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Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1960

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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report for the year 1960, which has been prepared in accordance with Circular 1/61 of the Ministry of Health.

The population of the County continues to increase. The increase in 1960 was estimated by the Registrar-General at 15,180, giving an estimated total population of 1,461,180. Of the increase, 5,445 represents the increase of births over deaths and the remainder was due to movements of the population. This is a slightly greater rate of increase than has obtained during recent years. The county districts showing the largest increase in population were Woking U.D. (2,690) and Frimley and Camberley U.D. (2,080). Some of the boroughs and districts adjacent to London continued to show a slight decline.

The number of live births and the birth rate in 1960 were 21,675 and 14.83 per thousand population, respectively; the number of still births and the still birth rate were 336 and 15.27 per thousand live and still births. The pattern of the previous year has been repeated in a satisfactory manner inasmuch as the former rate has increased and the latter has decreased. The infant mortality rate, which was 17.12 per 1,000 live births, has resumed its favourable trend after the slight lapse last year, and compares very favourably with the rate of 21.7 for England and Wales. Three times as many infant deaths take place in the first month of life as in the ensuing eleven months, and reference was made in my report last year to the importance of "prematurity" as a cause of infant deaths and to the need for skilled care of the mother during her pregnancy and confinement.

Reference is made in the text (p. 21) to the continuing difficulties met with in relation to the discharge of mothers from hospital early in the puerperium. The number of maternity cases discharged to the care of domiciliary midwives before the tenth day in the administrative county has steadily increased from 605 in 1956 to 1,440 in 1960. Not only are these early discharges contrary to the best interests of the patients as constituting a break in continuity of professional and nursing care, but a very heavy burden is thrown on the domiciliary midwifery service. Owing to difficulties of recruitment, it has not been possible to meet this demand in a satisfactory manner. The problem continues to receive the attention of the Professional Advisory Committee on Maternity Services and the Joint Liaison Committee.

References are frequently made at meetings and conferences to the position of child welfare clinics under modern conditions; it is sometimes suggested that they have outlived their value and that all the services required could be given by the general practitioner in his surgery. Whatever opinions may be held about this, there can be no doubt about their popularity with mothers and during the year no fewer than 85.5 per cent of all new born babies in the county attended an infant welfare centre.

The general death rate was a little below the average for recent years. Deaths from coronary heart disease continue to increase. Although this is often thought to be almost exclusively a disease affecting males, in point of fact, deaths among women from this cause were two thirds of those among men. Deaths from malignant disease of the lung remained at a high level, although there was no actual increase in the rate this year. Deaths from violence assume an increasing importance in the preventable causes of death. The steady increase in the volume of road accidents is well recognised, but there is also an increase in the number of deaths from accidents from other causes. The brunt of the latter falls on older people and, to some extent, the increased incidence is probably associated with the ageing population. Increased attention is now being given to measures of health education which will help to prevent accidents of all kinds.

The number of deaths from respiratory tuberculosis continues to decline and the death rate is now half of what it was only five years ago. Four times as many men died from this cause as did women, and there was a particular concentration at ages over 45. From the point of view of prevention of infection, this is a further indication of the particular importance of the investigation of chest symptoms occurring in men in the latter part of life.

There is also a steady annual fall in the number of new cases of pulmonary tuberculosis notified, although the number of new cases of non-pulmonary forms has remained fairly stationary for the past five years. Other forms of the common infectious diseases have not been prominent during the year. In particular, there were only two cases of paralytic poliomyelitis, and no deaths from this cause.

The new Mental Health Act came into force on 1st November, 1960 and the transition into the new legislative procedures was made remarkably smoothly. The formal proposals of the Council for the development of the new services were approved by the Minister of Health without modification. It must be appreciated that these very extensive proposals cover a long term plan and a good deal of patience will be required before they can be fully implemented. A great deal of time and consideration was given during the year to the provision of premises for training and residential purposes, but numerous difficulties were encountered which made progress slower than one would have wished. A disappointing feature is the public opposition which is so frequently encountered to any measures which are directed towards bringing the mentally disordered into closer contact with the community. Time and custom may gradually overcome this. One of the most happy outcomes of the new legislation is the greatly improved co-operation and good will between the psychiatric hospitals and the local health authority. It is appreciated that success in mental welfare can only be achieved if the hospitals and local health authority staffs work as a team, and this is largely being achieved. Particular thanks are due to the hospitals for their very great assistance in arranging

training courses for existing mental welfare officers, for general staff, and, in particular, for the special training of selected health visitors to act as full-time mental social workers.

The ambulance service has satisfactorily met needs which are still increasing owing to hospital development. Good progress has been made over the years in the provision of modern ambulance stations but in some cases the demand is overtaking the provision which has been made. The service has little control over the demands which are made by a large number of people and it is most important that the staffs of hospitals, who are mostly concerned with this matter, should give just as much attention to the ordering of transport as they would to any other medical need of the patient.

One distressing feature of the annual statistics is the increase in venereal disease which Surrey shares with the rest of the country. The figures for gonorrhoea are the highest since 1949 (p. 52). Coupled with the fact that the proportion of illegitimate births is the highest for ten years, there is an indication that there may be a sickness in the community which is more moral than medical. A great deal of emphasis is being currently placed on the need for sex education but knowledge does not always bring virtue and there is a grave danger that unless such instruction is carefully handled and is linked with adequate moral teaching, it may give rise to the very evils it seeks to avert.

A scheme for the provision of chiropody services was approved by the Minister of Health and came into operation during the year (p. 53). Chiropody services for old people were already being provided by over fifty local voluntary associations and, operating through the Surrey Council for Social Service, these services were continued and co-ordinated with financial help from the County Council. In spite of difficulties arising from differences of procedure among so many bodies, a great deal of good work has been done and the county is now fairly well covered with an adequate service. Several points of difference still remain to be worked out with the voluntary associations and the chiropodists but these difficulties are being rapidly resolved. Chiropody services for the other priority groups, i.e. expectant mothers and the handicapped classes, are provided directly by the County Council at the surgeries of individual chiropodists, but the demand from these classes has not been so great as was expected. The need for such extensive chiropody services is a reflection of neglect in the care of the feet at earlier ages, sometimes the result of the dictates of fashion, but often due to a general failure to appreciate the importance of proper fitting footwear of all kinds.

There has been no major departure from the pattern of the school health service as followed in previous years and the health of the school children throughout the County continues to be good.

A total of 68,492 children were examined under the scheme of routine medical inspections compared with 68,935 for the previous year. Of these, 14.25 per cent were found to have defects requiring treatment. In 1959 the corresponding figure was 13.06 per cent. The percentage of children considered to be in an unsatisfactory physical condition was 0.6 per cent compared with 0.8 per cent the year before. They numbered 420.

The main developments during the year were again made in the provision for handicapped pupils. Additional temporary school accommodation for educationally sub-normal pupils was opened at Epsom and the Committee acquired a property at Camberley for use as a residential school for mal-adjusted boys of secondary school age. The school will be opened in 1961.

The development of the school psychological service within the framework of the child guidance service which had been agreed to by the Education Committee at the end of 1959 was continued throughout 1960. Unfortunately difficulties in recruitment of staff, particularly of psychiatric social workers, prevented the fullest benefit being derived from the expansion.

Six new speech clinics were opened during the year and additional sessions were authorised at existing centres throughout the County where the waiting lists were particularly heavy. There has been a steady and increasing demand for this service over the past years as more and more parents and teachers have appreciated the difficulties experienced by a child with a severe speech defect.

The audiological service was extended during the year and the appointment of a third audiometrist meant that more time could be given to special examinations particularly of those children referred for other conditions such as speech defects, congenital cataract and severe myopia, educational retardation, maladjustment, etc. Where deafness is found in entrants or the younger age groups the cause is commonly of an infectious or catarrhal nature and such deafness is often intermittent. It is advisable to keep these children under observation and to have audiometric tests repeated periodically. Audiology clinics were held regularly in each division and to them were referred children requiring diagnosis and help with the many problems associated with deafness. The services of two educational psychologists (one a teacher of the deaf) became available during the year for advising on those children presenting associated problems of deafness, emotional disturbance and educational retardation.

B.C.G. vaccination continues to be available for children between their thirteenth and fourteenth birthdays and has now been expanded to include students attending teachers training colleges, technical colleges, etc.

I should like to draw the attention of members to the report of the Principal School Dental Officer which is given on pages 76, 77 and 78.

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.

No change affecting the area of the Administrative County or the boundaries of the County Districts took place during the year.

Population.

The population of the Administrative County at the 1951 Census was 1,352,639, and the Registrar-General's estimate of the population at mid-year 1960 was 1,461,180, an increase of 15,180 over the comparable figure for mid-year 1959. The population under 1 year is given by the Registrar-General as 20,700, the population 1-4 years as 80,800, and the population 5-14 years 214,400.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1956-1960 is shown in the following table :—

	1956.	1957.	1958.	1959.	1960.
Urban Districts...	1,245,000	1,255,800	1,266,000	1,275,000	1,287,550
Rural Districts ...	160,700	163,700	166,500	171,000	173,630
Administrative County	1,405,700	1,419,500	1,432,500	1,446,000	1,461,180
Increase or decrease over previous year ...	+13,000	+13,800	+13,000	+13,500	+15,180

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 1959 and 1960 :—

DISTRICTS.		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1931.	1951.	1959.	1960.
M.B. and Urban.						
1.	Banstead	12,821	18,734	33,529	39,010	39,250
2.	Barnes	2,517	42,440	40,593	38,880	38,800
3.	Beddington and Wallington	3,045	26,328	32,757	32,250	32,330
4.	Carshalton	3,346	28,586	62,721	60,270	60,430
5.	Caterham and Warlingham	8,233	21,774	31,293	34,820	34,930
6.	Chertsey	9,983	16,988	30,852	38,850	39,720
7.	Coulsdon and Purley	11,143	39,795	63,773	69,320	70,200
8.	Dorking	9,511	15,204	20,252	20,980	21,390
9.	Egham	9,350	17,196	24,690	29,870	30,180
10.	Epsom and Ewell	8,427	35,231	68,055	67,880	68,230
11.	Esher	14,850	32,407	51,432	57,110	57,850
12.	Farnham	9,039	19,005	23,928	25,450	25,810
13.	Frimley and Camberley	7,768	16,532	20,386	26,130	28,210
14.	Godalming	2,393	10,940	14,244	15,850	16,020
15.	Guildford	7,323	34,237	48,048	51,930	52,060
16.	Haslemere	5,751	9,168	12,003	12,190	12,180
17.	Kingston-upon-Thames	1,408	39,825	40,174	38,590	38,630
18.	Leatherhead	11,187	16,483	27,206	34,630	35,570
19.	Malden and Coombe	3,164	23,350	45,566	45,460	45,700
20.	Merton and Morden	3,237	41,227	74,730	70,450	70,220
21.	Mitcham	2,932	56,872	67,269	64,380	64,090
22.	Reigate	10,255	34,547	42,248	50,580	51,230
23.	Richmond	4,109	39,276	41,942	42,330	42,270
24.	Surbiton	4,709	30,178	60,875	63,750	64,100
25.	Sutton and Cheam	4,338	48,363	80,673	79,180	79,860
26.	Walton and Weybridge	9,049	25,671	38,112	43,810	44,510
27.	Wimbledon	3,212	59,515	58,141	57,450	57,460
28.	Woking	15,708	35,987	47,596	63,600	66,290
Total ...		198,808	835,859	1,203,088	1,275,000	1,287,550
Rural.						
1.	Bagshot	16,083	11,080	14,109	15,830	16,060
2.	Dorking and Horley	53,943	18,485	25,832	30,520	31,470
3.	Godstone	52,507	25,866	32,823	37,070	37,940
4.	Guildford	59,643	31,554	44,936	52,980	53,200
5.	Hambledon	68,175	24,926	31,851	34,600	34,960
Total ...		250,351	111,911	149,551	171,000	173,630
Administrative County		449,159	947,770	1,352,639	1,446,000	1,461,180

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, 1960, was £27,539,425, and the estimated produce of a 1d. rate for general County purposes for the year 1960-61 was £112,841.

VITAL STATISTICS.

The principal vital statistics for the year 1960 are summarised below. Additional information is given in the paragraphs which follow

Live births	...	...	...	...	...	21,675
Live birth rate per 1,000 population	...	...	...	...	...	14.83
Still births	...	...	...	...	...	336
Still birth rate per 1,000 live and still births	...	...	...	...	...	15.27
Total live and still births	...	...	...	...	...	22,011
Infant deaths	...	...	...	...	...	371
Infant mortality rate per 1,000 live births...	...	...	...	...	...	17.12
" " " " " legitimate births	...	...	...	...	...	16.69
" " " " " illegitimate births	...	...	...	...	...	26.34
Neo-natal mortality rate (first four weeks) per 1,000 live births	...	...	...	...	...	12.92
Early neo-natal mortality rate (first week) per 1,000 live births	...	...	...	...	...	11.16
Peri-natal mortality rate (still births and deaths under one week)	...	...	...	...	...
per 1,000 live and still births	...	...	...	...	...	26.26
Illegitimate live births per cent of total live births	...	...	...	...	...	4.38
Maternal deaths (including abortion)	...	...	...	...	...	8
Maternal mortality rate per 1,000 total births	...	...	...	...	...	0.36

The following statement compares the County birth and death rates for the year 1960 with the previous year and with the mean of the five years 1955-59.

	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.		
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
1959	14.33	11.47	0.06	2.17	0.24	18.82
Mean of 5 years, 1955-1959	13.78	11.31	0.08	2.10	0.52	18.15
1960	14.83	11.11	0.05	2.11	0.36	17.12
Increase or decrease in 1960 on:						
5 years average	+1.05	-0.20	-0.03	+0.01	-0.16	-1.03
Previous year	+0.50	-0.36	-0.01	-0.06	+0.12	-1.70

1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 21,675, of which 11,031 were males and 10,644 females, as compared with 20,725 in the previous year, showing an increase of 950. The birth rate for the year was 14.83 as compared with 14.33 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 area 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 1960 crude live birth rates is shown below:—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	14.83	14.61	16.47
Adjusted rates	15.13	14.76	17.13

The birth rate for England and Wales for 1960 was 17.1 and for 1959, 16.5.

In addition to the 21,675 live births in Surrey, there were 336 still births and the rate of still births per 1,000 live and still births was 15.27 as compared with an average rate of 17.30 for the quinquennial period 1955-59.

Of the 21,675 live births 949 or 4.38 per cent. were illegitimate, as compared with 827 or 3.99 per cent. in 1959.

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
1960 ...	21,675	14.83	336	15.27	949	4.38

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1960 was 16,230, as compared with 16,581 in the year 1959. The crude death rate for 1960 was 11.11, compared with 11.47 for 1959. The death rate for England and Wales in 1960 was 11.5 compared with 11.6 for 1959.

3. Infant Mortality.

The number of infants under one year who died during 1960 was 371 compared with 390 in 1959. This represents an infant mortality rate of 17.12 per 1,000 live births as compared with a corresponding rate of 18.82 for the year 1959. The comparable figures for England and Wales were 21.7 in 1960 and 22.0 in 1959.

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	5.76
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
1960 ...	21.7	15.6	6.1	17.12	12.92	4.20

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 1960 :—

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...	255	232	487	12.41	13.65	5	10.16	514	13.10	10.87	-27	7	1	1
Barnes...	225	233	458	11.80	11.80	10	21.37	475	12.24	10.28	-17	8	—	4
Beddington and Wallington	198	215	413	12.77	13.54	6	14.32	365	11.29	10.95	+48	4	1	2
Carshalton...	346	345	691	11.43	11.09	18	25.39	544	9.00	11.16	+147	10	1	3
Caterham and Warlingham	293	288	581	16.62	17.28	5	8.53	336	9.61	9.32	+245	8	—	3
Chertsey...	406	401	807	20.32	18.90	13	15.85	394	9.92	12.10	+413	8	1	3
Coulsdon and Purley	570	490	1,060	15.10	16.61	12	11.19	884	12.59	9.06	+176	13	1	6
Dorking...	171	179	350	16.36	17.51	3	8.50	241	11.27	9.80	+109	3	2	1
Egham...	246	210	456	15.11	14.51	11	23.55	321	10.64	10.11	+135	3	1	—
Epsom and Ewell	409	403	812	11.90	14.28	13	15.77	986	14.45	9.97	-174	8	2	1
Esher...	403	439	842	14.55	14.40	17	19.79	594	10.27	10.27	+248	13	3	4
Farnham...	191	214	405	15.69	16.32	7	16.99	411	15.92	10.83	-6	3	1	1
Frimley and Camberley	332	306	638	22.62	21.72	9	13.91	231	8.19	10.24	+407	7	3	—
Godalming...	142	103	245	15.29	15.90	2	8.10	144	8.99	8.36	+101	3	—	1
Guildford...	400	401	801	15.38	14.61	11	13.55	606	11.64	11.17	+195	8	—	4
Haslemere...	81	75	156	12.81	12.68	2	12.66	170	13.96	11.03	-14	1	—	1
Kingston-upon-Thames	290	288	578	14.96	14.51	8	13.65	432	11.18	10.29	+146	5	—	1
Leatherhead...	259	275	534	15.01	14.86	11	20.18	296	8.32	8.57	+238	5	—	—
Malden and Coombe	278	282	560	12.25	12.86	7	12.35	505	11.05	11.38	+55	6	—	4
Merton and Morden	402	409	811	11.55	12.13	11	13.38	749	10.67	12.16	+62	13	1	5
Mitcham...	470	483	953	14.87	14.42	18	18.54	599	9.35	11.13	+354	13	5	3
Reigate...	421	372	793	15.48	15.63	14	17.35	660	12.88	10.30	+133	6	2	7
Richmond...	312	319	631	14.93	13.88	4	6.30	564	13.34	9.60	-67	5	—	1
Surbiton...	440	481	921	14.37	14.37	13	13.92	675	10.53	11.16	+246	12	1	3
Sutton and Cheam	565	518	1,083	13.56	13.97	20	18.13	900	11.27	10.82	+183	12	2	1
Walton and Weybridge	382	317	699	15.70	15.23	14	19.64	484	10.87	10.65	+215	8	3	3
Wimbledon...	456	429	885	15.40	14.78	14	15.57	668	11.63	9.89	+217	12	2	3
Woking...	611	554	1,165	17.57	17.04	15	12.71	711	10.73	9.87	+454	14	—	2
Total...	9,554	9,261	18,815	14.61	14.76	293	15.33	14,459	11.23	10.56	+4,356	218	33	68
Rural														
Bagshot...	138	129	267	16.62	16.95	6	21.98	151	9.40	9.21	+116	2	—	—
Dorking and Horley	321	283	604	19.19	19.19	9	14.68	263	8.36	8.86	+341	5	1	3
Godstone...	337	303	640	16.87	18.22	10	15.38	423	11.15	9.59	+217	7	1	4
Guildford...	443	453	896	16.84	17.68	14	15.38	565	10.62	11.15	+331	6	1	14
Hambledon...	238	215	453	12.96	13.48	4	8.75	369	10.55	9.50	+84	4	2	2
Total...	1,477	1,383	2,860	16.47	17.13	43	14.81	1,771	10.20	10.00	+1,089	24	5	23
Administrative County	11,031	10,644	21,675	14.83	15.13	336	15.27	16,230	11.11	10.88	+5,445	242	38	91

* 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 16.95 and 18.18 : the neo-natal mortality rates for the urban and the rural districts respectively were 13.34 and 10.14.

4. Maternal Mortality.

In 1960 8 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.36 per thousand live and still births. The corresponding figures for England and Wales in 1960 were 311 and 0.39: and for Surrey in 1959 were 5 and 0.24.

