	9	11	971	908	968
Adulterated or Irregular ...	17	11	21	40	28	21	1	—	—	58	39	42
Percentage Adulterated or Irregular	2.41	1.68	2.92	15.87	11.47	8.78	7.69	—	—	5.97	4.29	4.33
Samples per 1,000 of average annual population ...	2.17	2.05	2.25	0.77	0.76	0.75	0.04	0.03	0.03	2.98	2.84	3.03

Estimated Mid-Year Population.

1958	325,130
1957	319,040
1956	312,630

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.

During the year 63 varieties of food and 10 different drugs formed the total of 971 samples taken, which fell just short of the target figure of 3 samples per 1,000 of the estimated population in the Council's Food and Drugs Area. Although there has been an increase both in the number of samples taken and in the number of adulterated or irregular samples found, the results of sampling generally are similar to those of recent years.

New regulations were introduced last September providing for the sale and importation of foods which contain certain antioxidants within prescribed limits. They also require antioxidants and specified foods containing antioxidants when sold otherwise than by retail to be labelled in a prescribed manner.

The permitted antioxidants are substances which delay or prevent the development in food of rancidity or other flavour deterioration due to oxidation, and the regulations provide that where a food is certified by the Public Analyst to contain an unschedule antioxidant that food may be treated for the purpose of Section 9 of the Food and Drugs Act, 1955 (under which food may be seized and destroyed on the order of a justice of the peace) as being unfit for human consumption.

It was considered necessary to institute proceedings in only two cases. One related to a sample of Channel Islands Milk which was found on analysis to be 23 per cent. deficient in milk fat. The dairy farmer concerned pleaded guilty and was given an absolute discharge and ordered to pay £3 3s. 0d. costs. The other case concerns the labelling of a loaf of bread which was considered to be misleading to a purchaser.

Appropriate administrative action was taken in respect of all other adulterated or irregular samples.

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 1958 was 2,685 compared with 2,678 at the end of 1957.

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, 1958.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1... ..	1	—	1	—	—	—
2... ..	—	3	3	2	2	4
3... ..	—	—	—	1	4	5
4... ..	1	—	1	1	2	3
5—10	1	—	1	19	11	30
11—15	—	1	1	17	15	32
16—20	—	1	1	6	11	17
21—29	1	—	1	31	31	62
30—39	1	2	3	68	40	108
40—49	3	—	3	111	81	192
50—59	12	5	17	132	134	266
60—64	6	5	11	93	113	206
65—69	9	11	20	80	136	216
70—79	35	55	90	223	425	648
80—84	16	41	57	123	279	402
85—89	10	29	39	86	229	315
90 and over	—	11	11	22	157	179
Unknown	—	—	—	—	—	—
	96	164	260	1,015	1,670	2,685

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 422 as compared with 384 at the end of 1957.

Before the name of any person is included on the Blind or Partially Sighted Register, medical certificate Form BDS must be completed by an Ophthalmologist. During the year 469 forms were

received—as compared with 532 during 1957. The following table is a summary of the number of cases in which forms show that treatment, medical, surgical or optical—is required.

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

(I) Number of cases registered during the year in respect of which the Form BD8 recommends :—

	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	29	24	—	160
(b) Treatment (Medical, Surgical or Optical)	37	31	—	74
* (II) Number of cases at (I) (b) above which on follow-up action have received treatment	14	29	—	59

* Of the number who have not received treatment, 11 have died and 4 have moved from the area. Many recommendations for treatment are qualified by the reservation "when general condition permits."

(ii) HOME TEACHERS FOR THE BLIND.

The complement of 10 Home Teachers remained unchanged during the year.

The duties of the Home Teachers include 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. Eight handicraft classes functioned during the year and seventeen Social Clubs were in being. The latter are organised by local voluntary Committees and again I welcome this opportunity of expressing my thanks to these Committees for their most valuable and appreciated contribution to the blind welfare service in the County. A new venture during the year has been the formation of a Drama Group at Mitcham. Some 15 blind persons form the group which has entertained members of Darby and Joan Clubs, etc., and it is considered that their standard of performance is equal to that of many "sighted" amateur Dramatic Groups.

(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 12 children under school age, 3 are maintained in Sunshine Homes by the County Council, 7 are at home, 1 is in a Home for Physically and Mentally handicapped children and 1 is in a convalescent nursery. Of the 62 blind children of school age in the County, 37 attend Schools for the Blind, 2 are attending Other Schools, 2 are not at school and 21 are ineducable on account of other defects, 4 being in Mental Hospitals, 9 in Mental Deficiency Institutions and 8 are at home.

Employment.

The County Council continues to pay a capitation fee to the Royal National Institute for the Blind in respect of the "Placement Service" which undertakes the placing for employment of blind persons between the ages of 16 and 59 years in open industry and commerce.

During the year the Placement Officer made calls on 19 newly registered persons, 12 of whom were recommended for industrial rehabilitation and training. He paid 126 visits on "Follow up" and "Service" calls and 187 calls on firms to interest them in the employment of blind persons. In addition, the Training Officer paid 48 calls to investigate the suitability of employment in certain factories and settled in newly employed persons of whom there were 9. There were 4 replacements during the year, 2 of these being power press operators, 1 press operator and 1 spot welder. The 9 new placements included 1 machine operator, 2 gardener/groundsmen, 1 stripping signal parts operator, 1 capstan operator and 4 persons carrying out miscellaneous jobs (wiring, packing, etc.).

