

[Report 1959] / Medical Officer of Health, Surrey County Council.

Contributors

Surrey (England). County Council.

Publication/Creation

1959

Persistent URL

<https://wellcomecollection.org/works/bbr55d84>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1959

INDEX.

PREFACE	4
AMBULANCE SERVICE—	
Annual Efficiency Competition	40
Civil Defence	40
Gatwick Airport	39
Operational Strength—Personnel and vehicles	39
Organisation and Administration	38
Personnel	39
Premises	39
Reigate County Agricultural Show	39
Voluntary Organisations	39
Work of the Service	40
CAPITAL BUILDING PROGRAMME	17
CARE OF MOTHERS AND YOUNG CHILDREN—	
Ante-Natal and Post-Natal Clinics	20
Audiology	18, 25
Convalescent Treatment	24
Cranbrook Report	18
Day Nurseries	24
Expectant and Nursing Mothers	20
Infant Mortality	8, 22
Infant Welfare Centres	23
Maternal Mortality	10, 21
Maternity Outfits	21
Notification of Births under the Public Health Act, 1936	19
Ophthalmia Neonatorum	22
Prematurity	22
Puerperal Pyrexia	21
Unmarried Mothers and the care of illegitimate children	21
Voluntary inspection of children under five years of age	24
Welfare Foods, Distribution of	24
DENTAL CARE OF MOTHERS AND YOUNG CHILDREN	26
FOOD AND DRUGS	61
GATWICK AIRPORT	18
HEALTH VISITING—	
Establishment	32
Health Visitors' Training Course	34
Health Visitors, Other duties of	34
Mothers and Young Children	33
Refresher Courses for Health Visitors	27
Student Nurses, Training of Hospital	34
HOME HELPS	53
MENTAL HEALTH SERVICES—	
Administration—	
Committee responsible for Service	56
Co-ordination with Regional Hospital Board	56
Staffing and Organisation	56
Training Centres	58
Work undertaken in the community—	
Care and After-care	56
Lunacy and Mental Treatment	56
Mental Deficiency	57
Observation Beds	57
MIDWIFERY AND HOME NURSING—	
Domiciliary Midwifery and Home Nursing—	
Refresher Courses for Midwives and District Nurses	27
Staffing and Housing, Review of	27
Training of Student District Nurses and Pupil Midwives	27
Work of the District Nurses	28
Geriatric Visiting and Social Work	30
Local Supervising Authority (Midwives)—	
Analgesics, Administration of	30
Notifications of intention to practise	28
Notifications from midwives	29
Special investigations	30
Summoning of medical aid	29
Work of the Midwives	29
MILK AND DAIRIES	60
NURSERIES AND CHILD MINDERS REGULATION ACT, 1948	59
NURSING HOMES (PUBLIC HEALTH ACT, 1936)	59
PREVENTION OF AIR POLLUTION	59
PREVENTION OF BREAK-UP OF FAMILIES	17

INDEX—continued.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE OF THE SICK—

Chiropody	53
Night Attendance Scheme	51
Nursing Equipment	51
Public Education in Health	52
Recurative Holidays	50
Tuberculosis—	
B.C.G. Vaccination	43
Care Almoners	47
Care Committees	47
Chest Clinic Organisation	42
Contacts—Examination and Supervision of	43
" Segregation of	47
Garden Shelters	44
Mass Radiography	48
Occupational Therapy	48
Provision of Free Milk	47
Rehabilitation and Colonisation	47
Work of Chest Clinics	43
Venereal Diseases	51

REFUSE DISPOSAL	60
-----------------------	----

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944	60
---------------------------------------------------	----

SCHOOL HEALTH SERVICE—

Area	65
Audiometry	67
Child Guidance	70
Dental Service—Report of Principal School Dental Officer	74
Diseases and Defects	65
Employment of Children	74
Further Education and Training of Disabled Persons	74
Handicapped Pupils	69
Health Visitors	67
Immunisation and Vaccination	72
Infectious Diseases	72
Meals and Milk	74
Medical Inspection	65
Medical Treatment	66
Open Air Education	74
Personal Hygiene of Pupils	65
Physical Condition	65
Physical Education and Swimming	73
Population	65
Speech Therapy	71
Tuberculosis in Schools	72

STATISTICS—

Area—Administrative County and County Districts	6
Births and Birth Rates	7, 9
Deaths and Death Rates—	
All causes	8, 9
Causes at different periods of life	12
Heart and Vascular Disease	11
Malignant Disease	11
Respiratory Diseases (non-tuberculous)	11
Tuberculosis (Pulmonary)	11
Violence	11
Infant Mortality	8, 22
Infectious Diseases—	
Incidence of	14
Notifications and Deaths	14
Maternal Mortality	10, 21
Population—	
Administrative County	6
County Districts	6
Rateable Value and estimated produce of a penny rate	7
Still Births	7, 9
Tuberculosis—	
Deaths	15
Notifications	14
Registers	16
Vital Statistics	7

VACCINATION AND IMMUNISATION—

Anti-Tetanus Vaccination	38
B.C.G. Vaccination	37
Diphtheria Immunisation	35
Diphtheria—Immunological State	35
Diphtheria Notifications in the Child Population	35
Poliomyelitis Vaccination	38
Smallpox Vaccination	36
Whooping Cough Immunisation	37

WELFARE SERVICES—

Blind Welfare	63
Other Handicapped Persons	64

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 1959, which has been prepared in accordance with Circular 1/60 of the Ministry of Health.

The population of the County continues to increase. The increase in 1959 was estimated by the Registrar-General at 13,500 giving an estimated total population at mid-year of 1,446,000. Of the increase, 4,144 represented the excess of births over deaths and the remainder was due to movements of the population. The county districts showing the largest increase in population were Woking U.D. (2,680), Chertsey U.D. (1,160), Frimley and Camberley U.D. (1,000), Godstone R.D. (1,140) and Guildford R.D. (1,930). On the other hand, many of the boroughs and urban districts adjacent to the County of London are showing a small but steady decline in population.

The number of live births and the birth rate in 1959 were 20,725 and 14.33 per thousand population respectively; the number of still births and the still birth rate were 328 and 15.58 per thousand live and still births. It is satisfactory to report that the former pair of figures have gone up and the latter have decreased from the figures for the previous year. Unfortunately, the infant mortality rate, which was 16.72 per thousand live births in 1958, increased in 1959 to 18.82 per thousand live births: this, however, still compares favourably with the rate for England and Wales which is 22.0 per thousand live births. The importance of "prematurity" as a cause of infant deaths is well illustrated by the following figures: of the total live births of 20,725, 284 babies died in the first four weeks of life, giving a rate of 13.70 per thousand live births: among the total live births were 1,278 births of "premature" children, i.e. of children of birth weight 5½ lb. or less, and of these 1,278 children, no less than 181 died in the first four weeks of life, this being equivalent to a mortality rate of 141.63 per thousand premature births. The importance of close and skilled ante-natal care of the expectant mother designed to ensure a normal confinement and the delivery of a normal mature baby cannot be over-emphasised.

Once again, I must draw your attention to the effect of the increased birth rate on the domiciliary midwifery service. Since 1955 the birth rate and, *pari passu*, the total number of births in the County has been steadily increasing. As the number of hospital beds devoted to maternity work has not materially increased during that time, the burden of the additional births has largely fallen on the general practitioner and the domiciliary midwife. This in itself would not call for comment but, unfortunately, in an attempt to meet the increased needs there has appeared a tendency to adopt the practice of discharging certain patients to their homes early in the puerperium, so breaking continuity of professional care and supervision. This is undoubtedly bad practice and whilst it is probable that a small proportion of early discharges is inevitable, it would be preferable if hospital admissions were limited to such numbers as can be treated to a conclusion and if general practitioners and midwives were left in charge throughout the pregnancy and confinement of such cases as do not need hospital confinement. Members will note (page 18 of the Report) that on the initiative of the Joint Liaison Committee, a professional advisory committee on the maternity services has been set up and I am sure this committee will find much valuable work to do in improving the liaison between the various branches of the maternity services generally and that their work will result in a general improvement of the standard of service to the public.

The general death rate has increased as against the 1958 rate. In particular the continuous and dramatic rise in the increase of deaths from cancer of the lung and bronchus shows no signs of abating: whether members of the community will heed the publicity about the relationship of cigarette smoking and cancer of the lung and will be prepared to make the small effort of self-discipline necessary to lessen the risk of their developing this unpleasant and usually fatal disease remains to be seen since the effects of cigarette smoking are long term and any change in the habits of the community in this respect will take a number of years to effect any change in the mortality rate from this disease.

I should like also to draw your attention to the setting up of an audiology service for pre-school children (page 25), to continuing developments of the schemes for the prevention of the break-up of families (pages 17 and 18) and for the care of the elderly (pages 30 to 32), to the expansion of the activities of the tuberculosis care committees to deal also with other chest diseases (page 48), to the provision of a general practitioner chest x-ray service by the Mass Radiography Units (pages 48 and 49) and to the steps taken to introduce a chiropody scheme for the elderly, for physically handicapped persons and for expectant mothers (page 53). The scheme for the provision of welfare services for the handicapped groups (other than the blind and the deaf and dumb) which was introduced in the latter months of 1958 has continued to develop during the year.

Although the Mental Health Act, 1959, did not come into operation during the year, much preparatory work was done particularly in relation to the training of staff for the wider duties which the Act will require of them and in considering the form of the scheme which the Act requires the County Council to submit to the Minister. Although the main scheme did not have to be submitted until April, 1960, the County Council submitted to the Minister one preliminary paragraph to enable

it to proceed with arrangements to provide residential accommodation for persons who are mentally disordered and who are not in need of hospital treatment or care and for persons recovering from mental illness.

A further development in the medical administrative staffing took place in 1959 when Dr. E. Pereira, who was Medical Officer of Health for the Borough of Richmond and Divisional Medical Officer for the Northern Division, became also Medical Officer of Health for the Borough of Barnes on the resignation of Dr. R. Hill who had held the post with distinction for 12 years. This unified all the medical administration of the County and County District health services in the Northern Division under one medical officer.

The organisation of the school health service has continued as in previous years. The figures for the year show that the health of the school children throughout the County continues to be satisfactory and the greatest credit is reflected on the School Medical Officers who so painstakingly seek out those children who are in need of observation or treatment for defects, which might have an adverse effect on educational progress or future well-being.

Provision for handicapped pupils was again augmented during the year. Several new speech therapy clinics were opened and additional sessions authorised at existing centres. Demands on the Child Guidance Service continue to be heavy and new clinics were opened at Mitcham and Chipstead. Additional staff for these and other clinics were also appointed but the shortage of psychiatric social workers prevented these increases becoming fully effective. The Education Committee have now approved a student-training and scholarship scheme which it is hoped will help to make more psychiatric social workers available in Surrey for this important service. Increases in the provision of classes for maladjusted children and more places for educationally subnormal children are referred to in the body of the Report.

The routine testing of six-year old children's hearing by the pure tone audiometer continued as in previous years.

During the year a number of health visitors were trained to test the hearing of those babies and young children whose history indicated they were most liable to suffer from deafness. Children failing the test and suspected of being deaf are referred to a central clinic in each division where they are seen by a specially trained medical officer. If deafness is confirmed any treatment necessary is instituted and auditory training by a teacher of the deaf commenced. Although originally intended for the pre-school child, this scheme has now been extended to include school children and in each division there is now an audiology team available who can help and advise school children suffering from deafness.

The incidence of infectious diseases in schools showed an increase in 1959, due mainly to the usual biennial rise of notified cases of measles. There were almost twice as many cases of scarlet fever as in the previous year, but chicken-pox and mumps both showed a decline.

Immunisation against poliomyelitis and B.C.G. vaccination were again offered throughout the year and the response to each of these preventative measures has, on the whole, been good. Although there were no cases of diphtheria reported in the County during the year under review, outbreaks of this disease occurred in other parts of England and Wales, and serve as a warning that prophylactic measures against diphtheria cannot be neglected. Every step should be taken to maintain the immunity in the pre-school and school population at the highest level possible.

I should like to draw the attention of members to the report of the Principal School Dental Officer which is given on pages 74 to 76.

Finally, I must express once again my gratitude to the staff of the Health Department, both in the office and in the field, for their willing co-operation and their unsparing work during 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 three acres from the Urban District of Walton and Weybridge to the Urban District of Esher by a declaration of the Minister of Housing and Local Government dated 6th June, 1957, under the Local Government Act 1933, s. 145 (1), following an alteration of the watercourse of the River Mole by works of the Thames Conservancy.

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 1959 was 1,446,000, an increase of 13,500 over the comparable figure for mid-year 1958. The population under 1 year is given by the Registrar-General as 20,300, the population 1-4 years as 78,200, and the population 5-14 years 214,600.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1955-1959 is shown in the following table:—

	1955.	1956.	1957.	1958.	1959.
Urban Districts...	1,235,600	1,245,000	1,255,800	1,266,000	1,275,000
Rural Districts ...	157,100	160,700	163,700	166,500	171,000
Administrative County	1,392,700	1,405,700	1,419,500	1,432,500	1,446,000
Increase or decrease over previous year ...	+7,500	+13,000	+13,800	+13,000	+13,500

The following table shows the population of each Sanitary District at the censuses of 1931 and 1951, and the Registrar-General's mid-year estimates for 1958 and 1959:—

DISTRICTS.		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1931.	1951.	1958.	1959.
M.B. and Urban.						
1.	Banstead	12,821	18,734	33,529	38,840	39,010
2.	Barnes	2,517	42,440	40,593	39,220	38,880
3.	Beddington and Wallington	3,045	26,328	32,757	32,390	32,250
4.	Carshalton... ..	3,346	28,586	62,721	60,300	60,270
5.	Caterham and Warlingham	8,233	21,774	31,293	34,800	34,820
6.	Chertsey	9,983	16,988	30,852	37,690	38,850
7.	Coulsdon and Purley	11,143	39,795	63,773	68,580	69,320
8.	Dorking	9,511	15,204	20,252	20,730	20,980
9.	Egham	9,350	17,196	24,690	29,250	29,870
10.	Epsom and Ewell	8,427	35,231	68,055	67,590	67,880
11.	Esher	14,850	32,407	51,432	56,660	57,110
12.	Farnham	9,039	19,005	23,928	25,190	25,450
13.	Frimley and Camberley... ..	7,768	16,532	20,386	25,130	26,130
14.	Godalming... ..	2,393	10,940	14,244	15,750	15,850
15.	Guildford	7,323	34,237	48,048	51,780	51,930
16.	Haslemere	5,751	9,168	12,003	12,070	12,190
17.	Kingston-upon-Thames	1,408	39,825	40,174	38,800	38,590
18.	Leatherhead	11,187	16,483	27,206	33,750	34,630
19.	Malden and Coombe	3,164	23,350	45,566	45,540	45,460
20.	Merton and Morden	3,237	41,227	74,730	70,810	70,450
21.	Mitcham	2,932	56,872	67,269	64,700	64,380
22.	Reigate	10,255	34,547	42,248	49,760	50,580
23.	Richmond	4,109	39,276	41,942	42,330	42,330
24.	Surbiton	4,709	30,178	60,875	63,550	63,750
25.	Sutton and Cheam	4,338	48,363	80,673	79,210	79,180
26.	Walton and Weybridge	9,049	25,671	38,112	43,140	43,810
27.	Wimbledon	3,212	59,515	58,141	57,520	57,450
28.	Woking	15,708	35,987	47,596	60,920	63,600
Total ...		198,808	835,859	1,203,088	1,266,000	1,275,000
Rural.						
1.	Bagshot	16,083	11,080	14,109	15,340	15,830
2.	Dorking and Horley	53,943	18,485	25,832	29,980	30,520
3.	Godstone	52,507	25,866	32,823	35,930	37,070
4.	Guildford	59,643	31,554	44,936	51,050	52,980
5.	Hambledon	68,175	24,926	31,851	34,200	34,600
Total ...		250,351	111,911	149,551	166,500	171,000
Administrative County		449,159	947,770	1,352,639	1,432,500	1,446,000

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, 1959, was £26,958,846, and the estimated produce of a 1d. rate for general County purposes for the year 1959-60 was £109,981.

VITAL STATISTICS.

The principal vital statistics for the year 1959 are summarised below. Additional information is given in the paragraphs which follow

Live births	...	...	...	...	...	20,725
Live birth rate per 1,000 population	...	...	...	...	...	14.33
Still births	...	...	...	...	...	328
Still birth rate per 1,000 live and still births	...	...	...	...	...	15.58
Total live and still births	...	...	...	...	...	21,053
Infant deaths	...	...	...	...	...	390
Infant mortality rate per 1,000 live births...	...	...	...	...	...	18.82
" " " " " legitimate births	...	...	...	...	...	18.34
" " " " " illegitimate births	...	...	...	...	...	30.23
Neo-natal mortality rate (first four weeks) per 1,000 live births	...	...	...	...	...	13.70
Early neo-natal mortality rate (first week) per 1,000 live births	...	...	...	...	...	11.92
Peri-natal mortality rate (still births and deaths under one week)	...	...	...	...	...
per 1,000 live and still births	...	...	...	...	...	27.31
Illegitimate live births per cent of total live births	...	...	...	...	...	3.99
Maternal deaths (including abortion)	...	...	...	...	...	5
Maternal mortality rate per 1,000 total births	...	...	...	...	...	0.24

The following statement compares the County birth and death rates for the year 1959 with the previous year and with the mean of the five years 1954-58.

	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.		
1954	13.13	10.96	0.11	1.96	0.38	19.35
1955	13.14	11.17	0.10	2.06	0.54	18.08
1956	13.37	11.50	0.09	2.06	0.63	17.88
1957	13.83	11.19	0.07	2.09	0.75	19.26
1958	14.24	11.24	0.07	2.10	0.43	16.72
Mean of 5 years, 1954-1958	13.54	11.21	0.09	2.05	0.55	18.26
1959	14.33	11.47	0.06	2.17	0.24	18.82
Increase or decrease in 1959 on:						
5 years average	+0.79	+0.26	-0.03	+0.12	-0.31	+0.56
Previous year	+0.09	+0.23	-0.01	+0.07	-0.19	+2.10

1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 20,725, of which 10,609 were males and 10,116 females, as compared with 20,398 in the previous year, showing an increase of 327. The birth rate for the year was 14.33 as compared with 14.24 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 1.04. The effect of these factors on the 1959 crude live birth rates is shown below:—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	14.33	14.04	16.53
Adjusted rates	14.62	14.18	17.19

The birth rate for England and Wales for 1959 was 16.5 and for 1958, 16.4.

In addition to the 20,725 live births in Surrey, there were 328 still births and the rate of still births per 1,000 live and still births was 15.58 as compared with an average rate of 17.98 for the quinquennial period 1954-58.

Of the 20,725 live births 827 or 3.99 per cent. were illegitimate, as compared with 839 or 4.11 per cent. in 1958.

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
1959 ...	20,725	14.33	328	15.58	827	3.99

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1959 was 16,581, as compared with 16,097 in the year 1958. The crude death rate for 1959 was 11.47, compared with 11.24 for 1958. The death rate for England and Wales in 1959 was 11.6 compared with 11.7 for 1958.

3. Infant Mortality.

The number of infants under one year who died during 1959 was 390 compared with 341 in 1958. This represents an infant mortality rate of 18.82 per 1,000 live births as compared with a corresponding rate of 16.72 for the year 1958. The comparable figures for England and Wales were 22.0 in 1959 and 22.6 in 1958.

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 ...	22.6	16.2	6.4	16.72	12.11	4.61
1959 ...	22.0	15.8	6.2	18.82	13.70	5.12

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 1959 :—

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 week.	1-4 weeks.	4 weeks to 12 months.
M.B. and Urban														
Banstead...	246	271	517	13.25	14.57	10	18.98	533	13.66	10.38	-16	4	1	2
Barnes...	211	257	468	12.04	12.04	8	16.81	535	13.76	11.28	-67	7	—	1
Beddington and Wallington	228	203	431	13.36	14.16	3	6.91	333	10.33	9.92	98	5	—	3
Carshalton...	420	353	773	12.83	12.45	10	12.77	582	9.66	12.17	191	13	1	5
Caterham and Warlingham	294	279	573	16.46	17.12	10	17.15	376	10.80	10.80	197	9	2	1
Chertsey...	396	350	746	19.20	17.86	9	11.92	365	9.39	11.46	381	10	6	5
Coulsdon and Purley	520	519	1,039	14.99	16.64	21	19.81	927	13.37	10.03	112	12	—	7
Dorking...	151	161	312	14.87	15.91	3	9.52	279	13.30	11.57	33	5	—	6
Egham...	248	226	474	15.87	15.24	7	14.55	315	10.55	10.02	159	3	—	1
Epsom and Ewell	404	396	800	11.79	14.15	18	22.00	1,017	14.98	9.14	-217	5	1	3
Esher...	426	393	819	14.34	14.34	15	17.99	606	10.61	10.50	213	12	3	2
Farnham...	181	187	368	14.46	15.04	3	3.44	399	15.68	10.51	-31	7	—	1
Frimley and Camberley	241	274	515	19.71	19.71	5	9.62	212	8.11	9.57	303	5	1	4
Godalming...	134	114	248	15.65	16.28	2	8.00	155	9.78	9.10	93	2	—	1
Guildford...	363	371	734	14.13	13.71	10	13.44	632	12.17	11.32	102	13	2	4
Haslemere...	86	83	169	13.86	13.72	1	5.88	150	12.31	9.72	19	4	—	1
Kingston-upon-Thames	290	274	564	14.62	14.18	4	7.04	416	10.78	9.81	148	6	1	6
Leatherhead...	267	251	518	14.96	14.81	16	29.96	304	8.78	9.04	214	6	1	1
Malden and Coombe	269	225	494	10.87	11.41	10	19.84	480	10.56	10.88	14	3	2	—
Merton and Morden	408	376	784	11.13	11.69	10	12.59	735	10.43	11.89	49	7	—	1
Mitcham...	449	398	847	13.16	12.77	12	13.97	676	10.50	12.60	171	10	1	1
Reigate...	361	345	706	13.96	14.10	12	16.71	586	11.59	9.50	120	7	1	2
Richmond...	272	270	542	12.80	11.90	10	18.12	601	14.20	9.80	-59	4	2	4
Surbiton...	462	391	853	13.38	13.38	15	17.28	615	9.65	10.33	238	11	—	4
Sutton and Cheam	527	506	1,033	13.05	13.44	14	13.37	952	12.02	11.54	81	9	2	6
Walton and Weybridge	352	329	681	15.54	15.07	13	18.73	484	11.05	10.50	197	9	1	5
Wimbledon...	437	409	846	14.73	14.14	15	17.42	752	13.09	11.00	94	16	2	2
Woking...	545	500	1,045	16.43	15.94	17	16.01	820	12.89	11.73	225	9	1	6
Total ...	9,188	8,711	17,899	14.04	14.18	283	15.56	14,837	11.64	10.71	3,062	213	31	85
Rural														
Bagshot...	105	130	235	14.85	15.15	6	24.90	170	10.74	10.31	65	5	—	4
Dorking and Horley	301	284	585	19.17	19.55	8	13.49	277	9.08	9.35	308	5	1	2
Godstone...	280	280	560	15.11	16.32	16	27.78	438	11.82	9.81	122	8	1	4
Guildford...	460	466	926	17.48	18.35	10	10.68	504	9.51	10.08	422	13	3	11
Hambledon...	275	245	520	15.03	15.63	5	9.52	355	10.26	9.34	165	3	1	—
Total ...	1,421	1,405	2,826	16.53	17.19	45	15.67	1,744	10.20	9.89	1,082	34	6	21
Administrative County														
	10,609	10,116	20,725	14.33	14.62	328	15.58	16,581	11.47	10.67	4,144	247	37	106

* 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 18.38 and 21.59 : the neo-natal mortality rates for the urban and the rural districts respectively were 13.63 and 14.15.