5. Causes of Death.

The grouped causes of death arranged in order of frequency in 1960 in the County were as follows:—

	Deaths	Percentage of Total Deaths
Diseases of the heart	5,438	33.50
Malignant disease	3,085	19.01
Vascular lesions of the central nervous system	2,176	13.41
Bronchitis, pneumonia and other diseases of respiratory system... ..	1,611	9.93
Other circulatory diseases	885	5.45
Violent causes	731	4.51
Digestive diseases	236	1.45
Congenital malformations	140	0.86
Nephritis and Nephrosis	99	0.61
Leukaemia, Aleukaemia	97	0.60
Diabetes	96	0.59
Hyperplasia of prostate	83	0.51
Tuberculosis (all forms)	79	0.49
All other causes	1,474	9.08
	16,230	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 1960, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table:—

DISTRICTS.	Heart and Vascular Disease.						Malignant Disease.						Violence													
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Pulmonary Tuberculosis.		Respiratory diseases (Non-Tuberculous).		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant lymphatic neoplasms.			
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000		
M.B. and Urban.																										
Barnet	71	1.81	84	2.14	11	0.28	68	1.73	38	0.97	5	0.13	55	1.40	11	0.28	22	0.56	6	0.15	4	0.10	47	1.20	29	0.74
Barnet	62	1.60	96	2.47	6	0.15	54	1.39	39	1.01	1	0.03	51	1.31	13	0.34	17	0.49	6	0.15	1	0.03	53	1.37	18	0.46
Barnet and Wallington	58	1.79	65	2.01	7	0.22	51	1.58	17	0.53	3	0.06	48	1.48	10	0.23	17	0.53	8	0.25	3	0.09	36	1.11	7	0.22
Catsham	59	0.98	83	1.37	12	0.20	84	1.39	26	0.43	4	0.07	55	0.91	20	0.33	28	0.46	10	0.17	5	0.08	56	0.93	23	0.38
Catsham and Wallington	37	1.06	56	1.60	3	0.09	72	2.06	7	0.20	2	0.06	45	1.29	3	0.09	14	0.40	9	0.26	3	0.09	29	0.83	13	0.37
Catsham	52	1.31	68	1.71	2	0.05	57	1.44	22	0.55	2	0.05	39	0.98	7	0.18	18	0.45	5	0.13	3	0.08	39	0.98	23	0.58
Catsham and Purley	129	1.84	141	2.01	34	0.48	118	1.68	52	0.74	2	0.03	134	1.91	13	0.19	24	0.34	14	0.20	6	0.09	73	1.04	33	0.47
Catsham	30	1.40	48	2.24	3	0.14	46	2.15	9	0.42	2	0.09	16	0.75	7	0.33	7	0.33	2	0.09	2	0.09	25	1.17	12	0.56
Catsham	41	1.36	62	2.05	5	0.17	42	1.39	17	0.50	1	0.03	26	0.86	5	0.17	16	0.53	6	0.20	2	0.07	34	1.13	14	0.46
Catsham and Ewell	103	1.51	168	2.46	14	0.21	183	2.68	63	0.92	—	—	108	1.58	24	0.35	33	0.48	18	0.26	14	0.21	70	1.03	41	0.60
Catsham	90	1.56	96	1.66	5	0.09	97	1.68	41	0.71	5	0.09	34	0.59	12	0.21	37	0.64	7	0.12	1	0.02	62	1.07	25	0.43
Catsham	78	3.02	53	2.05	4	0.15	60	2.32	19	0.74	1	0.04	39	1.51	6	0.23	18	0.70	5	0.19	7	0.27	38	1.47	18	0.70
Catsham and Camberley	32	1.13	43	1.52	8	0.28	30	1.06	11	0.39	—	—	13	0.46	6	0.21	7	0.25	8	0.28	2	0.07	19	0.67	17	0.60
Catsham and Godalming	26	1.62	32	2.00	2	0.12	17	1.06	4	0.25	5	0.10	17	1.06	4	0.25	2	0.12	2	0.12	3	0.19	16	1.00	8	0.50
Catsham	88	1.69	112	2.15	11	0.21	76	1.46	30	0.58	—	—	58	1.11	6	0.12	27	0.52	11	0.21	1	0.02	53	1.02	34	0.65
Catsham	24	1.97	23	1.89	4	0.33	24	1.97	10	0.82	1	0.08	20	1.64	8	0.66	7	0.57	3	0.25	—	—	20	1.64	4	0.33
Catsham	53	1.37	89	2.30	9	0.23	47	1.22	25	0.65	3	0.08	43	1.11	5	0.13	23	0.60	11	0.28	1	0.03	58	1.59	20	0.52
Catsham	44	1.24	49	1.38	4	0.11	32	0.90	23	0.65	2	0.06	19	0.53	2	0.06	19	0.53	3	0.08	4	0.11	43	1.21	17	0.48
Catsham	72	1.58	93	2.03	14	0.31	52	1.14	33	0.60	3	0.07	46	1.01	7	0.15	30	0.66	13	0.28	3	0.07	62	1.36	20	0.44
Catsham	81	1.15	105	2.39	14	0.20	77	1.10	35	0.50	2	0.05	89	1.27	22	0.31	32	0.46	12	0.17	5	0.07	82	1.17	37	0.53
Catsham	74	1.15	125	1.95	11	0.17	45	0.70	31	0.48	3	0.05	59	0.92	16	0.25	36	0.56	19	0.30	4	0.06	61	0.95	24	0.37
Catsham	98	1.91	131	2.56	16	0.31	95	1.35	23	0.45	2	0.04	46	0.90	17	0.28	37	0.53	10	0.20	2	0.04	60	1.17	29	0.57
Catsham	74	1.75	105	2.48	6	0.14	41	0.97	32	0.76	3	0.07	61	1.44	12	0.28	27	0.58	12	0.33	4	0.09	54	1.28	24	0.57
Catsham	87	1.36	128	2.00	9	0.14	70	0.99	42	0.66	3	0.05	62	0.97	15	0.23	35	0.55	15	0.23	4	0.06	65	1.01	44	0.69
Catsham and Chesham	128	1.60	157	1.97	12	0.15	148	1.85	57	0.71	2	0.03	83	1.04	21	0.26	38	0.48	14	0.18	10	0.13	77	0.96	33	0.41
Catsham	70	1.57	93	2.09	8	0.18	56	1.26	29	0.65	5	0.11	37	0.83	14	0.31	19	0.43	6	0.13	7	0.16	49	1.10	18	0.49
Catsham and Weybridge	93	1.62	125	2.18	7	0.12	59	1.03	29	0.50	2	0.03	79	1.37	25	0.44	34	0.59	19	0.33	5	0.09	80	1.39	26	0.45
Catsham	88	1.33	99	1.49	20	0.30	160	2.41	45	0.68	2	0.03	52	0.78	14	0.21	25	0.38	10	0.15	11	0.17	70	1.06	24	0.36
Catsham	1,942	1.51	2,592	2.01	261	0.20	1,961	1.53	799	0.62	66	0.05	1,434	1.11	315	0.24	651	0.51	266	0.21	117	0.09	1,431	1.11	635	0.49
Rural.																										
Bagshot	23	1.43	34	2.12	5	0.12	22	1.37	2	0.12	1	0.06	11	0.68	2	0.12	10	0.62	3	0.19	—	—	12	0.75	5	0.31
Catsham and Horley	34	1.08	51	1.62	12	0.38	27	0.96	13	0.41	1	0.03	23	0.78	9	0.29	8	0.25	6	0.19	2	0.06	28	0.89	12	0.38
Catsham	51	1.34	80	2.11	15	0.40	40	1.05	24	0.63	—	—	57	1.50	9	0.24	15	0.40	5	0.13	1	0.03	40	1.05	26	0.69
Catsham	69	1.30	92	1.73	15	0.28	91	1.71	29	0.55	1	0.02	63	1.18	8	0.15	22	0.41	13	0.24	1	0.02	52	0.98	30	0.56
Catsham	57	1.63	66	1.89	8	0.23	69	1.97	18	0.51	3	0.09	23	0.66	8	0.23	14	0.40	7	0.20	5	0.14	25	0.72	23	0.66
Catsham	234	1.35	323	1.86	52	0.30	249	1.43	86	0.49	6	0.03	177	1.02	36	0.21	69	0.40	34	0.20	9	0.05	157	0.90	96	0.55
Administrative County 1960	2,176	1.49	2,915	1.99	313	0.21	2,210	1.51	885	0.61	72	0.05	1,611	1.10	351	0.24	720	0.49	300	0.21	126	0.09	1,588	1.09	731	0.50
Percentage of Total Deaths in 1960	13.41 (13.10)	17.96 (16.27)	1.93 (1.89)	13.62 (13.28)	5.45 (4.89)	0.45 (0.51)	9.93 (11.34)	4.44 (4.43)	1.85 (2.15)	0.78 (0.68)	9.78 (9.40)	4.5 (3.89)														

The figures shown in brackets relate to the year 1959.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1960.

The causes of all deaths during 1960 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.	6,958	185	38	36	80	251	1,959	1,859	2,550		905	27	2	8	13	29	229	216	381	
	F.	7,501	134	18	40	28	195	1,255	1,603	4,228		866	25	3	2	4	14	129	182	507	
1. Tuberculosis, Respiratory ...	M.	53	—	—	—	1	3	23	18	8		6	—	—	—	—	—	4	2	—	
	F.	13	—	1	—	—	1	5	2	4		—	—	—	—	—	—	—	—	—	
2. Tuberculosis, Other...	M.	2	—	—	—	—	1	1	—	—		—	—	—	—	—	—	—	—	—	
	F.	4	—	—	1	—	—	—	2	1		1	—	—	—	—	—	—	—	1	
3. Syphilitic Disease	M.	29	—	—	—	—	3	7	11	8		2	—	—	—	—	—	1	1	—	
	F.	21	—	—	—	—	—	3	12	6		—	—	—	—	—	—	—	—	—	
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—		1	1	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis...	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
8. Measles	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases	M.	14	1	—	1	—	2	6	1	3		1	—	—	—	—	—	1	—	—	
	F.	14	—	—	1	—	3	5	3	2		1	—	—	—	—	—	—	1	—	
10. Malignant Neoplasm, Stomach	M.	175	—	—	—	—	3	54	57	61		20	—	—	—	—	2	4	3	11	
	F.	140	—	—	—	—	5	30	32	73		16	—	—	—	—	1	3	7	5	
11. Malignant Neoplasm, Lung, Bronchus	M.	547	—	—	—	—	12	277	182	76		59	—	—	—	—	—	33	16	10	
	F.	104	—	—	—	—	3	42	36	23		10	—	—	—	—	—	5	2	3	
12. Malignant Neoplasm, Breast	M.	5	—	—	—	—	—	—	2	3		—	—	—	—	—	—	—	—	—	
	F.	261	—	—	—	1	17	126	60	57		34	—	—	—	—	2	16	5	11	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	117	—	—	—	—	7	51	33	26		9	—	—	—	—	—	3	4	2	
14. Other Malignant and Lymphatic Neoplasms	M.	744	—	2	1	4	36	262	200	239		83	—	—	1	1	3	26	24	28	
	F.	687	1	—	3	1	39	251	170	222		74	—	—	1	—	5	15	28	25	
15. Leukæmia, Aleukæmia ...	M.	45	—	3	4	1	12	9	7	9		4	—	—	1	—	—	—	1	2	
	F.	41	—	—	3	1	2	13	8	14		7	—	1	1	—	—	2	1	2	
16. Diabetes	M.	33	—	—	—	—	3	9	9	12		6	—	—	—	—	—	—	3	3	
	F.	53	—	1	—	—	1	7	18	26		4	—	—	—	—	—	—	2	2	
17. Vascular Lesions of Nervous System	M.	699	—	—	2	1	16	146	211	323		96	—	—	—	—	2	22	24	48	
	F.	1,243	—	—	1	1	14	150	280	797		138	—	—	—	—	1	16	31	90	
18. Coronary Disease, Angina...	M.	1,556	—	—	—	1	31	572	502	450		206	—	—	—	—	5	70	54	77	
	F.	1,036	—	—	—	—	3	139	313	581		117	—	—	—	—	—	18	33	66	
19. Hypertension with Heart Disease	M.	89	—	—	—	—	—	15	31	43		22	—	—	—	—	—	6	6	10	
	F.	172	—	—	—	—	—	10	50	112		30	—	—	—	—	—	5	9	16	
20. Other Heart Disease ...	M.	675	—	—	1	1	6	97	133	437		96	—	—	—	—	—	2	18	76	
	F.	1,286	—	—	1	1	15	105	173	991		153	—	—	—	—	2	10	17	124	
21. Other Circulatory Disease ...	M.	348	—	—	—	1	4	71	97	175		34	—	—	—	—	—	4	7	23	
	F.	451	—	—	—	1	8	56	73	313		52	—	—	—	1	—	2	6	43	
22. Influenza	M.	11	—	—	—	—	4	1	2	4		1	—	—	—	—	—	1	—	—	
	F.	15	—	—	1	—	—	3	4	7		1	—	—	—	—	—	—	—	1	

Continued overleaf

The causes of all deaths during 1960 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

[illegible]

7. Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1960, giving the number of cases of each disease notified and the attack rate :—

Disease.	1960	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	—	—
Post infectious	2	0.001
Acute pneumonia	331	0.23
Acute poliomyelitis—		
Paralytic	2	0.001
Non-Paralytic	2	0.001
Diphtheria	—	—
Dysentery	862	0.59
Enteric or Typhoid Fever	3	0.002
Erysipelas	107	0.07
Food poisoning	185	0.13
Measles, excluding Rubella	1,401	0.96
Meningococcal Infections	11	0.008
*Ophthalmia neonatorum	3	0.14
Paratyphoid fevers	8	0.005
†Puerperal Pyrexia	424	19.26
Scarlet Fever	1,096	0.75
Tuberculosis—Pulmonary	442	0.32
Non-pulmonary	70	0.05
Whooping cough	1,389	0.95

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

A case of typhoid fever occurred in a child aged 2 years 9 months. The only association with infection that could be discovered was in the person of the child's grandmother who was employed in a bacteriological institute. Although she had received four courses of T.A.B. injections over a period of 20 years, and although she was symptom free, she was found to be excreting *S. typhi* of the same type (Vi phage type E.1) as that which gave rise to illness in the child. The child responded well to treatment and has fully recovered.

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

Measles	— (7)
Whooping Cough	1 (—)
Diphtheria	— (—)
Influenza	28 (403)
Meningococcal infections	— (5)
Acute Poliomyelitis	— (2)

The figures in brackets relate to the year 1959.

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1960 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 442 cases of pulmonary tuberculosis and 70 cases of non-pulmonary tuberculosis during the year.

The notifications and the case rates for pulmonary tuberculosis and for other forms of tuberculosis in 1960 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
1960	442	0.30	70	0.05

The steady fall in the case rate of pulmonary tuberculosis per thousand population continues and the case rate in each consecutive year since 1954 has constituted a new low record since tuberculosis became notifiable in 1912. The new low record for 1960 is 0.30 cases per 1,000 population as compared with 0.40 in 1959. The total number of notifications of pulmonary tuberculosis decreased by 138 in comparison with the 1959 figures. The number of patients on the registers who had had a positive sputum within the last six months of 1960 was 154, a reduction of 13 compared with the previous year.

The case rate of non-pulmonary tuberculosis for 1960 rose very slightly from 0.04 in 1959 to 0.05. There was an increase of 13 in the number of notifications of non-pulmonary tuberculosis in comparison with the 1959 figure.

The case rates for Surrey, compared with those for England and Wales in 1960 were as follows :—

	Surrey.	England and Wales.
Pulmonary Tuberculosis	0.30 per 1,000	0.47 per 1,000
Non-Pulmonary Tuberculosis	0.05 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 were as follows :—

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year	2	1	—	—	3
One and under 2 years	1	3	—	—	4
2 " " 5 " "	—	5	—	—	5
5 " " 10 " "	3	5	1	1	10
10 " " 15 " "	3	4	2	2	11
15 " " 20 " "	9	10	1	3	23
20 " " 25 " "	26	18	4	2	50
25 " " 35 " "	45	44	5	17	111
35 " " 45 " "	40	21	7	4	72
45 " " 55 " "	55	21	3	5	84
55 " " 65 " "	66	7	1	4	78
65 " " 75 " "	34	6	—	4	44
75 and upwards	5	8	3	1	17
Totals	289	153	27	43	512
1959	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

(b) DEATHS.

The numbers of deaths and the death rates for pulmonary tuberculosis and other forms of tuberculosis in 1960 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	109	0.07	19	0.01
1959	85	0.06	17	0.01
1960	72	0.05	7	0.005

The 1960 death rate for pulmonary tuberculosis and the non-pulmonary death rate for the year were the lowest on record.

Provisional death rates for England and Wales in 1960 were as follows :—

Pulmonary tuberculosis	0.068 per 1,000
Non-Pulmonary tuberculosis	0.007 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 11 and tables showing the causes of all deaths in 1960, classified in age groups for the aggregate of urban districts and for the aggregate of rural districts will be found on pages 12 and 13.

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 1960 some 207 tuberculous patients (of whom 186 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)	72	7	79
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	52	2	54
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	72	2	74
	<u>196</u>	<u>11</u>	<u>207</u>

There were 29 deaths of unnotified cases of tuberculosis in 1960 as follows :—

<i>In Hospitals.</i>	<i>At Home, etc.</i>	<i>Total.</i>
15	14	29

This compares favourably with the previous year's total (54) and that of 1958 (60).

(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, 1960, were as follows :—

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>
Males	5,215	439
Females	3,827	621
Totals	9,042	1,060
Grand Total	10,102	

The total of 10,102 is a decrease of 600 as compared with the figure (10,702) for 1959. The number of pulmonary cases has fallen by 555 and the non-pulmonary figure has decreased by 45. The corresponding total for 1958 was 11,527.

During 1960, 514 cases were transferred in from outside the County and 552 cases were transferred out. The names of 888 patients were removed from the Register on the grounds of recovery.

The total of 8,004 cases on chest clinic registers for 1960, as set against 10,102 on the District Medical Officers' registers, represents a difference of 2,098. 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.
Ewell Court, Ewell	Welfare Centre/School Clinic	July, 1961.
Earlswood Mount, Redhill	Ambulance Control Station	June, 1961.
Bordesley Road, Morden	Training Centre	May, 1961.