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

There are at present 16 blind persons employed in Workshops for the Blind, and the County Council continues to pay capitation fees to the Workshop and supplementation of earnings to the blind employees who are engaged in basket making, brush making, mattress making, knitting pin moulding and machine knitting. Capitation fees are also paid to the Royal National Institute for the Blind in respect of the 41 blind persons whose work is supervised by their Home Industries Department. Augmentation is paid to the blind workers whose occupations are similar to those of the "workshop employee" but who, for geographical or domestic reasons, are unable to travel to the Workshops which with the exception of Leatherhead are situated in London.

In addition, capitation fees are paid by the County Council to the National Library for the Blind in respect of 303 blind persons who are supplied with Braille or Moon Type Books.

(iv) **THE SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.**

Close co-operation continues to exist 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.

The Association supplements the Council's Blind Welfare Service by affording grants to blind persons for holiday and miscellaneous purposes, assists in the maintenance of the wireless sets which are provided by the British Wireless for the Blind Fund, provides equipment and materials for handicraft purposes and generally endeavours to meet the needs of blind persons in the County in matters which are not covered by statutory authority.

(b) **Other Handicapped Persons.**

Previous to the year under consideration the County Council had no formal scheme for the welfare of other handicapped classes but made annual 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), the British Epilepsy Association (£25) and the British Council for the Welfare of Spastics (£90). Towards the end of the year, however, a scheme for the welfare of the general classes of handicapped persons was approved by the Minister of Health which made provision for a partnership agreement with the Surrey Voluntary Association for the Care of Cripples. Under the scheme the existing administrative organisation of the Voluntary Association, together with its body of voluntary workers, is retained with financial help from the County Council, and the qualified occupational therapists formerly provided by the Voluntary Association were to be taken over by the County Council and incorporated with those in the existing scheme for tuberculosis occupational therapy, making an integrated staff of eight occupational therapists serving the general classes of handicapped persons, other than the blind, partially sighted, and deaf and dumb. This scheme will begin to operate on 1st April, 1959.

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 Registrar-General's estimated population of the Administrative County at mid-year 1958 was 1,432,500 which includes 214,800 children between the ages of 5-14 years inclusive. In January, 1959 there were 181,714 children on the registers of 670 county and voluntary schools, an increase of 1,466 in the number of children on the school registers compared with January, 1958.

MEDICAL INSPECTION.

(a) MAINTAINED SCHOOLS.

As mentioned in my last report, some modifications in the scheme of periodic medical inspection were introduced in 1958 chiefly affecting children in secondary schools. The examination in junior schools of children aged 10 to 11 has been discontinued and these are now inspected during their first year at a secondary school. The examination of children at thirteen in grammar schools has been discontinued but all pupils in secondary schools have a vision test at that age. A complete medical examination is carried out also during the year in which the age of fifteen is attained and again during the year prior to leaving school if this is more than one year after the last routine examination. These arrangements are summarised below :—

		Age Groups.								Examination.
Primary School	(i)	On entry	...	...	...	...	...	...	...	Complete medical examination.
	(ii)	During year in which age 8 is reached	...	...	...	...	...	...	...
Secondary School	(iii)	On entry	...	...	...	...	...	...	...	Complete medical examination.
	(iv)	During year in which age 13 is reached (if more than a year from last routine inspection)	...	...	...	...	...	...	...	Eye test only.
	(v)	During year in which age 15 is reached	...	...	...	...	...	...	...
	(vi)	During year prior to leaving school (if more than one year after last routine inspection)	...	...	...	...	...	...	...	Complete medical examination.

The number of children examined in primary and secondary schools was 68,321 and 38,357 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.

DISEASES AND DEFECTS.

(a) Incidence.

Of the 68,321 pupils examined at periodic medical inspections 10,377 (or 15.2 per cent.) were found to be in need of treatment for 11,907 diseases and defects. Table IIA shows these diseases and defects from which it will be seen that 5,422 or 45.5 per cent. of them were defects of the nose and throat and of vision and squint. During the year 537 cases of chronic tonsillitis and adenoids were recommended for treatment and 3,849 placed under observation.

There were 19,761 defects found to be in need of treatment in the course of periodic and special inspections in 1958, and 24,941 defects, a proportion of which were found in previous years, were actually treated during the year.

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

During 1958 school medical officers carried out 11,136 special inspections and 15,916 re-inspections of children while 11,661 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 1958 are given in table IA.

(d) Personal hygiene of pupils.

The health visitors inspect all children in schools at the beginning of each term when the opportunity is taken to advise and help the children on any particular points of personal hygiene which

may arise. Infestation by vermin is now happily not widespread and can be quickly brought under control. The health visitor therefore 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 1958 the health visitors reported 610 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1954-1958 are given below :—

	1954	1955	1956	1957	1958
Number of visits to Schools by nurses for all purposes	13,387	13,092	13,192	13,266	11,861
Cases with nits in the hair	2,178	1,267	1,165	1,084	878
Cases with lice in the hair	179	137	116	113	85
Cases with verminous bodies	12	9	5	1	3
<i>Exclusions—</i>					
1st Time	363	190	163	190	179
2nd Time	67	24	13	23	19
3rd Time... ..	38	3	—	6	1

Seven cases of neglect to give proper attention to dirty or verminous conditions were referred to the National Society for the Prevention of Cruelty to Children. Following visits by the Society's Inspectors, treatment was obtained and the cases 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 III. The total number of minor ailments treated at the clinics during 1958 was 8,291; the corresponding figure in 1957 was 8,258.