4. Maternal Mortality.

In 1959 5 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.24 per thousand live and still births. The corresponding figures for England and Wales in 1959 were 291 and 0.38 : and for Surrey in 1958 were 9 and 0.43.

5. Causes of Death.

The grouped causes of death arranged in order of frequency in 1959 in the County were as follows :—

	Deaths	Percentage of Total Deaths
Diseases of the heart	5,213	31.44
Malignant disease	3,140	18.94
Vascular lesions of the central nervous system	2,172	13.10
Bronchitis, pneumonia and other diseases of respiratory system... ..	1,878	11.34
Other circulatory diseases	811	4.89
Violent causes	646	3.89
Influenza	413	2.49
Digestive diseases	239	1.44
Congenital malformations	145	0.87
Hyperplasia of prostate	111	0.67
Tuberculosis (all forms)	102	0.62
All other causes	1,711	10.31
	16,581	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 1959, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table:—

DISTRICTS.	Heart and Vascular Disease.						Pulmonary Tuberculosis.		Respiratory diseases (Non-Tuberculous).		Malignant Disease.						Violence			
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, uterus.		Other malignant lymphatic neoplasms.			
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000		
M.B. and Urban.																				
Banstead	69	1.77	81	2.08	12	.31	86	2.20	24	.62	12	.31	18	.46	10	.26	38	.97	18	.46
Barnes	59	1.52	100	2.57	8	.21	61	1.57	50	1.29	63	1.61	58	1.49	10	.26	30	.77	18	.46
Beddington and Wallington	57	1.77	47	1.46	6	.19	33	1.02	17	.53	15	.47	17	.58	4	.12	38	1.18	18	.46
Carshalton	82	1.36	89	1.48	10	.37	64	1.06	23	.38	18	.30	38	.63	13	.32	56	.93	19	.32
Caterham and Warlingham	40	1.15	49	1.41	3	.09	72	2.07	18	.52	10	.29	11	.32	8	.23	27	.78	12	.34
Chertsey	53	1.36	40	1.03	5	.13	45	1.16	22	.57	8	.21	11	.28	5	.13	34	.88	20	.51
Coulsdon and Purley	108	1.56	153	2.21	42	.61	129	1.86	44	.63	17	.25	28	.40	14	.20	8	.12	75	1.08
Creechling	36	1.22	49	2.34	3	.14	40	1.91	10	.48	9	.43	13	.62	7	.33	3	.12	10	.48
Dorking	40	1.34	43	1.44	3	.10	51	1.71	11	.37	7	.23	14	.47	9	.30	14	.37	14	.47
Egham	122	1.89	140	2.06	15	.22	199	2.93	44	.65	4	.06	101	1.49	9	.13	44	.65	32	1.07
Epsom and Ewell	94	1.65	85	1.49	9	.16	79	1.38	37	.65	52	.91	10	.18	28	.49	13	.23	9	.13
Exeter	69	2.21	43	1.59	4	.16	71	2.79	26	.92	32	.82	15	.35	14	.55	8	.31	14	.35
Farnham	39	1.30	32	1.22	5	.15	29	1.00	9	.48	4	.15	13	.50	4	.11	1	.04	23	.88
Frimley and Camberley	19	1.29	36	2.27	5	.32	73	3.32	11	.69	20	.77	9	.56	13	.82	6	.38	10	.38
Godalming	85	1.64	115	2.21	11	.21	70	1.35	24	.46	2	.04	84	1.62	19	.37	31	.60	17	.33
Godalming	21	1.72	20	1.64	2	.16	17	1.39	13	1.07	—	—	10	1.56	1	.08	6	.49	3	.25
Haslemere	54	1.40	56	1.45	11	.29	38	1.98	18	.47	3	.08	40	1.27	13	.34	26	.67	11	.24
Kingston-upon-Thames	38	1.10	58	1.67	5	.14	38	1.10	16	.46	2	.06	25	.72	10	.29	11	.32	6	.17
Leatherhead	58	1.28	100	2.20	6	.13	66	1.45	17	.37	3	.07	58	1.28	20	.44	21	.46	11	.24
Malden and Coombe	95	1.35	151	2.14	19	.37	62	.88	31	.44	6	.09	90	1.28	20	.28	33	.47	17	.24
Merton and Morden	73	1.13	149	2.31	9	.14	64	.99	26	.40	3	.03	99	1.54	11	.17	32	.50	25	.39
Mitcham	98	1.94	79	1.56	6	.12	100	1.98	25	.49	3	.04	40	.79	14	.28	21	.42	17	.34
Reigate	89	2.10	100	2.36	8	.19	69	1.63	25	.50	2	.05	60	1.42	7	.17	23	.54	11	.26
Richmond	82	1.36	124	1.65	8	.23	109	1.94	28	.44	3	.05	74	1.16	10	.16	26	.41	13	.26
Sutton and Cheam	119	1.50	151	1.91	25	.32	156	1.72	45	.57	2	.03	107	1.35	16	.20	44	.56	27	.34
Sutton and Cheam	69	1.57	78	1.78	5	.11	52	1.19	29	.66	3	.07	56	1.28	14	.32	24	.55	7	.16
Walton and Weybridge	106	1.85	127	2.21	14	.24	89	1.39	34	.59	4	.07	83	1.44	23	.40	34	.59	21	.37
Wimbledon	80	1.26	123	1.93	26	.41	154	2.42	53	.83	6	.09	90	1.41	17	.27	31	.49	6	.10
Woking	1,949	1.53	2,418	1.90	284	.22	1,981	1.55	730	.57	73	.06	1,079	1.32	333	.26	653	.51	315	.25
Total																				

The figures shown in brackets relate to the year 1958.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1959.

The causes of all deaths during 1959 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.	6,998	184	31	50	65	233	1,988	1,875	2,572		855	31	3	7	10	24	210	212	358	
	F.	7,839	145	37	29	41	216	1,320	1,621	4,430		889	30	3	3	2	23	137	222	469	
1. Tuberculosis, Respiratory ...	M.	51	—	—	—	1	4	23	10	13		8	—	—	—	—	—	7	1	—	
	F.	22	—	—	—	—	4	10	4	4		4	—	—	—	—	1	2	1	—	
2. Tuberculosis, Other ...	M.	5	—	—	—	—	—	2	2	1		—	—	—	—	—	—	—	—	—	
	F.	12	—	—	—	—	3	3	3	3		—	—	—	—	—	—	—	—	—	
3. Syphilitic Disease ...	M.	23	—	—	—	—	—	11	7	5		4	—	—	—	—	—	1	1	2	
	F.	14	—	—	—	—	—	3	3	8		1	—	—	—	—	—	—	1	—	
4. Diphtheria ...	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough ...	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	M.	4	2	—	1	—	—	1	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	—	—	—	—	—	—	1	—		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis ...	M.	1	—	—	—	—	1	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		1	—	—	—	—	1	—	—	—	
8. Measles ...	M.	3	1	1	1	—	—	—	—	—		1	1	—	—	—	—	—	—	—	
	F.	3	—	—	1	1	1	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases	M.	15	1	1	1	1	2	6	1	2		3	—	—	—	—	—	1	—	2	
	F.	12	—	1	—	1	2	2	5	1		3	—	—	—	—	1	1	—	1	
10. Malignant Neoplasm, Stomach	M.	182	—	—	—	—	8	64	60	50		17	—	—	—	—	1	4	5	7	
	F.	151	—	—	—	—	9	36	40	66		17	—	—	—	—	—	4	2	11	
11. Malignant Neoplasm, Lung, Bronchus	M.	545	—	—	—	—	18	280	181	66		65	—	—	—	—	2	31	23	9	
	F.	108	—	—	—	—	3	51	27	27		17	—	—	—	—	—	4	2	11	
12. Malignant Neoplasm, Breast	M.	3	—	—	—	—	—	1	—	2		1	—	—	—	—	—	—	1	—	
	F.	312	—	—	—	—	20	151	67	74		40	—	—	—	—	5	13	11	11	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	97	—	—	—	—	6	38	27	26		16	—	—	—	—	2	6	4	4	
14. Other Malignant and Lymphatic Neoplasms	M.	672	—	1	2	4	26	218	198	223		100	—	—	1	1	7	27	25	39	
	F.	706	—	4	7	3	38	229	169	256		91	—	—	—	—	2	23	34	32	
15. Leukæmia, Aleukæmia ...	M.	45	—	4	5	1	7	18	7	3		5	—	—	—	—	—	—	1	4	
	F.	42	—	1	3	2	6	11	9	10		3	—	—	—	—	1	—	1	1	
16. Diabetes ...	M.	26	—	—	—	1	3	3	9	10		3	—	—	—	—	—	—	2	1	
	F.	51	—	—	—	—	—	13	17	21		5	—	—	—	—	—	—	1	4	
17. Vascular Lesions of Nervous System	M.	707	—	—	—	1	5	145	184	372		77	—	—	—	—	1	9	22	45	
	F.	1,242	—	—	—	—	21	161	285	775		146	—	—	—	—	—	13	41	92	
18. Coronary Disease, Angina ...	M.	1,425	—	—	—	—	38	545	443	399		167	—	—	—	—	2	54	60	51	
	F.	993	—	—	—	—	6	119	289	579		113	—	—	—	—	1	13	39	60	
19. Hypertension with Heart Disease	M.	96	—	—	—	—	—	18	30	48		12	—	—	—	—	—	2	—	10	
	F.	188	—	—	—	—	—	17	44	127		17	—	—	—	—	—	—	5	12	
20. Other Heart Disease ...	M.	666	—	—	1	—	10	83	152	420		90	—	—	—	—	2	10	13	65	
	F.	1,315	—	—	—	—	8	96	181	1,030		131	—	—	—	—	—	11	18	102	
21. Other Circulatory Disease ...	M.	294	—	—	—	1	7	69	81	136		41	—	—	—	—	—	13	8	20	
	F.	436	—	—	—	—	1	52	84	299		40	—	—	—	—	—	6	11	23	
22. Influenza ...	M.	192	2	1	1	4	7	47	48	82		9	—	—	—	—	—	1	4	4	
	F.	198	—	1	1	4	7	39	36	110		14	—	—	1	—	—	—	6	7	

Continued overleaf

The causes of all deaths during 1959 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Cause 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.	382	22	5	3	2	10	56	90	194	58	—	—	—	—	1	10	11	3		
	F.	496	15	6	5	4	16	39	82	329	65	2	1	—	1	1	7	15	38		
24. Bronchitis	M.	466	4	2	—	—	3	112	165	180	51	—	—	—	—	—	14	16	21		
	F.	208	2	2	—	—	—	21	47	136	12	—	—	—	—	—	1	2	9		
25. Other Diseases of Respiratory System	M.	68	—	1	—	—	2	25	22	18	8	—	—	—	—	—	2	2	4		
	F.	59	—	1	1	2	1	15	14	25	5	—	—	—	—	1	2	—	2		
26. Ulcer of Stomach and Duodenum	M.	80	—	—	—	—	2	24	20	34	11	—	—	—	—	—	3	1	7		
	F.	45	—	—	—	—	—	9	9	27	4	—	—	—	—	—	—	2	2		
27. Gastritis, Enteritis and Diarrhoea	M.	40	3	—	—	1	3	9	11	13	2	—	1	—	—	—	1	—	—		
	F.	49	2	1	—	1	—	7	14	24	8	2	—	—	—	—	1	—	5		
28. Nephritis and Nephrosis ...	M.	40	—	—	1	1	5	20	8	5	4	—	—	—	1	1	—	—	2		
	F.	34	—	1	1	—	5	9	11	7	1	—	—	—	—	—	—	1	—		
29. Hyperplasia of Prostate ...	M.	100	—	—	—	—	—	5	23	72	11	—	—	—	—	—	—	4	7		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, Childbirth, Abortion	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	5	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital Malformations ...	M.	66	34	7	7	2	1	12	3	—	13	8	2	—	—	1	—	2	—		
	F.	52	33	5	1	1	2	7	1	2	14	12	—	1	—	—	1	—	—		
32. Other Defined and Ill-defined Diseases	M.	505	111	5	7	8	27	104	86	157	54	21	—	1	1	1	11	4	15		
	F.	713	90	5	5	7	24	118	110	354	76	12	—	1	—	—	19	19	25		
33. Motor Vehicle Accidents ...	M.	100	—	1	9	25	17	18	8	22	16	—	—	1	4	2	6	2	1		
	F.	61	—	1	1	10	9	16	11	13	5	—	—	—	—	1	3	1	—		
34. All Other Accidents ...	M.	113	4	2	7	10	10	33	12	35	20	1	—	4	2	3	1	3	6		
	F.	144	3	7	3	1	4	16	19	91	27	2	2	—	1	1	—	2	19		
35. Suicide	M.	77	—	—	1	2	16	34	14	10	3	—	—	—	1	—	1	1	—		
	F.	68	—	—	—	4	15	31	12	6	12	—	—	—	—	5	5	2	—		
36. Homicide and Operations of War	M.	6	—	—	3	—	1	2	—	—	1	—	—	—	—	—	1	—	—		
	F.	2	—	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 1959, giving the number of cases of each disease notified and the attack rate :—

Disease.	1959	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	5	0.003
Post infectious	4	0.003
Acute pneumonia	861	0.60
Acute poliomyelitis—		
Paralytic	9	0.006
Non-Paralytic	8	0.006
Diphtheria	3	0.002
Dysentery	905	0.63
Enteric or Typhoid Fever	2	0.001
Erysipelas	81	0.06
Food poisoning	408	0.28
Measles, excluding Rubella	20,833	14.41
Meningococcal Infections	13	0.009
*Ophthalmia neonatorum	3	0.14
Paratyphoid fevers	5	0.003
†Puerperal Pyrexia	541	25.70
Scarlet Fever	1,795	1.24
Tuberculosis—Pulmonary	580	0.40
Non-pulmonary	57	0.04
Whooping cough	365	0.25

* 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	7 (1)
Whooping Cough	— (—)
Diphtheria	— (1)
Influenza	403 (75)
Meningococcal infections	5 (1)
Acute Poliomyelitis	2 (—)

The figures in brackets relate to the year 1958.

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1959 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 580 cases of pulmonary tuberculosis and 57 cases of non-pulmonary tuberculosis during the year.

The notifications and the case rates for pulmonary tuberculosis and for other forms of tuberculosis in 1959 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
1959	580	0.40	57	0.04

The case-rate of pulmonary tuberculosis per thousand of the population was the lowest recorded since tuberculosis became notifiable in 1912, namely 0.40. The previous lowest record was 0.43 in 1958. The number of notifications of pulmonary tuberculosis decreased by 35 in comparison with the 1958 figure.

The number of patients on the registers with a positive sputum within the last six months of 1959 was 167, a reduction of 18 compared with the previous year.

The case-rate of non-pulmonary tuberculosis for 1959 equalled the previous lowest recorded figure of 0.04 in 1957. There was a fall of 16 in the number of notifications of non-pulmonary tuberculosis in comparison with the 1958 figure.

The case rates for Surrey, compared with those for England and Wales in 1959 were as follows :—

	Surrey.	England and Wales.
Pulmonary Tuberculosis	0.40 per 1,000	0.54 per 1,000
Non-Pulmonary Tuberculosis	0.04 per 1,000	0.06 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	2	—	—	—	2
One and under 2 years	1	—	—	1	2
2 " " 5 " "	3	2	4	1	10
5 " " 10 " "	7	6	—	—	13
10 " " 15 " "	2	11	1	2	16
15 " " 20 " "	15	29	3	3	50
20 " " 25 " "	29	30	1	5	65
25 " " 35 " "	48	47	4	7	106
35 " " 45 " "	51	37	5	4	97
45 " " 55 " "	97	22	6	3	128
55 " " 65 " "	68	11	1	2	82
65 " " 75 " "	37	13	1	1	52
75 and upwards	5	7	1	1	14
Totals	365	215	27	30	637
1958	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 1959 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
1959	85	0.06	17	0.01

The 1959 death rate for pulmonary tuberculosis was the lowest on record and the non-pulmonary death rate for the year equalled the previous lowest figure. 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 1959 were as follows :—

Pulmonary tuberculosis	0.077 per 1,000
Non-Pulmonary tuberculosis	0.008 per 1,000

The distribution of the deaths and the death rates from tuberculosis in the various sanitary districts of the County is shown on page 12 and tables showing the causes of all deaths in 1959, 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.

In 1959 some 226 tuberculous patients (of whom 172 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)	85	17	102
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	55	—	55
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	65	4	69
	<u>205</u>	<u>21</u>	<u>226</u>

There were 54 deaths of unnotified cases of tuberculosis in 1959 as follows:—

<i>In Hospitals.</i>	<i>At Home.</i>	<i>Total.</i>
36	18	54

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, although a reduction on the 1958 figure of 60, 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, 1959, were as follows:—

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>
Males	5,487	453
Females	4,110	652
Totals ...	9,597	1,105
Grand Total ...	10,702	

The total of 10,702 is a decrease of 825 as compared with the figure (11,527) for 1958. The number of pulmonary cases has fallen by 630 and the non-pulmonary figure has decreased by 195. The corresponding total for 1957 was 11,971.

During 1959, 515 cases were transferred in from outside the County and 856 cases were transferred out. The names of 907 patients were removed from the Register on the grounds of recovery.

The total of 8,622 cases on chest clinic registers for 1959, as set against 10,702 on the District Medical Officers' registers, represents a difference of 2,080. 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 a few matters to which I need refer here.

Capital Building Programme.

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

Project.	Purpose.	Date Completed.
Pollards Hill, Mitcham	Welfare Centre/School Clinic	June, 1959.
Chaldon Road, Caterham-on-the-Hill	Welfare Centre/School Clinic	February, 1960.
Morden Road, Morden	Welfare Centre/School Clinic	June, 1960.
Walton Lodge Estate, Banstead	Ambulance Sub-station	November, 1959.
Grayswood Road, Haslemere	Ambulance Sub-station	May, 1960.

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

Project.	Purpose.	Present Position.
Ewell Court, Ewell	Welfare Centre/School Clinic	Included in Education Committee Programme for 1959-60. Building work commenced.
Stafford Road, Caterham Valley	Welfare Centre/School Clinic	Sketch plans and estimates submitted to Ministry of Health. Site appropriated.
The Forum, Molesey	Welfare Centre/School Clinic	Approved in principle by Minister of Health. Sketch plans and estimates being prepared.
Bury Fields, Guildford	Welfare Centre/School Clinic and Child Guidance Clinic	Included in Education Committee Programme for 1960-62. Site being purchased.
" Filstone," Woodcote Road, Wallington	Welfare Centre/School Clinic	Approved in principle by Minister of Health. Sketch plans and estimates being prepared.
Tattenham Crescent, Banstead	Welfare Centre/School Clinic	Site being purchased.
Church Road, Epsom	Welfare Centre/School Clinic	Site purchased.
Thames Ditton	Welfare Centre/School Clinic	Sites under consideration.
Earlswood Mount, Redhill	Ambulance Control Station	Building work commenced.
Abbotsbury Road, Morden	Training Centre	Building work commenced.
Kingston	Training Centre	Approved in principle by Ministry of Health. Negotiating for a site.
Purley	Training Centre	Approved in principle by Ministry of Health. Negotiating for a site.
Wallington	Hostel	Acquisition of a suitable property under consideration.

Prevention of the Break-up of Families.

During the year Divisional Medical Officers held 85 Co-ordinating Conferences at which 854 families were considered. Many families were, of course, discussed at more than one conference. At the end of 1959, 289 families remained on the registers and they were classified as follows :—

Classification.	Problem Families.	Failing Families.	Families with Problems.	Total.
Have probably reached their own highest standard of behaviour but still require help and/or supervision	75	13	5	93
Improving	43	27	9	79
Improvement thought possible but not yet evident	41	15	13	69
Deteriorating	37	7	4	48
Number of families on registers 31.12.59	196	62	31	289
Families removed from divisional registers during 1959 :—				
(a) Problems resolved	43	40	32	115
(b) Other reasons	31	9	4	44

These 289 families are all known to the Health Visitors for their districts and the latter in addition are giving special attention and support to a further 533 families which have not been considered by a Co-ordinating Conference.

REHOUSING.

In about 10 per cent. of the families dealt with it was felt that their problems would be largely overcome if they were suitably rehoused and 30 families were in fact rehoused.

SPECIAL HOME HELPS.

During each quarter of 1959 an average of 19 problem families received the services of special home helps amounting in all to 8,787 hours. In addition, 4,231 hours of service were given to other problem families by ordinary home helps.

At the end of the year 40 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.

FAMILY SOCIAL SERVICE.

The service outlined in my report for 1958 continued to expand during 1959 though at a slower rate than originally anticipated, as it was not found possible to recruit enough new social workers to fill the total establishment of 17½; by the end of the year, however, there were good prospects of achieving this during 1960.

FAMILY DISCUSSION BUREAU.

In July, 1959 arrangements were made for a course to be held by the Family Discussion Bureau for up to ten almoners and divisional social workers. The Bureau specialise in marital problems and, at the weekly sessions, cases which are giving special difficulty are discussed by the social workers and the bureau's instructors. The course is expected to last about two years.

TRAINING HOMES.

Three mothers and their children were sent for training to Frimhurst Recuperative Home at Frimley and the husbands of two of these women paid week-end visits as guests of the proprietors.

One mother and her child were sent for training to the Mayflower Home at Plymouth.

A recuperative holiday was arranged for a mother and her five children at Frimhurst during 1959.

Walton Lodge, Banstead, which has been adapted by the Welfare Committee for the reception and training of evicted families, was opened in November, 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.

The Cranbrook Report and Ministry of Health Circular No. 21/59.