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

Project.	Purpose.	Present Position.
1960-61 CAPITAL BUILDING PROGRAMME.		
Stafford Road, Caterham	Welfare Centre/School Clinic	Tender accepted and building work in progress.
Acre Road/Cross Road, Kingston	Welfare Centre/School Clinic/Dental Laboratory	Tender accepted and building work commencing.
The Forum, West Molesey	Welfare Centre/School Clinic	Loan consent granted by Minister of Housing and Local Government. Tenders being invited.
Shotfield Road/Stamley Park Road, Wallington	Welfare Centre/School Clinic	Loan consent granted by Minister of Housing and Local Government. Site being purchased.
Slade Road, Ottershaw	House for district nurse/midwife	Loan sanction granted by Minister of Housing and Local Government and building work in progress.
Woodham Lane, New Haw	Three flats for district nurses/midwives	Loan sanction granted by Minister of Housing and Local Government and building work in progress.
1961-62 CAPITAL BUILDING PROGRAMME.		
Bury Fields, Guildford	Welfare Centre/School Clinic	Site being purchased. Sketch plans and estimates submitted to Minister of Education.
Victoria Road, Horley	Welfare Centre / School Clinic / two flats for nurses	Approved in principle by Minister of Health. Sketch plans and estimates being prepared. Site appropriated.
Manor Drive, Malden	Welfare Centre/School Clinic	Approved in principle by Minister of Health. Sketch plans and estimates being prepared. Site purchased.
Church Street, Epsom	Welfare Centre/School Clinic and Ambulance Sub-Station	Approved in principle by Minister of Health. Site acquired and sketch plans and estimates being prepared.
Gresham Road, Oxted	Welfare Centre/School Clinic	Approved in principle by Minister of Health. Negotiating for a site.
Kings Road, Richmond	To improve and enlarge existing Welfare Centre/Divisional Office	Approved in principle by Minister of Health.
Gatwick Airport	Ambulance Sub-Station	Approved in principle by Minister of Health. Site acquired. Sketch plans and estimate being prepared.
Merton	Ambulance Sub-Station	Approved in principle by Minister of Health. Site acquired and sketch plans and estimate being prepared.
Tolworth	Ambulance Sub-Station	Approved in principle by Minister of Health and site allocated.
Site at St. Lawrence's Hospital, Caterham	All age Training Centre for Sub-normals	Approved in principle by Ministry of Health. Loan sanction applied for.
Site at Cassel Hospital, Ham	All age Training Centre for Sub-normals	Site obtained. Scheme and estimate being prepared.
Site at Walton-on-Thames	All age Training Centre for Sub-normals	Site obtained. Scheme and estimate being prepared.
75, Woodcote Road, Wallington	Hostel for Mentally Ill Persons	House has been purchased. Loan sanction applied for in respect of adaptations, equipment, etc.
95, Brighton Road, Sutton	Hostel for Adult Male Sub-normals	Awaiting result of Public Inquiry.
Ardquin, Hazel Grove, Hindhead	Hostel for Sub-normal Children	Approved in principle by Ministry of Health. Local planning opposition has to be overcome.
Dorincourt, Woodham Rise, Horsell, Woking	Extension of provision for care of unmarried mothers and their babies	Approved in principle by Ministry of Health. Sketch plans and estimates being prepared.

Project.	Purpose.	Present Position.
1962-63 CAPITAL BUILDING PROGRAMME.		
Tattenham Crescent, Banstead ...	Welfare Centre/School Clinic ...	Approved in principle by Minister of Health. Site purchased.
Sanderstead ...	Welfare Centre/School Clinic ...	Approved in principle by Minister of Health. Sites under consideration.
Old Dean Common Estate, Camberley	Welfare Centre/School Clinic ...	Approved in principle by Minister of Health. Site earmarked.
Worlingham—Sanderstead ...	Ambulance Sub-Station ...	Approved in principle by Minister of Health. Site being sought.
Blindley Heath ...	Ambulance Sub-Station ...	Approved in principle by Minister of Health. Site acquired.
Woking ...	Ambulance Sub-Station ...	Approved in principle by Minister of Health. Development of existing site.
Richmond ...	Ambulance Sub-Station ...	Site acquired.

Prevention of the Break-up of Families.

During the year Divisional Medical Officers held 97 Co-ordinating Conferences at which 870 families were considered. Many families were, of course, discussed at more than one conference. At the end of 1960, 313 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 ...	77	12	14	103
Improving ...	38	25	8	71
Improvement thought possible but not yet evident ...	49	24	13	86
Deteriorating ...	36	9	8	53
Number of families on registers 31.12.60 ...	200	70	43	313
Families removed from divisional registers during 1960:—				
(a) Problems resolved ...	72	28	19	119
(b) Other reasons ...	28	8	6	42

These 313 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 607 families which have not been considered by a Co-ordinating Conference.

REHOUSING.

In about 12 per cent. of the families dealt with it was felt that their problems would be largely overcome if they were suitably rehoused and 31 families were in fact rehoused.

SPECIAL HOME HELPS.

During each quarter of 1960, problem families received the services of special home helps amounting in all to 5,015 hours. In addition, 4,275 hours of service were given to other problem families by ordinary home helps. The average number of families who were helped in this way was about 16 each quarter.

At the end of the year 32 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 continued to expand in 1960 and early in the year the establishment of 17½ social workers was completed.

The Family Discussion Bureau continued to hold their weekly sessions at which cases giving special difficulty are discussed by the social workers and the bureau's instructors. In May, 1960, the Deputy Care Organiser was seconded to the Bureau for three days a week for 45 weeks for an intensive course of training. A locum social worker was appointed to cover the Deputy Care Organiser's absence during this period.

TRAINING HOMES.

Eleven problem families were sent for training to Frimhurst Recuperative Home at Frimley and one family was sent to Crowley House, Birmingham.

Recuperative holidays were arranged for two families at Frimhurst and for two families at Lennox House, Southsea.

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.

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. The arrangements whereby general practitioners and local authority medical officers are on call were continued during the year and the Dorking and Horley Rural District Council acted as the Council's agents in providing facilities for disinfection, disinsecting and destruction of rodents: bacteriological investigations were carried out by the Public Health Laboratory at Guildford and Colindale, and vaccination against cholera and smallpox are 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 1960 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT				and normally resident outside County of Surrey.				Number born elsewhere in Administrative County but normally resident within the County District.				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.		Number born elsewhere in 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.								
M.B. and Urban.																	
Banstead	195	—	1	1	—	—	2	—	—	272	—	2	—	7	25	492	
Barnes	147	—	—	1	—	—	3	—	—	144	—	—	—	7	187	468	
Beddington and Wallington	106	—	—	1	—	—	—	—	1	282	—	—	—	4	22	419	
Carshalton	168	—	459	2	—	1,708	—	—	—	64	—	—	—	—	13	709	
Caterham and Warlingham	225	—	—	—	—	—	—	—	—	218	—	—	—	7	99	586	
Chertsey	297	—	—	—	—	—	—	—	—	493	—	—	—	1	40	820	
Coulsdon and Purley	378	—	—	—	—	—	—	—	—	283	—	—	—	4	379	1,072	
Dorking	67	65	185	—	80	—	1	7	—	49	—	2	—	2	8	353	
Egham	149	—	—	1	—	—	—	—	—	39	—	2	—	8	79	467	
Epsom and Ewell	237	—	501	1	—	847	1	—	—	402	—	34	—	2	30	825	
Esher	234	—	—	—	—	—	1	—	—	18	—	10	—	8	171	859	
Farnham	105	—	182	—	—	87	—	—	—	82	—	3	—	—	76	412	
Frimley and Camberley	114	—	176	—	—	—	—	—	—	75	—	4	—	2	255	647	
Godalming	48	—	—	—	—	—	—	—	—	14	—	14	—	1	1	247	
Guildford	159	42	598	—	186	—	—	27	—	8	—	—	—	—	11	812	
Haslemere	20	—	106	—	—	59	—	—	—	10	—	4	—	—	7	158	
Kingston-upon-Thames	133	—	384	2	—	1,470	—	—	—	20	—	2	—	2	54	586	
Leatherhead	182	—	—	2	—	—	—	—	—	294	—	50	—	3	7	545	
Malden and Coombe	165	—	—	—	—	—	—	—	—	366	—	—	—	13	60	567	
Merton and Morden	157	—	192	—	—	518	2	—	—	451	—	—	—	—	29	822	
Mitcham	264	—	—	—	—	—	3	—	—	615	—	—	—	1	89	971	
Reigate	183	—	600	1	—	1,020	—	—	—	18	—	3	—	3	10	807	
Richmond	175	—	—	1	—	—	1	—	—	304	—	—	—	7	132	635	
Surbiton	293	—	—	—	—	—	—	—	—	569	—	2	—	4	58	934	
Sutton and Cheam	275	—	255	2	—	160	—	—	—	565	—	—	—	—	22	1,103	
Walton and Weybridge	199	21	305	1	19	42	—	—	—	171	—	8	—	—	28	713	
Wimbledon	131	176	—	—	131	—	—	804	—	503	—	—	—	14	101	899	
Woking	440	—	623	1	—	765	—	—	—	78	—	29	—	—	52	1,180	
Rural.																	
Bagshot	74	—	115	—	—	242	—	—	—	82	—	6	—	4	15	273	
Dorking and Horley	178	—	—	—	—	—	—	—	—	356	—	4	—	1	18	613	
Godstone	237	—	—	1	50	—	—	11	—	275	—	20	—	2	55	650	
Guildford	245	—	—	—	—	—	—	—	3	471	—	66	—	1	133	1,010	
Hambleton	88	—	—	—	—	—	—	—	—	289	—	23	—	—	13	457	
Totals	6,068	304	4,682	20	466	7,231	17	849	1,689	22	301	40	154	2,279	22,011		

The percentage of confinements taking place in hospitals was 66.8, in private nursing homes 4.4, and at home 28.8.

The following table shows in summary the comparable figures to those given in the previous table over the past twelve 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
1960	6,128	924	14,192	22,011

From this table it is apparent that the main burden of the increased number of births in recent years has fallen on the domiciliary midwifery service; thus, taking as the base line the year 1952 which yielded the smallest number of births and the lowest number of home confinements since the end of the war, the increase in the number of home confinements has been 59.2 per cent and of hospital confinements 18.8 per cent. Unfortunately this is not the whole picture: as the number of hospital beds available for maternity cases in the County has not substantially increased over that period, the only way in which the increased demand could be met has been by early discharge of maternity patients and over the past five years, the number of early discharges in the nine Divisions in the County has been as follows :—

Division.	1956	1957	1958	1959	1960
North-Western ...	90	114	114	158	199
Central ...	44	57	67	97	102
North-Central ...	36	66	167	172	205
Southern ...	57	69	82	72	135
South-Eastern ...	27	62	59	72	158
Northern ...	14	17	31	38	51
South-Western ...	277	166	160	260	380
North-Eastern ...	40	49	69	88	123
Mid-Eastern ...	20	37	48	34	87
Totals ...	605	637	797	991	1,440

This development is certainly a retrograde step in the care of the pregnant woman since continuity of obstetric care is of considerable importance and in the summer of the year, the Regional Hospital Board, acting on the advice of the Professional Advisory Committee for Maternity Services, circularised all Hospital Management Committees in the County where maternity beds were provided expressing the hope that all maternity units would continue to retain patients in hospital for the full duration of the puerperium and pointing out that to achieve this under present conditions, it might be necessary for maternity departments to exercise a stricter selection in their choice of patients for hospital confinement. The circular also reminded them that to assist them in their selection, Divisional Medical Officers are prepared to provide on request a report on the home conditions so that the obstetrician could decide whether there is or is not any need for a hospital confinement on social grounds. Finally the circular accepted that it might be necessary to shorten the stay in hospital under special circumstances and in individual cases and if this became necessary the following procedure was recommended :—

- (i) If early discharge is decided on, the patient should be discharged on the second or third day rather than later in the puerperium so as to secure as much continuity of nursing care during the puerperium as possible and, in particular, to secure continuity during the establishment of breast feeding.
- (ii) Cases considered for early discharge might include patients who had been delivered of a still-born child or home booked cases admitted to hospital for emergency reason whose confinements proved to be normal.
- (iii) Cases admitted for social reasons and because of unsuitability of home circumstances should not, under any circumstances, be discharged early.
- (iv) In all cases where early discharge was contemplated, it is essential, in addition to the usual notification to the general practitioner, for the divisional office of the local health authority to be given as much warning as possible so that the necessary arrangements can be made to provide any domiciliary services which may be required.

Unfortunately, it does not appear from the above table that this circular has had the desired effect. No doubt many of these present difficulties will disappear when the Regional Hospital Board is able to complete its programme of expansion of maternity accommodation but there seems little likelihood of an early solution in this way.

Live births by age and parity of mother and by place of occurrence

The following table shows the live births during the five years 1955-1959 analysed by age and parity of mother and place of occurrence. (The figures for the year 1960 were not available at the time of the preparation of the report.)

Year.	Age Group.	† Parity of Mother.												ALL.				TOTAL.
		0				1—3				4 and over.				ALL.				
		N.H.S. Hosp.	Other Hosp.	At Home.	Other.	N.H.S. Hosp.	Other Hosp.	At Home.	Other.	N.H.S. Hosp.	Other Hosp.	At Home.	Other.	N.H.S. Hosp.	Other Hosp.	At Home.	Other.	
1955	Under 25	3,120	143	222	57	1,018	66	523	29	7	—	13	—	4,145	209	758	86	18,396
	25-34	3,100	226	243	26	3,809	414	2,121	39	190	18	295	2	7,099	658	2,659	67	
	35 and over	463	29	31	—	1,101	135	456	5	223	17	220	—	1,787	181	707	5	
	Not stated	13	5	3	1	8	—	2	1	—	—	2	—	21	5	7	2	
	Total	6,696	403	499	84	5,936	615	3,102	74	420	35	530	2	13,052	1,053	4,131	160	
1956	Under 25	3,307	163	243	71	990	50	528	22	7	—	11	—	4,304	213	782	93	18,862
	25-34	3,377	237	257	31	3,516	424	2,300	46	176	16	261	1	7,069	677	2,818	78	
	35 and over	442	32	35	2	1,118	150	550	4	212	21	231	3	1,772	203	816	9	
	Not stated	12	—	2	1	5	—	7	—	—	—	1	—	17	—	10	1	
	Total	7,138	432	537	105	5,629	624	3,385	72	395	37	504	4	13,162	1,093	4,426	181	
1957	Under 25	3,459	175	272	66	979	80	689	45	8	1	14	—	4,446	256	975	111	19,632
	25-34	3,397	218	262	30	3,388	449	2,658	38	234	23	270	—	7,019	690	3,190	68	
	35 and over	511	35	38	3	1,065	147	573	4	238	27	203	1	1,814	209	814	8	
	Not stated	15	—	—	—	4	4	5	—	1	—	3	—	20	4	8	—	
	Total	7,382	428	572	99	5,436	680	3,925	87	481	51	490	1	13,299	1,159	4,987	187	
1958	Under 25	3,647	213	275	67	1,035	83	743	29	13	—	9	—	4,695	296	1,027	96	20,455
	25-34	3,474	225	306	25	3,326	500	3,040	51	186	13	269	—	6,986	738	3,015	76	
	35 and over	431	25	32	4	1,145	168	644	2	241	32	176	—	1,817	225	852	6	
	Not stated	10	—	1	2	4	—	6	—	3	—	—	—	17	—	7	2	
	Total	7,562	463	614	98	5,510	751	4,433	82	443	45	454	—	13,515	1,259	5,301	180	
1959	Under 25	3,622	237	265	81	1,098	112	783	36	8	1	10	—	4,728	350	1,058	117	20,690
	25-34	3,362	222	279	28	3,336	467	3,201	60	242	22	273	—	6,940	711	3,753	88	
	35 and over	499	36	26	1	1,098	143	618	5	255	35	199	—	1,852	214	843	6	
	Not stated	12	1	1	—	7	1	4	—	1	—	3	—	20	2	8	—	
	Total	7,495	496	571	110	5,539	723	4,606	101	506	58	485	—	13,540	1,277	5,662	211	

† Number of previous live-born children.

(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	37	1,281	1,035	1,936	3,257
Central	9	36	20	2,428	1,789	6,683	4,776
North-Central	11	38	28	1,830	1,428	5,220	3,161
Southern	3	10	—	102	68	536	—
South-Eastern	3	10	12	206	163	851	1,039
Northern	5	21	18	1,270	943	3,934	2,193
South-Western	3	7	—	419	419	2,756	—
North-Eastern—							
Wimbledon	3	8	9	396	311	773	813
Merton & Morden	3	12	—	371	233	1,535	—
Mitcham	3	14	8	856	745	2,424	2,017
Mid-Eastern—							
Carshalton	4	16	—	277	192	1,252	—
Beddington & Wallington	1	4	—	146	119	541	—
Total ...	63	209	132	9,582	7,445	28,441	17,196
† Clinics for Post-Natal Examination.							
North-Western	11	33	4	123	123	112	29
Central	6	28	—	359	328	498	—
North-Central	11	38	28	422	422	450	—
Southern	3	10	—	47	47	48	—
South-Eastern	3	10	12	60	60	66	—
Northern	5	21	—	294	294	310	—
South-Western	3	7	—	175	175	177	—
North-Eastern—							
Wimbledon	3	8	9	10	10	10	—
Merton & Morden	3	12	—	33	33	33	—
Mitcham	3	3	—	60	60	60	—
Mid-Eastern—							
Carshalton	4	16	—	38	38	41	—
Beddington & Wallington	1	4	—	14	14	16	—
Total ...	56	190	53	1,635	1,604	1,821	29

† 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.

Ante-natal clinics are provided throughout the county by the County Council; each is in charge either of an obstetrician, a general practitioner with special experience, or a full-time assistant medical officer. Certain hospitals in the county also run ante-natal clinics in association with their maternity departments, and the obstetricians in charge of such clinics are available to see also expectant mothers referred from the County Council's ante-natal clinics. Good co-operation with hospital maternity units is essential and reports on home conditions are provided to hospitals in order to assist them in the careful selection of cases which require hospital confinement. It has also been possible at one hospital for the health visitors to be attached to the ante-natal 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 twelve-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
1960	209	132	7,445	9,582	28,441	17,196

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 have referred in previous Reports 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, 179 Surrey cases were admitted to mother and baby homes, and 35 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 capitum.

In addition, 58 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 1960 was eight, which gives a maternal mortality rate of 0.36 per thousand live and still births which is less than the rate of 0.39 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 7.

All of the deaths actually occurred in the County. Five cases were confined in hospitals, three at home and seven died in hospital. One, a case of post partum haemorrhage (natural labour), died at home.

(f) Puerperal pyrexia.

During 1960, 424 cases of puerperal pyrexia were notified representing an attack rate of 19.26 per thousand live and still births as compared with 11.03 for England and Wales. Of these cases 27 occurred in domiciliary confinements and the remainder in institutional confinements. The difference in the notification rates in domiciliary and in institutional confinements is notable being 4.4 in domiciliary practice and 26.3 in institutional practice (including hospitals and private nursing homes).

(g) Infant mortality.

The infant mortality rate in the Administrative County of 17.12 compares with 21.7 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 1960—namely 16.95 (319 deaths)—is lower than the rural rate—namely 18.18 (52 deaths).

(h) Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1960 as adjusted by transferred notifications:—

Weight at birth.	PREMATURE LIVE BIRTHS.															PREMATURE STILL-BIRTHS.		
	†Born in Hospital.			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in hospital	Born at home	Born in nursing home
	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Not weighed ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
(a) 3 lb. 4 oz. or less (1,500 gms. or less) ...	140	59	58	2	—	2	7	2	5	2	1	1	—	—	—	77	5	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.) ...	217	20	183	9	3	6	9	2	6	7	—	6	—	—	—	47	4	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.) ...	216	3	203	21	—	21	12	1	11	6	—	6	—	—	—	16	2	2
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.) ...	545	8	529	122	4	116	8	—	8	23	—	22	—	—	—	21	2	—
Totals ...	1118	90	973	154	7	145	36	5	30	38	1	35	—	—	—	162	13	3

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

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

	TOTAL	NON-PREMATURE	* PREMATURE
Live births ...	21,675	20,329	1,346
Deaths among live births in the first month of life ...	280	117	163
Still births ...	336	158	178

* 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 20,329 non-premature live births produced 117 neo-natal deaths and the 1,346 premature live births produced 163 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 1960 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 105 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 2 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 194 infant welfare centres in the year as against 193 in 1959. Additional centres were started at :—

- (i) St. John's Church Hall, Dell Lane, Stoneleigh.
- (ii) All Saints Church Hall, Mitcham Junction.
- (iii) Scouts Hall, Guy Road, Wallington.
- (iv) Village Hall, Thorpe.
- (v) W.I. Hall, West End, Chobham.