(b) Eye Diseases, Defective Vision and Squint.

Table IIIA 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) Orthopaedic and Postural Defects.

Three clinics situated in the Boroughs of Guildford and Wimbledon and staffed by sessionally employed orthopaedic surgeons continued to be held. The following table shows the work carried out at these clinics during the year.

Name of Centre.	Number of Sessions During Year.	Number of Children Treated During 1958.	Number of Attendances.	Number of new cases Admitted.	Number of cases Discharged.
Guildford, Stoke Road	6	76	116	27	14
Guildford, Stoughton	5	50	81	15	12
Wimbledon, Pelham Road	11	212	336	63	16
Total	22	338	533	105	42

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.

Division.	Number of Sessions During Year.	Number of Children Treated During 1958.	Number of Attendances.	Number of New Cases admitted.	Number Discharged.
North-Western	312	260	4,180	118	36
Central	433	396	3,365	289	174
North-Central	214	256	2,743	122	191
Southern	436	503	2,930	322	349
South-Eastern	354	327	2,678	256	240
Northern	218	433	3,588	320	335
South-Western	283	332	3,179	215	220
North-Eastern	122	89	892	49	36
Mid-Eastern	581	236	3,282	159	168
Total	2,953	2,832	26,837	1,850	1,749

(d) 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 IIIB.

(e) Ultra-Violet Light Treatment.

During 1958 351 children made 3,510 attendances at artificial sunlight treatment clinics held at Cheam, Leatherhead, Mitcham, Raynes Park, Sutton and Wallington.

(f) 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 1958 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. ...	200	77	1,070	229	46	200	702	2,524
C. ...	86	140	252	103	26	75	632	1,314
N.C. ...	80	107	660	131	15	70	274	1,337
S. ...	274	78	544	97	57	125	267	1,442
S.E. ...	69	41	240	18	16	24	92	500
N. ...	9	31	192	116	4	30	23	405
S.W. ...	84	97	778	141	40	146	322	1,608
N.E. ...	158	92	795	166	14	285	201	1,711
M.E. ...	163	73	394	91	28	64	7	820
TOTAL ...	1,123	736	4,925	1,092	246	1,019	2,520	11,661

B. FIXED APPOINTMENTS.

Division.	Medical Inspection.	General Medical Clinic.	Hygiene.	Eye.	Other.	Total
N.W.	551	491	413	6	300	1,761
C.	424	318	273	33	145	1,193
N.C.	528	354	292	16	—	1,190
S.	373	446	287	44	79	1,229
S.E.	257	98	178	8	130	671
N.	220	259	118	38	76	711
S.W.	574	189	318	—	143	1,224
N.E.	642	509	263	7	24	1,446
M.E.	282	435	185	40	197	1,139
TOTAL	3,851	3,099	2,328	192	1,094	10,564

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 audiometer. Children born in 1951 and 1952 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 an audiogram constructed for those with a significant hearing loss. 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 tables give details of the work of the audiometricians during the year 1958.

ROUTINE EXAMINATIONS.

	Division.									Total.
	N.W.	C.	N.C.	S.	S.E.	N.	S.W.	N.E.	M.E.	
(1) No. of children tested ...	2,362	3,947	2,019	3,687	989	559	1,722	1,875	867	18,027
(2) No. of children who failed test in one or both ears and referred to school medical officers ...	152 (6.4%)	229 (5.8%)	157 (7.8%)	190 (5.2%)	22 (2.2%)	43 (7.7%)	87 (5.1%)	98 (5.2%)	49 (5.7%)	1,027 (5.6%)
(3) Result of investigations by assistant medical officers:—										
(a) No appreciable hearing loss ...	22	69	11	34	5	14	5	18	5	183
(b) History of otitis media ...	5	34	28	10	1	6	18	8	5	115
(c) Wax in external auditory meatus ...	17	27	12	9	—	6	14	7	8	100
(d) Catarrhal conditions, etc. ...	53	61	40	17	3	7	26	20	6	233
(e) No local cause found for deafness ...	3	9	12	—	2	—	1	3	1	31
(f) Unhealthy tonsils ...	12	19	11	9	2	5	12	3	12	85
(g) Mental retardation ...	3	—	—	3	—	2	—	—	2	10
(h) Miscellaneous causes ...	1	1	41	22	—	—	3	12	3	83
(i) Untraced or left district ...	3	—	—	3	—	—	—	3	1	10
(j) Referred to general practitioners or still awaiting appointments ...	19	9	—	83	6	1	1	9	—	128
(k) Already supplied with hearing aids ...	5	—	1	—	—	2	—	3	—	11
(l) Investigations remaining to be carried out ...	9	—	1	—	3	—	7	12	6	38
	152	229	157	190	22	43	87	98	49	1,027
(4) Children referred to specialists for investigation and treatment ...	5	29	38	22	4	11	43	22	—	174
(5) Special educational treatment recommended in selected cases:—										
(a) Favourable position in class ...	8	5	1	3	2	10	2	3	3	37
(b) Hearing aid provided ...	—	3	—	1	—	1	2	—	—	7
(c) Lip reading instruction ...	—	—	—	1	1	1	1	—	—	4

RE-EXAMINATIONS.