During the year the Report of the Committee on the Maternity Services was published, and shortly afterwards the Minister of Health issued a circular in which he accepted most of the findings of the Cranbrook Committee but reserved for further consideration certain matters where consultation with the various bodies providing maternity services was called for. While the Report did not recommend any radical changes in the main administrative structure of the maternity services, it contained many recommendations for improving the services in detail. One of the recommendations to which the County Health Committee gave most careful consideration was the need for improved liaison between the different bodies responsible for the various aspects of maternity provision and after reference to the Joint Liaison Committee, it was agreed that a Professional Advisory Committee for the Maternity Services should be set up to consider and advise the Joint Liaison Committee on matters relating to the Maternity Services in the County of Surrey. Membership of this Committee is limited to six in number, two members nominated by the Local Medical Committee, the Senior Administrative Medical Officer of the Regional Hospital Board or his deputy, a consultant/obstetrician, the County Medical Officer or his deputy and one other representative: the non-medical supervisor of midwives and the nursing officer of the Regional Hospital Board are available to attend when required and the Committee has power to invite the attendance at any of their meetings of such person or persons who they feel can assist in their deliberations. This Committee is in addition to the maternity advisory committees which the Minister recommends should be set up, on the initiative of the Chairman of the Hospital Management Committees in each hospital group which includes a maternity unit.

Audiology Service for Pre-school Children.

Since my last report, the provision of an audiology service for pre-school children has been established. This scheme, details of which will be found on page 25, has been closely integrated with the facilities provided by the Education Committee for the educational treatment of deaf and partially deaf children.

Health Control at Gatwick Airport.

As from 1st November, 1959 this airport was designated by the Minister of Health as a sanitary airport consequent on its increased use both in its own right and for diversions from London Airport. This upgrading necessitated a review of the existing arrangements for health control. The existing arrangements whereby general practitioners and local authority medical officers are on call was considered to be satisfactory: arrangements for strengthened ambulance cover at the airport are referred to in the ambulance section of the Report: the Dorking and Horley Rural District Council kindly agreed to act as the Council's agents in providing facilities for disinfection, disinsecting and destruction of rodents: bacteriological investigations can be carried out by the Public Health Laboratory at Guildford and Colindale: and vaccination against cholera and smallpox can be provided at the airport and against yellow fever at Kingston-upon-Thames.

CARE OF MOTHERS AND YOUNG CHILDREN.

The main features of the Council's scheme for the care of mothers and young children remain as in previous years.

(a) Notification of Births under the Public Health Act, 1936.

The following is an analysis of all births (live and still) notified during 1959 including any births registered but not notified and properly belonging to the County :—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT										Number born elsewhere in Administrative County but normally resident within the County District.				No. of Regis- tered Births (live and still).	
	and normally resident therein.			and normally resident elsewhere in Surrey.			and normally resident outside County of Surrey.				Administrative County but normally resident within the County District.					
	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.				
M.B. and Urban.																
Banstead	190	—	—	2	—	—	—	—	—	2	—	294	—	5	28	527
Barnes...	143	—	—	1	—	—	—	—	—	—	1	109	1	11	205	476
Beddington and Wallington	128	—	—	1	—	—	—	—	—	—	—	294	—	3	17	434
Carshalton	165	—	503	2	—	1,602	3	—	77	—	—	93	1	2	7	783
Caterham and Warlingham	213	—	—	—	—	—	—	—	—	—	—	229	—	12	99	583
Chertsey	263	—	—	—	—	—	—	—	—	—	—	451	1	—	31	755
Coulsdon and Purley	387	—	—	—	—	—	—	—	—	—	—	255	1	51	354	1,000
Dorking	70	40	210	1	24	268	—	2	98	2	3	41	—	—	5	315
Egham	166	—	—	—	—	—	—	—	—	—	—	243	—	4	80	481
Epsom and Ewell	245	—	405	1	—	833	—	—	7	2	—	33	1	—	23	818
Esler	212	—	—	1	—	—	1	—	—	1	37	374	—	3	181	834
Farnham	93	—	179	—	—	66	—	—	59	—	10	12	3	—	64	371
Frimley and Camberley	108	—	162	—	—	3	1	—	25	—	2	71	1	—	216	520
Godalming	51	22	—	—	27	—	—	4	—	—	6	165	—	—	4	250
Guildford	144	25	635	1	98	836	—	14	124	—	—	7	1	—	11	744
Haslemere	21	—	127	—	—	50	—	—	237	—	4	9	—	—	3	170
Kingston-upon-Thames	121	—	376	1	—	1,258	—	—	39	1	—	29	—	1	55	568
Leatherhead	150	—	—	1	—	—	—	—	—	—	39	280	1	1	14	534
Malden and Coombe	139	—	—	—	—	—	1	—	—	—	—	319	1	—	53	504
Merton and Morden	131	—	197	1	—	477	—	—	357	—	—	418	1	2	33	794
Mitcham	236	—	—	—	—	—	—	—	—	2	1	543	1	1	59	859
Reigate	184	—	516	2	—	891	—	—	360	—	3	23	—	1	11	718
Richmond	124	—	—	3	—	—	—	—	—	—	2	251	—	—	157	552
Surbiton	242	—	—	—	—	—	1	—	—	—	2	539	—	1	73	868
Sutton and Cheam	231	—	247	1	—	207	—	—	6	—	2	543	2	3	23	1,047
Wimbledon and Weybridge	171	26	212	—	15	55	1	6	76	1	7	204	2	—	21	694
Wimbledon	119	166	—	—	178	—	—	896	—	—	—	493	1	15	88	861
Woking	379	—	611	—	—	756	3	—	29	—	27	53	—	—	26	1,062
Rural.																
Bagshot	59	—	110	1	—	244	—	—	141	—	—	63	—	2	13	341
Dorking and Horley	188	—	—	—	—	—	—	—	—	6	22	344	2	1	21	593
Godstone	229	20	—	—	7	—	—	11	—	3	1	205	2	4	40	576
Guildford	255	—	—	—	—	—	—	—	—	1	66	445	1	2	158	936
Hambledon	108	—	—	—	—	—	—	—	—	1	30	335	2	6	11	525
Totals	5,705	308	4,590	22	349	7,546	18	933	1,605	22	267	7,758	26	140	2,184	21,053

The percentage of confinements taking place in hospitals was 68.6, in private nursing homes 3.8, and at home 27.6.

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

Year.	At Home.	In Private Nursing Home.	In Hospital.	Total Registered Births L. & S.
	+ 1,344 out-County			
1949	4,950	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
1959	5,753	797	14,320	21,053

From this table it is apparent that the main burden of the increased number of births in the past five years has fallen on the domiciliary midwifery service, the increase in home confinements being 1,505 as against an increase in hospital confinements of 499 and of confinements in nursing homes of 8.

(b) **Expectant and Nursing Mothers.** The following table shows the work undertaken at the ante- and post-natal clinics during the year :—

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	33	24	1,062	803	2,193	2,270
Central	6	32	12	2,167	1,724	8,069	2,680
North-Central	11	37	28	1,879	1,339	5,187	2,472
Southern	3	10	—	139	100	677	—
South-Eastern	3	12	16	318	187	941	1,408
Northern	5	19	18	1,135	869	3,549	1,922
South-Western	3	8	—	376	376	2,639	—
North-Eastern—							
Wimbledon	3	8	9	368	291	748	542
Merton & Morden	2	8	—	328	264	1,422	—
Mitcham	3	14	8	788	710	1,808	1,761
Mid-Eastern—							
Carshalton	4	12	—	283	198	1,275	—
Beddington & Wallington	1	4	—	132	104	487	—
Total	59	197	115	8,975	6,963	28,995	13,055
† Clinics for Post-Natal Examination.							
North-Western	11	33	4	98	98	88	13
Central	6	28	—	529	442	565	—
North-Central	11	37	—	378	378	446	—
Southern	3	10	—	62	62	64	—
South-Eastern	3	12	16	84	81	86	—
Northern	5	19	—	280	280	302	—
South-Western	3	8	—	178	178	178	—
North-Eastern—							
Wimbledon	3	8	9	8	8	8	—
Merton & Morden	2	8	—	24	24	24	—
Mitcham	3	3	—	48	48	48	—
Mid-Eastern—							
Carshalton	4	12	—	24	24	31	—
Beddington & Wallington	1	4	—	14	14	14	—
Total	55	182	29	1,727	1,637	1,854	13

† 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.

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 procedures aimed at reducing the incidence of toxæmia have been mutually agreed.

Educative talks and discussion groups on subjects related to pregnancy and the confinement and to parentcraft are becoming increasingly a feature of the work of the clinic and experience shows that they are usually most successful when associated with the work of the ante-natal clinics and with the relaxation classes.

Total figures relative to ante-natal sessions and attendances over the eleven-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
1959	197	115	6,963	8,975	28,995	13,055

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, 154 Surrey cases were admitted to mother and baby homes, and 33 Surrey cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council while 79 cases were sent by the Council to other Homes, payment being made per caput.

In addition, 47 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 1959 was five, which gives a maternal mortality rate of 0.24 per thousand live and still births which is less than the rate of 0.32 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 7.

All five of the deaths actually occurred in the County. Four cases were confined in hospitals and died there. One, a case of spontaneous rupture of ectopic gestation, died at home.

(f) Puerperal pyrexia.

During 1959, 541 cases of puerperal pyrexia were notified representing an attack rate of 25.697 per thousand live and still births as compared with 14.00 for England and Wales. Of these cases 30 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 5.2 in domiciliary practice and 33.8 in institutional practice (including hospitals and private nursing homes).

(g) **Infant mortality.**

The infant mortality rate in the Administrative County of 18.82 compares with 22.0 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics" (page 8).

The urban infant mortality rate in 1959—namely 18.38 (329 deaths)—is lower than the rural rate—namely 21.59 (61 deaths).

(h) **Prematurity.**

The following table gives details of premature births and still births notified in the County during the year 1959 as adjusted by transferred notifications:—

Weight at birth.	PREMATURE LIVE BIRTHS.															PREMATURE STILL-BIRTHS.		
	† Born in Hospital.			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in hospital	Born at home	Born in nursing home
	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Not weighed	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
(a) 3 lb. 4 oz. or less (1,500 gms. or less) ...	134	66	47	4	3	1	10	5	3	1	—	1	—	—	—	80	3	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	207	25	161	13	—	12	19	—	16	3	—	3	—	—	—	36	2	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	217	8	205	18	—	18	4	1	3	9	—	9	—	—	—	15	2	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	478	8	462	133	—	132	7	—	5	18	—	18	—	—	—	20	3	—
Totals	1039	107	876	168	3	163	40	6	27	31	—	31	—	—	—	151	11	2

† 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	20,725	19,447	1,278
Deaths among live births in the first month of life	284	103	181
Still births	328	164	164

* 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 19,447 non-premature live births produced 102 neo-natal deaths and the 1,278 premature live births produced 181 neo-natal deaths. In addition 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 1959 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 121 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 0.14.

Of the 3 cases notified by medical practitioners none occurred in the practice of midwives. Two were treated at home, one in hospital, and in no case was vision impaired.

(j) **Infant Welfare Centres.**

The County Council maintained 193 infant welfare centres in the year as against 187 in 1958. Additional centres were started at :—

- (i) St. Christopher's Church, Hinchley Wood.
- (ii) Lagham Hall, South Godstone.
- (iii) Rent Collection office, Wontford Road, Purley.
- (iv) Rent Collection office, Cherry Tree Green, Sanderstead.
- (v) S.C.C. Clinic, 62, Whytecliffe Road, Purley.
- (vi) The Village Hall, Chaldon.
- (vii) Lawnsmead, Womersley.

The following centre was closed during the year :—

- (i) Old Whitgiftians Sports Pavilion, Lime Meadow Avenue, Sanderstead.

The following table shows the attendance at the centres for the year 1959 :—

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.
				1959.	1958.	1957-54.		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	120	3,380	2,978	2,840	3,276	9,094	43,943	11,240	8,947	64,130
Central ...	25	108	2,677	2,620	2,429	3,982	9,031	43,999	13,142	14,442	71,583
North-Central ...	16	93	2,530	2,248	2,061	3,064	7,373	35,521	8,459	7,035	51,015
Southern ...	29	98	1,682	1,442	1,527	1,811	4,780	22,355	7,075	6,227	35,657
South-Eastern ...	19	64	1,460	1,310	1,215	1,712	4,237	19,546	5,149	4,373	29,068
Northern ...	7	40	1,069	926	891	787	2,604	15,041	3,139	1,558	19,738
South-Western ...	42	136	2,566	2,207	2,065	3,033	7,305	35,264	11,936	11,974	59,174
North-Eastern—											
Wimbledon ...	5	34	753	801	730	1,200	2,731	13,843	3,218	3,889	20,950
Merton & Morden ...	4	32	645	552	592	892	2,036	10,911	2,935	3,132	16,978
Mitcham ...	5	28	794	704	703	634	2,041	12,777	2,087	1,188	16,052
Mid-Eastern—											
Carshalton ...	4	35	665	664	704	1,426	2,794	10,334	2,878	3,940	17,152
Beddington & Wallington ...	4	12	391	349	338	498	1,185	5,101	1,657	1,389	8,147
	193	800	18,611	16,801	16,095	22,315	55,211	268,635	72,915	68,094	409,644
Voluntary.											
Southern ...	1	1	28	22	27	26	75	189	56	70	315
SW (Army School of Health)											
S.C.C. Health Visitor attends	1	2	18	12	15	9	36	175	27	23	225
	2	3	46	34	42	35	111	364	83	93	540

It will be noted that the number of children attending the centres in 1959 and who were born in that year formed 81.23 per cent of the total live births in the year ; the corresponding figure for 1958 was 79.37 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 eleven 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		367,333
1954	18,193	15,119	49,348	374,329
1955	18,305	15,191	49,370	374,459
1956	18,794	16,195	48,717	382,002
1957	19,627	16,946	49,905	402,309
1958	20,398	18,375	52,110	400,489
1959	20,725	18,611	52,794	409,644
			55,211	

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 brain 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 66 children under the age of five years and 31 mothers and babies were sent for convalescence. Patients sent under this scheme are normally required to pay a standard charge towards their maintenance.

For an experimental period of one year certain surplus accommodation at Sendhurst Grange, Send was made available for the convalescent treatment of children, without prejudice to the use of the accommodation as a hostel for tuberculosis child contacts.

The patients admitted have all benefited from their stay in the pleasant country surroundings in which the home is situated.

(l) Day Nurseries.

At the end of the year there were 12 day nurseries with a total number of 538 places, the Eagle House, Mitcham, having been closed during the year.

In addition, the Day Nursery at Camden Road, Carshalton which had been conducted for many years by a voluntary organisation receiving a grant from the County Council, closed down during the year and discontinued its activities.

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 1959 :—

National Dried Milk.			Cod Liver Oil.	A. & D. Tablets.	Orange Juice.	
Free.	2/4	4/-			Free.	5d.
2,761	209,204	3,053	88,663	82,717	976	797,530

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil	A. & D. Tablets	Orange Juice.
Hospitals	2,938	68	6	4,315
Nurseries	52	977	—	1,140

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

- (a) Maternity and child welfare centres 180
- (b) Others 72

(o) Audiology Service for Pre-School Children.

In recent years there has been a growing awareness of the important maturation which takes place between birth and five years of age in the physical and mental development of children. During this time and particularly in the first and second year of life, the function of speech is laid down and established. If, due to defective hearing, the baby does not receive the necessary stimulus of the spoken word and language he does not acquire speech and his social and intellectual development are also seriously affected. What is acquired happily and spontaneously in the normal child at this early age can, in the deaf child, only be developed by slow, deliberate and often tedious effort later in life. It has been found that very few children are totally deaf; of those children who require special teaching about 90-95 per cent. have some degree of hearing which, if adequately trained and stimulated, can be made to function usefully. The early recognition of impaired hearing is, therefore, of supreme importance if the deaf child is to receive the full benefits of training and the new hearing aids now being produced.

Screening Tests.

In January 1952 the Education Committee initiated a scheme for the routine testing of the hearing of school children throughout the County by means of the audiometer. It is not possible to test a child much younger than five with the pure tone audiometer and considerable research has been carried out since the war on devising hearing tests for small babies and young children, i.e. six months to five years of age. These tests can be applied by specially trained health visitors and usually two health visitors work together, one making the test sounds and the other watching the child's reactions. The object is to screen those children who may be deaf and refer them to a diagnostic clinic for further investigation. Whilst the procedure in each individual test does not take long, the work can be very time consuming owing to the large number of babies to be screened. However, experience has shown that in the general population certain children are "at risk" and from these groups come the vast majority of deaf children. If children "at risk" only are examined there is a great saving of health visitors' valuable time and very few cases of deafness will be overlooked.

The vulnerable groups are :—

- (i) Children with cerebral palsy ;
- (ii) Children with family history of deafness ;
- (iii) Children who were premature ;
- (iv) Children with a history of abnormality in the ante-natal period, e.g. virus infection of the mother during pregnancy ;
- (v) Children with a history of perinatal abnormality, e.g. asphyxia, rhesus incompatibility ;
- (vi) Children who have had a severe illness, e.g. meningitis, or who have been treated with streptomycin for any illness ;
- (vii) Children who are not speaking well by the age of two and children aged two to five with speech defects ;
- (viii) Children with a history of otitis media or chronic upper respiratory tract infection ;
- (ix) Children with congenital abnormalities other than those mentioned above.

From an analysis of current maternity and child welfare cards in the County it is estimated that about 10 per cent. of the 0 to 5 child population fall into one or other of the vulnerable groups listed above and this means that if 2,000 children are screened each year (out of the 20,000 or so being born) the majority of children suffering from impaired hearing should be ascertained.

A number of health visitors in each Division have been specially instructed in the application of screening tests and are available to test children referred to them either in the clinics or in the child's home.

If three screening tests are failed the child is sent to one of several diagnostic clinics in the County and if deafness is confirmed the opinion of an Otologist is sought. He, if necessary, supplies the child with a hearing aid.

When impairment of hearing is discovered it is not enough to provide a suitable hearing aid. The successful training of the deaf child cannot be achieved, or may prove to be very difficult, without the co-operation of the parents of the child. One of the most important aspects of training is teaching the child to speak in such a way that he can communicate by speech in the normal hearing society. Without obtaining the help and understanding of the parents this is almost impossible.

Guidance to parents is given at the Clinics by a teacher of the deaf, supplemented, where necessary, by advice from the medical and nursing staff and such advice can, if necessary, be augmented in the home.

The parents must be instructed how to communicate with the child, how to avoid frustration and how to guide the child into habits of communicating by speech and not by gesture. They are instructed in the uses, advantages and limitations of the hearing aid and encouraged to give continued help and guidance to their children in coping with their personal problems.

Finally, it is emphasised that the recognition of impairment of hearing at the earliest possible age is the principle object of this scheme and instructions have been given that if deafness is suspected in any baby or child it should be referred without delay for further investigation.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

The Council's staff of dental officers who are primarily engaged in the School Dental Service devoted a portion of their time to the dental inspection and treatment of expectant and nursing mothers and children under five years of age.

In some clinics specific sessions were arranged for the treatment of expectant and nursing mothers while at other clinics it was found more convenient to reserve some appointments for patients in this category at the usual daily sessions. The actual time occupied in the inspection and treatment of mothers and young children is assessed as the equivalent of 1,503 sessions and the number of attendances made by patients was 9,612. The number of new patients attending during the year was 2,721 of which approximately 64 per cent. were pre-school children.

Dental x-rays were available at twelve clinics throughout the County. Most of the dentures provided for mothers were constructed at 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 undertaken during the year under review.

(a) Numbers provided with dental care.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers ...	1,324	1,246	1,143	811
Children under 5 ...	3,079	2,429	1,978	1,585

(b) Forms of treatment provided.

	Scallings 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 ...	640	2,139	—	21	1,409	221	158	150	66
Children under 5 ...	—	3,132	834	—	1,882	859	—	—	3

DOMICILIARY MIDWIFERY AND HOME NURSING.

During 1959 the number of cases attended by home nurses was less than the previous year and the total number of visits paid to them also showed a reduction. There was, however, an increase in the demand for the services of the domiciliary midwives both for confinements in the home and to deal with the increasing number of mothers and babies who are discharged home from hospital before the tenth day.

It has not yet been possible to recruit nursing staff up to full establishment but an improvement in numbers was secured largely through the increasing use of part-time nurses. With the increase in the number of nurses in the field and the changes in the type of nursing procedures they undertake, it was felt desirable that additional supervisory staff should be available to advise them on the rehabilitation of their patients. An additional Area Nursing Superintendent was therefore approved during the year bringing the total number up to 6.

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 ...	1	30	282	2,617	2,930
Circulatory ...	13	190	326	1,285	1,814
Malignant neoplasm—					
Chest ...	—	—	158	238	396
Abdominal ...	—	—	54	138	192
Other sites ...	—	—	324	695	1,019
Vascular lesions of nervous system ...	—	—	437	1,755	2,192
Respiratory diseases ...	166	228	445	1,460	2,299
Pulmonary tuberculosis ...	8	150	119	49	326
Non-pulmonary tuberculosis ...	8	49	45	29	131
Influenza ...	49	100	94	165	408
Rheumatic diseases ...	5	24	147	843	1,019
Otitis media ...	278	—	110	34	422
Cystitis and pyelitis ...	2	46	38	69	155
Accidents ...	9	8	5	53	75
Fractures ...	8	15	22	279	324
	547	840	2,606	9,709	13,702

(ii) OTHER.

General care of the aged	2,703
Uterine	1,515
Maternal complications	553
Infections	869
Gastric ulcer... ..	260
Diabetes :	
Insulin	587
Insulin plus treatment	74
Constipation	1,522
Diagnostic preparations	2,028
Bones and joints	498
Gangrene	62
Post-operative dressings	1,662
Minor ailments	206
Mental disorders	109
Boils and carbuncles	776
Diverticulitis... ..	97
Skin infection	189
Eye infection	169
Miscellaneous	215
	14,148

During the year further steps were taken to improve the position of housing accommodation for nurses and midwives and properties were purchased and tenancies taken of Local Authority houses. In this connection it is gratifying to record the help and assistance given by many housing authorities in the County.

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

The requirements of the Central Midwives Board that midwives should attend approved refresher courses every five years was met by sending 33 midwives to courses at Oxford, Bristol, Cardiff, Hastings, Cambridge and London. 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.

(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 eighteen candidates were selected to take the course.

One of the houses purchased during the year to provide accommodation for district nurses is situated at Lightwater, in a rural part of the County. As well as providing a residence for the district nurse serving the area it is intended to use it for the reception of student district nurses who require experience in the special problems of domiciliary nursing in a rural area.

(c) WORK OF THE DISTRICT NURSES.