The following centres were closed during the year :—

- (i) The Grange, London Road, Hackbridge.
- (ii) Village Hall, Beddington.
- (iii) The Forman Institute, Blindley Heath.
- (iv) Village Hall, Churt.

The following table shows the attendance at the centres for the year 1960 :—

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.
				1960.	1959.	1958-55.		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 ...	35	124	3,586	4,070	2,959	3,548	10,577	44,312	10,869	9,185	64,366
Central ...	26	124	2,863	2,741	2,634	4,466	9,841	47,404	14,379	15,669	77,452
North-Central ...	16	101	2,691	2,472	2,277	3,094	7,843	36,763	8,008	6,875	51,646
Southern ...	28	96	1,822	1,525	1,414	1,902	4,841	22,580	7,131	6,390	36,101
South-Eastern ...	19	69	1,676	1,405	1,387	1,909	4,701	21,307	5,561	5,056	31,924
Northern ...	7	42	1,109	1,009	852	871	2,732	14,276	2,997	1,663	18,936
South-Western ...	41	132	2,506	2,133	2,194	2,824	7,151	36,868	12,422	12,448	61,738
North-Eastern—											
Wimbledon ...	5	34	942	848	767	1,370	2,985	14,889	3,336	4,016	22,241
Merton & Morden ...	4	32	573	571	539	887	1,997	10,528	3,148	3,285	16,961
Mitcham ...	5	28	874	816	682	614	2,112	13,165	1,863	985	16,013
Mid-Eastern—											
Carshalton ...	4	11	583	581	708	1,352	2,641	9,618	2,908	3,881	16,407
Beddington & Wallington ...	4	16	396	333	347	492	1,172	4,861	1,826	1,503	8,190
	194	809	19,621	18,504	16,760	23,329	58,593	276,571	74,448	70,956	421,975
Voluntary.											
Southern ...	1	1	21	18	24	40	82	165	63	71	299
SW (Army School of Health) S.C.C. Health Visitor attends	1	2	18	11	19	17	47	138	30	25	193
	2	3	39	29	43	57	129	303	93	96	492

It will be noted that the number of children attending the centres in 1960 and who were born in that year formed 85.5 per cent of the total live births in the year. The average number of attendances of these children in the year was fifteen.

It is worth noting that there has been a steady rise in the number of children under one year of age attending the welfare centres. For the past three years the proportion of the total live births in the year who attended the welfare centres was as follows :—

1958	...	79.37%
1959	...	81.23%
1960	...	85.50%

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

Year.	Registered live births.	No. of children under 1 year who attended for first time.	Total number of children attending in the year.	Total attendances of all children in the year.
1949	19,668	15,662	} Not available {	344,715
1950	18,386	14,012		355,671
1951	17,841	14,437		356,333
1952	17,633	14,234		366,585
1953	18,187	14,862	49,348	367,333
1954	18,193	15,119	49,370	374,329
1955	18,305	15,191	48,717	374,459
1956	18,794	16,195	49,905	382,002
1957	19,627	16,946	52,110	402,309
1958	20,398	18,375	52,794	400,489
1959	20,725	18,611	55,211	409,644
1960	21,675	19,660	58,722	422,467

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 43 children under the age of five years and 15 mothers and babies were sent for convalescence. Patients sent under this scheme are normally required to pay a standard charge towards their maintenance.

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, during the year.

(l) Day Nurseries.

At the end of the year there were 12 day nurseries with a total number of 518 places.

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 1960 :—

National Dried Milk.			Cod Liver Oil.	A. & D. Tablets.	Orange Juice.	
Free.	2/4	4/-			Free.	5d.
2,781	175,654	3,407	84,767	87,607	1,291	773,797

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil	A. & D. Tablets	Orange Juice.
Hospitals	1,919	40	10	3,660
Nurseries	75	1,456	—	1,477

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

(a) Maternity and child welfare centres	179
(b) Others	67

(o) **Audiological Service.**

The audiological service for the ascertainment and subsequent treatment of pre-school and school children found to be deaf or partially deaf now consists of :—

- (i) *Screening of pre-school children.* A number of health visitors in each Division have received special instruction in the application of screening tests for impaired hearing and are available to test children in the vulnerable groups either in the clinics or in the child's home.
- (ii) *Routine testing of six-year-old school children.* The testing is carried out in the schools by three audiometricians and in addition certain groups of handicapped children, e.g., children suffering from speech defects, cerebral palsy and educationally retarded children are also reviewed.
- (iii) *Diagnosis, training and parent guidance.* Children failing the screening tests are referred to one of the diagnostic clinics established within the County staffed by a medical officer, teacher of the deaf and audiometrician and, if deafness is confirmed, the opinion of an otologist is sought.

Training of the deaf child and parent guidance are given either in the home or at the clinic by the teachers of the deaf, supplemented where necessary by help from the medical and nursing staff. Two peripatetic teachers are employed in this work and the services of an educational psychologist (who is also a teacher of the deaf) are available when required.

Although the audiological service as outlined above has only been functioning for a limited time, an increasing number of deaf and partially-deaf children are being found and towards the end of the year it became apparent that an extension of the service, particularly with regard to training and teaching facilities was necessary.

The following table shows the number of children ascertained through screening tests during the year :—

Division.	No. of children "at risk" referred for screening during 1960.		No. of children screened during 1960.		No. of children referred for diagnosis to an audiology clinic.		Of children referred, number who were diagnosed to be			
	0—2	2—5	0—2	2—5	0—2	2—5	(a) 0—2	(b) 2—5	(a) 2—5	(b) 2—5
North-Western	320	53	98	34	4	3	—	—	—	1
Central	487	129	262	106	10	18	—	2	2	3
North-Central	370	67	172	67	7	16	—	—	1	1
Southern	236	5	119	40	16	20	1	—	—	2
South-Eastern	242	48	210	25	22	12	—	2	—	1
Northern	109	23	45	9	12	9	—	—	—	—
South-Western	435	20	186	18	7	2	—	—	—	—
North-Eastern—										
Merton/Morden	162	12	85	10	8	13	—	3	—	2
Mitcham	67	26	45	17	—	7	—	—	—	—
Wimbledon	77	7	62	6	9	9	—	—	—	—
Mid-Eastern—										
Carshalton	121	35	83	14	5	3	—	1	1	—
Beddington/Wallington ...	34	7	32	7	1	2	1	—	1	—

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

Dental inspection and treatment of expectant and nursing mothers and children under five years of age was carried out by the Council's staff of dental officers who, while primarily engaged in the School Dental Service, devoted a part of their time to the care of mothers and young children. Patients were referred by medical officers, health visitors and midwives and some were treated following personal application.

The actual time occupied in the inspection and treatment is assessed as the equivalent of 1,446 sessions and the number of attendances made by patients was 9,388. The number of new patients attending during the year was 2,630 of which approximately 65 per cent were pre-school children.

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

Increased attention was given to dental health education and individual and group talks were given by members of the staff and the oral hygienist. Health visitors have generally devoted one session in mothercraft classes to dental health in which the importance was stressed of an adequate and properly balanced diet to help the foundation of sound teeth. Fuller use was made of films and film strips and leaflets dealing with oral hygiene and diet were distributed. Coloured posters illustrating the various aspects of dental health were displayed in clinic waiting rooms.

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 ...	1,220	1,127	1,017	632
Children under 5 ...	3,045	2,401	1,957	1,477

(b) Forms of treatment provided.

	Scalings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extractions.	General anaesthetics.	Dentures provided.		Radio-graphs.
							Full upper or lower.	Partial upper or lower.	
Expectant and Nursing Mothers ...	570	1,907	3	11	1,296	234	122	109	68
Children under 5 ...	—	3,520	890	—	1,614	788	—	—	1

DOMICILIARY MIDWIFERY AND HOME NURSING.

During 1960 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.

(a) ANALYSIS OF NURSING CASES.

In my last two Annual Reports, an analysis of the cases attended by the district nurses by condition and by age group has been given. The figures for 1960 show that there has not been any notable difference in the general distribution of the work.

During the year further steps were taken to improve the position of housing accommodation for nurses and midwives and properties were purchased.

(b) 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 39 midwives to courses at Kingston-upon-Hull, Ashford, London, Bangor, Cardiff, Bristol, Exeter and Hastings. 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.

(c) 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 twenty-one candidates were selected to take the course.

At the request of a neighbouring Local Health Authority arrangements were made for their student district nurses to attend the lectures provided by the County Council as part of the district nurse training. In all, nine out-County students attended these lectures, the sponsoring authority being responsible for all costs in this connection.

(d) WORK OF THE DISTRICT NURSES.

At the end of the year there were 310 full-time and 73 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1960 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 ...	2,858	463	7	50	24	55	3,457	2,107	116	712
Central ...	3,183	386	5	29	14	65	3,682	2,477	67	882
North-Central ...	2,826	762	4	43	23	47	3,705	2,202	113	857
Southern ...	1,663	433	—	28	14	22	2,160	1,399	98	429
South-Eastern ...	1,107	216	2	43	13	37	1,418	842	69	292
Northern ...	1,594	145	1	21	4	7	1,772	1,141	20	539
South-Western ...	3,403	588	31	16	37	45	4,120	2,475	137	705
North-Eastern—										
Merton & Morden ...	990	133	—	14	4	—	1,141	727	17	306
Mitcham ...	779	112	—	41	1	1	934	571	11	279
Wimbledon ...	1,012	69	1	16	1	3	1,102	666	26	236
Mid-Eastern—										
Beddington & Wallington ...	618	62	1	15	3	6	705	440	35	182
Carshalton ...	625	50	—	18	1	—	694	571	7	215
	20,658	3,419	52	334	139	288	24,890	15,618	716	5,634
Number of visits paid by Home Nurses during the year:—										
North-Western ...	57,292	10,251	24	2,523	129	270	70,489	51,881	681	51,906
Central ...	91,822	12,943	29	909	94	1,318	107,115	82,756	412	83,069
North-Central ...	78,276	16,476	12	2,337	227	971	98,299	73,841	585	70,867
Southern ...	39,150	8,382	—	732	157	2,225	50,646	38,180	740	28,913
South-Eastern ...	23,603	4,942	4	2,382	81	465	31,477	21,910	370	23,049
Northern ...	48,114	6,257	1	799	49	526	55,746	42,519	298	42,868
South-Western ...	79,768	14,204	282	1,023	253	271	95,801	71,737	982	58,493
North-Eastern—										
Merton & Morden ...	27,411	3,754	—	634	16	714	32,529	22,961	160	25,851
Mitcham ...	23,519	4,378	—	2,178	15	397	30,487	20,935	498	22,912
Wimbledon ...	24,373	2,393	6	1,127	2	712	28,613	20,879	289	20,675
Mid-Eastern—										
Beddington & Wallington ...	16,441	2,282	5	1,243	16	165	20,152	15,112	147	14,601
Carshalton ...	18,828	1,269	—	911	1	—	21,009	15,518	32	17,643
	528,597	87,531	363	16,798	1,040	8,034	642,363	478,229	5,196	460,847

Attention is again drawn to the high proportion of the nurses' time which is spent with the over 65 age group. In 1960 62.7 per cent of the patients and 74.45 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 1960 was 643.

(b) WORK OF THE MIDWIVES DURING 1960.

(1)	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Doctor or another). (4)	Doctor not present at time of delivery of child.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority...	34	360	1,817	3,833	6,044	—
(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)	—	—	—	—	—	1,146
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	13,676
(d) Midwives in private practice (including midwives employed in Nursing Homes)	3	1	24	7	35	201
Total	37	361	1,841	3,840	6,079	15,023

It will be noted that of 21,102 confinements attended by midwives during the year, only 6,079 (or 28.8 per cent) occurred in the homes ; of the remainder, 13,676 (or 64.8 per cent) were confined in hospital and 1,347 (or 6.4 per cent) in nursing homes and hospitals not transferred to the Ministry of Health.

(c) SUMMONING OF MEDICAL AID.

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

(i) For domiciliary cases :—

(a) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	825
(b) Others	110
(ii) For cases in Institutions	740

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	1,675
Stillbirths	89
Laying out dead body	61*
Liability to be a source of infection	231
Death of mother or baby	43
Artificial feeding (in addition to or in place of breast feeding)	511*
	<hr/> 2,610 <hr/>

* These figures are in respect of the period up to 30th June, 1960, after which notification was no longer required under the Rules of the Central Midwives Board.

(e) SPECIAL INVESTIGATIONS.

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

Sending for medical aid...	...	...	...	...	...	...	...	113
Stillbirths...	...	...	...	...	...	...	...	79
Liability to be source of infection	...	...	...	...	...	...	...	136
Death of mother or baby	...	...	...	...	...	...	...	42
Total	...	...	...	...	...	...	...	370

(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	...	...	...	197
(ii) In institutions	...	...	...	249

Analgesic	No. of sets of apparatus available at end of the year	No. of domiciliary cases in which analgesia given.
Gas and Air ...	149	4,617
Trilene ...	23	920
Pethedine ...	—	2,876

Geriatric Visiting and Social Work.

In 1957, the Special Sub-Committee of the Joint Liaison Committee which had been appointed to report on the Geriatric Services in the County of Surrey stated that although they recognised the responsibility of the general practitioner for the medical care of the old people on his list and although they appreciated that work of a geriatric nature was already being done by physicians not necessarily specialising in geriatrics

“ they were satisfied from the examination they had made that only where there is a geriatrician can there begin to be any proper assessment of the needs of old people and some certainty that each person will obtain the services or facilities which he or she personally requires.”

Of the seven general hospital groups in the County, full-time geriatricians had by 1960 been appointed to the Kingston and Redhill Groups and a full-time geriatrician was shared between the Woking and Chertsey Group and the Farnham Group; the appointment of a full-time geriatrician was agreed for the St. Helier Group, but no appointment had been made; the geriatric work in the Guildford Group was undertaken by the Physician Superintendent of St. Luke's Hospital and that at the Epsom Group by the Consultant Physician for the Epsom Hospital. Health visitors had been appointed by the County Council to work in association with the geriatric units at Kingston, Redhill, St. Helier, Guildford, Woking and Chertsey and Farnham (the last two groups sharing one health visitor). Assistance by almoners or social workers, where available, was provided by the hospitals. Geriatric Committees are in being in association with each hospital and the work of the voluntary associations on which I commented in detail in my Annual Report for the year 1959 continues. A number of interesting developments have taken place in these last during the year. For instance

(1) In the Northern Division of the County suitable accommodation has been found for a Day Centre at Richmond and it is hoped that this will be opened shortly.

(2) In the same area, transport is now available for old people who cannot use public transport to take them to and from the centres.

(3) In the Guildford area, a boarding out scheme was started by the Old People's Welfare Committee and during the year 14 elderly lodgers were found accommodation with other elderly persons.

(4) A boarding out scheme was also started by the Wimbledon Guild of Social Service.

Other activities by voluntary associations continue from previous years or have developed during the year and it is with great pleasure that I record the valuable and unsparing help given by the voluntary associations to the care of the elderly.

The following statistics show the work done by the geriatric units 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	1,086	864	70	14	138	26
Guildford	110	509	192	271	9	37	28
St. Helier	285	906	778	110	18	—	90
Chertsey and Woking ...	64	286	219	45	7	15	—
Farnham (Surrey cases only)	73	127	96	14	4	13	—
Redhill (all cases) ...	209	502	394	108	—	—	—

(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	100	788	813	40	—	1,741
Guildford	511	—	2,299	118	320	3,248
St. Helier	54	2	1,253	333	—	1,642
Chertsey and Woking ...	89	78	80	37	—	284
Farnham (Surrey cases only)	19	36	6	—	—	61
Redhill (Surrey cases only)...	116	—	485	44	8	653

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

Geriatric Unit.	Hospital.	Nursing Home.	Welfare Home.	Hospital to give relatives a rest.	Day Hospital.
Kingston	532	—	—	65	—
Guildford	113	27	17	49	—
St. Helier	379	5	22	146	—
Chertsey and Woking	44	24	16	32	6
Farnham (Surrey cases only)	45	6	—	10	—
Redhill	365	—	—	52	—

During the year 1,023 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis) and 4,748 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 227½, an increase of 8.

The implications on the County Health Service of the Report of the Working Party on Health Visiting were still under consideration at the end of the year by a special sub-committee of the County Health Committee.

(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, 1960.		Live births 1960.		Case load.	Average No. per H.V.	No. of children under 5 years of age visited during year.	Expectant mothers.		Children under 1 year of age.		Children age 1 under 2 years.		Children age 2 under 5 years.		Other.		Total No. of families or households visited by Health Visitors.
	D.H.V.	H.V.	Registered and adjusted.	No. of 1960 birth cards.				First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	
North-Western ...	1	31	4,220	3,990	17,555	566	17,225	1,299	2,292	4,116	20,293	9,233	15,276	2,844	12,695	2,844	12,695	
Central ...	1	24	2,980	2,738	12,750	531	14,951	1,499	3,012	3,243	14,295	6,759	12,156	1,925	11,028	1,925	11,028	
North-Central ...	1	25	2,901	2,702	11,927	477	14,860	1,331	2,253	2,926	16,051	6,912	12,889	3,761	11,963	3,761	11,963	
Southern ...	1	18	2,392	2,231	9,731	541	9,731	656	1,752	2,336	13,197	5,267	11,211	3,000	8,126	3,000	8,126	
South-Eastern ...	1	14	1,714	1,679	7,402	529	7,402	572	1,068	1,782	10,106	4,700	9,205	935	6,172	935	6,172	
Northern ...	1	10	1,089	1,047	4,409	441	4,934	472	796	1,068	4,734	1,807	3,143	953	3,803	953	3,803	
South-Western ...	1	23	2,616	2,544	11,035	480	14,714	1,124	1,768	2,620	15,848	6,628	13,087	1,659	10,480	1,659	10,480	
North-Eastern—																		
Merton and Morden ...	1	9	811	760	3,566	396	4,605	468	994	722	4,302	2,368	4,686	142	3,752	142	3,752	
Mitcham ...	1	9	953	885	4,069	452	5,154	464	848	823	5,630	3,102	6,255	826	3,728	826	3,728	
Wimbledon ...	1	7	885	810	3,256	465	4,124	422	828	826	4,044	2,289	4,067	644	3,134	644	3,134	
Mid-Eastern—																		
Beddington and Wallington ...	1	4	413	381	1,884	471	2,279	236	437	434	2,003	1,235	2,508	201	1,682	201	1,682	
Carshalton ...	1	8	691	654	3,221	403	3,534	419	645	661	2,616	1,685	3,532	362	2,478	362	2,478	
Relief Staff ...	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total 1960 ...	9	187	21,675	20,421	90,805	486	103,513	8,962	16,693	21,557	113,119	51,985	98,115	17,252	79,641	17,252	79,641	
Total 1959 ...	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	

Health visitors also made 44,775 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 69.

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 mentally subnormal 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 1960.

Seventeen students were selected to take the course, which commenced in September, 1960, and all sat the examination.

Fourteen were successful in obtaining the Health Visitor's Certificate of the Royal Society of Health and 12 have since been recruited to the County Health Visiting staff. Two Nigerian students are returning to work in their own country.

(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 1960 12 lectures were given by the Chief Nursing Officer, 28 by senior health visitors, 12 by superintendent district nurses and 3 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 1960 and the immunised state of the child population at the 31st December, 1960.