	Division.						Total.
	N.W.	S.E.	N.	S.W.	N.E.	M.E.	
(1) No. of children re-tested	141	38	2	197	5	61	444
(2) No. of children who failed test in one or both ears and referred to school medical officers	48	14	2	47	5	46	162
(3) Result of investigations by assistant medical officers :—							
(a) No appreciable hearing loss	6	7	—	1	—	6	20
(b) History of otitis media	10	—	2	11	—	5	28
(c) Wax in external auditory meatus	6	—	—	4	—	8	18
(d) Catarrhal conditions, etc.	8	2	—	14	—	4	28
(e) No local cause found for deafness	2	2	—	2	—	2	8
(f) Unhealthy tonsils	2	—	—	1	—	4	7
(g) Mental retardation	—	—	—	—	—	—	—
(h) Miscellaneous causes	1	—	—	8	—	5	14
(i) Untraced or left district	—	1	—	—	—	—	1
(j) Referred to general practitioners or still awaiting appointments	8	2	—	4	—	—	14
(k) Already supplied with hearing aids	1	—	—	—	1	1	3
(l) Investigations remaining to be carried out	4	—	—	2	4	11	21
	48	14	2	47	5	46	162
(4) Children referred to specialists for investigation and treatment	—	2	—	27	—	—	29
(5) Special educational treatment recommended in selected cases :—							
(a) Favourable position in class	—	2	—	5	—	4	11
(b) Hearing aid provided	—	—	—	—	—	—	—
(c) Lip reading instruction	—	1	—	—	—	—	1

HANDICAPPED PUPILS.

It is the duty of the County Council to make suitable provision for handicapped pupils in the County. The Handicapped Pupils and Special Schools Regulations, 1959, 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 will in general need to be educated in special schools and where this is not practicable the approval of the Minister is obtained to any alternative arrangements made. 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 1958, 1,540 Surrey pupils were attending special schools compared with 1,452 at the end of 1957.

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

<i>Educationally Sub-Normal.</i>	<i>Accommodation.</i>	<i>Age Range.</i>
Gosden House School, Bramley	80 girls 20 boys 20 mixed (day)	5—16 5—10
St. Nicholas School, Redhill	100 boys 20 boys (day)	10—16
Carew Manor School, Beddington	140 mixed	7—16
St. Christopher's School, Mitcham	110 mixed	7—16
St. Philip's School, Chessington	130 mixed	7—16
Park School, Woking	120 mixed	7—16

<i>Delicate and Physically handicapped.</i>					<i>Accommodation.</i>	<i>Age Range.</i>
Limpfield Grange School, Oxted	...	...	...	...	38 mixed girls	5—16
Sunnydown School, Guildford	...	...	...	...	40 boys	5—10
Bedelsford School, Kingston-upon-Thames	...	...	...	...	72 mixed (including spastic unit)	10—16

Deaf.

Portley House School, Caterham	...	...	...	...	40 mixed	7—12
Nutfield Priory School, Redhill	...	...	...	...	80 mixed	12—16

Maladjusted.

Starhurst Hostel, Dorking	...	...	...	...	25 boys	11—15
Thornchace Hostel, Grove Road, Merrow, Guildford	...	...	...	...	20 mixed girls	5—12
					boys	5—10
Hollymount House Day Class, Raynes Park	...	...	...	...	30 mixed	7—11

Special Schools in Hospitals.

Queen Mary's Hospital, Carshalton.
Rowley Bristow Orthopaedic Hospital, Pyrford, Woking.
St. Ebbas Hospital, Epsom.
Tadworth Court Hospital, Banstead.

The day class for maladjusted children which was opened at Hollymount House, Raynes Park in January 1958 has proved very successful and a second class has now been added. A further class has also been opened in the premises occupied previously by the Avenue Road County Primary School, Belmont. These classes are for maladjusted children of primary school age who attend for a specified number of sessions each week while remaining on the roll of their contributory schools.

In September 1958, the Park School, Woking, opened with 60 educationally sub-normal pupils. It is expected that the full complement of 120 pupils will be in attendance for the Autumn term 1959.

As a temporary measure to reduce waiting lists until the Committee are able to provide another day school for educationally sub-normal children additional temporary classes have been approved at St. Philips (10 children), Carew Manor (20 children), St. Christophers (20 children).

The Committee have approved in principle the provision, as soon as practicable, of two further day classes for maladjusted children, two small hostels—one for boys and another for girls, and a boarding school for adolescent maladjusted boys.

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

Category.	Total Handicapped Pupils.	Disposal.									
		Recommended Special School or Hostel.						Under Review.			
		In Special School or Hostel.			Parents refuse consent.	On waiting list.	Recommended special education in Ordinary School.	Home Tuition.	Tuition in Hospital or Special Units.	In Ordinary School.	At home or in hospital or in Private School.
		Provided by Surrey.	Other.	Total.							
Blind	51	—	40	40	—	8	—	—	—	—	3
Partially sighted	68	—	50	50	—	1	12	—	—	2	3
Deaf	98	29	69	98	—	—	—	—	—	—	—
Partially deaf	107	—	23	23	2	3	68	—	—	5	6
Educationally sub-normal	1,736	675	65	740	48	218	546	11	—	132	41
Epileptic	81	—	25	25	—	1	20	1	—	32	2
Maladjusted	238	57	134	191	4	14	7	8	—	6	8
Physically handicapped	519	70	125	195	3	9	97	32	27	115	41
Delicate	406	71	103	174	16	6	52	8	41	99	10
Speech defect	12	—	4	4	1	6	—	—	—	1	—
Totals	3,316	902	638	1,540	74	266	802	60	68	392	114

During 1958, 70 children were reported to the Mental Health Committee as ineducable and 37 educationally subnormal pupils were recommended for statutory supervision on attaining school leaving age.