At the end of the year there were 292 full-time and 78 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1959 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 ...	3,118	552	3	86	22	43	3,824	2,275	143	691
Central ...	3,447	486	—	52	10	20	4,015	2,559	59	829
North-Central ...	3,110	786	4	61	28	29	4,018	2,344	109	907
Southern ...	1,943	505	7	41	13	20	2,529	1,568	137	527
South-Eastern ...	1,163	231	1	52	16	23	1,486	823	87	279
Northern ...	1,930	152	4	30	4	6	2,126	1,270	52	548
South-Western ...	3,758	589	74	32	31	—	4,484	2,587	167	707
North-Eastern—										
Merton & Morden ...	1,172	116	5	31	11	—	1,335	830	13	305
Mitcham ...	914	142	—	53	3	—	1,112	669	16	321
Wimbledon ...	1,217	77	1	19	10	10	1,334	765	36	292
Mid-Eastern—										
Beddington & Wallington ...	666	64	4	24	4	6	768	463	26	158
Carshalton ...	704	83	1	27	4	—	819	412	5	216
	23,142	3,783	104	508	156	157	27,850	16,565	850	5,780
Number of visits paid by Home Nurses during the year :—										
North-Western ...	62,543	9,820	17	3,282	125	226	78,077	56,235	1,029	52,547
Central ...	97,543	12,865	—	2,240	78	1,425	114,151	85,090	513	78,282
North-Central ...	78,910	17,057	11	2,663	234	1,150	100,025	75,068	679	71,375
Southern ...	43,296	7,305	28	1,759	99	2,473	54,960	41,008	1,273	43,168
South-Eastern ...	25,866	4,946	17	2,039	98	634	33,600	23,829	500	23,260
Northern ...	52,792	6,065	14	860	23	621	60,375	45,166	311	46,696
South-Western ...	78,768	14,888	790	1,862	263	—	96,571	70,471	816	60,528
North-Eastern—										
Merton & Morden ...	30,932	3,266	43	1,247	42	907	36,437	26,063	70	25,188
Mitcham ...	24,860	4,327	—	2,510	37	349	32,083	21,980	297	25,950
Wimbledon ...	25,536	3,355	—	996	63	925	30,875	22,712	324	21,188
Mid-Eastern—										
Beddington & Wallington ...	15,237	2,111	33	1,657	63	154	19,255	13,587	125	15,349
Carshalton ...	18,321	2,167	10	1,640	14	—	22,152	14,583	16	18,237
	554,604	88,172	963	22,755	1,139	8,864	678,561	495,792	5,953	481,768

Once again I must draw attention to the high proportion of the nurses' time which is spent with the over 65 age group. In 1959 59.5 per cent of the patients and 73.07 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 eight 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 1959 was 606.

(b) WORK OF THE MIDWIVES DURING 1959.

	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...	81	529	1,553	3,502	5,665	—
(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)	—	—	—	—	—	1,214
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	13,109
(d) Midwives in private practice (including midwives employed in Nursing Homes)	20	7	—	—	27	160
Total	101	536	1,553	3,502	5,692	14,483

It will be noted that of 20,175 confinements attended by midwives during the year, only 5,692 (or 28.21 per cent) occurred in the homes ; of the remainder, 13,109 (or 64.98 per cent) were confined in hospital and 1,374 (or 6.81 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	858
(b) Others	165

(ii) For cases in Institutions 742

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	1,765
Stillbirths	93
Laying out dead body	52
Liability to be a source of infection	319
Death of mother or baby	46
Artificial feeding (in addition to or in place of breast feeding)	2,546
	<u>4,821</u>

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.
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
1959... ..	2,546	2,020	526	13.9	9.3

(e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid...	...	...	...	...	...	...	143
Stillbirths...	...	...	...	...	...	...	83
Liability to be source of infection	...	...	...	...	...	...	213
Death of mother or baby	...	...	...	...	...	...	36
Total	...	...	...	...	...	...	475

(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	...	...	...	184
(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	146	4,382
Trilene	18	720
Pethedine	—	2,745

Geriatric Visiting and Social Work.

The general pattern of the care of the elderly continued during the year largely as in previous years with certain developments in the service provided by the various units.

In the Kingston area the Day Centres at Barnes and Surbiton continued to expand. The Kingston Old People's Welfare Committee obtained a house suitable for conversion and this was opened as a Day Centre in 1960. The Malden Old People's Welfare Committee commenced a day centre for the housebound which is at present restricted to one day a week but will be extended when circumstances permit. They have also launched a boarding out scheme whereby frail elderly ambulant men or women could be accommodated with a suitable family to give the relatives a rest. The cost is met either by the individual, the relatives or the National Assistance Board.

In the Guildford area, the Guildford and Shalford Old People's Welfare Associations have both very efficient visiting services and much of the routine visiting is undertaken by them. There is a close co-operation with the Geriatric unit and cases are quickly referred back when any problem arises. Each year the Surrey Rotary Club take for one week, a holiday establishment at Gomshall and invite relatives of chronic invalids nursed at home for a holiday with all expenses paid. The Guildford branch sent two cases this year and the St. Luke's Hospital and the Royal Surrey County Hospital arranged admission of the invalid to cover the holiday period.

In the St. Helier area, the Guilds and Councils of Social Service and the W.V.S. organisations continued to give much appreciated help to the elderly. The Downs Hospital was opened in July to provide 68 beds for the reception of elderly patients and it is hoped to increase the number of beds when sufficient nursing staff has been recruited.

In the Woking and Chertsey and Farnham area, developments include the setting up of a special sub Committee under the Hospital Management Committee to keep under review the needs of the aged in the North West area of Surrey and to make representations to the appropriate statutory

and voluntary organisations as necessary. Beds for the elderly have been in such demand for urgent cases that it has been found impossible to continue the rota system for admission. The patients who would normally have been dealt with in this way having become increasingly frail, have had to be accepted permanently into long-stay beds, thus aggravating an already difficult situation. Much help has been given from voluntary sources. Individual workers have provided a "good neighbour" service, local branches of organisations such as Old People's Welfare, Red Cross and W.V.S. gave personal assistance to old people ill in their homes and various national, trade and professional charities have given generous help from their funds to meet nursing home fees when patients became too ill to be cared for at home and no hospital bed was available. Of the 42 cases admitted to nursing homes during the year, 19 were paid for from funds held by these organisations. The shortage of long stay chronic beds continues to put a great strain on beds in the acute hospitals in the area. So difficult is the situation that often the doctors with problems of old people ill in their own homes can only be advised to get into touch with one or the other of the voluntary agencies.

Whilst there are undoubtedly very many problems still to be solved before adequate accommodation is available throughout the County for the elderly sick, it is encouraging to be able to report the progress made so far. Once again I have much pleasure in underlining the happy relationship existing between official and voluntary effort on behalf of the elderly. The diverse nature of the services provided by the various voluntary organisations is in itself an indication of the good will felt towards this section of the community, and often the personal contact of the voluntary worker with the elderly patients helps them to overcome their feelings of loneliness and encourages them to talk about their difficulties so that they can be put into touch with various sources of assistance. In addition, the general health visitors, as part of their normal duties, undertake much work in connection with the care of the aged and work in close co-operation with the various geriatric units in the County.

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	302	1,073	836	52	94	91	38
Guildford	106	548	190	314	8	36	14
St. Helier	327	815	768	14	7	26	282
Chertsey and Woking ...	64	339	295	32	6	6	—
Farnham (Surrey cases only)	40	121	95	25	—	1	—

(b) TYPES OF VISIT.

Geriatric Health Visitor.	Home Visits.					
	First visits.		Revisits to Patient.	Visits to Relatives.	Miscellaneous.	Total.
	H.V.	H.V. and Dr.				
Kingston	103	836	980	73	—	1,992
Guildford	552	—	2,226	129	317	3,224
St. Helier	51	—	1,007	30	—	1,088
Chertsey and Woking ...	62	139	80	25	63	369
Farnham (Surrey cases only)	43	22	1	—	12	78

(c) CASES DEALT WITH WHO WERE ADMITTED TO :—

Geriatric Unit.	Hospital.	Nursing Home.	Welfare Home.	Hospital to give relatives a rest.	Day Hospital.
Kingston	608	48	35	108	—
Guildford	143	20	20	50	2
St. Helier	619	8	22	88	—
Chertsey and Woking	108	36	16	33	7
Farnham (Surrey cases only)	38	5	5	4	—

During the year 693 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis) and 4,742 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 219½, an increase of 2½.

During the year Circular 26/59 was received from the Ministry of Health.

It was decided to review all the duties and conditions of service of the health visiting staff and a special Sub-Committee of the County Health Committee was appointed to consider the many problems involved.

(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, 1959.		Live births 1959.		Case load.	Average No. of visits per H.V.	No. of children under 5 years of age visited during year.	Expectant mothers.		Children under 1 year of age.		Children age 1 and under 2 years.		Children age 2 and under 5 years.		Other.		Total No. of families or households visited by Health Visitors.
			Registered and adjusted.	No. of 1959 birth cards.														
	D.H.V.	H.V.						First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	
North-Western ...	1	27	3,890	3,665	16,736	620	15,781	1,277	2,418	3,804	20,509	9,361	16,000	2,956	13,227	2,956	13,227	
Central ...	1	24	2,940	2,694	12,284	512	13,181	1,730	3,247	2,800	14,441	6,904	11,740	2,654	11,127	2,654	11,127	
North-Central ...	1	24	2,730	2,513	11,592	483	14,442	1,475	2,556	2,716	15,894	7,037	13,325	3,840	11,880	3,840	11,880	
Southern ...	1	18	2,170	2,126	9,365	—	9,838	546	1,054	2,195	11,281	5,350	10,645	3,559	7,905	3,559	7,905	
South-Eastern ...	1	14	1,690	1,652	7,174	512	7,174	610	1,006	1,667	9,498	4,321	9,453	612	6,777	612	6,777	
Northern...	1	10	1,010	876	4,199	420	4,737	470	835	964	4,514	2,030	3,251	877	3,648	877	3,648	
South-Western ...	1	22	2,614	2,493	10,516	478	13,878	1,018	1,676	2,952	15,099	6,613	13,108	1,883	10,307	1,883	10,307	
North-Eastern—																		
Merton and Morden ...			784	759	3,493	388	4,740	578	1,050	691	4,355	2,418	4,807	304	3,913	304	3,913	
Mitcham ...			847	807	3,847	427	4,960	456	866	713	5,072	2,833	6,300	1,047	3,917	1,047	3,917	
Wimbledon ...			846	760	3,099	443	3,986	415	669	749	3,306	1,936	3,431	517	3,051	517	3,051	
Mid-Eastern—																		
Beddington and Wallington ...			431	431	1,924	481	2,280	217	399	452	1,913	915	2,031	28	1,689	28	1,689	
Carshalton ...			773	700	3,324	416	4,007	428	719	712	2,568	1,746	3,510	24	2,499	24	2,499	
Relief Staff ...			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	9	181	20,725	19,476	87,553	484	99,004	9,220	16,495	20,115	108,450	51,464	97,601	18,301	79,934	18,301	79,934	
Total 1958	9	180	20,398	19,118	84,590	470	91,734	9,070	16,170	19,083	105,347	52,006	97,407	13,101	78,290	13,101	78,290	

Health visitors also made 45,902 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 67.

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 1959. In recent years difficulties have arisen in finding suitable permanent accommodation for the course.

Seventeen students were selected to take the course, which commenced in September, 1959, three students withdrew after one month and 14 sat the examination.

Thirteen were successful in obtaining the Health Visitor's Certificate of the Royal Society of Health and 11 have since been recruited to the County Health Visiting staff.

Two students were trained for another Local Authority and returned to work there after qualifying. One student, a Nigerian, has returned to her own country. During the year, four health visitors in the service of the County were withdrawn from their areas and seconded for six months to Netherne Hospital to gain experience in dealing with mental illness. It is intended on completion of this period that they should undertake mental health work in the community.

(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 1959 six lectures were given by the Superintendent Nursing Officer, 38 by senior health visitors, 17 by superintendent district nurses and three 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 1959 and the immunised state of the child population at the 31st December, 1959.

District.	No. of children.			Total No. of children who completed a course of immunisation whether primary or reinforcing at any time since 1st January, 1945.				Immunity index.			
	Immunised in 1959.		Who received a re-inforcing injection.								
	0-4 yrs.	5-14 yrs.		0-1 yrs.	1-4 yrs.	5-9 yrs.	10-14 yrs.	0-1 yrs.	1-4 yrs.	5-14 yrs.	Under 15 Total.
M.B. and Urban.											
Banstead	497	17	584	165	1,605	2,584	2,773	29.0	58.5	63.5	59.4
Barnes... ..	323	16	519	131	1,354	1,909	2,329	28.3	70.3	78.1	72.5
Beddington and Wallington	337	48	472	85	1,127	1,926	2,432	38.6	71.4	62.2	63.2
Carshalton	652	183	1,671	160	2,011	3,568	3,990	21.0	66.2	62.5	60.9
Caterham and Warlingham...	441	67	550	119	1,373	2,137	2,180	22.0	70.0	57.0	58.0
Chertsey	600	111	492	135	1,934	1,739	1,982	18.5	75.9	50.5	55.5
Coulsdon and Purley	889	56	1,309	235	2,896	4,321	4,468	23.0	79.0	60.0	62.0
Dorking	233	10	38	47	797	1,124	1,661	13.9	60.5	42.7	45.7
Egham	296	8	114	88	1,271	1,688	1,639	16.7	54.4	26.5	34.6
Epsom and Ewell	784	31	845	267	2,169	3,759	5,582	37.0	70.0	63.4	60.9
Esher	646	20	562	221	2,171	3,258	4,497	26.5	69.9	53.0	55.8
Farnham	323	8	80	76	1,000	1,643	1,830	21.7	73.9	60.1	61.1
Frimley and Camberley	370	17	355	85	1,463	1,429	1,337	16.3	79.3	57.7	60.9
Godalming	216	21	296	68	749	967	1,050	27.8	88.1	82.8	80.0
Guildford	605	244	1,111	154	2,274	3,630	3,737	21.9	86.5	69.1	70.4
Haslemere	164	9	86	47	532	844	1,106	28.1	54.5	87.1	74.2
Kingston-upon-Thames	481	64	865	170	1,434	1,966	2,685	35.4	83.4	57.0	62.4
Leatherhead	547	20	621	202	1,595	2,288	2,374	45.0	72.5	57.1	60.7
Malden and Coombe	432	72	713	128	1,698	2,985	4,266	27.2	67.4	70.4	67.4
Merton and Morden	704	87	2,172	241	2,208	3,814	5,986	31.5	72.1	58.7	60.2
Mitcham	626	69	1,420	237	2,490	3,804	5,327	28.2	71.3	68.2	66.6
Reigate	627	16	459	159	2,396	4,243	3,507	22.1	84.7	42.2	51.9
Richmond	457	20	861	176	1,635	2,343	2,701	32.4	78.1	84.2	78.9
Surbiton	755	104	1,267	210	2,550	4,087	5,126	25.3	82.3	59.7	63.1
Sutton and Cheam	1,079	53	821	337	2,723	3,894	4,512	31.3	71.6	43.8	49.8
Walton and Weybridge	525	38	396	149	1,847	2,423	1,957	22.5	74.1	56.3	59.5
Wimbledon	616	88	1,355	216	1,908	2,882	3,793	25.1	61.2	53.6	53.5
Woking	791	89	643	112	2,875	5,061	5,047	11.2	75.0	44.5	50.2
Rural.											
Bagshot	179	10	404	57	680	820	825	23.3	80.9	54.5	59.1
Dorking and Horley	469	11	128	132	1,378	1,867	2,171	25.7	69.3	38.2	45.9
Godstone	405	45	104	76	1,482	2,003	2,638	14.9	75.2	47.6	52.8
Guildford	539	101	724	214	2,103	2,773	3,782	26.4	57.8	79.8	69.7
Hambleton	326	113	481	122	1,201	1,758	2,721	27.2	51.7	78.9	68.4
Totals 1959	16,934	1,866	22,518	5,021	56,929	85,537	102,011	24.7	72.8	53.7	56.6
Totals 1958	15,233	1,720	18,035	4,270	53,909	86,221	99,183	21.6	70.8	53.9	56.0

(ii) DIPHTHERIA NOTIFICATIONS.

There were no cases of diphtheria in children notified during the year. During the year 1,481 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	323	21	9	10	20	383	—	—	3	27	186	216	6
Barnes	246	37	4	10	—	297	—	—	—	6	—	—	—
Beddington and Wallington	242	5	3	4	11	265	—	—	2	18	65	83	—
Carshalton	409	22	16	4	30	481	—	—	2	4	48	54	—
Caterham and Warlingham	368	18	14	13	16	429	—	—	3	8	48	59	—
Chertsey	491	29	32	23	33	608	—	—	2	23	123	148	—
Coulsdon and Purley ...	863	34	32	22	37	988	—	—	8	26	73	107	—
Dorking	137	10	8	1	11	167	—	—	2	6	42	50	—
Egham	256	16	9	9	21	311	—	—	3	11	52	66	—
Epsom and Ewell	388	38	19	12	44	501	—	2	10	48	219	279	—
Esher... ..	510	12	6	14	18	660	—	—	2	25	185	212	—
Farnham	304	11	5	4	12	336	—	—	7	23	109	139	—
Frimley and Camberley ...	350	10	12	11	9	392	—	—	7	29	105	141	—
Godalming	111	63	10	9	15	208	—	—	5	7	33	45	—
Guildford	208	177	28	24	28	465	—	—	9	24	115	148	—
Haslemere	120	12	4	4	5	145	—	—	3	20	45	68	—
Kingston-upon-Thames ...	248	12	12	18	31	321	—	—	3	9	58	70	—
Leatherhead... ..	374	15	11	15	19	434	—	—	2	23	108	133	—
Malden	375	8	11	10	14	418	—	—	2	9	53	64	—
Merton and Morden	542	28	13	33	22	638	—	—	2	23	117	142	—
Mitcham	588	15	19	17	25	664	—	—	1	10	61	72	—
Reigate	453	22	18	25	32	550	—	—	5	32	205	242	—
Richmond	331	38	8	9	—	386	—	—	1	9	—	10	—
Surbiton	590	38	32	28	72	760	—	—	5	4	212	221	—
Sutton and Cheam	677	35	24	17	47	800	—	—	11	31	249	291	—
Walton and Weybridge ...	368	37	15	24	27	471	—	—	6	33	233	272	—
Wimbledon	476	45	13	10	20	564	—	—	5	13	93	111	—
Woking	289	261	44	22	33	649	—	3	7	51	169	230	—
Rural.													
Bagshot	123	3	18	2	7	153	—	—	—	7	20	27	—
Dorking and Horley	281	13	12	6	20	332	—	—	11	42	135	188	—
Godstone	128	140	24	9	7	308	—	—	2	18	104	124	—
Guildford	554	69	22	22	44	711	—	1	6	25	139	171	—
Hambleton	333	22	10	7	18	390	2	—	5	33	116	156	—
Total 1959	11,956	1,316	517	448	748	14,985	2	6	142	677	3,520	4,347	—
Total 1958	12,501	1,188	532	467	852	15,540	2	13	132	763	3,617	4,527	—

(c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1959. 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 1959.	
	0-4 years.	5-14 years.
M.B. and Urban.		
Banstead	504	7
Barnes	323	—
Beddington and Wallington... ..	325	8
Carshalton	629	2
Caterham and Warlingham	423	19
Chertsey	573	22
Coulsdon and Purley... ..	928	14
Dorking... ..	250	6
Egham	296	6
Epsom and Ewell	754	1
Esher	691	12
Farnham	307	3
Frimley and Camberley	406	4
Godalming	225	4
Guildford	487	17
Haslemere	170	5
Kingston-upon-Thames	378	9
Leatherhead	534	6
Malden and Coombe	368	54
Merton and Morden	640	8
Mitcham	692	11
Reigate	614	11
Richmond	443	—
Surbiton	650	20
Sutton and Cheam	1,024	5
Walton and Weybridge	482	26
Wimbledon	538	15
Woking	773	15
Rural.		
Bagshot... ..	155	5
Dorking and Horley	466	5
Godstone	391	20
Guildford	569	17
Hambleton	335	9
Total 1959	16,343	366
Total 1958	14,596	333

(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 of age group who were vaccinated.
North-Western	2,975	2,011	67.6	132	144	7.7	3	1,732	58.3
Central	2,878	2,020	70.2	32	91	4.6	12	1,885	65.5
North-Central	2,786	2,004	71.9	29	145	7.3	1	1,829	65.0
Southern	2,378	1,498	63.0	125	162	11.8	—	1,359*	57.2
South-Eastern	1,431	980	68.4	44	58	6.2	11	867	60.5
Northern	857	594	69.4	16	59	9.96	—	525*	61.3
South-Western	2,877	1,934	67.2	92	177	9.6	36	1,629	56.6
North-Eastern—									
Merton and Morden	1,936	1,413	73.0	134	61	4.8	53	1,165	60.2
Mitcham	1,922	1,535	79.9	184	102	7.5	72	1,177	61.2
Wimbledon... ..	1,513	1,162	76.8	146	36	3.54	37	943	62.3
Mid-Eastern—									
Beddington and Wallington	662	417	63.0	47	12	3.24	13	345	52.1
Carshalton	888	603	67.9	41	21	4.0	17	551*	59.0
Totals	23,103	16,171	70.0	1,022	1,068	7.1	255	14,007	60.6

* Includes children eligible in 1958 and vaccinated in 1959.

During the year the Minister of Health approved the amendments to the Council's existing proposals to provide for B.C.G. vaccination to be offered to :—

- (a) School children approaching 13 years of age who can conveniently be vaccinated along with children of that age.
- (b) School children of 14 years of age or older.
- (c) Students attending universities, teacher training colleges, technical colleges or other establishments of further education.

The figures for vaccination to persons in categories (b) and (c) above are as follows :—

No. skin tested	520
No. found positive	79
No. found negative	441
No. vaccinated	396

(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 11,195 children under 15 years of age completed a primary course of three injections with either single or combined vaccine and 1,102 children in the same age group received a reinforcing dose. It is worth noting that these figures are approximately double those for 1958.

(f) **Poliomyelitis Vaccination.**

The following table shows the number of persons vaccinated in period 1st January to 31st December, 1959.

Class.	No. vaccinated with two injections.	No. of persons awaiting vaccination at 31st December, 1959.
Children born 1943-1959	57,803	1,428
Young persons born 1933-1942	83,152	599
Expectant mothers	8,510	241
General practitioners and their families ...	127	—
Ambulance staff and their families	228	3
Hospital staff, medical students and their families	6,164	—
Totals	155,984	2,271

At the end of the year 255,051 persons had completed a course of three injections, while 2,977 had received one injection.

AMBULANCE SERVICE.