District.	No. of children.			Total No. of children who completed a course of immunisation whether primary or reinforcing at any time since 1st January, 1946.				Immunity index.			
	Immunised in 1960.		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	386	74	593	132	1,615	2,713	2,909	25.05	57.63	70.01	62.94
Barnes... ..	393	23	695	123	1,466	1,931	2,301	26.6	72.6	78.2	73.2
Beddington and Wallington	397	45	635	102	1,239	1,938	2,529	49.8	76.2	67.3	69.0
Carshalton	651	191	1,525	224	2,155	3,838	4,641	30.6	71.0	68.1	66.8
Caterham and Warlingham...	457	47	529	99	1,456	2,112	2,350	18.2	70.0	57.0	58.0
Chertsey	784	227	554	223	2,143	1,824	1,942	28.3	77.7	59.83	62.7
Coulsdon and Purley	1,010	46	1,191	301	3,102	4,309	4,770	27.7	80.0	60.0	63.0
Dorking	245	77	859	100	856	1,195	2,281	26.7	57.6	69.73	62.6
Egham	335	11	465	145	1,279	1,745	1,862	30.53	52.70	33.67	39.55
Epsom and Ewell	716	50	663	400	2,516	3,659	4,415	50.0	75.2	52.6	59.1
Esher	944	64	2,303	356	2,312	3,409	4,831	42.5	72.2	68.2	67.4
Farnham	399	11	858	133	1,067	1,689	2,051	34.8	77.1	71.7	70.4
Frimley and Camberley	518	40	528	179	1,632	1,827	1,507	29.8	79.6	60.0	63.5
Godalming	214	17	365	57	794	1,035	1,062	24.46	89.61	89.36	84.68
Guildford	679	122	1,390	201	2,268	3,763	4,565	25.77	87.3	94.4	86.79
Haslemere	170	5	195	66	528	806	1,293	39.28	53.82	99.47	82.50
Kingston-upon-Thames	486	64	1,226	182	1,550	1,964	2,601	35.8	88.6	64.4	68.7
Leatherhead	602	29	625	334	1,798	2,254	2,625	60.7	75.9	59.5	64.8
Malden and Coombe	673	140	1,475	221	1,765	3,022	4,225	32.5	74.7	71.1	69.2
Merton and Morden	535	141	1,370	253	2,218	3,716	5,863	31.6	72.1	63.2	63.3
Mitcham	954	179	1,120	416	2,657	4,756	4,750	44.83	76.42	68.0	68.53
Reigate	686	23	638	190	2,345	4,806	4,000	24.05	82.57	42.1	51.26
Richmond	441	24	828	150	1,654	2,306	2,842	29.0	78.0	85.7	79.8
Surbiton	902	54	1,002	317	2,595	4,094	4,192	36.43	81.09	64.76	66.97
Sutton and Cheam	1,045	111	742	436	2,927	3,972	4,661	41.5	74.3	50.0	55.6
Walton and Weybridge	700	132	1,187	227	1,945	2,860	2,157	32.8	75.3	66.6	66.5
Wimbledon	673	170	755	311	1,972	2,768	3,891	34.1	62.0	55.3	55.5
Woking	1,061	165	1,503	312	3,142	5,635	5,471	28.1	78.5	52.6	57.7
Rural.											
Bagshot	254	22	194	88	715	943	867	29.4	80.3	61.8	63.9
Dorking and Horley	451	45	461	190	1,496	1,927	2,152	35.9	67.2	42.3	49.3
Godstone	534	93	218	120	1,326	2,474	2,692	21.81	66.76	52.73	54.22
Guildford	682	87	760	225	2,190	3,347	4,738	27.3	59.17	90.17	76.76
Hambleton	333	10	190	116	1,283	1,819	2,581	25.66	54.75	78.1	68.69
Total 1960	19,310	2,539	27,642	6,929	60,006	90,456	105,617	33.47	74.59	59.26	61.41
Total 1959	16,934	1,866	22,518	5,021	56,929	85,537	102,011	24.7	72.8	53.7	56.6

(ii) DIPHTHERIA NOTIFICATIONS.

There were no cases of diphtheria in children notified during the year. During the year, 826 home visits were paid by health visitors in connection with vaccination and immunisation.

(b) Smallpox Vaccination.

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

Districts.	Age	Vaccinated.					Re-Vaccinated.						
		—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
M.B. and Urban.													
Banstead	290	28	11	27	32	388	—	—	6	21	160	187	
Barnes	290	25	7	5	—	327	—	—	1	4	—	5	
Beddington and Wallington	271	16	13	17	31	348	—	—	3	8	47	58	
Carshalton	383	41	22	19	28	493	—	—	—	4	48	52	
Caterham and Warlingham	334	27	21	13	5	400	—	—	3	7	39	49	
Chertsey	403	44	24	17	29	517	—	—	3	11	87	101	
Coulsdon and Purley ...	696	39	28	27	48	838	—	—	5	25	88	118	
Dorking	145	15	8	5	9	182	—	—	2	18	66	86	
Egham	238	13	10	19	22	302	—	—	1	10	86	97	
Epsom and Ewell	487	34	17	12	27	577	—	—	10	19	189	218	
Esher... ..	721	20	11	13	11	776	—	2	10	54	219	285	
Farnham	291	18	7	4	9	329	—	—	3	17	82	102	
Frimley and Camberley ...	317	26	13	21	10	387	—	—	14	50	112	176	
Godalming	156	15	8	5	6	190	—	—	2	15	35	52	
Guildford	204	182	40	16	55	497	—	1	—	42	168	211	
Haslemere	90	15	2	2	4	113	—	—	2	17	43	62	
Kingston-upon-Thames	403	25	35	21	22	506	—	—	9	19	79	107	
Leatherhead... ..	322	25	18	19	17	401	—	—	6	29	140	175	
Malden	380	12	18	8	16	434	—	—	4	11	64	79	
Merton and Morden	457	11	6	27	46	547	—	—	7	12	113	132	
Mitcham	643	13	16	3	26	701	1	1	1	3	46	52	
Reigate	496	38	21	44	24	623	—	—	8	38	209	255	
Richmond	363	54	11	17	—	445	—	—	6	17	—	23	
Surbiton	567	66	19	20	70	742	—	—	7	24	308	333	
Sutton and Cheam	474	32	19	23	56	604	—	—	11	33	271	315	
Walton and Weybridge ...	309	60	21	7	37	434	—	—	31	41	281	353	
Wimbledon	497	39	10	12	19	577	—	—	—	1	71	72	
Woking	322	295	93	33	50	793	—	—	4	39	174	217	
Rural.													
Bagshot	145	9	6	10	5	175	—	—	—	7	26	33	
Dorking and Horley	299	24	21	15	22	381	—	—	6	39	154	199	
Godstone	159	158	38	18	1	374	—	—	5	50	178	233	
Guildford	495	52	23	33	24	627	—	2	11	41	164	218	
Hambleton	322	37	9	6	15	389	—	—	9	44	124	177	
Total 1960	11,869	1,508	626	538	776	15,317	1	6	190	770	3,871	4,838	
Total 1959	11,956	1,316	517	448	748	14,985	2	6	142	677	3,520	4,347	

During the year there was one case of generalised vaccinia in a baby of 6 weeks of age. The condition commenced 6 days after the second attempt, was of moderate severity with spots on the limbs and slight temperature. The baby recovered three days after the onset.

(c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1960. 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 1960.	
	0-4 years.	5-14 years.
M.B. and Urban.		
Banstead	376	9
Barnes	382	—
Beddington and Wallington... ..	387	8
Carshalton	601	15
Caterham and Warlingham	452	17
Chertsey	768	44
Coulsdon and Purley... ..	976	17
Dorking... ..	242	8
Egham	341	8
Epsom and Ewell	609	6
Esher	899	28
Farnham	391	5
Frimley and Camberley	529	12
Godalming	207	1
Guildford	668	48
Haslemere	149	3
Kingston-upon-Thames	499	62
Leatherhead	565	17
Malden and Coombe	484	50
Merton and Morden	556	9
Mitcham	995	9
Reigate	674	11
Richmond	467	—
Surbiton	821	33
Sutton and Cheam	1,027	15
Walton and Weybridge	694	78
Wimbledon	617	15
Woking... ..	1,044	80
Rural.		
Bagshot... ..	253	2
Dorking and Horley	346	10
Godstone	510	37
Guildford	690	21
Hambleton	331	9
Total 1960	18,550	687
Total 1959	16,343	366

(d) Yellow Fever Vaccination.

A yellow fever vaccination centre has been established at the Grange Road Clinic, Kingston-upon-Thames, to replace the centre previously established at the Pathological Laboratory, Kingston Hospital. It was opened on the 1st July, 1960, and by the end of the year 341 persons had been vaccinated against yellow fever.

(e) B.C.G. Vaccination.

The scheme for the vaccination of school children provides for the following categories :—

- (i) School children between their 13th and 14th birthdays.
- (ii) School children approaching 13 years of age who can conveniently be vaccinated along with children of that age.
- (iii) School children of 14 years of age or older.
- (iv) Students attending universities, teacher training colleges, technical colleges or other establishments of further education.

Statistics for categories (i) to (iii) above for the year are shown below.

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 ...	3,632	2,413	66.4	73	167	7.1	42	2,131	58.6
Central ...	3,232	2,404	74.3	68	106	4.5	18	2,212	68.4
North-Central ...	3,191	2,494	78.1	50	131	5.3	3	2,310	72.0
Southern ...	2,292	1,541	67.2	140	108	7.6	—	1,293	56.4
South-Eastern ...	1,761	1,262	71.7	88	49	4.17	15	1,110	63.0
Northern ...	1,371	894	65.2	10	77	8.7	—	823*	58.6
South-Western ...	2,910	2,172	74.6	96	153	7.3	34	1,889	64.9
North-Eastern—									
Merton and Morden ...	1,237	1,009	81.5	118	24	2.7	34	833	67.3
Mitcham ...	928	786	84.6	82	28	3.9	55	621	66.9
Wimbledon ...	1,812	1,442	79.5	92	81	6.0	31	1,238	68.3
Mid-Eastern—									
Beddington and Wallington ...	692	488	70.5	40	31	6.9	3	414	59.8
Carshalton ...	908	659	72.6	49	22	3.6	19	569	62.7
Totals ...	23,966	17,564	73.3	906	977	5.9	254	15,443	64.4

* Includes absentees from 1959.

The figures for vaccination to persons in category (iv) above are as follows :—

No. skin tested ...	694
No. found positive ...	118
No. found negative ...	576
No. vaccinated ...	575

(f) 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 17,794 children under 15 years of age completed a primary course of three injections with either single or combined vaccine and 3,237 children in the same age group received a reinforcing dose. It is worth noting that these figures again show a marked increase over the previous year.

(g) Poliomyelitis Vaccination.

The following table shows the number of persons vaccinated in period 1st January to 31st December, 1960 :—

Class.	No. vaccinated with two injections.	No. of persons awaiting vaccination at 31st December, 1960.
Children born 1943-1960 ...	21,978	1,175
Young persons born 1933-1942 ...	10,553	214
Persons born before 1933 and under 40 years of age ...	51,584	934
Others ...	3,948	71
Totals ...	88,063	2,394

Of the 88,063 persons vaccinated during the year with two injections, 47,042 were dealt with by general practitioners ; in addition 122,248 persons completed a course of three injections during the year, 39,828 of whom were done by general practitioners.

During the year, the Medical Officer of Health of the Coulsdon and Purley Urban District Council and the Director of the Guildford Public Health Laboratory carried out a research into " Poliovirus in a vaccinated community." Their report was published in "The Medical Officer" on 19th May, 1961. In brief it described an incident at a school where an unvaccinated girl of five years of age developed poliomyelitis ; her brother—also unvaccinated—was also found to have poliomyelitis.

The girl was one of a class of 42 children, of whom 39 had been vaccinated. Of the 41 other children in the class 19 were found to be carrying the poliovirus although none had any symptoms. The number of carriers gradually diminished until at the end of ten weeks from the patient's first symptoms, there were no carriers in the class. The writers postulate two alternatives : (1) that the patient had carried the virus to the other 19 children, or (2) that the virus had been introduced by an extraneous source and only produced symptomatic disease in one of the only two unvaccinated children in the class. (The second unvaccinated child was not carrying the poliovirus.)

AMBULANCE SERVICE.

1. Organisation and Administration.

In April, 1960, the new Metropolitan Control was opened in the Training School and Headquarters Stores premises at 163, Kingston Road, New Malden. Accommodation was made available by rearranging other functions in this existing building. This new Control, covering a population of some 800,000 people and controlling the operations of over 70 ambulance vehicles, is on an experimental basis with the ultimate object of deciding whether this form of centralised control should be extended to the County generally.

The new Control is linked with the two Main Stations and ten Sub-Stations in the area by a closed teleprinter circuit. Emergency messages received at the Control are transmitted to the selected ambulance station by teleprinter, and ambulance crews thus receive printed instructions instead of verbal telephone messages. General work, much of which is booked in advance by hospitals and doctors, is planned into journey schedules on the day before it is due to be carried out. During the evening and night time, when the Service is not under pressure, the journey schedules are transmitted out by automatic tape process to the ambulance stations. The work can be transmitted in this way even when no ambulance personnel are present at the receiving stations.

At night times and at weekends the new Control is a great improvement on the previous system of having two separate Controls at New Malden and St. Helier, and the teleprinter system has been a great success. The difficulties which have still to be solved are concerned with the very heavy volume of out-patient work.

There were no other fundamental changes in the organisation and administration of the Service during the year but in December the Deputy Ambulance Officer, Mr. W. E. Cooke, who had been particularly concerned with the organisation and operation of the new Control, was notified that he had been appointed as Chief Ambulance Officer of the Essex County Ambulance Service.

2. Operational Strength.**VEHICLES.**

The operational fleet was increased by one ambulance and one sitting case vehicle because of increased pressure of work in the Woking-Chertsey area. The number of reserve vehicles was also increased by one ambulance and two sitting case vehicles to facilitate maintenance.

The maximum operational fleet available at any one time during the year was as follows :—

	Ambulances.	Sitting Case Vehicles.
Direct Service	54	36
S.J.A.B. Agency	16	7
B.R.C.S. Agency	2	—
Totals	72	43

The above services are supplemented by :—

- (a) 300 members of the Hospital Car Service, who use their own private cars for the transport of out-patients.
- (b) 7 St. John Ambulance Brigade and 3 British Red Cross Society supplementary ambulance stations (each with one ambulance) which are manned wholly by volunteers, and can therefore only give occasional service at nights and at weekends.

In addition, the direct services maintains 14 ambulances and 10 sitting case vehicles as a reserve (these vehicles are only used to maintain the strength when operational vehicles are withdrawn for servicing, repair, etc.) ; and the St. John Ambulance Brigade and British Red Cross Society services maintain their own reserves on a local station basis without any definite establishment.

PERSONNEL.

The establishment of operational personnel was increased by three driver/attendants during the year to man the two additional day vehicles referred to above.

During the year it was known that the working week for operational personnel was to be reduced from 44 to 42 hours per week as from the 1st January, 1961. As this meant an increase in strength of 19 driver/attendants in order to maintain the availability of the service, a start on additional recruiting and training was made towards the end of the year.

3. Premises.

The new sub-station at Haslemere was completed and opened during the year, and building of the new Control Station at Redhill commenced.

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, and a summary of the work done by these services is given in Table II.

5. Annual Efficiency Competition, Awards, etc.

The finals of the Annual Efficiency Competition were held at the Ambulance Training School on 16th June, 1960, results being as follows :—

A. L. Roberts Shield—St. Helier Main Station.

Hooper Shield—Weybridge Sub-Station.

During the year 179 Safe Driving Awards were gained by drivers entered for the National Safe Driving Competition, and the Chairman of the County Council presented the awards, together with monetary grants, to station representatives at a County Hall function.

The Chairman of the Council also presented Certificates of Merit to Driver/Attendants L. A. Kinsman and J. A. Sexton in recognition of the good work which they did when removing a child in contact with an electrified railway line; a further Certificate of Merit was presented to Assistant Superintendent E. Bates, for his good work in saving the life of a spastic baby which was in danger of choking.

The Ambulance Service again took part in the County Council's display at the Surrey Agricultural Show held in Reigate on 21st May, 1960.

6. Gatwick Airport.

There was a further increase in the number of aeroplanes using the Airport and the total number of passengers substantially increased. As a precautionary measure the Ambulance Service was required to take "Full Emergency" action on 24 occasions during the year. This action is initiated by the Airport Authorities when an aeroplane about to land reports any defect or difficulty. On each occasion two ambulances were sent to stand by at the airfield and other ambulances in the area were held in readiness. This procedure, necessary as it is, has a very dislocating effect on the general work of the service in the area.

7. Work of the Service.

The number of patients carried, and to a lesser extent the mileage run, have again increased, and in particular the demand on the service for the conveyance of out-patients has become very heavy; thus out of every 500 patients carried, 25 are emergency (18 accident or illness, and 7 maternity), 65 are general hospital admissions and discharges, 1 is an infectious disease case and 409 are out-patients.

It must also be remembered that transport for out-patients is concentrated into only about 8 hours per day (on five and a half days a week), whereas transport for the remaining work is spread out over 24 hours (on seven days per week).

EMERGENCY CASES.

There was a further increase in the number of emergency calls. The average time taken to arrive at the scene of an accident from the time of receipt of the call was 5.3 minutes for the direct service and 6.2 minutes for the agency services. These times are slightly longer than in 1959 (5.2 and 5.9 respectively), and may be a reflection of the increasing pressure on the service, coupled with more difficult traffic conditions.

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.

8. Civil Defence.

In June, 1960, the Ministry of Health issued a Circular authorising the reorganisation of the Section and renaming it the "Ambulance and First Aid Section." The Section must now be organised into a number of Columns, each Column having one Ambulance Company and one First Aid Company. Each Column has an establishment of 334 personnel, 10 motor cycles and 100 other vehicles; the total establishment for the County is 17 of these Columns which presents a formidable organisation and training problem.

The Circular emphasises that the organisation for this Section should be based on the expansion of the existing peacetime service in the event of a national disaster.

Courses for officers of County District Authorities and officers and instructors of the peacetime service were held to explain the new organisation. Initial progress on reorganisation during the year was slow, but it is hoped that it will gain momentum as the various difficulties are cleared.

TABLE I.
WORK DONE BY THE UNITED AMBULANCE SERVICE 1958-1960.

Year.	EMERGENCY.						MATERNITY.		GENERAL.									
	Accident.		Illness.		Total.		Total.		Hospital.		Out-Patient.		Infectious Diseases.		* Private.		† Abortive.	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
1958	11,788	71,005	3,246	21,169	15,034	99,580	7,085	72,974	52,406	625,045	348,615	2,514,279	1,797	22,023	677	7,962		8,808
1959	12,591	80,230	3,513	22,693	16,104	111,319	6,563	69,630	53,762	626,004	352,984	2,545,703	1,798	25,596	693	7,197		9,403
1960	12,834	82,119	3,551	23,050	16,385	115,062	6,335	67,362	58,906	675,009	371,281	2,593,220	940	15,706	648	6,899		17,761

* One private address to another. Conveyance of patient upstairs or downstairs.
† Cases where for one reason or another the patient did not travel.

⁴ Cases where for one reason or another the patient did not travel.

TOTALS.

Year.	Emergency.		Maternity.		General.		Grand Total.	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
1938	15,034	99,580		72,974	403,495	3,177,817	425,614	3,350,371
1939	16,104	111,319	6,563	69,630	409,237	3,213,903	431,904	3,394,832
1960	16,385	115,062	6,335	67,362	431,775	3,308,595	454,495	3,491,019

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.				
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
1960	324,626	1,813,674	58,739	489,097	7,346	70,619	63,784	1,117,629	—	—

TABLE III.