Convalescent Treatment.

There were 218 children admitted to convalescent homes during the year, a considerable decrease on the previous year when the number was 272. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

(a) Child Guidance.

The Education Committee authorised the appointment as from 1st April, 1959 of additional staff at the Reigate, Wimbledon and Woking Clinics to enable these to become full-time clinics. Owing, however, to a national shortage of psychiatric social workers, a number of these posts remain, at the time of writing this report, to be filled and this is hampering the development of the service. The following table shows the situation of the clinics serving the County and the authorised staffing establishment at each :—

Clinic.	Professional and clerical staff employed expressed as a proportion of full-time.				
	Psychiatrists.	Educational Psychologists.	Psychiatric Social Workers.	Psychotherapists.	Clerical.
{ Farnham	0.2	0.3	} 1.0	0.2	} 1.0
{ Godalming	0.2	0.3		0.2	
{ Guildford	0.6	0.6		0.2	
{ Chipstead	0.4	0.4	1.0	—	1.0
{ Reigate	0.6	0.6	1.0	—	1.0
{ Richmond	0.4	0.4	1.0	0.2	1.0
{ Malden	0.6	0.6	1.0	0.2	1.0
Sutton	1.0	1.0	2.0	0.6	2.0
{ Wimbledon	0.6	0.6	1.0	0.5	1.0
{ Mitcham	0.4	0.4	1.0	—	1.0
Woking	1.0	1.0	2.0	—	2.0
Total equivalent full-time ...	6.0	6.2	12.0	2.1	12.0

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 ...	46	42	123	140	101	79	165	107	94	897
No. of new cases seen	36	33	107	126	86	67	131	102	74	762
No. of cases discharged	17	16	71	112	71	49	110	119	36	601
Analysis :—										
(a) Treatment completed	7	4	39	23	47	9	47	30	19	225
(b) No treatment required	5	4	18	51	8	19	55	43	4	207
(c) non co-operation of parents ...	—	1	4	23	—	10	5	2	4	49
(d) Other arrangements made ...	5	7	10	15	16	11	3	44	9	120
No. of cases under treatment at end of year	24	20	55	38	22	13	52	48	25	297
No. of cases under supervision at end of year	29	24	105	85	179	61	59	156	79	777
No. of cases withdrawn from waiting list during year	1	6	13	20	17	10	51	9	25	152
No. of cases remaining on waiting list at end of year	11	10	28	5	18	14	47	11	19	163
No. of interviews by psychiatrists ...	519	255	2,027	989	871	601	1,195	737	1,029	8,223
Analysis :—										
(a) With children for examination ...	40	47	116	179	87	68	206	129	75	947
(b) With children for treatment ...	331	119	1,162	520	438	274	708	464	832	4,848
(c) With parents	114	66	487	177	310	150	251	115	79	1,749
(d) With others... ..	34	23	262	113	36	109	30	29	43	679
No. of sessions held :—										
(a) Psychiatrists	83	73	340	279	298	204	442	292	291	2,302
(b) Educational psychologists ...	120	148	256	301	255	190	457	292	286	2,305
(c) Psychotherapists	12	56	226	68	—	92	294	254	—	1,002
(d) Psychiatric social workers ...	116	116	704	477	468	472	939	539	248	4,079

(b) Speech Defects.

There were 38 Speech Clinics in operation at the end of the year at which a total of 110 treatment sessions were held each week. New clinics were opened during the year at Ash, Cranleigh and Tolworth and additional sessions were authorised at Epsom, Guildford and Woking clinics. Regular sessions were held also at Carew Manor, Gosden House, The Park, St. Nicholas, St. Christopher's

and St. Philip's Special Schools, and at the Spastic Unit attached to Bedelsford Day Special School. There were 1,782 individual children treated during the year compared with 1,732 in 1957; these were mainly for stammer, lisp and underdeveloped speech. Of these 250 were discharged as cured, 179 discharged as greatly improved, 102 discharged as showing some improvement and 76 as showing little or no improvement. A table showing the work of the Speech Therapists in 1958 is given at the end of this report.

The use of tape recorders in speech therapy proves a valuable aid to treatment and there are 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 1958 :—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	518	17	82	617
Enteric fever	1	—	—	1
Measles	1,936	23	64	2,023
Whooping cough	266	14	30	310
German measles	777	11	19	807
Chicken-pox	3,204	13	61	3,278
Mumps	3,457	25	56	3,538
Jaundice	9	—	1	10
Other	597	36	23	656
Totals	10,765	139	336	11,240

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	2	1	3
Impetigo	53	—	53
Scabies	17	—	17
Other	6	1	7
Totals	78	2	80

Tuberculosis in Schools.

During the year 37 schoolchildren and 2 teachers were notified as suffering from tuberculosis, as a result of which it was decided that special investigations should be carried out at nine schools (seven in maintained schools and two in private schools). In each case the parents were informed that a case of tuberculosis 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. Each of these schools was visited by a school medical officer who Mantoux tested the children. The Mantoux positive children were subsequently X-rayed by arrangement with the Mass Radiography Units or the Chest Clinics.

In all, 1,507 children who had not previously received B.C.G. vaccination were Mantoux tested and of these, 194 or 12.8 per cent. were found to be Mantoux positive. These figures exclude all children already known from their attendance at Chest Clinics to be Mantoux positive or who are known to be Mantoux positive as a result of routine tuberculin testing of the 13 year-old age group at school. 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 and staff revealed no spread of infection.