1. Organisation and Administration.

In my last report I referred to the continuing increase in the demand on the Ambulance Service which had made some form of strengthening of the control procedures necessary. During the year under consideration a review of the control mechanism in Metropolitan Surrey was undertaken as a result of which, it was decided :—

- (a) to combine the two controls situated in that area—Kingston Control at New Malden and St. Helier Control at Carshalton—to form one Ambulance Control for Metropolitan Surrey to be located in the property jointly used as Ambulance Training School and Ambulance Stores at "Roselands," New Malden.
- (b) to link the new Metropolitan Control with the two main stations at New Malden and Carshalton and the ten Sub-Stations located throughout the area by a closed circuit teleprinter network.
- (c) to redesignate certain members of the two former controls to strengthen the staffing position in the new control.
- (d) to provide supervisory cover for the whole 24 hours at the Main Stations at New Malden (Kingston) and at Carshalton (St. Helier) by the introduction of a junior grade of supervisor working a shift system.

A start was made to implement this policy and the new control was expected to come into being early in 1960.

For the present, the ex-metropolitan part of Surrey will continue to be served by three Controls, i.e. Guildford, Redhill and Chertsey.

(2) Operational Strength.

PERSONNEL.

It was necessary to increase the operational strength of the Service during the year by ten because the Godstone Division of the St. John Ambulance Brigade were unable any longer to carry out their responsibilities under the agency arrangement owing to a lack of volunteers and other internal difficulties, and a direct service had therefore to be provided to cover this part of the County.

VEHICLES.

The termination of the agency arrangements with the Godstone S.J.A.B. necessitated an increase of two ambulances for service in the area.

The sitting case vehicle fleet was also increased by two additional reserve vehicles and two Austin taxi-type vehicles which had been in service since 1950 were replaced by sitting case vehicles with an increased carrying capacity.

The total strength of the fleet is now :—

68 Ambulances.	50 Sitting Case vehicles (all types).
----------------	---------------------------------------

The basic vehicles in the ambulance fleet are still the 52 Daimlers. Many of these vehicles have been on the road for ten years and are now showing signs of ageing.

(3) Premises.

During the year the new Banstead Ambulance Sub-Station at Walton Lodge was opened. Previously, new stations have been provided by adapting existing premises, and the Banstead Sub-Station is therefore the first complete Sub-Station to be built in Surrey. A standard design, to be used for any further new Sub-Stations, has been evolved, but this design can be varied sufficiently to meet the needs of differing sites.

A start was also made on the building of the new Haslemere Sub-Station which will be completed early in 1960.

It became necessary owing to the removal of the Godstone Division of S.J.A.B. from the County's scheme to seek temporary premises to serve the area which includes Godstone—Oxted—Limpsfield, etc., as a matter of some urgency. With the approval of the Fire Brigade Committee, personnel accommodation was eventually found in the premises of the Limpsfield Fire Station. With the co-operation of the Godstone R.D. Council a portion of the car park at the rear of their offices was fenced off to provide hard standing for a vehicle. Enquiries were then put in hand to find a more suitable site for a permanent station in the Blindley Heath, South Godstone area, from which the district can be covered.

Progress was made towards the establishment of the Redhill Control Station on the Earlswood site and it is hoped that building will commence early in 1960.

(4) Voluntary Organisations.

The County's Ambulance Service continues to make maximum use of the available voluntary organisations, viz., the St. John Ambulance Brigade, the British Red Cross Society and the Hospital Car Service operated by the Women's Voluntary Services.

During the year, as has been mentioned earlier, the Godstone Division of the S.J.A.B. were unable to continue to provide an agency service but they continue to supply a useful supplementary service.

(5) Reigate County Agricultural Show.

The Ambulance Service took part in the County Council's display at the Reigate Show in May. The exhibit aroused considerable interest.

(6) Gatwick Airport.

There has been steady growth in the number of aircraft using Gatwick Airport. During the summer holiday season an average of 1,200 flights a month were made and in the winter months a total of 335 planes were diverted from London Airport. During the year a quarter of a million passengers used the airport. The Ambulance Service attended the airport on 13 occasions to answer emergency calls from defective aircraft about to land.

In February a Viscount aircraft of the Turkish Government crashed approaching Gatwick Airport—survivors were removed to hospital and bodies were recovered from the crash. The Ambulance Service played a major part in the operations which were carried out in rough wooded country in fog after dark.

(7) Annual Efficiency Competition.

The finals of the Annual Efficiency Competition were held at the Ambulance Training School. The results were as follows :—

A. L. Roberts Shield	...	...	...	...	St. Helier Main Station.
Hooper Shield	...	...	...	...	Weybridge Sub-Station.

The St. Helier team went forward to the Regional Competition.

During the year safe driving awards were gained by 175 drivers in connection with the National Safe Driving Competition.

(8) Ambulance at Milford Chest Hospital.

During the year the ambulance which had been stationed at Milford Hospital was withdrawn and the hospital transport requirements dealt with by the Guildford Control. The alternative arrangements are working satisfactorily and the withdrawn vehicle is a useful addition to the County's reserve fleet.

(9) Work of the Service.

The number of patients carried and the mileage run each year continues to increase though not as steeply as hitherto. A major factor affecting the amount of work the service can carry out is the road traffic position. Due to the increasing traffic on the roads vehicles are taking longer time to complete their journeys, particularly in the metropolitan area of Surrey. Not only does the annual mileage continue to increase but the number of man and vehicle hours required to cover it is increasing. The result is that it is not possible under today's conditions to get the same amount of work done by an ambulance crew on an eight hour shift as was possible two or three years ago. This factor will assume greater proportions in the next few years and could well make an increase in resources necessary even if the number of patients carried does not show a significant increase.

EMERGENCY CASES.

The increase in accident calls in 1959 is about equal to the increase shown in 1958 over the previous year. This is largely due to the increase in the number of motor vehicles on the roads.

The average time taken to arrive at the scene of an accident from the time of receipt of the call was 5.2 minutes for the directly provided service and 5.9 minutes for the Voluntary Organisations.

SUMMARY.

Table I shows the total work of the Service during the year under review and in the two preceding years. Tables II and III show the division of work between the four parts of the service and the types of vehicle used.

(10) Civil Defence.

During the year progress was maintained in the Ambulance and Casualty Collecting Section. The number of volunteers to this section remained at over 2,500 and weekly training took place at 52 classes. The vehicle strength of the service is 29 ambulances, 5 casualty collecting vehicles and 3 cars. Various exercises and convoy drives, which utilised these full resources, were organised and carried out.

Senior Officers of the service attended the Civil Defence Staff College, Sunningdale, and the Home Office Training School at Falfield.

The reorganisation of the section is contemplated shortly to meet the latest appraisal of the conditions affecting the evacuation of casualties following a nuclear attack.

TABLE I.
WORK DONE BY THE UNIFIED AMBULANCE SERVICE 1957-1959.

Year.	EMERGENCY.					MATERNITY.		GENERAL.						
	Accident.		Illness.		False Alarms.	Total.		Hospital.		Out-Patient.		Infectious Diseases.		* Private.
	Patients.	Miles.	Patients.	Miles.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	† Abortive.
1957	10,970	66,455	3,200	20,572	6,287	14,170	93,314	53,825	648,113	320,813	2,385,581	2,092	27,345	737
1958	11,788	71,005	3,246	21,159	7,406	15,034	99,580	52,406	625,045	348,615	2,514,279	1,797	22,023	677
1959	12,591	80,230	3,513	22,693	8,396	16,104	111,319	53,762	626,004	352,984	2,545,703	1,798	25,596	693

* One private address to another. Conveyance of patient upstairs or downstairs.

† Cases where for one reason or another the patient does not travel.

Year.	TOTALS.									
	Emergency.		Maternity.		General.		Grand Total.		Patients.	Miles.
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
1957	14,170	93,314	6,899	72,388	377,467	3,081,182	398,536	3,246,884		
1958	15,034	99,580	7,085	72,974	403,495	3,177,817	425,614	3,350,371		
1959	16,104	111,319	6,563	69,630	409,237	3,213,903	431,904	3,394,852		

TABLE II.

DIVISION OF WORK SHOWN IN TABLE I AS BETWEEN COUNTY'S DIRECT SERVICE 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.				
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
1959	306,806	1,734,784	54,455	476,359	5,843	64,863	64,205	1,112,711	595	6,135

TABLE III.

DIVISION OF WORK DONE BY COUNTY'S DIRECT SERVICE AS BETWEEN VEHICLE TYPES IN 1959.

	Patients.	Miles.
Ambulance	137,133	950,311
Sitting Case Vehicle	151,805	662,500
Car	17,868	121,973

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

(a) Tuberculosis.

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

CHEST CLINIC ORGANISATION.

There are seventeen independent Chest Clinics which are grouped under the respective Chest Physicians into ten Chest Clinic areas, each area being in charge of a Chest Physician (one Chest Physician is in charge of the Mass Radiography Unit and two others are respectively Physician Superintendents of Milford Chest Hospital and King George V Chest Hospital).

During 1959 the new central chest clinic at Mitcham was opened. This is contiguous with Cumberland Hospital which provides some 100 beds for both tuberculous and non-tuberculous patients. The new clinic contains all the modern equipment required for tuberculous and non-tuberculous diseases of the chest including a radiological department. Three chest clinics were moved from St. Helier to the new building: Mitcham, Merton and Morden and Wimbledon. Carshalton and Sutton Chest Clinics remain at St. Helier Hospital. Consultant supervision of the Mitcham, Merton and Morden and Mortlake chest clinics continues to be exercised by the Chest Physicians of Carshalton, Sutton and Kingston respectively.

Tuberculosis visiting throughout the County is undertaken by 42 health visitors of whom 20 devote full time to the tuberculosis service, the remainder being general health visitors who undertake the tuberculosis visiting in certain rural areas of the County. During 1959 these health visitors paid a total of 25,201 visits to tuberculous households and attended 3,224 chest clinic sessions.

The plans of the Regional Board to provide new and improved chest clinics in Surrey have been completed with the exception of the clinics at Mortlake and Kingston.

During the year all existing 70 mm. Odelea Camera Units in Chest Clinics were replaced by 100 mm. Camera Units. There are now six 100 mm. units in Chest Clinics or General Hospitals in Surrey covering twelve chest clinic areas. As a result of the Adrian Committee's interim report on Mass Radiography, children and pregnant women are now excluded from miniature radiography. This has limited x-ray examinations in these groups for whom large film examination is now undertaken.

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 continues to increase 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 continuing to be made in the control and supervision of tuberculosis but it is important to note that, despite the annual fall in new notifications, there are still 8,622 patients on the clinic registers who require supervision and that, furthermore, 167 of these patients had positive sputum findings within the last six months.

Of all new patients (excluding contacts) seen at chest clinics in 1959, viz., 6,591, only 507 were tuberculous. The remaining 6,084 were non-tuberculous making the ratio of tuberculous to non-tuberculous patients approximately 1 : 12, 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 remains at a high level. In 1959 3,020 new contacts were seen at chest clinics, of which 9 were diagnosed as suffering from tuberculosis (3.0 per 1,000 examined). The total new contacts examined in 1959 represents an increase of 11 on the 1958 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 were 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 45 where it will be seen that 25 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. This was extended in 1959 to allow for the provision of B.C.G. vaccination to school children approaching 13 years of age who can conveniently be vaccinated along with children of that age, school children aged 14 or older and students attending universities, teacher training colleges, technical colleges or other establishments of further education. The extended scheme also enables vaccination to be offered to such other persons or groups as may be approved from time to time by the Minister of Health.

The following table shows the number of contact vaccinations carried out by Chest Physicians in each Chest Clinic area during the year 1959. 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	...	...	...	...	36
Dorking	...	...	...	...	30
Egham	...	...	...	...	39
Epsom...	...	...	...	...	97
Farnham	...	...	...	...	55
Guildford	...	...	...	...	263
Kingston	...	...	...	...	133
Merton and Morden...	...	...	...	...	78
Milford	...	...	...	...	29
Mitcham	...	...	...	...	84
Mortlake	...	...	...	...	115
Purley	...	...	...	...	76
Redhill	...	...	...	...	119
Sutton	...	...	...	...	133
Weybridge	...	...	...	...	126
Wimbledon	...	...	...	...	113
Woking	...	...	...	...	134
Total					1,660

(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 1959 no requests for garden shelters were received from the Chest Physicians. At the end of the year 21 new-type shelters were on loan to patients in the County.

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 1959).	No. of T.B. Cases on the Register on 1/1/59.	No. of New Cases Definitely T.B. (including contacts diagnosed T.B.)	No. of T.B. Cases on the Register on 31/12/59.	No. of T.B. Cases on the Clinic Register per 1,000 Population on 31/12/59.	No. of Contacts Attending during 1960.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	O.M.	Total.	New.	O.M.	Total.			
Carshalton ...	60,270	627	26	573	9.51	109	153	262	2	3	5	181	2,757	15.2
Dorking ...	34,410	125	10	109	3.17	69	141	210	1	—	1	44	767	17.4
Egham ...	29,870	202	11	206	6.90	51	200	251	—	—	—	50	811	16.2
Epsom ...	102,510	542	34	497	4.85	228	601	829	—	1	1	213	4,427	20.8
Farnham ...	69,160	272	20	290	4.19	129	388	517	—	2	2	127	2,211	17.4
Guildford ...	121,670	688	37	698	5.74	210	237	447	—	—	—	229	4,599	20.1
Kingston ...	204,910	886	70	777	3.79	256	599	855	—	2	2	360	5,916	16.4
Merton and Morden ...	70,450	680	29	660	9.37	147	373	520	2	1	3	225	3,673	16.3
Milford ...	28,300	223	17	223	7.88	21	128	149	—	—	—	52	1,400	26.9*
Mitcham ...	96,630	729	27	631	6.53	265	201	466	—	—	—	176	2,929	16.6
Mortlake ...	81,210	430	32	398	4.90	253	439	692	—	—	—	208	2,491	12.0
Purley ...	104,140	499	43	513	4.93	202	148	350	—	—	—	182	2,777	15.3
Redhill ...	112,540	617	53	650	5.78	284	383	667	3	2	5	204	3,465	17.0
Sutton ...	110,390	921	47	848	7.68	231	651	882	1	—	1	237	5,003	21.1
Weybridge ...	82,660	545	37	559	6.76	181	771	952	—	8	8	113	2,226	19.7
Wimbledon...	57,450	345	26	313	5.45	231	146	377	—	—	—	137	2,318	16.9
Woking ...	79,430	676	22	677	8.52	153	557	710	—	6	6	110	2,508	22.8
Totals ...	1,446,000	9,007	541	8,622	5.96	3,020	6,116	9,136	9	25	34	2,848	450,278	17.7

* Average per doctor session = 9.0.

† This figure includes patients suffering from disease of the chest other than tuberculosis and contacts of tuberculous patients.

(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. During 1959 the Council were liable for 6 patients (2 at each of the above-named units) at one time or another. Chest Physicians continue to use 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 in the previous year. The almoners have continued to provide a casework service for both tuberculous and non-tuberculous patients attending the chest clinics and to help them with their personal problems as well as ensuring that help has been available to meet the practical difficulties encountered during treatment and rehabilitation.

(i) *Tuberculosis Care Almoners.*

During the year, progress was made on the scheme for the redeployment of the care almoners to undertake family social service in the divisional health offices in addition to their work with chest clinic patients.

- (a) *Care of the tuberculous.* Tuberculous patients and their families attending chest clinics continued to be served by the equivalent of eight full-time almoners.
- (b) *Other chest diseases.* The non-tuberculous chest cases attending the chest clinics had the services of the equivalent of one full-time almoner.
- (c) *Family social service.* This is reported upon under a separate heading.

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

The average number of patients receiving milk free of charge each week throughout the year was 409 (417 the previous year).

(iii) *Segregation of Contacts.*

63 (89) children were boarded out during the year to protect them from risk of infection or to enable a patient to accept institutional treatment. 56 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.

49 (55) new cases were placed and 55 (76) returned to their own homes during the year; the average stay of the latter was 14 (17) weeks. (The corresponding figures for the previous year are shown in brackets.)

(iv) *Tuberculosis Care Committees.*

During the year, the twenty voluntary Care Committees extended their excellent work of caring for tuberculous patients and their families to include patients with other types of chest disease who are attending the chest clinics.

Throughout the year, the Care Committee raised approximately £7,581 by their own efforts, and received £983 in grants from the County Council based upon £1 for each £1 raised by voluntary effort up to a maximum of £50 to each Committee. The total expenditure of £8,812 covered a wide range of items to meet individual needs, but the main items were food (£1,653), clothing (£268), household equipment (£1,107), pocket money for patients in hospital and fares for relatives to visit (£1,039) and holidays (£2,574).

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 £2,307 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 (£215), loans and grants where substantial amounts are required for resettlement after treatment (£128), and summer holidays for families at the country and seaside (£1,834). The County Education Committee again granted the use of Sheephatch school for holidays for 150 child "contacts" and contributed 25 per cent. of the cost.

The beach chalets which were hired by the Conference provided a fortnight's holiday each for some 68 families comprising approximately 122 adults and 158 children who were selected by the chest physicians.

The Conference continued to finance the purchase of materials for sale to patients under the County Council's occupational therapy scheme.

EXPANSION OF THE ACTIVITIES OF CARE COMMITTEES.

Over the past decade the number of cases of tuberculosis attending the chest clinics has decreased in correlation with the general decline in the incidence of tuberculosis. At the same time there has been a steady increase in the number of non-tuberculosis chest cases attending the chest clinics. In 1959, for example, of all new cases attending the chest clinics (excluding contacts) the non-tuberculous numbered 6,073 and the tuberculous 507. The County therefore felt that it was desirable to encourage the Tuberculosis Care Committees to extend their activities to include non-tuberculous cases attending the chest clinics and for this purpose decided to increase the limit on the annual £1 for £1 grant to each care committee, which had hitherto been £50, to £100 per annum, provided the care committee undertook to extend its activities as indicated.

(v) Occupational Therapy.

From 1st April, 1959, the activities of the Section were increased to include provision for handicapped persons as set out in the County Council's Scheme for the Provision of Welfare Services for Handicapped Persons. Two occupational therapists were transferred from the Surrey Voluntary Association for the Care of the Cripples, and a new appointment made. The establishment now is as follows: Supervisor of Occupational Therapy, Assistant Head Occupational Therapist, six assistant Occupational Therapists and one Non-Technical assistant.

Students have attended during the year for their practical experience.

On 1st April, 1959, 58 persons of the "Other Handicapped Class" were transferred from Surrey Voluntary Association for the Care of the Cripples as requiring occupational therapy in their own homes. In addition, there were seven Centres in operation, viz., Kingston, Epsom, Woking, Esher, Wimbledon, Mitcham and Guildford. A further centre was opened at New Malden on 7th October, 1959. The number of patients registered for occupational therapy during the year was: Chest 145 as compared with 143 in 1958. Other handicapped, 95. Exhibitions and Sales have been held in various parts of the County throughout the year, and the Mobile Shop provided last year by the Standing Conference has proved a most valuable asset in disposing of completed goods.

The Standing Conference and individual Care Committees have again given valuable assistance to the Section generally, also to individual patients in meeting the initial cost of materials. The jig-saw library functions on a small scale, any expenditure, which is mainly postal, being met by the Standing Conference. The amount expended on consumable materials was £3,453 3s. 6d., which is recoverable from patients. (£3,256 1s. 3d. in 1958.)

The average number of domiciliary visits is slightly lower than in previous years as more assistance is required by the severely disabled persons. Generally the standard of work is high.

The number of patients receiving occupational therapy at 31st December, 1959, was 601 of whom there were: Chest patients, 201 domiciliary, 106 in hospital, 37 postal: Other Handicapped Classes, 147 domiciliary, 14 postal and 96 attending Centres.

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. The units are collectively known as the Surrey Mass Radiography Unit but it should be appreciated that the area covered by the Unit includes the County Borough of Croydon, parts of North East Hampshire and North Sussex, in addition to the Administrative County of Surrey. The statistics quoted below relate to the whole area covered by the Unit.

In December, 1958, one of the two 35 mm. x-ray sets was withdrawn from service and replaced by a 100 mm. set.

The aim was to provide a General Practitioner Chest X-Ray Service, i.e. mainly to x-ray patients referred by their own doctors instead of large numbers of unselected general public or office and factory workers. The 100 mm. set is also employed for 1½ days a week on work contact surveys and other specially selected groups. The other 35 mm. unit has continued to carry out its normal role of routine examinations of organised groups and general public.

The Medical Director's report is divided into two parts:—

General Practitioner Chest X-Ray Service.
Normal Mass Radiography Service.

Significant Pulmonary Tuberculosis.

The term "significant tuberculosis" includes newly detected cases requiring treatment or close observation at a chest clinic.

In 1959, 162 cases of significant tuberculosis were found by the Units (107 in 1958).

Carcinoma of Lung.

In 1959, the Units found 78 cases of Carcinoma of lung (46 in 1958). The increase is mainly due to patients referred by their own doctors but the incidence of cases found by normal mass radiography has also risen. In nearly a quarter of these 78 cases, the disease was early enough to allow operative treatment. The larger proportion of operable cases was found by normal mass radiography.

Annual statistics repeatedly show that the highest incidence of tuberculosis and lung cancer occurs in men over 45 years of age. The usual methods of publicity have, however, failed to attract this age group to come for examination.

The statistics given below show that, while selective radiography can yield a high incidence of chest disease with relatively few examinations, unselective radiography has found more cases of significant tuberculosis and nearly as many cases of lung carcinoma.

Normal mass radiography is finding tuberculosis in the early stage of the disease before it has become extensive or infectious. There is a need to continue with normal mass radiography as for the past 15 years, while at the same time developing the new service for General Practitioners.

The 100 mm. set has proved satisfactory for mobile mass radiography work. The films are of excellent quality and it is no longer necessary to recall people for a full size film when an abnormality is suspected. It is possible to examine over 100 persons an hour and on several occasions, over 500 examinations have been made in one day without difficulty.

General Practitioner Chest X-Ray Service.

In the area served by this Unit, there are six static centres associated with the major chest clinics which provide facilities for General Practitioners to refer patients for chest x-ray, without the formality of an appointment and full clinical examination. The mobile unit is intended to provide, in some measure, a similar service in districts not covered by the static centres.

Total Number examined	...	...	...	...	6,935
Significant Pulmonary Tuberculosis	...	...	...	...	38 cases
Carcinoma of lung	...	...	...	...	42 cases

The incidence rates in men aged 45 years and over were as follows :—

Significant Pulmonary Tuberculosis	...	...	8.3 per 1,000 examinations
Carcinoma of lung	...	...	24.8 do.

Normal Mass Radiography Service.

During 1959, the mobile 100 mm. machine was used for organised groups in factories and offices when not in use for General Practitioners' patients. This was in addition to one 35 mm. machine.

Total Number examined	...	...	...	...	93,687
Significant Pulmonary Tuberculosis	...	...	...	...	124 cases
Carcinoma of lung	...	...	...	...	36 cases

The incidence rate in men aged 45 years and over for carcinoma of the lung was 2.0 per 1,000 examinations.