DIVISION OF WORK DONE BY COUNTY'S DIRECT SERVICE AS BETWEEN VEHICLE TYPES IN 1960.

	Patients.	Miles.
Ambulance	112,215	911,278
Sitting Case Vehicle and Car	212,411	902,396

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).

The new Out-patient Department at Kingston Hospital which is at present under construction includes a chest clinic as an integral part of the medical consulting suites. It is hoped that this clinic will be opened on 1st January, 1962. The chest clinic at "Keeldar," Queens Road, Kingston, will then be closed. All the schemes for the up-grading of chest clinics in Surrey have now been developed with the exception of that for Mortlake clinic.

Tuberculosis visiting throughout the County is undertaken by 41 health visitors of whom 19 devote full time to the tuberculosis service, the remainder being general health visitors who undertake the tuberculosis visiting in certain rural areas of the County. During 1960 these health visitors paid a total of 24,962 visits to tuberculous households and attended 3,194 chest clinic sessions.

As a result of the Adrian Committee's report on Mass Radiography, children and pregnant women continue to be excluded from miniature radiography. This has limited x-ray examinations in these groups for whom large film examinations is now undertaken.

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 8,004 patients on the clinic registers who require supervision and that, furthermore, 154 of these patients had positive sputum findings within the last six months.

Of all new patients (excluding contacts) seen at chest clinics in 1960, viz., 6,601, only 403 were tuberculous. The remaining 6,198 were non-tuberculous making the ratio of tuberculous to non-tuberculous patients approximately 1 : 15, 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 1960 2,709 new contacts were seen at chest clinics, of which 16 were diagnosed as suffering from tuberculosis (5.9 per 1,000 examined). The total new contacts examined in 1960 represents a decrease of 311 on the 1959 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 19 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 1960. They do not include B.C.G. vaccinations carried out as part of the programme for school children between their 13th and 14th birthdays which was undertaken by the School Medical Service (page 38).

Chest Clinic.	Total.
Carshalton	46
Dorking	36
Egham	21
Epsom... ..	141
Farnham	38
Guildford	140
Kingston	131
Merton and Morden... ..	99
Milford	18
Mitcham	85
Mortlake	90
Purley	55
Redhill	141
Sutton	120
Weybridge	88
Wimbledon	85
Woking	110
Total	1,444

(3) Garden Shelters.

The County Council have bought 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 1960 four requests for garden shelters were approved by the Chest Physicians. At the end of the year, 20 new-type shelters were on loan to patients in the County.

With the decline in demand for garden shelters in recent years it has been found possible to allocate a number of these structures for other purposes, e.g., for use at day nurseries, etc.

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

		Respiratory (R)				Non-Respiratory (N.R.)				Totals			
		Adult.		Child. (under 15 years)		Adult.		Child. (under 15 years)		Adult.		Child. (under 15 years)	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	New Cases (Excluding Contacts)												
	(a) Diagnosed Tuberculous—												
	(1) T.B. Plus	116	56	—	—	8	4	3	—	124	60	3	—
	(2) T.B. Minus	108	66	10	—	8	23	1	—	116	89	11	—
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	3,008	2,235	926	—
	(c) Not determined...	—	—	—	—	—	—	—	—	17	11	1	—
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Not determined...	—	—	—	—	—	—	—	—	—	—	—	—
2	Contacts First Examined ...												
	(a) Diagnosed Tuberculous	3	5	8	—	—	—	—	—	3	5	8	—
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	486	740	1,467	—
	(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	—
3	Contacts Re-examined (Excluding those under Paragraph 2 above)												
	(a) Diagnosed Tuberculous	12	6	1	—	—	—	—	—	12	6	1	—
	(b) Non-Tuberculous	—	—	—	—	—	—	—	—	1,065	1,620	2,971	—
	(c) Not determined	—	—	—	—	—	—	—	—	—	—	—	—
4	Transferred Cases ...												
	(a) From other Areas (outside the County)	203	158	17	—	2	5	1	—	205	163	18	—
	(b) To other Areas (outside the County)...	203	166	6	—	5	10	1	—	208	176	7	—
5	Cases Written off Register												
	(a) Recovered	419	352	24	—	10	20	4	—	429	372	28	—
	(b) Died	90	12	—	—	—	1	—	—	90	13	—	—
	(c) Lost sight of	79	52	17	—	5	3	2	—	84	55	19	—
	(d) Other reasons	1	—	5	—	—	1	4	—	1	1	9	—
6	Cases Returned to Register												
	(a) Diagnosed Tuberculous	11	4	—	—	1	3	1	—	12	7	1	—
7	Cases on Register on 31st December												
	(a) Diagnosed Tuberculous	4,175	3,052	287	—	165	239	86	—	4,340	3,291	373	—
	(b) With known positive sputum within the previous six months	114	40	—	—	—	—	—	—	114	40	—	—
	(c) With other positive findings	2	1	—	—	1	3	1	—	3	4	1	—

1. No. of attendances at Chest Clinics (including patients suffering from diseases of the chest other than tuberculosis and contacts of tuberculous patients) ... 50,228
2. No. of visits by Medical Staff to homes ... 682
3. No. of referrals given at A.P. Clinics ... 399

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

Chest Clinic.	Population of Clinic Area.	No. of T.B. Cases on the Register on 1/1/60.	No. of New Cases Definitely T.B. (including contacts diagnosed T.B.)	No. of T.B. Cases on the Register on 31/12/60.	No. of T.B. Cases on the Clinic Register per 1,000 Population on 31/12/60.	No. of Contacts Attending during 1960.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	60,430	573	23	481	7.96	99	177	276	1	1	2	188	2,590	13.8
Dorking ...	35,237	109	12	118	3.35	73	123	196	—	—	—	47	801	17.0
Egham ...	30,180	206	5	205	6.79	53	178	231	—	—	—	51	751	14.7
Epsom ...	103,800	497	34	484	4.66	213	552	765	5	1	6	220	4,252	19.3
Farnham ...	71,698	290	16	294	4.10	139	435	574	—	1	1	153	2,379	15.5
Guildford ...	122,137	698	37	704	5.76	209	238	447	5	1	6	217	4,996	23.0
Kingston ...	206,280	777	52	681	3.30	269	424	693	—	4	4	360	5,791	16.1
Merton and Morden ...	70,220	660	27	632	9.00	212	492	704	—	2	2	230	3,649	15.9
Milford ...	28,605	223	8	156	5.45	31	121	152	—	—	—	54	1,597	29.6*
Mitcham ...	96,420	631	18	486	5.04	153	76	229	—	2	2	176	2,940	16.7
Mortlake ...	81,070	398	45	359	4.43	169	241	410	—	1	1	224	2,544	11.4
Purley ...	105,160	513	36	491	4.67	175	142	317	2	—	2	183	2,886	15.8
Redhill ...	114,643	650	37	603	5.26	266	341	607	1	3	4	187	3,493	18.7
Sutton ...	111,260	848	31	748	6.72	157	414	571	—	—	—	217	4,573	21.1
Weybridge ...	84,230	559	17	548	6.51	128	859	987	—	3	3	160	2,297	14.4
Wimbledon...	57,460	313	27	320	5.57	229	218	447	2	—	2	118	2,023	17.1
Woking ...	82,350	677	12	694	8.43	138	644	782	—	—	—	156	2,666	17.1
Totals ...	1,461,180	8,622	437	8,004	5.48	2,713	5,675	8,388	16	19	35	2,941	750,228	17.1

* Average per doctor session = 9.9.

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

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.*

The scheme for linking the social work relating to the tuberculous and to other patients with chest diseases with the social work relating to the prevention of the break-up of families was reported in my Annual Report for the year 1958. This scheme further developed during the year 1960 and by the end of the year there were, in addition to the Care Organiser and Deputy Care Organiser, fourteen whole-time and one half-time Care Almoners/Social Workers on the staff. (There was in addition one vacancy which has since been filled.) Of these five were dealing with tuberculous and chest cases only, five and a half solely with problem families and four with both.

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

The average number of patients receiving milk free of charge each week throughout the year was 419 (409 the previous year).

(iii) *Segregation of Contacts.*

68 (63) children were boarded out during the year to protect them from risk of infection or to enable a patient to accept institutional treatment. 60 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.

58 (49) new cases were placed and 62 (55) returned to their own homes during the year; the average stay of the latter was 12 (14) weeks. (The corresponding figures for the previous year are shown in brackets.)

(iv) *Tuberculosis Care Committees.*

During the year, the voluntary Care Committees continued their excellent work of caring for patients suffering from tuberculosis and other diseases of the chest, and their families. The amalgamation of two areas reduced the number of Care Committees covering the whole County from twenty to nineteen.

Throughout the year, the Care Committee raised approximately £7,893 by their own efforts, and received £1,841 in grants from the County Council based upon £1 for each £1 raised by voluntary effort up to a maximum of £100 to each Committee. The total expenditure of £9,195 covered a wide range of items to meet individual needs, but the main items were food (£2,139), clothing (£298), bedding and household items and fuel (£1,134), pocket money for patients in hospital and fares for relatives to visit (£844) and holidays (£2,635).

The Standing Conference of Surrey Care Committee for Tuberculosis and Chest Diseases, which co-ordinates the work of the nineteen district Care Committees and which consists of representatives of the Care Committees and the County Health Committee, had an income of £2,303 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 (£211), loans and grants where substantial amounts are required for resettlement after treatment (£95), and summer holidays for families at the country and seaside (£2,046). 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 64 families comprising approximately 119 adults and 150 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.

(v) *Occupational Therapy.*

The establishment was increased during the year as follows: Clerk/Storekeeper appointed 4th April, 1960, Technical Instructor appointed 11th May, 1960. The present establishment is: Head

Occupational Therapist, Assistant Head Occupational Therapist, seven Assistant Occupational Therapists, Technical Instructor, Supplies and Marketing Officer, Clerk/Storekeeper.

Students have attended during the year for their practical experience.

A weekly Occupational Therapy Centre was started at Ottershaw in November, 1960, and another at Purley in September, 1960. There are now 11 classes being held in different parts of the County, and the Chest Wards of 4 hospitals are visited regularly. Mrs. Hulme, Art Therapist, attends Westbury Road to give instruction in art. The Standing Conference meet her out-of-pocket expenses. The number of persons registered for occupational therapy during the year was : chest 105 as compared with 145 in 1959, other handicapped 123 as compared with 95 during 1959.

Exhibitions and sales have been held in various parts of the County throughout the year, and the mobile shop has been a most valuable asset in disposing of completed goods.

The Standing Conference and individual Care Committees have again given valuable assistance to the unit generally. A showcase was provided and there is now a permanent display of goods for sale at Westbury Road. The Voluntary Association for Surrey Disabled have also given valuable assistance during the year. The jig-saw library still functions on a small scale, any expenses being met by the Standing Conference. The amount expended on consumable materials was £3,538 6s. 4d., which is recoverable from patients (£3,453 3s. 6d. in 1959).

The average number of domiciliary visits is higher than last year. Generally the standard of work is high. The number of persons receiving occupational therapy at 31st December, 1960, was 634 of whom there were (chest) 208 domiciliary, 61 in hospitals and 34 postal ; (other handicapped classes) 185 domiciliary, 18 postal, and 128 attending classes.

(vi) *Rehabilitation and Colonisation.*

The County Council will accept financial responsibility for 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.

Enham-Alamein, Andover.

Preston Hall, Maidstone.

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. In respect of Papworth Hall and Enham-Alamein no responsibility is undertaken by a local authority until such time as a patient is able to work for five hours daily. During 1960 the Council were liable for 5 patients (2 each at Papworth and Enham-Alamein and one at Preston Hall) 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. While attending one of these latter centres a patient may live at home and continue to receive chest clinic supervision.

MASS RADIOGRAPHY.

I am indebted to the Medical Director of the Surrey Mass Radiography Units from whose report the following information is extracted. The area covered by the units includes, in addition to the Administrative County of Surrey, the County Borough of Croydon and parts of North East Hampshire and North Sussex. The statistics quoted below relate to the whole area covered by the Units.

In January, 1960, the Units took delivery of a new x-ray van, equipped with a Watson/Odelea 100 mm. set. It includes an enclosed office for two clerk/receptionists and adequate space is provided for ten people at a time to fill in record cards. The new van has proved entirely satisfactory and has enabled the Units to x-ray people previously inaccessible owing to lack of suitable accommodation for the x-ray set and clerks in that particular district.

Two separate services are operated.

- (1) General Practitioner Chest X-ray Service visits 19 sites in the area weekly, and 4 sites every fortnight, primarily to examine patients referred for chest x-ray by their own doctors.
- (2) Normal Mass Radiography Service for examination of the general public and organised groups of factory and office workers.

Significant Pulmonary Tuberculosis.

The term "significant tuberculosis" includes any newly detected case requiring treatment or close observation at a chest clinic. In 1960, the Units found 149 cases of significant tuberculosis of whom 42 were infectious. (162 cases were found in 1959.)

Carcinoma of Lung.

In 1960, the Units found 84 cases of carcinoma of the lung (78 in 1959).

Comparison of the statistics relating to the two services shows that selective radiography yields a high evidence rate of chest disease cases with relatively few examinations. Nevertheless unselective radiography has found more cases of significant pulmonary tuberculosis and nearly two thirds as many cases of carcinoma of the lung. The finding of unsuspected cases of tuberculosis is an important part of the control of this disease and there is still a need to continue with the normal mass radiography service while, at the same time, developing the chest x-ray service for general practitioners.

Work Contact Surveys.

Through the co-operation of the Chest Physicians the Unit was advised of 29 firms where a case of tuberculosis had recently been diagnosed amongst their employees. In 1960, 3,129 examinations were made and 7 cases of significant tuberculosis were detected.

General Practitioner Chest X-ray Service.

This service has been in operation for two years and is increasingly used by General Practitioners for chest x-ray of their patients. The incidence of significant pulmonary tuberculosis and of primary lung cancer in this medically selected group is significantly greater than in the medically unselected groups examined by the normal mass radiography service.

The very high incidence of primary lung cancer in both the general practitioner unit and the normal mass radiography unit should particularly be noted.

Normal Mass Radiography Service.

In 1960, the new mobile unit started work. For the first half of the year the units concentrated on x-rays of factory and office workers where the rate of examination could be controlled. Examination of the general public was not started until the latter part of the year.

	General Practitioner Chest X-ray Service.		Normal Mass Radiography Service.		
	1959	1960	1958	1959	1960
Total number X-rayed	6,935	9,100	104,457	93,687	94,074
Significant Pulmonary Tuberculosis ...	38	44	107	124	104
Primary Lung Cancer	42	53	46	36	31
Number of Men aged 45 years and over X-rayed	1,570	2,282	18,183	16,242	18,795
Primary Lung Cancer	39	49	36	33	27
Incidence Rate per 1,000 Examinations ...	24.8	21.5	1.9	2.0	1.4

Cases of Pulmonary Tuberculosis.

General Practitioner Service.				Male.	Female.	Total.	Incidence Rate per 1,000 examinations.
Recommended for domiciliary treatment				5	—	5	0.5
Recommended for hospital treatment				19	11	30	3.3
Close clinic supervision required				5	4	9	1.0
Totals				29	15	44	
Occasional out-patient supervision				23	6	29	3.2
(a) Non-infectious cases				21			
(b) Infectious Cases				19			
(c) Not determined				4			
Total				44			

Normal Mass Radiography Service.					Male.	Female.	Total.	Incidence Rate per 1,000 examinations.
Recommended for domiciliary treatment	...	...	...	...	23	5	28	0.2
Recommended for hospital treatment	...	...	...	...	32	15	47	0.5
Close clinic supervision required	...	...	...	...	15	14	29	0.3
Totals	...	...	...	...	70	34	104	
Occasional out-patient supervision	...	...	...	...	72	42	114	1.2
(a) Non-infectious cases					...	...	71	
(b) Infectious cases					...	...	23	
(c) Not determined					...	...	10	
Total					...	...	104	

General Practitioner Service.

TYPE OF SURVEY.	TOTAL X-RAYED.			NUMBERS SHOWING EVIDENCE OF SIGNIFICANT PULMONARY TUBERCULOSIS.					
	MALE.	FEMALE.	TOTAL.	MALE.		FEMALE.		Combined Total.	Combined Incidence Rate per 1,000 Examinations.
				No. of Cases.	Incidence per 1,000 examinations.	No. of Cases.	Incidence per 1,000 examinations.		
General Practitioner referrals	29	6.3	15	3.3	44	4.8

Normal Mass Radiography Service.

General Public	...	...	...	11,632	16,160	27,792	21	1.8	18	1.1	39	1.4
Industrial Groups	...	...	...	38,547	20,237	58,784	33	0.9	12	0.6	45	0.8
School Children	...	...	...	260	467	727	—	—	—	—	—	—
Mental Hospitals and Institutions	...	...	...	1,697	1,945	3,642	11	6.5	2	1.0	13	3.6
Contacts	...	...	...	1,847	1,282	3,129	5	2.7	2	1.6	7	2.2
*Ante-natal Patients	...	...	...	—	—	—	—	—	—	—	—	—
Totals	...	...	...	53,983	40,091	94,074	70	1.3	34	0.8	104	1.1

* This group is no longer examined by miniature radiography following the report of the Adrian Committee.

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	79	5	84
(b) Secondary tumours	5	7	12
Non-malignant tumours	10	12	22
Lymphadenopathies, excluding sarcoidosis	1	1	2
Sarcoidosis (including enlarged hilar glands)	13	20	33
Congenital abnormalities of the heart and vascular system	8	6	14
Acquired abnormalities of the heart and vascular system	90	67	157
Pneumoconiosis without P.M.F.	9	—	9
Pneumoconiosis with P.M.F.	—	—	—
Bacterial and virus infection of lung (including pneumonitis)	463	251	714
Bronchiectasis	27	20	47
Pulmonary fibrosis (non-tuberculous)	27	11	38
Spontaneous pneumothorax	9	1	10
Abnormalities of the diaphragm and oesophagus (including hiatus hernia of stomach)	6	13	19
Pleural Effusion (non-tuberculous)	3	1	4

(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, 1960, 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	56	98	148	302
Cost (before deduction of contributions by patients)	£547	£981	£1,426	£2,954
Length of stay : 1 week	4	6	10	20
2 weeks	44	78	127	249
3 weeks	7	13	11	31
4 weeks	1	1	—	2
over 4 weeks	—	—	—	—

(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 the Farnham Women's Voluntary Services, 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 fees plus bus fares and that no part of the Council's contribution must go towards payment of administrative expenses.

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, 1960, was as follows :—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	34	Bed cradles	416
„ bellows	23	Crutches	210
„ rings	1,013	Douche cans	9
Bed rests	963	Feeding cups	137
„ pans	1,888	Inhalers	15
„ tables	141	Mackintosh sheets	1,663
Invalid chairs	1,174	Steam kettles	14
Commodes	918	Urinals	683

(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 :—

1960.	Guildford Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).							
Syphilis	3	—	4	1	1	15	24
	(3)	(1)	(4)	(—)	(1)	(17)	(26)
Gonorrhœa	40	5	45	6	18	160	274
	(32)	(5)	(39)	(10)	(14)	(151)	(251)
Other conditions	166	37	383	47	112	886	1,631
	(127)	(20)	(331)	(37)	(98)	(695)	(1,308)
Totals	209	42	432	54	131	1,061	1,929
	(162)	(26)	(374)	(47)	(113)	(863)	(1,585)

The figures in brackets relate to the year 1959.

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 gonorrhœa the improvement had been halted. It will be noted from the table below that the number of cases of gonorrhœa has continued to increase steadily.