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

On the 12th June, a pupil at a boarding school was notified as a case of bilateral pulmonary tuberculosis, and the entire school was subsequently investigated. Mantoux tests were given to 202 children of whom 35 were found to be positive. One of the 167 negative reactors, all of whom were offered B.C.G. vaccination, developed primary tuberculosis during the investigation, but no further cases came to light. Fifteen members of the teaching and domestic staff were X-rayed with satisfactory results.

The opinion of the Chest Physician was that the index case had originally been infected by her father who died of pulmonary tuberculosis nine years ago, and that her illness last year was a breakdown of an earlier primary infection. The second case was a close contact of the index case and was almost certainly infected by her.

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 including information on the poliomyelitis vaccination scheme carried out in 1958 are described in the County Medical Officer's annual report.

PROMOTION OF HEALTH.

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

(a) Physical Education and Swimming Report 1958/59.

Primary Schools.

It is once again possible to record steady progress in the standard of Physical Education in the Primary Schools. With the new buildings, the improvements in many old schools, the provision of a wider range of equipment including agility apparatus, the development of both playing fields and learner swimming baths, fewer staffing changes, smaller classes, conditions for Physical Education are on the upgrade. In particular the stimulus provided by the teachers and others has been most marked. The enthusiasm aroused and the increased opportunity for practice already indicate their great value. Demonstration Courses showing modern teaching methods and ideas have been extremely well attended by both men and women teachers of primary age children.

Secondary Schools.

There has been little if any improvement in the staffing position in Secondary Schools. The difficulty of finding sufficient good specialist teachers who will stay long enough in one school to be really effective is the main cause of disappointment in the all-over pattern, though there is a very slight improvement in the number of specialists coming forward on the women's side at the present time. There are over 30 vacancies for specialist teachers in non-Grammar Secondary Schools but most of the Grammar Schools have adequate staff for physical education. The uneven level of work mentioned in previous reports is all the more noticeable because of this staffing shortage. The new schools usually have very good conditions and every effort is being made to improve those not up to standard. Attempts to introduce activities needing less specialist knowledge and training have only been moderately successful but there is a growing keenness to develop camping, canoeing and sailing wherever facilities make these activities possible. Teachers are being encouraged to take an active interest in these recreational activities by the provision of County Courses. A full programme of courses was arranged during the year but the response was not as good as usual and some of the courses were cancelled because of too few applications.

Several hundred boys from sixteen schools and girls from six Secondary Schools have been working for the Duke of Edinburgh's Award which demands a high level of physical endurance and skill. This has meant that all these schools have had to teach camping to the pupils concerned and give practice instruction on several week-ends throughout the year.

Swimming.

The new regulations in regard to swimming instruction made it possible for the first time for children of 9 years of age to visit baths in school parties. It is generally felt to be an advantage to give "water confidence" at this earlier age and there is little doubt that increased skill in swimming will result among greater numbers of children. More qualified teachers of swimming are needed before the full benefits are gained and courses have been, and will continue to be, arranged to help to solve this difficulty.

An excellent Learners' Bath was completed at The Garth County Primary School during the year and other similar projects in Banstead, Shottermill, Belmont, Oxted and Bookham are well advanced.

(b) Open Air Education.

(i) SUMMER CAMP. The Henley Fort Camp was opened for 17 weeks during the period 11th April to 26th September and during this period no serious illness occurred. The following statistics are given for 1958 together with those for the preceding year:—

	1957 (36th season)	1958 (37th season)
Number of children	496	442
Number of teachers	32	30
Number of schools	8	9
Average cost of food per head per week ...	£1/1/4d.	£1/1/4d.
Number of weeks	18	17

(ii) SHEEPHATCH SCHOOL. Continued use is made of this school which the County Council purchased 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, 1958 :—

No. in Attendance.	Total No. of mid-day meals supplied.	No. supplied free of cost.
170,231	104,444	2,917

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 145,446.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1958, the Education Committee was responsible for the maintenance and training at residential institutions of three 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 4,104 children were medically examined as to their fitness to take part-time employment and all were found to be fit. The examinations are undertaken by the school medical officers at the clinic nearest to the homes of the applicants and in all 6,349 examinations and re-examinations were carried out for this purpose.

There were 57 licences applied for during the year for pupils to take part in entertainments. All these children were examined by school medical officers and without exception were found to be fit.

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER FOR 1958.

In reviewing the dental service during the past year it is necessary once again to refer to the major difficulty of recruiting full-time dental officers. Owing to the fact that few young entrants have chosen to make a career in the School Service during the past few years, the position has arisen where most of the members of the full-time staff are in the higher age groups.

At present, only five full-time officers (16 per cent.) are under thirty-five years of age, while nineteen (61 per cent.) are aged fifty years and over. During the next few years several dental officers will reach the age of retirement and it is to be hoped that recruitment will be stimulated to make good the loss of these experienced members of the staff.

The vacancies within the establishment have been filled by part-time officers. Their valuable assistance is appreciated but due to frequent changes there is a lack of continuity of treatment by the same officer which is undesirable and often has an unsettling effect on the patient.