Cases of Pulmonary Tuberculosis.

General Practitioner Service.				Male.	Female.	Total.	Rate per 1,000 examinations.
Recommended for domiciliary treatment	...	...	...	4	2	6	0.9
Recommended for hospital treatment	...	...	...	15	10	25	3.6
Close clinic supervision required	...	...	...	4	3	7	1.0
Occasional out-patient supervision	...	...	...	11	13	24	3.5
(a) Non-infectious cases				...	...	18	
(b) Infectious				...	...	17	
(c) Not determined				...	...	3	
Normal Mass Radiography Service.				Male.	Female.	Total.	Rate per 1,000 examinations.
Recommended for domiciliary treatment	...	...	...	23	8	31	0.3
Recommended for hospital treatment	...	...	...	31	17	48	0.5
Close clinic supervision required	...	...	...	29	16	45	0.4
Occasional out-patient supervision	...	...	...	61	46	107	1.1
(a) Non-infectious cases				...	...	76	
(b) Infectious				...	...	27	
(c) Not determined				...	...	21	

General Practitioner Service.

GROUP OR TYPE OF SURVEY.	NUMBERS EXAMINED.			NUMBERS SHOWING EVIDENCE OF SIGNIFICANT PULMONARY TUBERCULOSIS.					
	MALE.	FEMALE.	TOTAL.	MALE.		FEMALE.		Combined Total.	Combined Incidence per 1,000.
				No. of Cases.	Incidence per 1,000 examinations.	No. of Cases.	Incidence per 1,000 examinations.		
General Practitioner referrals ...	3,349	3,586	6,935	23	6.9	15	4.2	38	5.5

Normal Mass Radiography Service.

General Public ...	21,504	28,961	50,465	41	1.9	25	0.9	66	1.3
Industrial Groups ...	23,953	14,520	38,473	31	1.3	12	0.8	43	1.1
School Children ...	137	73	210	—	—	—	—	—	—
Institutions ...	1,164	1,636	2,800	8	6.9	2	1.2	10	3.6
Contacts ...	681	1,022	1,703	3	4.4	1	0.9	4	2.4
Ante-natal Patients ...	—	36	36	—	—	1	—	1	—
	47,439	46,248	93,687	83	1.7	41	0.9	124	1.3

Analysis of Abnormal Findings—Combined Statistics.

General Practitioner Service and Normal Mass Radiography Service

Non-Tuberculous Conditions.

Condition.	Male.	Female.	Total.
Malignant neoplasms in the thorax :—			
(a) Primary tumours ...	76	2	78
(b) Secondary tumours ...	6	3	9
Non-malignant tumours ...	12	10	22
Lymphadenopathies, excluding sarcoidosis ...	2	—	2
Sarcoidosis (including enlarged hilar glands) ...	20	9	29
Congenital abnormalities of the heart and vascular system ...	6	5	11
Acquired abnormalities of the heart and vascular system ...	53	41	94
Pneumoconiosis without P.M.F. ...	9	—	9
Pneumoconiosis with P.M.F. ...	—	—	—
Bacterial and virus infection of lung (including pneumonitis) ...	372	238	610
Bronchiectasis ...	37	15	52
Pulmonary fibrosis (non-tuberculous) ...	28	17	45
Spontaneous pneumothorax ...	13	1	14
Abnormalities of the diaphragm and oesophagus (including hiatus hernia of stomach) ...	16	20	36
Pleural Effusion (non-tuberculous) ...	4	3	7

(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.

Particulars of the cases dealt with during the year ended 31st December, 1959, 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	59	110	153	322
Cost (before deduction of contributions by patients)	£598	£1,123	£1,447	£3,168
Length of stay : 1 week	2	7	5	14
2 weeks	51	96	130	277
3 weeks	3	6	17	26
4 weeks	—	1	1	2
over 4 weeks	2	1	—	3

(c) **Night Attendance Scheme.**

The Council, as in previous years, continued to guarantee any loss up to a maximum of £100 per annum sustained by the Guildford Old People's Welfare Committee, and up to a maximum of £50 per annum by the Mitcham Old People's Welfare Committee and the Wimbledon Guild of Social Service in running their night attendance schemes, 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.

During the year application was received from the Farnham Women's Voluntary Services for financial assistance in running their night attendance scheme and the Council agreed to guarantee any loss up to a maximum of £100 per annum on the same terms as the other three schemes.

The four 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, 1959, was as follows :—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	61	Bed cradles	415
„ bellows	50	Crutches	174
„ rings	1,150	Douche cans	19
Bed rests	936	Feeding cups	165
„ pans	1,916	Inhalers	11
„ tables	169	Mackintosh sheets	1,596
Invalid chairs	1,322	Steam kettles	8
Commodes	797	Urinals	629

(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. 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 :—

1959.	Guildford Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).							
Syphilis	3	1	4	—	1	17	26
	(6)	(—)	(9)	(1)	(—)	(12)	(28)
Gonorrhoea	32	5	39	10	14	151	251
	(12)	(3)	(41)	(—)	(16)	(88)	(160)
Other conditions	127	20	331	37	98	695	1,308
	(141)	(34)	(301)	(36)	(84)	(583)	(1,179)
Totals	162	26	374	47	113	863	1,585
	(159)	(37)	(351)	(37)	(100)	(683)	(1,367)

The figures in brackets relate to the year 1958.

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 1959 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
1959	26	251	1,308	1,585

* The great majority of these conditions are not venereal.

(f) Public Education in Health.

Public education in health continued during the year as part of the day to day work of Divisional Health Committees. Apart from the important form of instruction given by word of mouth to individuals in the home and at clinics and to parent groups at clinics, the basis of teaching has been through the medium of lectures and film shows to organised groups of people, by the display of posters, and by the distribution of leaflets and booklets. It is important, however, that these routine methods should not be allowed to get into a rut, and continuous attention is required to devise new and ingenious methods of bringing home the messages of health education to the public.

Quiz programmes have been introduced successfully in some areas and this is perhaps one of the most popular and entertaining ways of conveying information. In one division a humorous playlet on preparation for the first baby was presented to an audience of young married couples all of whom were expecting their first child. They were given an opportunity after the playlet of discussing over a cup of tea their problems with members of the medical, midwifery, health visiting and hospital staffs who were present.

Another promising introduction is the formation of evening parentcraft sessions at clinics associated with club activities. Social functions such as Christmas parties and summer outings have been arranged in connection with these groups. Parent discussion groups have been successful and a feature of these has been the setting up of exhibits illustrating the subject matter under discussion.

Health education for the older school children is, of course, a matter of some importance but it is not always easy to find time in the school curriculum for instruction of this nature. A number of talks have, however, been given in girls' secondary schools by health visitors and assistant medical officers. In one division girls attended a clinic to see a demonstration of baby bathing.

During the autumn an intensive drive was directed towards the "polio" campaign. All the usual methods of propaganda were used and various factories and places of entertainment were visited with a view to immunising the under 25's on the spot. One of the most successful results was obtained by a visit to a very large dance hall.

(g) Chiropody.

In April, 1959, the Minister of Health indicated that he was now prepared to approve proposals by local health authorities who wished to establish a chiropody service as part of their arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act, 1946, and it was suggested that at least in the early stages priority should be given to the elderly, the physically handicapped and expectant mothers. The County Council appointed a special Sub-Committee to discuss with representatives of voluntary associations already providing chiropody services how best their services and facilities might continue to be made available and to prepare a comprehensive scheme for the Council's approval.

HOME HELPS.**(a) Administration of the Scheme.**

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

(b) Establishment.

The establishment of equivalent full-time helps for the financial year ended the 31st March, 1960, was 544. The average number of equivalent full-time helps employed weekly throughout the calendar year was 524.8, an increase of 2.2 over the previous year.

(c) Supervision.

During the year the Divisional Supervisors paid 6,521 first visits, 16,587 revisits and 3,215 miscellaneous visits, a total of 26,323 compared with 24,649 for the previous year.

(d) The Scope of the Scheme.

The total number of cases helped during 1959 was 8,550 an increase of 271 or 3.1 per cent. over 1958. The number of cases of maternity, acute and chronic sick (including the aged and infirm) increased by 170, 17 and 111 respectively, whilst the number of tuberculosis cases decreased by 27.

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 1959.	Hours of service given during 1959.	Average total hours of service per case.	Average No. of hours service per case per week.	Average duration of service per case in weeks.	Average No. of cases being helped per week.
Maternity	2,139 (25%)	140,083 (13.7%)	65	25.0	2.6	108 (3.5%)
Acute... ..	1,693(19.8%)	72,753 (7.1%)	43	7.3	5.8	190 (6.1%)
Chronic	4,614 (54%)	790,194 (77.3%)	171	5.5	31.1	2,752(88.6%)
Tuberculosis... ..	104 (1.2%)	18,723 (1.9%)	180	6.5	27.7	56 (1.8%)
County 1959	8,550 (100%)	1,021,753 (100%)	119	6.3	18.9	3,106 (100%)
County 1958	8,279 (100%)	1,010,281 (100%)	122	6.6	18.7	2,942 (100%)

The table on page 55 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 54 shows Divisionally and for the County as a whole the average weekly number of cases helped, the average hours of service per case per week, and the average duration of service per case in weeks.

Provision of the services of special home helps to problem families is included under the paragraph on the Prevention of the Break-up of families.

Whiteley Village Homes, Walton-on-Thames.

During the year the Council agreed to be financially responsible for any deficit incurred by the Whiteley Homes Trust in providing home help assistance to elderly persons in their homes in Whiteley Village, who could not afford to pay the full cost of the service.

The scheme came into operation on the 1st July, 1959 and up to 31st December, 80 such cases had received a total of 2,730 hours service.

Division.	Average weekly number of cases helped.							Average service per case.									
	Maternity.	Acute.	Chronic.	T.B.	Total.	Per equivalent F/T Home Help employed.	Per 10,000 population.	Maternity.		Acute.		Chronic.		T.B.		Total.	
								Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.		
North-Western ...	17	19	211	8	255	4.5	11.1	24.8	2.5	10.1	5.9	7.5	26.9	9.5	39.5	8.2	15.0
Central ...	25	9	384	3	421	6.7	18.8	20.2	2.8	5.9	1.6	4.4	26.5	4.5	13.3	5.4	14.4
North Central ...	15	45	455	6	521	6.7	25.4	27.4	2.7	5.5	10.3	4.8	30.8	4.8	24.1	5.5	20.8
Southern ...	9	6	172	3	190	6.4	13.7	25.8	2.6	11.8	3.7	4.7	30.3	7.0	32.4	5.9	17.7
South-Eastern ...	16	40	156	3	215	5.4	19.7	27.2	2.5	6.8	6.3	5.9	31.6	8.0	19.3	7.2	12.6
Northern ...	5	8	246	5	264	5.3	32.6	20.6	2.9	6.3	5.3	6.9	30.7	3.4	40.9	7.1	22.9
South-Western ...	11	22	241	2	276	5.1	16.0	30.2	2.3	9.4	4.8	6.3	34.2	13.6	12.5	7.5	17.0
North-Eastern ...	6	26	711	22	765	6.1	39.8	26.4	2.6	8.2	9.5	5.7	33.4	6.2	36.0	6.0	28.2
Merton and Morden U.D....	2	13	226	11	252	6.0	39.4	27.8	2.5	7.4	13.8	5.8	32.7	7.1	32.5	6.2	27.4
Mitcham M.B. ...	2	8	229	9	248	5.8	43.5	26.0	2.6	8.5	8.0	6.2	34.4	4.8	41.4	6.4	28.6
Wimbledon M.B. ...	2	5	256	2	265	6.5	37.8	24.8	2.6	9.8	6.3	5.2	32.9	6.8	41.3	5.4	28.8
Mid-Eastern ...	4	15	175	4	198	6.9	21.5	26.2	2.7	5.8	5.7	4.9	33.1	4.1	23.8	5.8	19.3
Beddington and Wallington M.B. ...	2	6	92	1	101	6.0	31.6	26.0	2.5	6.2	5.4	5.6	27.2	4.0	10.5	6.0	18.6
Carshalton U.D. ...	2	9	83	3	97	7.3	16.2	26.5	2.8	5.6	6.0	4.2	41.4	4.2	27.6	4.7	23.6
County 1959 ...	108 3.5%	190 6.1%	2,752 88.6%	56 1.8%	3,106 100%	5.9	21.5	25.0	2.6	7.3	5.8	5.5	31.1	6.5	27.7	6.3	18.9
County 1958 ...	100 3.4%	158 5.4%	2,623 89.1%	61 2.1%	2,942 100%	5.3	20.6	25.3	2.6	8.4	4.9	5.8	30.0	6.7	24.2	6.6	18.7

Division.	Population mid-1959.	Average. Average equivalent F/T Helps employed weekly during 1959.	Total number of cases helped during the year.					Percentage of Home Helps' time spent on			
			Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
North-Western ...	229,160	84,592	363	166	385	10	924	86.0	3.1	5.45	5.45
Central ...	224,530	42,841	467	284	758	13	1,522	82.8	5.4	6.3	5.5
North Central ...	204,910	24,128	297	223	765	13	1,298	84.1	5.6	4.9	5.4
Southern ...	139,520	125,760	167	89	299	5	560	87.2	4.2	4.4	4.2
South-Eastern ...	109,690	22,414	317	336	231	7	891	87.4	2.3	4.9	5.4
Northern ...	81,210	6,628	94	83	418	6	601	84.3	4.3	6.0	5.4
South-Western ...	172,180	127,026	234	237	366	10	847	86.3	5.3	3.3	5.1
North-Eastern ...	192,280	9,381	124	139	1,115	32	1,410	82.9	4.7	7.0	5.4
Merton and Morden U.D.	64,380	3,237	51	48	360	17	476	83.5	5.5	6.2	4.8
Mitcham M.B. ...	57,450	2,932	41	52	349	11	453	82.9	3.9	7.3	5.9
Wimbledon M.B. ...	70,450	3,212	32	39	406	4	481	81.4	5.3	7.7	5.6
Mid-Eastern ...	92,520	6,391	76	136	277	8	497	84.7	5.8	4.5	5.0
Beddington and Wallington M.B. ...	32,256	3,045	48	61	174	2	285	83.4	5.6	5.9	5.1
Carshalton U.D. ...	60,270	3,346	28	75	103	6	212	86.5	6.1	2.8	4.6
County 1959 ...	1,446,000	449,161	2,139 25.0%	1,693 19.8%	4,614 54.0%	104 1.2%	8,550 100%	84.4	4.7	5.6	5.3
County 1958 ...	1,432,500	449,161	1,969 23.8%	1,676 20.2%	4,503 54.4%	131 1.6%	8,279 100%	84.6	4.7	5.1	5.6

MENTAL HEALTH SERVICES.

Administration.**RESPONSIBLE COMMITTEE.**

All matters relating to mental health in Surrey are referred to the Mental Health Services Sub-Committee of the County Health Committee, which consists of 21 members and meets seven times a year.

STAFFING AND ORGANISATION.

Responsibility for organisation, control and medical direction of the service rests on the County Medical Officer. Two Specialist Assistant Medical Officers are employed to deal with the examination of mentally subnormal persons. Both these medical officers are approved for the purpose of giving certificates under the Mental Deficiency Acts.

An Assistant Superintendent Health Visitor is responsible for the organisation of the occupation and training centres and for the admission of trainees to these centres.

Eight training centres are now administered by the Council, the total number on the registers at the end of 1959 being 409, compared with 376 at the end of 1958.

Each centre has a Supervisor who holds the diploma of the National Association for Mental Health and other staff in accordance with the number of trainees on the register.

The day-to-day lay administration of the service is the responsibility of a senior Mental Welfare Officer, his deputy and three clerical staff, all of whom are stationed at Central Office. The senior Mental Welfare Officer and his deputy are responsible to the County Medical Officer for all the work of mental deficiency ascertainment, petitioning, etc., supervision of the field staff of fifteen male Mental Welfare Officers, staffing of the training centres and co-ordination of all the services for the mentally ill and mentally subnormal.

CO-ORDINATION WITH THE REGIONAL HOSPITAL BOARD.

Co-operation with the mental and mental deficiency hospitals, to which Surrey patients are admitted, is excellent and the Council's officers often benefit by the advice and help of the specialist medical staff at these hospitals.

There is still a long waiting list for mental deficiency hospitals (128 at end of 1959), but urgent cases are given priority as much as possible.

There are 19 psychiatric and mental deficiency out-patient clinics in the County 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.**

Fifteen male Mental Welfare Officers and 182 general Health Visitors (part-time) are responsible for visiting mentally ill and mentally subnormal persons in the community and giving any necessary help and advice. At present the after-care visiting of former mental hospital patients is done mainly by Psychiatric Social Workers from the mental hospitals, but Local Health Authority officers are likely to take a greater part in this work in the future.

Towards the end of 1959, four Health Visitors were seconded to Netherne Hospital for a six months' course of training in the after-care of patients suffering from mental illness.

During 1959, Health Visitors paid 3,356 visits to female mentally subnormal patients and boys under 16 and Mental Welfare Officers paid 1,708 visits to males of this group over 16. Recuperative holidays were provided for mentally ill patients and short-term emergency care for mentally subnormal 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 1959. The total number of cases reported to Mental Welfare Officers from all sources was 3,000.

No Action after enquiry or referred to other Departments, etc.		Patients examined and dismissed by Justices.		3 Day Orders, Sec. 20, L. Act.		14 Day Orders, Sec. 21, L. Act.		Voluntary patients, Sec. 1, M.T. Act.		Temporary patients, Sec. 5, M.T. Act.		Urgency Orders, Sec. 17, M.T. Act.		Certified by Justices, Sec. 16, L. Act.		Informal Patients.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
207	340	30	49	337	565	2	2	260	512	26	46	14	34	114	208	77	177

In addition, information was received that 936 voluntary patients were admitted to mental hospitals directly from their homes without the assistance of a Mental Welfare Officer, having, no doubt, previously been seen at one of the out-patient clinics.

Surrey patients are eligible for admission, according to the part of the County in which they live, to the following mental hospitals: Banstead, Brookwood, Horton, Netherne and West Park.

During 1959, observation beds for both sexes were available at all the mental hospitals and for female patients only at St. Helier General Hospital.

MENTAL DEFICIENCY.

The arrangements for the ascertainment and visitation of the mentally subnormal are described in the paragraph relating to care and after-care (page 56).

Surrey mentally subnormal patients are still being admitted, according to the part of the County in which they live and to some extent their ages and grades, to the following hospitals: Botleys Park Hospital, Chertsey; Fountain Hospital, Tooting; Manor Hospital, Epsom; Royal Earlswood Hospital, Redhill.

The Physician Superintendents of these four hospitals are most helpful in giving advice regarding these patients, even though the persons in question do not immediately require to be admitted to hospital. The hospitals at present take most of the patients requiring emergency care for temporary periods under Ministry of Health Circular 5/52. During 1959, 109 Surrey patients were accepted by the hospitals under the terms of this circular. Eight such patients were sent to private approved homes, etc., the Council being responsible for the expenses incurred.

During the year, 7 petitions were presented for Orders sending defectives to hospitals or placing them under guardianship and Orders were obtained in all these cases. Five cases were dealt with on behalf of other local health authorities. In 3 cases assistance was given to relatives in completing the formalities under Section 3 of the Mental Deficiency Act, 1913, and 80 informal patients were admitted to hospitals in accordance with Ministry of Health Circular 2/58. Eleven patients were dealt with by the Courts (Section 8).

The following table shows particulars of mental defectives on the Council's Register on 31st December, 1959, of all new cases coming to the notice of my department during 1959, how these cases were dealt with and full details of the hospital waiting lists as at 31st December, 1959:—

1. Particulars of Cases Reported during 1959.

	Under age 16.		Aged 16 and over.		Grand Total.
	M.	F.	M.	F.	
(a) Cases ascertained to be defectives "subject to be dealt with":—					
Number in which action taken on reports by:—					
(1) Local Education Authorities on children:					
(i) While at school or liable to attend school ...	20	18	—	—	38
(ii) On leaving special schools ...	—	—	14	10	24
(iii) On leaving ordinary schools ...	1	7	—	—	8
(2) Police or by Courts ...	1	—	2	1	4
(3) Other sources... ..	7	6	9	7	29
Total of 1 (a)	29	31	25	18	103
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground ...	23	9	9	18	59
(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, 1959, and are thus excluded from (a) or (b)	17	5	9	7	38
Total of 1 (a)-(d) inclusive	69	45	43	43	200

2. Disposal of Cases Reported during 1959.

(The total of 2 (a), (b) and (c) must agree with that of 1 (a) and (b) above.)

(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number:—					
(i) Placed under Statutory Supervision	17	23	10	9	59
(ii) Placed under Guardianship	—	—	—	1	—
(iii) Taken to "Places of Safety"	—	—	—	—	—
(iv) Admitted to hospitals	9	5	11	7	32
Total of 2 (a)	26	28	21	17	92
(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	21	8	9	16	54
(ii) Action unnecessary	2	1	—	2	5
Total of 2 (b)	23	9	9	18	59
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	3	3	4	1	11
Total of 2 (a)-(c) inclusive	52	40	34	36	162

3. *Number of Mental Defectives for whom Care was arranged by the Local Health Authority under Circular 5/52 during 1959 and admitted to :—*

	Under age 16. M.	F.	Aged 16 and over. M.	F.	Grand Total.
(a) National Health Service hospitals	37	30	16	26	109
(b) Elsewhere	4	1	—	3	8
Total	41	31	16	29	117

4. *Total Cases on Authority's Registers at 31/12/59 :—*

(i) Under Statutory Supervision	164	142	255	245	806
(ii) Under Guardianship (including patients on licence)	—	1	9	11	21
(iii) In "Places of Safety"	—	—	—	—	—
(iv) In hospitals (including patients on licence)	224	148	783	668	1,823
Total of 4 (i)-(iv) inclusive	388	291	1,047	924	2,650
(v) Under voluntary supervision	43	14	163	219	439
Total of 4 (i)-(v) inclusive	431	305	1,210	1,143	3,089

5. *Number of Defectives under Guardianship on 31st December, 1959, 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 31/12/59 (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	5	—	—	1	6
(ii) Ambulant low grade cases	4	5	—	2	11
(iii) Medium grade cases	2	3	—	2	7
(iv) High grade cases	—	—	—	—	—
Total urgent cases	11	8	—	5	24

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

(i) "Cot and chair" cases	20	8	1	1	30
(ii) Ambulant low grade cases	13	4	2	7	26
(iii) Medium grade cases	10	12	11	15	48
(iv) High grade cases	—	—	—	—	—
Total non-urgent cases	43	24	14	23	104
Total of urgent and non-urgent cases	54	32	14	28	128

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

(i) Occupation centre	176	120	59	93	448
(ii) Industrial centre	—	—	—	—	—
(iii) Home training	—	—	—	—	—
Total of 6 (b)	176	120	59	93	448

(c) Of the cases included in 6 (b), number receiving training on 31st December, 1959 :—

(i) In occupation centre (including voluntary centres)	156	107	55	91	409
(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)	156	107	55	91	409

Training Centres.