Year.	Syphilis.	Gonorrhœa	Other Conditions.*	Total.
1947	255	415	2,068	2,738
1948	192	291	2,244	2,727
1949	148	218	1,919	2,285
1950	110	176	2,102	2,388
1951	105	123	1,466	1,694
1952	74	156	1,439	1,669
1953	67	165	1,469	1,701
1954	42	153	1,195	1,390
1955	40	143	1,150	1,333
1956	48	161	1,154	1,363
1957	32	159	1,114	1,305
1958	28	160	1,179	1,367
1959	26	251	1,308	1,585
1960	24	274	1,631	1,929

* The great majority of these conditions are not venereal.

(f) Public Education in Health.

Progress in the prevention of illness and the full enjoyment of health depends to a large extent on adequate education of the public in these matters. Education in this sense does not mean solely the imparting of knowledge, but also persuading individuals to accept the implications of what is taught. To take only two examples, consequences which follow from cigarette smoking and the wearing of ill designed shoes are not difficult to demonstrate, but changing the habits of those who prefer to rationalise their behaviour is another matter. There are three main spheres of action in health education—national, regional and local health authority; and it is important that there should be co-operation between all three levels. The development of facilities for improved health education is receiving close attention from the County Health Committee and it is expected that more rapid progress will be made in the immediate future.

The duty of carrying out a comprehensive programme of health education has been entrusted to the Divisional Health Sub-Committees and during the year these functions were pursued on familiar lines. Lectures were given by specialist lecturers to widely different groups such as Women's Guilds, Youth Clubs, Parent-Teacher Associations, Church Fellowships, etc. Medical Officers and Health Visitors of the Council's staff have given many talks accompanied by demonstrations and films at Infant Welfare Centres and Ante-Natal Clinics in various subjects affecting the health and happiness of the family including food hygiene, immunisation, vaccination, cancer prevention, accidents in the home and many other subjects. Particular attention has been directed to the preparation of expectant mothers for their confinement and relaxation, and mothercraft classes are now universally provided. One of the most important functions of the Health Visitor is that of health education, and the Divisions have given considerable thought to the problem of how to make the best use of the limited staff and time available. It is important for example that instruction given during routine visits of the health visitor to the home should be planned in a progressive manner. The education of the young in health matters before they have developed prejudices and bad habits should be a fruitful line of activity, and the health visitors have given a number of talks in schools to this end; it is hoped to develop this aspect of their work still further in the future.

From time to time the local press has generously co-operated in publishing statements and interviews connected with health matters and in this way a large public has been reached.

Whenever possible, through the medium of talks and posters, an opportunity has been taken to bring to the notice of the public the connection between cancer of the lung and cigarette smoking. Unfortunately, the latent period between cause and effect appears to lull the smoker into a false sense of security and it may be more effective to stress the more immediate injuries arising from this form of drug addiction such as bronchitis, digestive and heart disorders.

(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. Following this a scheme was prepared to provide Chiropody services for the elderly, expectant mothers and physically handicapped persons, and this came into operation on 9th May, 1960.

So far as the elderly are concerned the voluntary bodies already providing this service agreed to continue and expand their scheme where necessary with financial help from the County Council. Treatment which is normally given by a Chiropodist at Clinic sessions is available to all elderly persons at a cost of 3s. for each treatment or free of charge for those unable to afford this fee.

Expectant mothers and persons who are registered as "substantially and permanently handicapped" may, on application to the Divisional Medical Officer for their area, be authorised to visit an approved Chiropodist for treatment at his surgery. A similar charge of 3s. is made for each treatment with free treatment available for those unable to afford this fee.

In respect of the period 9th May-31st December, 1960, grants totalling £4,300 were paid to voluntary bodies providing Chiropody services and the cost of the direct service provided to expectant mothers and handicapped persons amounted to £98 (after deducting contributions received from patients in each case).

Particulars of persons treated during this period are as follows:—

Treatment provided by Voluntary Bodies—

No. of elderly persons treated ...	...	...	...	6,677
Total No. of treatments given ...	...	...	...	24,545

Treatment provided directly under the County Council's scheme—

No. of expectant mothers treated ...	...	...	...	9
No. of handicapped persons treated ...	...	...	...	101
Total No. of treatments given ...	...	...	...	391

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, 1961, was 559. The average number of equivalent full-time helps employed weekly throughout the calendar year was 515.3, a decrease of 9.5 below the previous year.

(c) Supervision.

During the year the Divisional Supervisors paid 6,934 first visits, 16,837 revisits and 3,240 miscellaneous visits, a total of 27,011 compared with 26,323 for the previous year.

(d) The Scope of the Scheme.

The total number of cases helped during 1960 was 8,902, an increase of 352 or 3.9 per cent. over 1959. The number of cases of maternity, tuberculosis and chronic sick (including the aged and infirm) increased by 320, 4 and 111 respectively, whilst the number of acute cases decreased by 83.

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 1960.	Hours of service given during 1960.	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	2,459 (27.6%)	148,721 (14.6%)	60	23.7	2.6	118 (3.7%)
Acute... ..	1,610 (18.1%)	66,337 (6.5%)	41	7.2	5.7	174 (5.4%)
Chronic	4,725 (53.1%)	787,010 (77.2%)	167	5.2	32.0	2,859 (89.2%)
Tuberculosis... ..	108 (1.2%)	17,243 (1.7%)	160	5.9	27.1	55 (1.7%)
County 1960	8,902 (100%)	1,019,311 (100%)	116	6.0	19.3	3,206 (100%)
County 1959	8,550 (100%)	1,021,753 (100%)	119	6.3	18.9	3,106 (100%)

The table on page 56 shows Divisionally and for the County as a whole the average number of equivalent full-time helps employed weekly throughout the year, the number of cases helped in each of the four categories and the percentage of time spent on (a) service to patients; (b) travelling; (c) sickness; and (d) holidays.

The table on page 55 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.

It will be seen that, over the County as a whole, the total number of cases attended weekly continued to rise during the year, whilst the number of full-time equivalent home helps decreased, with the result that the average weekly number of hours given to patients was slightly reduced. This decrease in the number of equivalent full-time helps is due to the inability to recruit sufficient home helps. Recent wage awards, advertising, public display of posters and contact with local employment exchanges failed to attract sufficient home helps to replace those who had left and additional staff to meet the ever increasing demands on the service.

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.

(e) Whiteley Village Homes, Walton-on-Thames.

In 1959 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.

During 1960, 102 cases received a total of 9,300 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 popu- lation.	Maternity.		Acute.		Chronic.		T.B.		Total.	
								Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.
North-Western	23	21	241	12	297	4.8	12.6	21.6	2.6	9.5	7.6	6.6	29.6	8.3	36.7	8.1	14.7
Central	26	11	365	3	405	6.9	17.8	20.5	2.7	7.4	2.2	4.1	28.4	4.0	12.1	5.3	14.7
North Central	15	29	471	6	521	7.3	25.3	26.4	2.6	5.8	8.8	4.3	32.0	4.2	33.7	5.0	21.8
Southern	8	8	196	3	214	6.9	15.1	24.7	2.4	10.1	4.1	4.6	31.0	4.8	19.1	5.6	18.4
South-Eastern	16	43	162	3	224	5.6	20.2	26.1	2.3	6.4	6.0	5.2	40.3	6.1	19.7	7.0	12.2
Northern	6	6	261	4	276	5.8	34.1	18.8	2.9	4.7	6.1	6.2	30.3	3.4	26.9	6.4	23.9
South-Western	11	24	269	3	307	5.5	17.7	28.6	2.3	8.5	4.8	5.9	40.8	6.9	19.4	7.1	17.3
North-Eastern	8	23	699	19	748	6.2	39.0	26.5	2.6	7.4	9.4	5.5	33.8	6.1	31.7	5.9	28.1
Merton and Morden U.D....	3	9	224	9	245	6.4	35.0	27.1	2.5	7.2	9.3	5.4	33.6	5.8	35.6	5.8	26.7
Mitcham M.B.	3	9	267	6	285	5.9	44.5	27.4	2.8	6.7	10.7	5.9	35.9	4.5	32.4	6.2	30.2
Wimbledon M.B.	2	5	208	4	218	6.2	38.2	23.8	2.4	8.9	8.1	5.3	30.5	8.9	25.9	5.7	26.8
Mid-Eastern	4	10	197	4	214	7.5	23.3	22.4	2.6	5.9	4.7	4.5	32.0	3.7	24.3	4.9	21.7
Beddington and Wallington M.B.	2	3	104	—	109	6.0	34.1	22.3	2.7	7.2	4.6	5.5	30.1	—	—	5.9	21.1
Carshalton U.D.	2	7	93	4	105	9.5	17.5	22.6	2.1	5.3	4.8	3.5	36.5	3.7	24.3	3.9	22.3
County 1960	118 3.7%	174 5.4%	2,859 89.2%	55 1.7%	3,206 100%	6.2	21.9	23.7	2.6	7.2	5.7	5.2	32.0	5.9	27.1	6.0	19.3
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

Division.	Population mid-1960.	Average.	Average equivalent F/T Help employed weekly during 1960.	Total number of cases helped during the year.				Percentage of Home Help's time spent on				
				Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
North-Western ...	235,950	84,592	61.7	471	147	432	17	1,067	87.0	3.5	4.1	5.4
Central ...	226,830	42,841	58.5	506	256	684	11	1,457	82.4	5.9	5.7	6.0
North Central ...	206,280	24,128	71.8	317	172	780	10	1,279	83.4	4.8	5.3	6.5
Southern ...	142,400	125,760	31.0	173	97	336	7	613	87.1	4.2	4.1	4.6
South-Eastern ...	110,740	22,414	39.9	381	377	213	8	979	87.5	2.1	5.1	5.3
Northern ...	81,070	6,628	47.4	102	52	452	8	614	83.7	4.1	6.4	5.8
South-Western ...	173,380	127,026	56.1	263	269	392	8	932	86.5	5.4	2.3	5.8
North-Eastern ...	191,770	9,381	120.5	165	128	1,108	31	1,432	83.3	5.0	6.0	5.7
Merton and Morden U.D.	70,220	3,237	38.0	69	53	354	13	489	84.1	5.6	5.0	5.3
Mitcham M.B. ...	64,090	2,932	48.0	56	45	395	10	506	84.4	4.5	5.5	5.6
Wimbledon M.B. ...	57,460	3,212	35.0	40	30	359	8	437	80.9	5.3	7.7	6.3
Mid-Eastern ...	92,760	6,391	28.5	81	112	328	8	529	83.4	5.9	5.5	5.2
Beddington and Wallington M.B. ...	32,330	3,045	18.0	43	38	193	—	274	83.0	5.8	6.0	5.2
Carshalton U.D. ...	60,430	3,346	11.0	38	74	135	8	255	83.9	6.0	4.9	5.2
County 1960 ...	1,461,180	449,161	515.3	2,459 27.4%	1,610 18.1%	4,725 53.1%	108 1.2%	8,902 100%	84.6	4.6	5.1	5.7
County 1959 ...	1,446,000	449,161	524.8	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

MENTAL HEALTH SERVICES.

Administration.

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

Two specialist assistant medical officers are employed to deal with the examination of mentally subnormal persons. Until 1st November, 1960, both these medical officers were approved for giving medical certificates under the Mental Deficiency Acts and since that date have been approved under Section 28 of the Mental Health Act, 1959.

The eight training centres provided places for 425 trainees at the end of 1960, compared with 409 places at the end of 1959. 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. A speech therapist and a physiotherapist are also employed to treat trainees at the eight centres.

The work of the section includes registration and community care of the mentally disordered, supervision of the field staff of sixteen mental welfare officers and three trainees, the staffing of the training centres and co-ordination of all the services for the mentally ill and subnormal.

As required by the Mental Health Act, 1959, early in 1960, the Council submitted new proposals for the provision of mental health services to the Minister of Health. These proposals were approved by the Minister and came into force at the same time as the Mental Health Act on 1st November, 1960.

Co-ordination with Regional Hospital Board.

Co-operation with the psychiatric hospitals and hospitals for the subnormal, to which Surrey patients are admitted, is excellent and much benefit is derived by the Council's officers from the help and advice given by the specialist medical staff of these hospitals.

During 1960 short courses for the Council's health services staff were arranged with the help of the hospitals and a number of specially chosen health visitors were seconded to the hospitals for training as social workers in the mental health field. This latter course covers 8 months.

The waiting lists for hospitals for the subnormal still remain rather long, but really urgent cases can usually be accommodated at one of the four hospitals to which Surrey cases are admitted. The total waiting list at the end of 1960 was 126.

There are 19 psychiatric out-patient clinics in the County staffed by medical officers from the psychiatric hospitals and hospitals for the subnormal under arrangements made by the Regional Hospital Board.

Work Undertaken in the Community.

Sixteen male mental welfare officers, three trainee mental welfare officers, six specially-trained health visitors and 185 general health visitors (part-time) are responsible for visiting mentally ill and subnormal persons in the community and providing care and after-care according to their needs. Although much of the after-care visiting of former hospital patients is still being carried out by psychiatric social workers attached to the hospitals, some of this work is now being passed to the six specially-trained health visitors and to the mental welfare officers employed by the Council. It is hoped that this trend will continue, so that the Council's proposals for the provision of local mental health services can be fully implemented.

During 1960 health visitors paid 2,296 visits to female mentally subnormal patients and boys under 16 in the community and mental welfare officers paid 1,476 visits to males over 16 in the same group. Recuperative holidays for the mentally ill and short-term care for the subnormal were provided in many cases.

Mental Illness.

The following Table (A) gives statistics of cases dealt with by mental welfare officers under the Lunacy and Mental Treatment Acts up to 31st October, 1960, when the Mental Health Act came into operation.

TABLE A.

Total number of cases reported to Mental Welfare Officers, 2,216.

HOW DEALT WITH																	
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.
127	240	14	24	287	417	3	2	—	3	8	3	9	15	65	106	359	534

Table (B) below gives statistics of cases dealt with by Surrey mental welfare officers from 1st November to 31st December, 1960.

TABLE B.

Total number of cases reported to Mental Welfare Officers, 427.

HOW DEALT WITH.									
No action after enquiry or referred to other Departments.		Observation Sec. 25 M.H. Act.		Treatment Sec. 26 M.H. Act.		Emergency Sec. 29 M.H. Act.		Informal.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
18	44	23	18	19	17	34	65	67	122

Surrey patients are eligible for admission to the following mental hospitals, the appropriate hospital being decided by the patient's home address: Banstead, Brookwood, Horton, Netherne and West Park. St. Helier General Hospital still has a number of beds for female psychiatric patients. These special beds are staffed by medical officers from Netherne Hospital.

Subnormality and Severe Subnormality.

Investigation and registration of all new cases of subnormality and their community care or admission to hospital or guardianship are the responsibility of the mental health services staff at central office. The two specialist medical officers combine this work with the investigation of E.S.N. children for the local education authority.

Subnormal patients are still admitted according to the part of the County in which they live and their age and mental grade to the following hospitals: Botleys Park Hospital, Chertsey; the Fountain Hospital, Tooting; the Manor Hospital, Epsom; Royal Earlswood Hospital, Redhill.

The Physician Superintendents of these four hospitals continue to be most helpful in seeing various patients by appointment and giving the local health authority officers the benefit of their advice. They are also extremely helpful in taking patients for short-term emergency periods. During 1960 97 patients were accepted for short-term care by the hospitals and 16 patients were sent by the Council to private homes, etc., for similar short-term care.

During the year 12 patients were admitted to hospitals or placed under guardianship under compulsory powers under the Mental Deficiency Acts or the Mental Health Act, 1959, and 76 patients were dealt with informally. Of the statutory admissions 8 were Court cases.

The following tables show (i) particulars of all mentally disordered persons known to the Council on 31st December, 1960, their categories, etc.; (ii) numbers of subnormal patients on waiting list for admission to hospital; and (iii) numbers of subnormal patients admitted temporarily for residential care during the year.

(i) *Particulars of all Mentally Disordered Persons under Surrey Local Health Authority Care on 31st December, 1960.*

	Mentally Ill.				Psychopathic.				Subnormal.				Severely Subnormal.				Totals.				Grand Total.
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(a) Attending Training Centre ...	—	—	—	—	—	—	—	—	16	18	15	34	129	95	54	64	145	113	69	98	425
Awaiting Admission to Training Centre ...	—	—	—	—	—	—	—	—	2	1	—	—	19	10	—	—	21	11	—	—	32
(b) Resident at L.A. expense in private residential home ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
(c) Resident at L.A. expense by boarding out ...	—	—	—	—	—	—	—	—	—	—	8	8	—	3	2	3	—	3	10	11	24
(d) Guardianship Surrey C.C. ...	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	1	2	3
Other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
(e) Receiving home visits and not included under (a) to (d) ...	—	—	43	338	—	—	—	—	11	8	234	258	117	68	135	112	128	76	412	708	1,324
Totals ...	—	—	44	338	—	—	—	—	29	27	258	302	265	176	192	189	294	203	494	819	1,810

(ii) *Numbers of Subnormal Patients on Waiting List for Admission to Hospital on 31st December, 1960 (according to need).*

	Subnormal.				Severely Subnormal.				Totals.				Grand Total.
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
In urgent need of hospital care ...	—	—	—	1	7	7	1	3	7	7	1	4	19
Not in urgent need of hospital care ...	9	3	8	10	32	22	11	12	41	25	19	22	107
Totals ...	9	3	8	11	39	29	12	15	48	32	20	26	126

(iii) *Number of Subnormal Patients Admitted Temporarily for Residential Care during 1960.*

	Subnormal.				Severely Subnormal.				Totals.				Grand Total.
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
To N.H.S. Hospitals	3	1	14	15	27	18	5	14	30	19	19	29	97
Elsewhere	—	—	1	—	8	7	—	—	8	7	1	—	16
Totals	3	1	15	15	35	25	5	14	38	26	20	29	113

Training Centres.

There are eight training centres for subnormal persons at the following addresses :—

Ewell ...	Old Schools Lane, Ewell.
Guildford ...	Pond Meadow, Park Barn, Guildford.
Kingston ...	Methodist Church Hall, Victoria Road, Kingston.
Morden ...	Bordesley Road, Morden.
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.

The centres at Guildford and Morden are both purpose-built. Three sites at Ham, Caterham and Walton-on-Thames have now been acquired from the Regional Hospital Board and purpose-built centres will be erected on these sites to replace the rented premises at Kingston, Purley and Weybridge respectively.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration, of 5 nursing homes. On the 31st December, 1960, there remained 43 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 1960 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1960.	Number of children provided for.
Premises ...	51	1,072
Daily Minders ...	221	2,245

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 31st December, 1956, and one smoke control area is now in operation in the County. This is in the Borough of Richmond. It commenced to operate on 1st October, 1960, and covers the south-west part of Ham. This County District has also submitted a second smoke control order to the Minister covering the remainder of Ham and a part of Petersham, details of which were given in my last report.