At the end of 1957 the staff of dental officers consisted of 35 full-time and one part-time salaried officer and 31 sessionally employed officers who were equivalent to an additional 11 full-time officers. At the end of 1958 the corresponding figures were 33 full-time and one part-time salaried officer and 32 sessionally employed officers equivalent to an additional 12 full-time officers. There were, however, fluctuations in the number of sessional dental officers employed during the year and in fact there was an increase of 131 sessions undertaken in 1958 as compared with 1957. Increasing difficulty was also experienced in filling vacancies for dental attendants.

An analysis of the work carried out during the year shows that 144,508 children were inspected at routine school inspections and 11,368 as specials at the clinics, making a total of 155,876. Of those inspected, 81,108 (52 per cent.) required treatment. In 1954, 61 per cent. of the children examined required treatment, in 1955, 58 per cent., in 1956, 57 per cent. and in 1957, 53 per cent. Unfortunately the decline in the percentage of children requiring treatment is not due to a reduction in the incidence of dental decay, but is partly due to the fact that more children are being treated under the General Dental Service.

Persistent sucking of sweets and the eating of snacks between meals certainly contribute to damage to the teeth. Correct use of the toothbrush and rinsing of the mouth with water after eating

help to prevent acid formation which initiates decay. Children are encouraged to pay particular attention to oral hygiene by individual and group talks.

73,547 fillings were inserted in permanent teeth and 18,624 in temporary teeth. 9,585 permanent teeth and 24,217 temporary teeth were extracted; the total number of extractions shows a welcome reduction of 5,825 as compared with 1957.

Orthodontic Service.

Orthodontic treatment was carried out by one full-time officer and four part-time officers specifically engaged for this purpose. In addition most dental officers at the clinics undertake a limited amount of orthodontic treatment, the simpler cases usually on their own initiative and the more complex cases frequently after consultation with one of the orthodontists.

Most of the cases were treated by removable appliances (2,101) but in addition 55 fixed appliances were fitted. In many cases the treatment includes the extraction of teeth to relieve overcrowding. The use of x-rays plays an important part in the planning of treatment and facilities for the taking and processing of x-rays are available at eleven clinics throughout the County.

County Dental Laboratory.

The staff of the laboratory remained as for the previous year at one Chief Technician assisted by five technicians and one apprentice. (It is of interest that the apprentice is a former pupil of Nutfield Priory School for the Deaf. He has proved to be a most willing assistant and displays great promise for this type of work).

The majority of the prosthetic work from the Council's clinics is undertaken at the laboratory but it is still necessary to send a limited amount of work to outside laboratories. The following table shows the record of the work of the laboratory in connection with the school dental service. The figures in brackets give the total work including the priority service.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns.	Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,034	219	221	50	16	2,146	183	4,869
(2,034)	(570)	(265)	(53)	(19)	(2,146)	(825)	(5,912)

Oral Hygienist.

The duties of the oral hygienist are scaling and polishing of the teeth, the application of caries deterrents and education in oral hygiene by means of instruction to individual patients or talks to groups. An analysis of the oral hygienist's work shows:—

Attendances.	Scaling and Polishing.	Application of Caries Deterrents.	Instruction in Oral Hygiene.
1,444	2,126	96	112 hours

Clinics and Equipment.

In several clinics new items of equipment, including dental units, operating lights and dental chairs have been installed.

One of the new air-turbine high-speed handpieces which operate at approximately 250,000 revolutions per minute was obtained on loan for use in five of the Council's clinics. Reports from the dental officers concerned were favourable. Generally, only children who had had fairly recent treatment using the conventional engine were selected. With only one exception all patients preferred the high-speed handpiece. The chief advantages are the greatly reduced time of cavity preparation, and absence of vibration. The main disadvantage is that the apparatus is noisy in operation, emitting a rather high pitched whine. The high-speed handpiece does not completely replace the conventional engine but appears to be a noteworthy advance in the cutting of dental tissues for cavity preparation.

Conclusion.

It may be assumed with reasonable confidence that any child requiring treatment and whose parents wish him to have treatment, is receiving attention from either the School Dental Service or the General Dental Service. From the regular routine inspections it is found that very few children do not receive the recommended treatment from any source and particular efforts are made to encourage these children and their parents to have the necessary treatment carried out.

Finally, I should like to express the thanks of the dental staff to the Teaching Staff of the County for their help and co-operation during the year.

Table IV shows details of work completed in connection with the school dental service.

O. H. MINTON,
Principal School Dental Officer.

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected. (By years of birth).	No. of Pupils Inspected.	Physical Condition of Pupils Inspected.			
		SATISFACTORY.		UNSATISFACTORY.	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2. (6)
1954 and later ...	1,449	1,440	99.4	9	0.6
1953 ...	11,187	11,078	99.0	109	1.0
1952 ...	4,028	3,980	99.8	48	0.2
1951 ...	709	702	99.0	7	1.0
1950 ...	14,808	14,692	99.2	116	0.8
1949 ...	659	650	98.6	9	1.4
1948 ...	495	488	98.6	7	1.4
1947 ...	14,461	14,386	99.5	75	0.5
1946 ...	3,839	3,798	98.9	41	1.1
1945 ...	689	679	98.5	10	1.5
1944 ...	3,511	3,498	99.6	13	0.4
1943 and earlier ...	12,486	12,445	99.7	41	0.3
TOTAL ...	68,321	67,836	99.3	485	0.7

**B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin).**

Age Groups Inspected. (by year of birth).	For defective vision (excluding squint).	For any of the other conditions recorded in Table II.	Total individual pupils.
1954 and later ...	7	189	176
1953 ...	226	1,277	1,393
1952 ...	86	526	589
1951 ...	29	117	118
1950 ...	703	1,633	2,161
1949 ...	43	90	111
1948 ...	37	48	76
1947 ...	1,112	1,455	2,398
1946 ...	298	362	606
1945 ...	71	78	137
1944 ...	281	326	567
1943 and earlier ...	1,109	1,070	2,045
TOTAL ...	4,002	7,171	10,377

C.—OTHER INSPECTIONS.