There are now eight training centres for mental defectives 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.

The specially-planned centre at Guildford came into use on 7th January, 1959 and was officially opened by the Minister of Health on 15th April, 1959. A similar, but slightly larger, centre is now under construction at Bordesley Road, Morden. This will replace the present Wimbledon Centre, which is held in rented premises.

In anticipation of the Mental Health Act 1959 a great deal of time was given during the year to thought and discussion on the future of the mental health services. I hope to be able to report further on these matters in my next annual report.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration, of eight nursing homes. On the 31st December, 1959, there remained 46 registered nursing homes and 16 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 1959 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1959.	Number of children provided for.
Premises	46	1,002
Daily Minders	184	1,887

PREVENTION OF AIR POLLUTION.

Clean Air Act, 1956.

SECTIONS 11-15. SMOKE CONTROL AREAS.

The above sections of the Clean Air Act, 1956, empower County District Authorities, by order confirmed by the Minister, to declare the whole of their district or any part thereof to be a smoke control area. Such order would provide that if smoke is emitted from a chimney of any building within the smoke control area, the occupier of the building would, subject to certain provisos, be guilty of an offence. The County District is also required to bear part of the expenditure in respect of necessary adaptations to fireplaces in private dwellings and is empowered to make grants towards fireplaces in churches, chapels and buildings used by charities, etc.: the Minister may make exchequer grants to County Districts in respect of certain of these expenditures.

These sections were brought into effect by the Clean Air Act (Appointed Day) Order, 1956, on the 31st December, 1956, and although no smoke control areas are yet in operation in the County, four County Districts have submitted proposals to the Minister to declare parts of their districts to be smoke control areas. These County Districts and their proposals are :—

	Proposed date of commencement.	Site.	Number of dwellings.	Remarks.
Barnes	1st Sept., 1961	Castelnau (part) ...	About 1,750	It is proposed to deal with the whole Borough, which has been divided into 9 smoke control areas, within the next ten years.
Beddington and Wallington	Not yet decided	Woodcote Road area (part)	359	A second area has been approved in principle by the county district authority.
Carshalton ...	1st Oct., 1961	Nightingale Road area (part)	1,408	The County District Council have agreed a phased programme to cover the whole district in about 10 years.
Richmond No. 1 Order*	1st Oct., 1960*	Ham (south-west part)	338	The Borough Council have decided in principle to make successive Smoke Control Orders to cover the whole of the Borough in the 10 year period 1959-69.
No. 2 Order ...	1st Oct., 1961	Ham (remainder) and Petersham (part)	1,403	

* Approved by Minister and commencing date confirmed.

Certain other county district authorities have considered the question of smoke control areas but have so far not submitted proposals to the Minister.

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 1959 and reported to the Rivers and Streams Committee :—

Authority.	Scheme.	Estimated Cost.	Committee Decision.
Bagshot R.D.C.	Sewerage—Bisley and Chobham (Queens Road, Bisley extension)	£16,000 	Scheme approved in principle.
Dorking and Horley R.D.C.	Sewerage—Charlwood ...	£132,269 (cost on completion) (estimated cost in 1955 was £125,600)	Recommended that Council's grant be increased from £16,697 to equivalent loan charges on £17,540.
	Sewerage—Holmwood Newdigate ...	£154,800 	Scheme approved in principle.
Godstone R.D.C.	Sewerage and sewage disposal—Betchingley and Godstone	£148,000 	No action since Minister indicated unable to make a grant towards the cost.
Guildford R.D.C.	Main Drainage—Ash Vale ... Phase III	£153,000 	Recommended that a contribution of annual loan charges on a capital grant of £15,092 be made.
Hambledon R.D.C.	Sewerage—Elstead ... Phase I	£43,200 	Recommended that Council's grant be increased from £3,756 to a sum equivalent to the annual loan charges on £6,955.
	Sewerage—Elstead ... Phases II and III	£122,689 	Recommended that a grant equivalent to loan charges on £16,830 be made.
	Main Drainage—Churt ...	£17,000 	Scheme approved in principle.
Haslemere U.D.C.	Main Drainage—Hindhead Scheme	£172,000 	Scheme approved in principle.
	Sewerage—Headley Road ...	£12,600 	Scheme approved in principle.
Woking U.D.C.	Sewerage—Hoe Valley Sewer extension Scheme	£87,400 	Scheme approved in principle.

REFUSE DISPOSAL.

Four new applications under Section 94 of the Surrey County Council Act, 1931, were received during the year, all of which were approved.

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

MILK AND DAIRIES.

(a) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953.

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, 1959, 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 	318	15
Failed Phosphatase test only 	4	—
Failed Methylene Blue Test only... 	—	—
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 1959. 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 his report on the work of this department in respect of the above Act, and extracts are given below.

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 1959. Comparative figures for 1958 and 1957 are also given:—

	Milk.			Food other than milk.			Drugs.			Totals.		
	1959	1958	1957	1959	1958	1957	1959	1958	1957	1959	1958	1957
Examined	703	706	655	256	252	244	7	13	9	966	971	908
Adulterated or Irregular ...	12	17	11	22	40	28	—	1	—	34	58	39
Percentage Adulterated or Irregular	1.71	2.41	1.68	8.59	15.87	11.47	—	7.69	—	3.52	5.97	4.29
Samples per 1,000 of average annual population ...	2.11	2.17	2.05	0.77	0.77	0.76	0.02	0.04	0.03	2.90	2.98	2.84

Estimated Mid-Year Population.

1959	332,550
1958	325,130
1957	319,040

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 95 varieties of food and 7 different drugs formed the total of 966 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. The results of sampling generally are similar to those of recent years.

New Legislation.**(a) ARSENIC IN FOOD REGULATIONS, 1959.**

New regulations were introduced last August which lay down statutory limits for the arsenic content of food and beverages imported, sold or intended for sale for human consumption. They provide that where any food is certified by a public analyst as exceeding the permitted limit 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.

(b) CONDENSED MILK REGULATIONS, 1959.

These Regulations, introduced last June, which amend and consolidate the Public Health (Condensed Milk) Regulations, 1923 to 1953, now provide for the sale of sweetened and unsweetened partly skimmed (half cream) condensed milk and require it to be labelled "should not be used for babies except under medical advice."

(c) FLUORINE IN FOOD REGULATIONS, 1959.

These Regulations, which revoke the Fluorine in Food Order, 1947, and come into operation on the 14th March, 1960, prescribe lower maximum limits than those previously enforced for the fluorine content of acidic phosphates used for food purposes and of food containing acidic phosphates.

(d) ICE-CREAM.

As a result of representations made to the Ministry of Agriculture, Fisheries and Food by the Milk Marketing Board and certain Food and Drugs Authorities regarding the use of the term "ice cream" for a product which contains no milk fat, new Regulations covering the composition and the labelling of ice-cream were made and came into force last April. They were :—

(i) *The Food Standards (Ice-Cream) Regulations, 1959.*

These Regulations revoked and replaced the 1953 Order and prescribe amended standards of composition for ice-cream and "Parev" (kosher) ice and introduce separate standards of composition for dairy ice-cream and milk ice. The standards for dairy ice-cream and for milk ice provide that they shall contain no fat other than milk fat except such as may be introduced by the use of any egg, any flavouring substance or any emulsifying or stabilising agent. The requirement in the 1953 Order that ice-cream should contain not less than 10 per cent. of sugar is replaced by a provision that no type of ice-cream shall contain any artificial sweetener. Alternative standards are prescribed for certain descriptions of ice-cream containing fruit, fruit pulp or fruit puree.

(ii) *The Labelling of Food (Amendment) Regulations, 1959.*

New provisions relating to ice-cream have been added to the Labelling of Food Order, 1953, by these amending Regulations which prohibit the labelling, marking or advertising of ice-cream in a manner suggestive of butter, cream, milk or anything connected with the dairy interest unless the ice-cream contains no fat other than milk fat, but permit the presence of skimmed milk solids to be declared. The Regulations also provide that it will be an offence to sell under the description "ice-cream" any pre-packed ice-cream which contains fat other than milk fat unless it bears on the wrapper a declaration "Contains non-milk fat" or, if appropriate, "Contains vegetable fat."

Legal Proceedings.

It was considered necessary to institute proceedings in two instances. One related to unwrapped pies which were displayed for sale with a notice which read "Chicken Pies 1s. each." The Sampling Officer recognised these pies as being similar to others previously sampled elsewhere but individually wrapped and bearing the description "Chicken and Veal Pie." The shopkeeper admitted that these pies had been received from a well-known firm of manufacturers, wrapped and described as chicken and veal pies. Analysis confirmed this and, on conviction, the shopkeeper was fined £5 and ordered to pay £4 4s. 0d. costs.

The other case concerned a sample of Channel Islands Milk which was found on analysis to be 21 per cent. deficient in milk fat. The sample was taken as the result of an unsatisfactory sample procured from a retailer supplied by this producer. The dairy farmer, on conviction, was fined £2 and ordered to pay £2 2s. 0d. costs.

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

The undermentioned details are of interest :—

Milk.

Of a total of 703 milk samples taken only 12 (1.71 per cent.) were found to be irregular. Mention has already been made of one sample of Channel Islands Milk where legal proceedings were instituted. Seven other samples were found to be slightly deficient of the prescribed standard of 4 per cent. milk fat.

One sample of milk was found to contain 21 per cent. added water and although the percentage was considerable it was found that it was caused quite accidentally in the pasteurising process. Steps have been taken to overcome any possible recurrence of this isolated incident and since the dairyman concerned has a long and excellent milk sampling record it was deemed appropriate to caution him in this instance.

Three samples were below the presumptive minimum standard of 3 per cent. milk fat and 8.5 per cent. milk solids other than milk fat.

Drugs.

Seven various articles coming within this category were analysed and all were found to be genuine.

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 1959 was 2,642 compared with 2,685 at the end of 1958.

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, 1959.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1...	—	—	—	—	—	—
2...	—	—	—	—	—	—
3...	—	—	—	2	—	2
4...	1	—	1	1	4	5
5—10	1	—	1	20	8	28
11—15	—	1	1	15	17	32
16—20	—	1	1	8	11	19
21—29	1	—	1	27	27	54
30—39	3	1	4	63	42	105
40—49	1	3	4	105	72	177
50—59	8	8	16	136	137	273
60—64	4	8	12	80	106	186
65—69	9	12	21	89	137	226
70—79	28	70	98	221	426	647
80—84	24	43	67	126	280	406
85—89	8	19	27	84	220	304
90 and over	2	7	9	28	150	178
Unknown	—	—	—	—	—	—
	90	173	263	1,005	1,637	2,642

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 459 as compared with 422 at the end of 1958.

Registration of both blind and partially sighted persons is of a voluntary nature. It therefore follows that the above figures do not necessarily represent the actual numbers of such persons in the County.

Every effort is made to ensure that the benefits of registration are known, and many referrals are now received from National Assistance Officers, Almoners, Health Visitors, Welfare Officers, etc.

Before the name of any person is included on the Blind or Partially Sighted Register, medical certificate Form BD8 must be completed by an Ophthalmologist. During the year 446 forms were received—as compared with 469 during 1958. 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	32	35	2	173
(b) Treatment (Medical, Surgical or Optical)	44	18	—	57
* (II) Number of cases at (I) (b) above which on follow-up action have received treatment	17	13	—	26

* Of the number who have not received treatment, 12 have died and 6 have moved from the area. Many recommendations for treatment are qualified by the reservation "when general condition permits."

(ii) HOME TEACHERS FOR THE BLIND.

Two additional Home Teachers were appointed during the year, bringing the total complement to twelve.

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. 18,793 such visits were made this year. 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.

(iii) EDUCATION, TRAINING AND EMPLOYMENT.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. Of the 11 children under school age, 4 are maintained in Sunshine Homes by the County Council, 5 are at home, 1 is in a Home for Physically and Mentally Handicapped Children and 1 is in a convalescent nursery. Of the 57 blind children of school age in the County, 35 attend Schools for the Blind, at Other Schools 1, not at school 3, and 18 are ineducable on account of other defects, 3 being in Mental Hospitals, 9 in Mental Deficiency Institutions and 6 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 6 newly registered persons, all of whom were recommended for industrial rehabilitation and training. He paid 156 visits on "Follow up" and "Service" calls and 114 calls on firms to interest them in the employment of blind persons. In addition, the Training Officer paid 6 calls to investigate the suitability of employment in certain factories and settled in newly employed persons of whom there were 9. There were 2 replacements during the year, 1 of these being a telephonist and 1 on inspection work. The 9 new placements included 4 machine operators and 5 persons carrying out miscellaneous jobs.

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

There are at present 17 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 43 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 298 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.

Other Handicapped Persons.

Towards the end of 1958 the Council approved a scheme for the provision of welfare services for handicapped persons other than the blind, partially sighted and deaf and dumb. The Council implemented the scheme as from the 1st April, 1959, by entering into a formal agreement with the Surrey Voluntary Association for the Care of Cripples, the association exercising the mandatory clauses of the scheme and assuming responsibility for the provision of ancillary services, e.g., handicraft classes, aids for the handicapped, etc. In certain approved cases the Council give financial assistance directly to handicapped persons who need to have their homes adapted so that they may more easily take their place in everyday life.

Under the scheme the Council are responsible for occupational therapy and provide a team of full-time, qualified occupational therapists who are under the direction of a Head Occupational Therapist. (See page 48.)

Financial assistance towards the training and rehabilitation of 2 handicapped persons in Enham-Alamein Village Centre was given during 1959 and grants were made to Dorincourt Estates, Leatherhead, towards the cost of maintaining 8 disabled persons in the sheltered workshops there during the year.

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 1959 was 1,446,000 which includes 214,600 children between the ages of 5-14 years inclusive. In January, 1960 there were 183,583 children on the registers of 670 county and voluntary schools, an increase of 1,869 in the number of children on the school registers compared with January, 1959.

MEDICAL INSPECTION.

(a) MAINTAINED SCHOOLS.

Under the provision of the Education Act, 1944, it is the duty of the local education authority to provide for the medical inspection, at appropriate intervals, of pupils in attendance at any school or county college maintained by them, and the authority may require the parent of any pupil in attendance at such school, to submit the pupil for medical inspection in accordance with the arrangements made by the authority. Although the Act places a legal obligation on the parent to submit the child for examination, the parent is free to refuse treatment, if he so desires.

The arrangements for periodic medical inspection 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)	...	...	...	...	...	...
	(v)	During year in which age 15 is reached	...	...	...	...	...	...	Complete medical examination.
	(vi)	During year prior to leaving school (if more than one year after last routine inspection)	...	...	...	...	...	...

The number of children examined in primary and secondary schools was 68,935 and 36,877 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 68,935 pupils examined at periodic medical inspections 9,003 (or 13.06 per cent.) were found to be in need of treatment for 10,189 diseases and defects. Table IIA shows these diseases and defects from which it will be seen that 4,910 or 48.2 per cent. of them were defects of the nose and throat and of vision and squint. During the year 594 cases of chronic tonsillitis and adenoids were recommended for treatment and 3,446 placed under observation.

There were 18,734 defects found to be in need of treatment in the course of periodic and special inspections in 1959, and 20,597 defects, a proportion of which were found in previous years, were actually treated during the year.

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

During 1959 school medical officers carried out 12,590 special inspections and 15,575 re-inspections of children while 12,323 visits were paid by health visitors to the homes of the children for all purposes. An analysis of these is given on page 67.

(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 1959 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 at the school clinic or at one of the cleansing stations provided by the County District Authorities.

During the year 1959 the health visitors reported 613 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1955-1959 are given below :—

	1955	1956	1957	1958	1959
Number of visits to Schools by nurses for all purposes	13,092	13,192	13,266	11,861	11,165
Cases with nits in the hair	1,267	1,165	1,084	878	642
Cases with lice in the hair	137	116	113	85	117
Cases with verminous bodies	9	5	1	3	2
<i>Exclusions—</i>					
1st Time	190	163	190	179	107
2nd Time	24	13	23	19	23
3rd Time... ..	3	—	6	1	3

Two 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 1959 was 7,309; the corresponding figure in 1958 was 8,291.

(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 1959.	Number of Attendances.	Number of new cases Admitted.	Number of cases Discharged.
Guildford, Stoke Road	5	61	80	22	11
Guildford, Stoughton	6	52	66	22	4
Wimbledon, Pelham Road	12	153	262	28	40
Total	23	266	408	72	55

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 1959.	Number of Attendances.	Number of New Cases admitted.	Number Discharged.
North-Western	321	328	4,323	99	86
Central	433	355	3,307	279	171
North-Central	205	140	1,848	75	84
Southern	489	477	2,936	302	317
South-Eastern	134	190	1,543	129	101
Northern	223	446	3,113	308	310
South-Western... ..	275	240	2,864	178	194
North-Eastern	122	72	597	40	35
Mid-Eastern	571	211	3,236	143	153
Total	2,773	2,459	23,767	1,553	1,451

(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 1959 214 children made 2,435 attendances for artificial sunlight treatment at school clinics.

(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 1959 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. ...	293	180	985	231	55	101	632	2,477
C. ...	54	59	413	125	12	80	631	1,374
N.C. ...	57	146	636	81	14	115	215	1,264
S. ...	874	28	536	104	45	122	351	2,060
S.E. ...	63	30	259	28	13	35	116	544
N. ...	33	31	154	70	6	28	7	329
S.W. ...	106	102	804	197	25	250	397	1,881
N.E. ...	72	120	660	238	18	125	100	1,333
M.E. ...	420	63	350	128	12	42	46	1,061
TOTAL ...	1,972	759	4,797	1,202	200	898	2,495	12,323

B. FIXED APPOINTMENTS.

Division.	Medical Inspection.	General Medical Clinic.	Hygiene.	Eye.	Teaching Sessions.	Other.	Total.
N.W. ...	557	499	458	221	17	306	2,058
C. ...	455	293	221	160	46	110	1,285
N.C. ...	502	359	293	266	26	211	1,657
S. ...	460	401	262	16	1	255	1,395
S.E. ...	270	88	162	159	—	68	747
N. ...	201	243	109	56	—	58	667
S.W. ...	597	228	331	115	—	46	1,317
N.E. ...	576	543	208	87	3	71	1,488
M.E. ...	305	445	172	196	6	86	1,210
TOTAL ...	3,923	3,099	2,216	1,276	99	1,211	11,824

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 1952 and 1953 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 table gives details of the work of the audiometricians during the year 1959.

AUDIOMETRY — 1959.

	NORTH WESTERN		CENTRAL		NORTH CENTRAL		SOUTHERN		SOUTH EASTERN		NORTHERN		SOUTH WESTERN		NORTH EASTERN		MID-EASTERN		GRAND TOTAL.
	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	
(1) No. of children tested	2,666	412	3,078	2,414	134	2,548	2,164	920	2,384	1,998	297	2,295	1,107	157	1,354	660	53	713	17,910
(2) No. of children who failed test in one or both ears and referred to school medical officers	217	128	345	119	48	167	143	74	217	66	70	136	42	20	62	32	18	50	1,395
(3) Result of investigations by Assistant Medical Officers :—																			
(a) No appreciable hearing loss	35	13	48	34	10	44	20	19	39	12	7	19	9	8	17	10	8	18	246
(b) History of otitis media	30	20	50	9	6	15	27	6	33	4	3	7	1	2	3	4	3	7	177
(c) Wax in external auditory meatus	24	18	42	19	7	26	21	7	28	9	6	15	1	—	1	1	1	2	146
(d) Catarrhal conditions, etc.	58	29	87	14	6	20	26	15	41	5	7	12	2	—	2	8	2	10	263
(e) No local cause found for deafness	7	5	12	6	5	11	15	8	23	3	1	4	4	2	6	4	—	4	75
(f) Unhealthy tonsils	31	11	42	17	4	21	12	6	18	3	7	10	2	—	2	3	1	4	125
(g) Mental retardation	—	5	5	—	—	—	3	1	4	—	2	2	1	—	1	—	—	—	13
(h) Miscellaneous causes	4	1	5	4	5	9	17	9	26	6	8	14	2	—	2	1	1	13	97
(i) Untraced or left district	8	2	10	2	—	2	1	—	1	3	7	10	1	—	1	—	—	—	32
(j) Referred to general practitioners or still awaiting appointments	10	5	15	11	4	15	—	—	—	21	20	41	18	5	23	—	10	8	114
(k) Already supplied with hearing aids	1	3	4	3	—	3	—	—	—	—	2	2	1	2	3	1	—	3	21
(l) Investigations remaining to be carried out	9	16	25	—	1	1	1	3	4	—	—	—	—	1	1	1	2	15	86
(4) Children referred to specialists for investigation and treatment	217	128	345	119	48	167	143	74	217	66	70	136	42	20	62	32	18	50	1,395
(5) Special educational treatment recommended in selected cases :—																			
(a) Favourable position in class	1	2	3	3	3	6	2	—	2	2	6	8	5	3	8	14	6	20	216
(b) Hearing aid provided	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Lip reading instruction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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 1959, 1,612 Surrey pupils were attending special schools compared with 1,540 at the end of 1958.

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	5—16
					20 boys	5—10
					20 mixed (day)	
St. Nicholas School, Redhill	...	...	...	...	100 boys	10—16
Carew Manor School, Beddington	...	...	...	...	20 boys (day)	
St. Christopher's School, Mitcham	...	...	...	...	140 mixed	7—16
St. Philip's School, Chessington	...	...	...	...	170 mixed	7—16
Park School, Woking	...	...	...	...	130 mixed	7—16
					120 mixed	7—16
<i>Delicate and Physically handicapped.</i>						
Limpsfield Grange School, Oxted	...	...	...	...	38 mixed	
					girls	5—16
					boys	5—10
Sunnydown School, Guildford	...	...	...	...	40 boys	10—16
Bedelsford School, Kingston-upon-Thames	...	...	...	...	72 mixed	5—16
					(including spastic unit)	
<i>Deaf.</i>						
Portley House School, Caterham	...	...	...	...	40 mixed	7—12
Nutfield Priory School, Redhill	...	...	...	...	80 mixed	12—16
<i>Maladjusted.</i>						
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
North Downs Day Class, Belmont	...	...	...	...	15 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.

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. Philip's (10 children) and Carew Manor (20 children).

Early in 1960 the accommodation for educationally sub-normal pupils at St. Christopher's School, Mitcham, was increased by the provision of three classes, each of twenty pupils, at Eagle House, Mitcham. This brings the total complement of pupils at the school up to 170. The Committee also propose to make use of the Orchard School at Epsom to accommodate up to 50 educationally sub-normal pupils between the ages of 8 and 12 years for a period of between two-and-a-half and three years until the new day special school included in the 1960-62 Major building programme is built at Leatherhead.