Number of Special Inspections ...	11,136
Number of re-inspections ...	15,916
Total ...	27,052

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	395,353
(b) Total number of individual pupils found to be infested ...	610
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

TABLE II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

A.—PERIODIC INSPECTIONS.

Defect or Disease.	PERIODIC INSPECTIONS.							
	Entrants.		Leavers.		Others.		Total.	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	184	311	360	351	462	713	1,006	1,375
Eyes—								
(a) Vision	331	677	1,280	888	2,392	2,039	4,002	3,604
(b) Squint	217	230	57	74	345	338	619	642
(c) Other	56	97	44	70	128	226	228	393
Ears—								
(a) Hearing	45	250	36	86	92	396	173	732
(b) Otitis Media	60	566	19	87	75	523	154	1,176
(c) Other	32	85	58	49	91	242	181	376
Nose and Throat	373	2,095	53	297	374	2,252	800	4,644
Speech	145	398	22	40	144	324	311	762
Lymphatic Glands	101	995	7	77	93	831	201	1,903
Heart	38	224	22	156	53	354	113	734
Lungs	97	553	36	177	150	776	283	1,506
Developmental—								
(a) Hernia	39	78	9	14	33	110	81	202
(b) Other	38	332	22	78	102	637	161	1,047
Orthopaedic—								
(a) Posture	115	274	244	319	635	953	994	1,546
(b) Feet	310	611	155	207	620	737	1,085	1,555
(c) Other	230	640	132	438	509	1,161	871	2,239
Nervous System—								
(a) Epilepsy	12	14	13	20	35	61	60	95
(b) Other	17	83	8	33	35	178	60	294
Psychological—								
(a) Development	12	116	13	46	47	226	72	388
(b) Stability	19	311	13	59	55	524	87	894
Abdomen	16	85	3	17	15	113	34	215
Other	58	213	92	167	180	608	330	988
Total	2,545	9,238	2,698	3,750	6,665	14,322	11,906	27,310

(T)—Treatment.

(O)—Observation.

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections.	
	Pupils requiring treatment.	Pupils requiring observation.
Skin	1,567	122
Eyes—		
(a) Vision	1,547	480
(b) Squint	71	32
(c) Other	262	39
Ears—		
(a) Hearing	213	256
(b) Otitis Media	43	32
(c) Other	131	44
Nose and Throat	850	304
Speech	286	146
Lymphatic Glands	24	79
Heart	17	64
Lungs	125	141
Developmental—		
(a) Hernia	11	10
(b) Other	34	51
Orthopaedic—		
(a) Posture	193	127
(b) Feet	226	131
(c) Other	300	155
Nervous System—		
(a) Epilepsy	14	8
(b) Other	42	49
Psychological—		
(a) Development	202	86
(b) Stability	149	104
Abdomen	42	30
Other	1,505	437
Total	7,854	2,927

TABLE III.

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

A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	650
Errors of refraction (including squint)	12,856
Total	13,506
Number of pupils for whom spectacles were prescribed	7,051

B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment :—	
(a) for diseases of the ear	30
(b) for adenoids and chronic tonsillitis	834
(c) for other nose and throat conditions	32
Received other forms of treatment	1,454
Total	2,350
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1958	17
(b) in previous years	87

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	3,805
(b) Pupils treated at school for postural defects	394
Total	4,199

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	4
(b) Body	8
Scabies	44
Impetigo	124
Other skin diseases	2,070
Total	2,250

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	756

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	1,782

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	3,937
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	218
(c) Pupils who received B.C.G. vaccination ...	8,226
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	77
Abdomen	31
Heart and Circulation	56
Plastic Surgery	2
Lungs	326
Development	103
Nervous System	113
Total (a) to (d)	13,089

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—	
(a) At periodic inspections	144,508
(b) As specials	11,368
Total (1)	155,876
(2) Number found to require treatment	81,108
(3) Number offered treatment	76,894
(4) Number actually treated	41,484
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	133,720
(6) Half-days devoted to :—	
(a) Periodic (school) inspection	1,426
(b) Treatment	18,287
Total (6)	19,713
(7) Fillings :—	
(a) Permanent teeth	73,547
(b) Temporary teeth	18,624
Total (7)	92,171
(8) Number of teeth filled :—	
(a) Permanent teeth	63,346
(b) Temporary teeth	16,122
Total (8)	79,468
(9) Extractions :—	
(a) Permanent teeth	8,038
(b) Temporary teeth	24,217
Total (9)	32,255
(10) Administration of general anaesthetics for extraction	14,705
(11) Orthodontics :—	
(a) Cases commenced during the year	1,296
(b) Cases carried forward from previous year	2,700
(c) Cases completed during the year	742
(d) Cases discontinued during the year	180
(e) Pupils treated with appliances	1,913
(f) Removable appliances fitted	2,101
(g) Fixed appliances fitted	55
(h) Total attendances	21,250
(12) Number of pupils supplied with artificial teeth	192
(13) Other operations—	
(a) Permanent teeth	24,303
(b) Temporary teeth	9,201
Total (13)	33,504