The Committee are continuing their endeavours to increase the provision of day classes for maladjusted children of primary school age. In addition, in accordance with proposals previously agreed, it is hoped that it will be possible shortly to provide a small hostel for adolescent maladjusted girls, and a residential school for about 45 maladjusted adolescent boys. Furthermore, as an alternative to a second hostel for maladjusted boys, the Committee have under consideration suitable development of the Starhurst Hostel, so as to provide residential school accommodation for up to 45 boys.

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

Category.	Total Handi- capped Pupils.		Disposal.																				
			Recommended Special School or Hostel.										Recom- mended special education in Ordinary School.	Home Tuition.	Tuition in Hospital or Special Units.	Under Review.							
			In Special School or Hostel.						Parents refuse consent.	On waiting list.	In Ordinary School.	At home or in hospital or in Private School.											
			Pro- vided by Surrey.	Other.		Total.																	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
Blind ...	24	24	—	—	20	18	20	18	—	—	3	—	—	—	—	1	—	—	—	—	—	1	5
Partially sighted ...	32	30	—	—	24	16	24	16	—	1	1	2	4	8	1	—	—	—	1	1	1	2	
Deaf ...	57	49	11	11	43	36	54	47	—	—	1	1	—	1	1	—	—	—	—	—	1	—	
Partially deaf...	83	65	—	—	17	8	17	8	2	1	4	—	44	45	1	—	—	—	13	6	2	5	
Educationally sub-normal	1,148	699	460	304	49	28	509	332	22	32	150	87	348	178	1	6	—	—	99	56	19	8	
Epileptic ...	44	31	—	—	16	5	16	5	—	1	—	—	8	7	1	—	—	—	16	16	3	2	
Maladjusted ...	170	66	58	9	76	39	134	48	4	2	10	2	7	4	2	5	—	—	6	3	7	2	
Physically handicapped	301	263	24	43	73	66	97	109	1	—	5	3	57	35	18	10	30	32	70	52	23	22	
Delicate ...	214	136	46	24	60	23	106	47	10	14	5	1	34	22	2	7	8	9	42	29	7	7	
Speech defect	8	7	—	—	3	2	3	2	—	—	4	1	1	2	—	—	—	—	—	—	—	2	
Totals ...	2,081	1,370	599	391	381	241	980	632	39	51	183	97	503	302	27	29	38	41	247	163	64	55	

During 1959, 40 children were reported to the Mental Health Committee as ineducable and 52 educationally subnormal pupils were recommended for statutory supervision on attaining school leaving age.

Convalescent treatment.

There were 278 children admitted to convalescent homes during the year, an increase on the previous year when the number was 218. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

(a) Child Guidance.

In March 1959 the Ministry of Education published Circular 347 in which the Minister announced he was in general agreement with the recommendations of the Underwood Committee which had earlier been set up to consider and report upon the education and treatment of maladjusted children.

There has been a steady and progressive increase of the Child Guidance Service in Surrey since the war and development has proceeded along the lines indicated in Circular 347. A large number of the recommendations of the Underwood Committee have been carried out or are in the process of being implemented.

One of the important matters with which the circular dealt was the provision of an efficient school psychological service. To assist in the consideration of this matter a Working Party was appointed comprising representatives of the Health and Education departments, teachers and the Child Guidance Service. The Education Committee considered the report of the Working Party towards the end of the year and accepted their recommendation that a school psychological service should be extended and developed within the framework of the existing Child Guidance Service and in line with the Underwood Committee's recommendation. Authority was given for the additional appointments of four educational psychologists and three psychiatric social workers in 1960 and consideration will be given to further appointments at a later date when more qualified staff become available.

CHILD GUIDANCE CLINICS AND AUTHORISED STAFFING ESTABLISHMENT.

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.	Chipstead	Farnham	Godalming	Guildford	Malden	Mitcham	Reigate	Richmond	Sutton	Wimbledon	Woking	Total
No. of cases referred during year ...	22	62	50	113	175	23	109	88	173	124	101	1,040
No. of new cases seen	14	48	42	96	134	17	95	57	120	114	85	822
No. of cases discharged	1	63	38	117	112	3	2	43	113	117	44	653
Analysis :—												
(a) Treatment completed	1	31	15	74	22	—	—	9	59	23	27	261
(b) No treatment required	—	11	7	23	63	1	1	14	44	47	13	224
(c) non co-operation of parents ...	—	5	4	6	8	1	—	6	4	5	3	42
(d) Other arrangements made ...	—	16	12	14	19	1	1	14	6	42	1	126
No. of cases under treatment at end of year	14	17	14	21	33	12	28	22	55	48	40	296
No. of cases under supervision at end of year	5	14	29	86	103	5	186	63	77	162	71	801
No. of cases withdrawn from waiting list during year	7	7	9	12	20	3	4	20	36	12	23	153
No. of cases remaining on waiting list at end of year	1	18	9	33	26	3	28	25	64	9	12	228
No. of interviews by psychiatrists ...	90	438	434	1,514	1,008	72	983	590	1,226	767	1,192	8,263
Analysis :—												
(a) With children for examination	13	75	75	156	204	17	96	118	171	143	121	1,143
(b) With children for treatment ...	70	225	219	905	528	34	448	180	677	474	865	4,620
(c) With parents	2	98	107	336	188	10	395	152	338	128	149	1,903
(d) With others	5	40	33	117	88	11	44	140	40	22	57	597
No. of sessions held :—												
(a) Psychiatrists	40	87	97	306	282	37	240	187	494	301	338	2,409
(b) Educational psychologists ...	32	143	156	331	232	45	132	186	462	285	261	2,265
(c) Psychotherapists	—	36	90	155	90	—	—	96	313	251	—	1,031
(d) Psychiatric social workers ...	—	116	116	704	507	—	30	444	470	505	—	2,892

(b) Speech Defects.

There were 45 Speech Clinics in operation at the end of the year at which a total of 118 treatment sessions were held each week. New clinics were opened during the year at Cheam, Chipstead, Cobham, Horley, Molesey, South Park, Reigate and Weybridge and additional sessions were authorised at Leatherhead clinic. Two new clinics authorised at Banstead and New Haw were opened early in 1960. 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 1,911 individual children treated during the year compared with 1,782 in 1958; these were mainly for stammer, lisp and underdeveloped speech. Of these 314 were discharged as cured, 201 discharged as greatly improved, 129 discharged as showing some improvement and 70 as showing little or no improvement. A table showing the work of the Speech Therapists in 1959 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 1959 :—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	972	34	132	1,138
Enteric fever	—	—	—	—
Measles	8,024	32	193	8,249
Whooping cough	143	10	8	161
German measles	505	6	29	540
Chicken-pox	2,762	11	54	2,827
Mumps	1,167	6	28	1,201
Jaundice	29	—	6	35
Other	927	7,052	27	8,006
Totals	14,529	7,151	477	22,157

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	8	—	8
Impetigo	46	—	46
Scabies	20	—	20
Other	28	—	28
Totals	102	—	102

Tuberculosis in Schools.

During the year 34 schoolchildren and two teachers were notified as suffering from tuberculosis, as a result of which it was decided that special investigations should be carried out at eleven schools (nine 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. Each of these schools were 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 cases where the children concerned were under fifteen years of age.

By the end of the year seven of the investigations were completed, in six of which 1,639 children were Mantoux tested and of these, 194 or 11.8 per cent. were found to be Mantoux positive. In the other completed survey 387 schoolchildren and 28 staff were X-rayed with satisfactory results. In addition, at the seven schools in question a large number of teaching and domestic staff were examined, all of whose X-rays were clear.

The following is a brief account of one sequence of investigations :—

A girl at a Primary school was notified as a case of pulmonary tuberculosis, and the school contacts were investigated. Of 175 children Mantoux tested only 3 gave a positive reaction, but one of these was found to have a notifiable primary pulmonary lesion.

Shortly after the completion of the survey one case of tuberculous meningitis and, subsequently, one case of pulmonary tuberculosis were notified among the pupils of the Secondary school in the same building, and the survey was extended to this part of the school. Of 284 children Mantoux tested only 18 gave a positive reaction, and no further case was discovered. A large number of teaching, clerical, school meals, caretaking and cleaning staff were X-rayed during both phases of the survey, all with satisfactory results.

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 1959 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 1959/60.**Primary Schools.*

The standard of work in Physical Education in Primary Schools is still showing a steady improvement. Teachers are now generally accustomed to the new methods and techniques which were introduced some years ago and are using all types of apparatus to the full. Many more schools are acquiring climbing and agility equipment, thus widening the scope of their work and adding both interest and benefit to it.

The quality of playground surfaces and playing fields continues to improve and far fewer schools are now handicapped in the training of games and athletic skills because of the limitations of their playing areas.

Refresher Courses for teachers of primary-age children have been held in six centres in the County and all have been very well attended.

Courses in Coaching and Umpiring Netball games and in various forms of Dance have also been held. There is evidence of a growing interest in Dance and some interesting experimental work has been carried out with young children in this field.

Secondary Schools.

The staffing position in secondary schools is still extremely serious and little, if any, headway has been made in reducing the number of vacancies for specialist teachers during the year. This shortage of qualified teachers of Physical Education is a national one, Surrey being no worse off than many Authorities and better off than some. At the present rate of teacher training, however, it is unlikely that the shortage will be fully met for several years—possibly ten.

There have been several pleasing developments during the year including—

- (a) the formation of a County Basketball Association ;
- (b) the growth of interest in Camping, Canoeing, Sailing, etc. ;
- and (c) the keenness of schools to take part in the Duke of Edinburgh's Award Scheme.

Several successful courses have been held for specialist teachers of Physical Education :—

1. The Coaching of Athletics :—

- (a) Hurdles, Long and High Jumping.
- (b) Pole Vaulting, Triple Jump.
- (c) Discus, Shot and Javelin throwing.

2. The Coaching of Basketball.

3. Canoeing and Dinghy Sailing.

4. Modern Gymnastics and Skills.

5. National Dancing.

6. Coaching and Umpiring of Netball.

In addition, a course on Boat Crafts and Skills was held for boys in their last term at school.

Swimming.

There has been a growth of interest in the teaching of swimming, and the County's new regulations (lowering the age of children permitted to attend for instruction) are generally appreciated by teachers in all types of schools. Many more schools are using Baths that are open during the winter months and a number of very good Life Saving classes are regularly held.

Seven learners' pools are now completed and in use while several others are planned and should be completed within the current year. The learners' pools have resulted in a great increase in the number of swimmers in the schools using them. Not only have more learned to swim, and often at a much earlier age than was previously possible, but more rapid progress has been made. There is great enthusiasm on the part of both pupils and teachers and much time is given out of school hours to this branch of P.E.

A successful course for teachers leading to the Amateur Swimming Association's Teaching Certificate was held at Sutton Baths in January and February, 1959, and others are planned at Reigate and Guildford.

It is in the teaching of swimming that the most marked improvement has been made this year.

(b) Open Air Education.

(i) **SUMMER CAMP.** The Henley Fort Camp was opened for 14 weeks during the period 13th June to 12th September and during this period no serious illness occurred. The following statistics are given for 1959 together with those for the preceding year :—

	1958 (37th season)	1959 (38th season)
Number of children	442	414
Number of teachers	30	31
Number of schools	9	6
Average cost of food per head per week ...	£1/1/4d.	£1/1/9d.
Number of weeks	17	14

(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, 1959 :—

No. in Attendance.	Total No. of mid-day meals supplied.	No. supplied free of cost.
172,603	110,816	3,243

The total number of pupils, both day and boarding, who were receiving milk free of cost was 144,405 in maintained schools and 39,495 in non-maintained schools.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1959, the Education Committee was responsible for the maintenance and training at residential institutions of five 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.

Of the 4,679 children who were medically examined during the year as to their fitness to take part-time employment only three were found to be unfit. The examinations are undertaken by the school medical officers at the clinic nearest to the homes of the applicants and in all 6,116 examinations and re-examinations were carried out for this purpose.

There were 86 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 THE YEAR 1959.*Staff.*

The dental staff at the 31st December consisted of 31 full-time and two part-time salaried officers and 30 sessionally employed officers who were equivalent to an additional 11.4 whole time officers. This compares with the position at 31st December 1958 when there were 33 full-time and one part-time salaried officer and 32 sessionally employed officers equivalent to an additional 12 full-time officers. Dental officers devote approximately 90 per cent. of the available time to the inspection and treatment of school children and approximately 10 per cent. to the treatment of Expectant and Nursing Mothers and children under five years of age.

Recruitment of full-time officers remains a major difficulty and a Whitley Award had little or no effect in attracting young entrants to the School Dental Service.

The services of sessionally employed dental officers is welcomed but other commitments frequently compel them to reduce or relinquish their sessions. Frequent changes lead to a lack of continuity of treatment by the same officer which is undesirable from the point of view of the patient.

I very much regret to report the death in June of Mr. T. S. Latham, Dental Officer at Farnham Road Clinic, Guildford. The Dental Service has lost an able and experienced officer who will be greatly missed by his patients and colleagues.

Difficulties have been experienced in appointing dental attendants and dental technicians.

Accommodation and Equipment.

During the year under review, three new clinics were opened. At Ham, a prefabricated bungalow was adapted and equipped and opened in October. This clinic serves an area where patients previously had an inconvenient journey to Windham Road Clinic, Richmond. The dental clinic at Green Wrythe Lane, Carshalton, was opened in February. The new clinic at Cobham was opened in May and serves an area where patients previously had to undertake a difficult journey to Leatherhead Clinic. The above clinics were completely equipped with dental units, dental chairs, operating lights and other necessary items of equipment and additionally at Green Wrythe Lane Clinic with X-ray apparatus. The buildings are well designed and the dental suites are self-contained.

The policy of re-equipping and modernising surgeries has continued. In several clinics, old wall-bracket engines and spittoons were replaced by dental units and new dental chairs with child's seat attachments were installed. In recovery rooms individual rinsing bowls replaced rinsing troughs.

Orthodontic Service.

Orthodontic treatment was carried out by one full-time officer and four part-time officers specially engaged for this purpose. Additionally, most dental officers undertake a limited amount of orthodontic treatment either with or without consultation with an orthodontist. Most of the cases were treated by removable appliances (2,303) and in addition 23 fixed appliances were fitted. The duration of a course of orthodontic treatment for a complex case may last two years or more, but there is generally excellent co-operation from the patient and in the vast majority of cases a successful result, both functionally and aesthetically is obtained. 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 fourteen clinics throughout the County.

County Dental Laboratory.

The staff of the laboratory consisted of a Chief Technician assisted by five technicians and one apprentice. Most of the prosthetic work from the Council's clinics is undertaken at the County Laboratory although it is necessary to send a limited amount of work to mechanics to the profession.

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 work for the Priority Service.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns.	Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,289	209	232	33	5	2,422	127	5,317
(2,289)	(491)	(273)	(35)	(6)	(2,422)	(601)	(6,117)

Oral Hygienist.

The duties of the oral hygienist are scaling and polishing of the teeth and education in oral hygiene by means of instruction to individual patients or talks to groups. Through the media of posters, leaflets and models of the jaws and teeth, detailed instruction of the correct technique of tooth brushing is given. Patients are advised of the best foods for promoting strong healthy teeth and gums and of those foods which have a cleaning action on the teeth. The oral hygienist carried out 1,760 scalings and polishing and 105 hours were spent on instruction in oral hygiene.

Dental Inspection and Treatment.

During the year, 150,115 school children were inspected and 11,299 children attended as specials. Most of the schools were visited during the course of the year but owing to the varying staff position throughout the County, some schools were inspected at intervals of nine, ten or eleven months while a few were not inspected for over a year. It was noticeable that many children were receiving treatment from practitioners under the General Dental Service.

Fillings in permanent teeth numbered 72,101 and in temporary teeth 18,336. The number of permanent teeth extracted was 7,613 and temporary teeth 16,141.

Treatment per 100 children treated :—

	1954	1955	1956	1957	1958	1959
Fillings : Permanent Teeth...	153	163	177	171	177	180
Fillings : Temporary Teeth	31	38	41	42	44	55
Extractions : Permanent and Temporary Teeth	103	107	97	93	77	74

From the above table it will be seen that there has been an increase in the number of fillings in both permanent and temporary teeth and a welcome reduction in the number of extractions.

Dental decay is a widespread disease to which the young are particularly prone and its incidence is increasing. Vast sums of money are spent in repairing the damage which the disease causes and it results in the loss of much productive time in the working population. It is probable that it would be greatly reduced by more attention to oral hygiene including brushing the teeth and rinsing the mouth immediately after meals, the avoidance of snacks and sweets between meals, finishing meals with crisp foods such as apples, a correct diet to build strong healthy teeth and regular visits to the dentist.

Conclusion.

I should like to express my thanks to all members of the Dental staff and to the Teaching Staff of the Authority for their co-operation during the year.

Statistical information is given in Table IV.

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)
(1)	(2)				
1955 and later ...	1,413	1,404	99.4	9	0.6
1954 ...	11,559	11,460	99.1	107	0.9
1953 ...	4,380	4,326	98.8	54	1.2
1952 ...	926	909	98.2	17	1.8
1951 ...	14,693	14,561	99.1	132	0.9
1950 ...	1,016	1,006	99.0	10	1.0
1949 ...	549	542	98.7	7	1.3
1948 ...	10,593	10,508	99.2	85	0.8
1947 ...	5,218	5,175	99.2	43	0.8
1946 ...	1,078	1,071	99.4	7	0.6
1945 ...	3,591	3,578	99.6	13	0.4
1944 and earlier ...	13,919	13,862	99.6	57	0.4
TOTAL ...	68,935	68,394	99.2	541	0.8

**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.
1955 and later ...	8	140	136
1954 ...	198	1,000	1,164
1953 ...	101	457	511
1952 ...	34	83	106
1951 ...	561	1,267	1,752
1950 ...	49	119	155
1949 ...	55	65	112
1948 ...	690	926	1,507
1947 ...	378	444	767
1946 ...	116	109	202
1945 ...	261	278	491
1944 and earlier ...	1,184	1,056	2,100
TOTAL ...	3,635	5,944	9,003

C.—OTHER INSPECTIONS.

Number of Special Inspections ...	12,590
Number of re-inspections ...	15,575
Total ...	<u>28,165</u>

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	368,262
(b) Total number of individual pupils found to be infested ...	613
(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	100	342	342	398	450	916	892	1,656
Eyes—								
(a) Vision	279	669	1,268	1,069	2,138	2,275	3,685	4,013
(b) Squint	175	207	61	78	271	409	507	694
(c) Other	32	78	35	131	104	287	171	496
Ears—								
(a) Hearing	41	281	27	133	162	611	230	1,025
(b) Otitis Media	51	470	22	135	61	496	134	1,101
(c) Other	40	164	69	134	100	428	209	726
Nose and Throat	302	2,113	52	294	364	2,646	718	5,053
Speech	149	369	16	60	163	406	328	835
Lymphatic Glands	54	862	6	97	56	924	116	1,883
Heart	12	250	16	171	41	418	69	839
Lungs	74	528	37	188	138	902	249	1,618
Developmental—								
(a) Hernia	27	90	13	22	30	104	70	216
(b) Other	22	329	24	121	83	765	129	1,215
Orthopaedic—								
(a) Posture	80	252	175	446	464	933	719	1,631
(b) Feet	245	656	143	260	462	847	850	1,763
(c) Other	119	597	105	546	309	1,230	533	2,373
Nervous System—								
(a) Epilepsy	14	20	9	15	20	84	43	119
(b) Other	11	85	8	31	28	161	47	277
Psychological—								
(a) Development	10	138	13	53	56	271	79	462
(b) Stability	22	312	6	101	47	620	75	1,033
Abdomen	14	78	3	33	21	183	38	294
Other	59	215	84	270	155	717	298	1,202
Total	1,932	9,105	2,534	4,786	5,723	16,633	10,189	30,524

(T)=Treatment. (O)=Observation.

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections	
	requiring treatment.	requiring observation.
Skin	1,429	121
Eyes—		
(a) Vision	1,681	571
(b) Squint	61	30
(c) Other	213	46
Ears—		
(a) Hearing	337	334
(b) Otitis Media	43	32
(c) Other	160	53
Nose and Throat	755	292
Speech	390	121
Lymphatic Glands	23	59
Heart	12	75
Lungs	117	135
Developmental—		
(a) Hernia	15	13
(b) Other	95	71
Orthopaedic—		
(a) Posture	139	211
(b) Feet	210	133
(c) Other	279	230
Nervous System—		
(a) Epilepsy	15	23
(b) Other	31	41
Psychological—		
(a) Development	267	49
(b) Stability	224	88
Abdomen	69	45
Other	1,980	1,051
Total	8,545	3,824

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	544
Errors of refraction (including squint)	12,079
Total	12,623
Number of pupils for whom spectacles were prescribed	6,813

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... ..	19
(b) for adenoids and chronic tonsillitis	756
(c) for other nose and throat conditions	29
Received other forms of treatment	1,509
Total	2,313
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1959	28
(b) in previous years	136

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	3,369
(b) Pupils treated at school for postural defects	263
Total	3,632

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	—
(b) Body	10
Scabies	20
Impetigo	136
Other skin diseases	1,963
Total	2,129

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	701

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	1,911

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	3,127
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	278
(c) Pupils who received B.C.G. vaccination	13,789
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	44
Abdomen	64
Heart and Circulation	37
Lungs	260
Development	160
Nervous System	139
Total (a) to (d)	17,898

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—	
(a) At periodic inspections	150,115
(b) As specials	11,299
Total (1)	161,414
(2) Number found to require treatment	80,158
(3) Number offered treatment	74,489
(4) Number actually treated	40,004
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	134,387
(6) Half-days devoted to :—	
(a) Periodic (school) inspection	1,587
(b) Treatment	17,503
Total (6)	19,090
(7) Fillings :—	
(a) Permanent teeth	72,101
(b) Temporary teeth	18,336
Total (7)	90,437
(8) Number of teeth filled :—	
(a) Permanent teeth	61,550
(b) Temporary teeth	16,141
Total (8)	77,691
(9) Extractions :—	
(a) Permanent teeth	7,613
(b) Temporary teeth	21,940
Total (9)	29,553
(10) Administration of general anaesthetics for extraction	13,850
(11) Orthodontics :—	
(a) Cases commenced during the year	1,806
(b) Cases carried forward from previous year	3,074
(c) Cases completed during the year	758
(d) Cases discontinued during the year	264
(e) Pupils treated with appliances	2,598
(f) Removable appliances fitted	2,303
(g) Fixed appliances fitted	23
(h) Total attendances	22,961
(12) Number of pupils supplied with artificial teeth	185
(13) Other operations—	
(a) Permanent teeth	23,827
(b) Temporary teeth	8,130
Total (13)	31,957