Since my last report five County Districts have submitted further proposals to the Minister to declare parts of their districts to be smoke control areas. The County Districts and their proposals are :—

	Proposed date of commencement.	Site.	Number of dwellings.	Remarks.
Barnes No. 2 Order	1st Dec., 1961 (Provisional—may be delayed)	Extension of No. 1 Area Southwards—Washington Road to High Street and Church Road, Barnes, thence Eastwards to River Thames	1,240	The principal difficulty encountered by this Authority is confusion which arises amongst residents concerning different dates for the various stages of the bringing into operation of a smoke control order.
Beddington and Wallington No. 2 Order	1st Oct., 1962	Area bounded by County Borough of Croydon and Coulsdon and Purley U.D.C., Woodcote Road, Sandy Lane South and Stafford Road	1,360	—
Kingston-upon-Thames	Not yet decided	North — Railway from Station to Kingston border — South of Down Hall Road. South — Railway Station—lower part of Richmond Road — Eden Street — Brook Street — upper part of Penrhyn Road—West at Bittoms. The Southern boundary passes westerly — The Bittoms—beside County Hall—River Thames (ferry)	220	Area No. 2 which has not yet been submitted to the Minister contains 650 dwellings.
Malden and Coombe	1st Oct., 1962	Coombe Hill area bounded by Kingston Hill, Kingston Vale, Beverley Brook, Coombe Hill Road, Coombe Lane and Warren Road	951	It is proposed to deal with the whole Borough which has been divided into 13 smoke control areas over a period of twelve years. Work of surveying No. 2 area is in progress.
Merton and Morden	1st Oct., 1961	Morden Ward (part)	2,573	This is the first step in a scheme which it is envisaged will eventually embrace the entire district. The second order is proposed to be made to the Minister in July, 1961 (1,027 dwellings). Third area is under survey.

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 application from a Local Authority for the Council's observations to the Ministry of Housing and Local Government under Section 2 (2) of the Act was received during 1960 and reported to the Rivers and Stream Committee :—

Authority.	Scheme.	Estimated Cost.	Committee Decision.
Hambledon R.D.C.	Main drainage—Churt. Revised scheme to provide for ultimate population in Churt of 950	£19,000 (estimated cost in 1959 for original Scheme = £17,000)	Scheme approved in principle.

REFUSE DISPOSAL.

Six new applications under Section 94 of the Surrey County Council Act, 1931, were received and all except one were approved. The exception was refused to enable discussions to take place between the County Council and the other authorities concerned.

Six renewals were granted and at two sites tipping was completed and the refuse tips ceased to operate. The total number of approved refuse dumps in the County is sixteen and all are conducted satisfactorily.

MILK AND DAIRIES.

(a) The Milk (Special Designation) Regulations, 1960.

The above-mentioned regulations of the Minister of Agriculture, Fisheries and Food and the Minister of Health acting jointly, came into operation on 1st October, 1960 (as regards licences, other than producers' licences, the effective date is 1st January, 1961).

The regulations consolidate and re-enact with amendments the Milk (Special Designation) (Raw Milk) Regulations, 1949-1954, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953. The main change affecting the County Council is that dealers' licences, except for a few kinds which will be granted by the Minister of Agriculture, Fisheries and Food, will be granted by the food and drugs authority within which are situated the premises at or from which the milk is to be pasteurised, sterilised or sold as the case may be; dealers licences will permit sales outside as well as inside the area of the licensing authority and supplementary licences are to be discontinued. The period for which dealers licences will be granted is extended from one year to five years. As from 1st January, 1961, therefore, the responsibility for issuing dealers licences in County Districts which are not food and drugs authorities will be transferred to the County Council.

The Council decided to ask these County Districts to allow their Public Health Inspectors to carry out the sampling and inspections necessary under these regulations as agents of the County Council in the same manner as under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953. All the authorities concerned have subsequently agreed to this procedure. The Public Health Inspectors concerned have continued to give valuable co-operation during the past year and their services are much appreciated. Their activities in this respect are co-ordinated by the County Medical Officer.

No new pasteurisers licences were granted during the year, and the total number of these licences in force on 31st December, 1960, remained at six. No licences in respect of sterilised milk have been granted or renewed.

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

					Pasteurised.	Tuberculin-Tested (Pasteurised).
No. of Milk Samples taken	...	...	...	...	323	12
Failed Phosphatase test only	...	...	...	...	—	—
Failed Methylene Blue test only	...	...	...	...	7	—
Failed both tests	...	...	...	...	—	—

(b) Tubercle Infected Milk.

No notifications of milk produced at farms in Surrey having been found to be infected with the tubercle bacillus were received during 1960. 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 1960. Comparative figures for 1959 and 1958 are also given:—

	Milk.			Food other than milk.			Drugs.			Totals.		
	1960	1959	1958	1960	1959	1958	1960	1959	1958	1960	1959	1958
Examined	693	703	706	264	256	252	13	7	13	970	966	971
Adulterated or Irregular ...	20	12	17	17	22	40	—	—	1	37	34	58
Percentage Adulterated or Irregular	2.88	1.71	2.41	6.44	8.59	15.87	—	—	7.69	3.81	3.52	5.97
Samples per 1,000 of average annual population ...	2.08	2.11	2.17	0.78	0.77	0.76	0.04	0.02	0.04	2.90	2.90	2.98

Estimated Mid-Year Population

1960	...	...	...	...	...	337,630
1959	...	...	...	...	...	332,550
1958	...	...	...	...	...	325,130

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 85 varieties of food and 7 different drugs formed the total of 970 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 (AMENDMENT) REGULATIONS, 1960.**

These Regulations amend those introduced last year by increasing from 2 to 5 parts per million the statutory limit for the arsenic content of brewers' yeast intended for use by manufacturers of yeast products. The limit for the final product when sold to the public and for all other yeast and yeast products remains at 2 parts per million.

(b) THE SKIMMED MILK WITH NON-MILK FAT REGULATIONS, 1960.

These Regulations, which come into operation on the 19th September, 1961, have been introduced to enable consumers to distinguish skimmed milk with added non-milk fat from whole milk, and to control the labelling and advertising of the product in its liquid, condensed or dried form. These products, which are referred to in the Regulations as "specified foods," have the appearance of milk, condensed milk or dried milk, but the butter-fat has been removed and vegetable or other non-milk fat substituted. Any label for a "specified food" which carries a claim in relation to coronary disease must bear also a statement of the kind and amount of fat used.

Food Standards Committee Report.**BREAD AND FLOUR.**

A report by the Food Standards Committee makes recommendations for control over the composition, description, labelling and advertising of bread and flour. The main recommendations regarding bread are that there should be a statutory permitted list of the ingredients which may be used in bread; that descriptions of "protein" breads should be controlled; that no label or advertisement should be allowed to suggest that particular types of bread have a specific weight-reducing property; and that the term "starch-reduced" should be applied only to bread or bread substitutes in which the carbohydrate content, on a dry basis, is less than 50 per cent.

The Committee recommends that the present regulations which require all flour to contain specified amounts of vitamin B1, nicotinic acid and iron and the addition of chalk (*creta praeparata*) to all flour except wholemeal flour, should be continued for the present and that no change in the prescribed levels of nutrients and chalk is required; that the sampling of flour to ensure that it complies with these regulations should be confined to mills and docks; and that only certain bleaching and improving agents should be allowed for the treatment of flour.

COMPOSITIONAL QUALITY OF MILK.

Proposals to raise the food value of milk were made recently in the report of the Cook Committee on the Composition of Milk. The adoption of certain of the Committee's recommendations would require changes in law.

As a first step towards improving the non-fatty solids content of milk the Cook Committee suggest that Milk Marketing Boards in Great Britain should pay less than the normal price for supplies deficient in non-fatty solids. In their view the present presumptive standards should be replaced by fixed minimum standards as soon as possible. Since 1901 presumptive minimum standards of 3 per cent fat and 8.5 per cent solids-not-fat have existed to ensure that milk is genuine; the presumptive standards are capable of being rebutted by evidence that the milk although sub-standard is the actual product of the cow, even if the deficiency in quality is brought about by improper herd management.

The Cook Committee recommend that consideration should be given to the adoption within ten years of a fixed minimum standard for whole milk of 8.5 per cent solids-not-fat and within five years a fixed minimum standard of 3 per cent for the fat content of milk. Milk sold in Surrey at the present time contains on the average 3.7 per cent milk fat and 8.7 per cent milk solids other than milk fat. Only about 1 per cent of the milk sold is below the minimum standards so that its withdrawal from sale, although desirable in the interest of those who consume it, will have practically no effect upon the general average.

Legal Proceedings.

During the period under review it was considered necessary to institute proceedings in four cases.

Milk.

Of a total of 693 milk samples taken 20, or 2.88 per cent, were found to be irregular.

Sausages.

Although there is still no prescribed standard for the meat content of pork and beef sausages all the 22 samples taken by this Authority during the year conformed to the recommended standard of 65 per cent and 50 per cent for pork and beef sausages respectively.

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 1960 was 2,688 compared with 2,642 at the end of 1959.

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, 1960.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1... ..	2	—	2	1	—	1
2... ..	1	—	1	2	—	2
3... ..	—	—	—	—	—	—
4... ..	—	—	—	1	—	1
5—10	—	—	—	14	9	23
11—15	—	—	—	19	18	37
16—20	—	—	—	9	10	19
21—29	1	—	1	26	22	48
30—39	5	4	9	66	39	105
40—49	4	5	9	96	75	171
50—59	8	17	25	141	139	280
60—64	4	9	13	81	115	196
65—69	7	16	23	87	127	214
70—79	38	75	113	224	450	674
80—84	18	47	65	122	293	415
85—89	9	37	46	78	238	316
90 and over	6	17	23	41	145	186
Unknown	—	—	—	—	—	—
	103	227	330	1,008	1,680	2,688

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 462 as compared with 422 at the end of 1959.

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 BDS must be completed by an Ophthalmologist. During the year 545 forms were received relating to new cases and re-examinations as compared with 466 during 1959. The following table is a summary of the number of new cases in which forms BDS show that treatment (medical, surgical or optical) is required.

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

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

	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	45	37	1	195
(b) Treatment (Medical, Surgical or Optical)	38	19	—	70
* (II) Number of cases at (I) (b) above which on follow-up action have received treatment	11	15	—	43

* Of the number who have not received treatment, 3 have died and 12 have moved from the area. Many recommendations for treatment are qualified by the reservation "when general condition permits" and in 5 cases the recommendation was only partially effected.

(ii) HOME TEACHERS FOR THE BLIND.

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

Their duties include domiciliary visits to blind and partially sighted persons 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. 22,419 such visits were made this year. Twelve 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. The four blind children of under school age in the County remained at home during the year and of the 60 blind children of school age, 37 attended Schools for the Blind, at other schools 1, not at school 3 and 19 were ineducable on account of other defects, 3 being in mental hospitals, 8 in mental deficiency institutions, and 8 at home or elsewhere.

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 "First" calls on 11 registered persons, all of whom were recommended for training or employment. He paid 92 visits on "Follow up" and "Service" calls and 116 calls on firms to interest them in the employment of blind persons. In addition, the Training Officer paid 4 calls to investigate the suitability of employment in certain factories and settled in newly employed persons of whom there were 14. There were 7 replacements during the year. Placements included the following trades: machine operating, assembly, typing, packing, drilling, photographic, and core building.

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

There are at present 18 blind persons employed in Workshops for the Blind, and the County Council continues to pay capitation fees to the Workshop and supplementation of earnings to the blind employees who are engaged in basket making, brush making, mattress making, knitting pin moulding and machine knitting. Capitation fees are also paid to the Royal National Institute for the Blind in respect of the 41 blind persons whose work is supervised by their Home Industries Department. Augmentation is paid to the blind workers whose occupations are similar to those of the "workshop employee" but who, for geographical or domestic reasons, are unable to travel to the Workshops which, with the exception of Leatherhead, are situated in London.

In addition, capitation fees are paid by the County Council to the National Library for the Blind in respect of 284 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.

Deaf or Dumb Persons.

In October, 1960, the Council prepared a scheme for the provision of welfare services for deaf or dumb persons. This scheme will be implemented initially on their behalf as from 1st April, 1961, by the Middlesex and Surrey League for the Hard of Hearing in respect of persons who have hearing difficulties and by the Royal Association in Aid of the Deaf and Dumb as regards persons who are deaf or dumb.

Other Handicapped Persons.

Under the Council's scheme for handicapped persons, other than the blind, partially sighted and deaf or dumb, an increasing number of patients received help during 1960 either from the Voluntary Association for Surrey Disabled or from the Council direct. The Voluntary Association are the Council's agents and they exercise the mandatory clauses of the scheme. They also provide ancillary services, e.g., handicraft classes, aids for the handicapped, holidays, transport, etc.

In certain approved cases the Council give financial assistance directly to handicapped persons who need to have their homes adapted or equipped so that they may more easily take their place in everyday life and 12 persons were assisted in this way during 1960. In some cases the alterations required are extensive; for example, the Council were asked to help a housewife whose legs had been amputated. To enable her to move about in a wheelchair on the ground floor of her house, and thereby to look after her family, an existing w.c. was moved, a new bath, lavatory basin and larder were provided and the kitchen was replanned. The local County District Authority made an improvement grant to the husband, the owner of the house, and the County Council gave him financial assistance to meet the balance of the cost of the adaptations.

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

During 1960 financial assistance was given towards the training and rehabilitation of 3 handicapped persons in Enham-Alamein Village Centre and grants were made to Dorincourt Estates, Leatherhead, towards the cost of maintaining 9 disabled persons in the sheltered workshops there.

On 31st December, 1960, the register of "Other Handicapped" persons contained 2,568 names as follows:—

			<i>Male.</i>	<i>Female.</i>	<i>Totals.</i>
Under 16	...	...	202	174	376
Aged 16-64	...	...	803	845	1,648
Aged 65 and over	...	...	193	351	544
			<hr/> 1,198	<hr/> 1,370	<hr/> 2,568

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 1960 was 1,461,180 which includes 214,400 children between the ages of 5-14 years inclusive. In January, 1961 there were 184,666 children on the registers of 668 county and voluntary schools, an increase of 1,083 in the number of children on the school registers compared with January, 1960.

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 :—

		<i>Age Groups.</i>								<i>Examination.</i>
<i>Primary School</i>	(i) On entry	...	...	...	...	...	...	...	...	} Complete medical examination.
	(ii) During year in which age 8 is reached	...	...	...	...	...	...	...	...
<i>Secondary School</i>	(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	...	...	...	...	...	...	...	...	} Eye test only.
	(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 68,492 and 35,219 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 68,492 pupils examined at periodic medical inspections 9,761 (or 14.25 per cent.) were found to be in need of treatment for 11,393 diseases and defects. Table IIA shows these diseases and defects from which it will be seen that 5,332 or 47.7 per cent. of them were defects of the nose and throat and of vision and squint. During the year 676 cases of chronic tonsillitis and adenoids were recommended for treatment and 3,296 placed under observation.

There were 18,357 defects found to be in need of treatment in the course of periodic and special inspections in 1960, and 20,867 defects, a proportion of which were found in previous years, were actually treated during the year.

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

During 1960 school medical officers carried out 13,073 special inspections and 14,366 re-inspections of children while 10,280 visits were paid by health visitors to the homes of the children for all purposes. An analysis of these is given on page 69.

(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 1960 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. In 1960 the number of individual examinations of pupils was 267,100 and of these, 604 were found to be infested. Figures for the five years 1956-1960 are given below :—

	1956	1957	1958	1959	1960
Number of visits to Schools by nurses for all purposes	13,192	13,266	11,861	11,165	9,969
Cases with nits in the hair	1,165	1,084	878	642	820
Cases with lice in the hair	116	113	85	117	64
Cases with verminous bodies	5	1	3	2	—
<i>Exclusions—</i>					
1st Time	163	190	179	107	149
2nd Time	13	23	19	23	15
3rd Time... ..	—	6	1	3	3

Three cases of neglect to give proper attention to dirty or verminous conditions were referred to the National Society for the Prevention of Cruelty to Children. Following visits by the Society's Inspectors, treatment was obtained and the cases improved. Because of the falling incidence of uncleanliness, consideration was being given at the end of the year to the suspension or reduction in selected schools of hygiene inspections for a limited period.

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 1960 was 7,877; the corresponding figure in 1959 was 7,309.

(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 1960.	Number of Attendances.	Number of new cases Admitted.	Number of cases Discharged.
Guildford, Stoke Road	6	52	65	19	14
Guildford, Stoughton	4	41	48	7	15
Wimbledon, Pelham Road	12	93	162	31	38
Total	22	186	275	57	67

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 1960.	Number of Attendances.	Number of New Cases admitted.	Number Discharged.
North-Western	335	231	4,004	115	60
Central	530	338	2,831	265	197
North-Central	197	158	1,562	102	67
Southern	505	377	2,436	256	259
South-Eastern	693	502	6,101	350	201
Northern	229	391	2,741	245	183
South-Western... ..	253	216	2,120	125	146
North-Eastern	164	122	1,240	104	68
Mid-Eastern	675	210	2,997	154	125
Total	3,581	2,545	26,032	1,716	1,306

(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 1960 245 children made 1,920 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 1960 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. ...	84	153	971	271	46	1	603	2,129
C. ...	64	68	322	145	9	55	560	1,223
N.C. ...	61	89	752	117	11	87	156	1,273
S. ...	263	38	408	92	34	79	150	1,064
S.E. ...	74	75	353	28	13	29	312	884
N. ...	14	35	149	51	4	25	25	303
S.W. ...	86	96	583	155	31	89	243	1,283
N.E. ...	100	60	731	163	22	92	77	1,245
M.E. ...	199	81	376	103	19	48	50	876
TOTAL ...	945	695	4,645	1,125	189	505	2,176	10,280

B. FIXED APPOINTMENTS.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinic.	Hygiene.	Teaching Sessions.	Other.	Total.
N.W. ...	200	427	521	347	14	196	1,708
C. ...	164	409	226	148	47	155	1,149
N.C. ...	256	516	343	281	—	109	1,505
S. ...	32	389	333	205	4	99	1,062
S.E. ...	132	214	89	51	1	163	650
N. ...	72	178	229	78	1	6	564
S.W. ...	109	618	189	328	14	21	1,279
N.E. ...	35	678	558	145	5	23	1,444
M.E. ...	114	311	420	116	—	147	1,108
TOTAL ...	1,114	3,740	2,908	1,699	86	922	10,469

While there are very considerable advantages in the amalgamation of the field work of the health visitor in relation to the school health and other services, e.g., care of mothers and young children, the question of how best to secure the most effective use of the health visitor's time in the school health service was under consideration at the end of the year by the County Health Committee in the light of the Report of the Working Party on Health Visiting.

AUDIOMETRY.

The scheme for the routine testing of hearing of school children was continued during the year. Three audiometricians serve the whole County using puretone audiometers. Children born in 1953 and 1954 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 1960.

AUDIOMETRY — 1960.

	NORTH WESTERN		CENTRAL		NORTH CENTRAL		SOUTHERN		SOUTH EASTERN		NORTHERN		SOUTH WESTERN		NORTH EASTERN		MID-EASTERN		GRAND TOTAL								
	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)	Routine Examinations.	Special Examinations (including refests and children attending speech clinics, special schools, etc.)											
(1) No. of children tested	2,808	559	3,360	2,088	414	2,502	2,028	678	2,706	1,524	407	1,931	1,273	117	1,390	650	98	748	898	147	985	2,257	1,194	219	1,413	17,331	
(2) No. of children who failed test in one or both ears and referred to school medical officers	198	178	376	78	107	185	75	117	192	38	86	124	33	37	70	28	9	37	80	79	159	86	53	34	59	1,341	
(3) Result of investigations by school medical officers:—																											
(a) No appreciable hearing loss	25	22	47	10	17	27	19	27	46	15	5	7	6	5	11	5	23	7	19	17	56	23	13	31	5	222	
(b) History of otitis media	41	25	66	11	15	26	11	26	37	3	5	8	—	2	2	7	1	8	11	5	16	12	5	14	3	180	
(c) Wax in external auditory meatus	25	15	40	8	3	11	5	14	19	2	3	5	2	1	3	3	1	4	4	8	12	8	5	13	8	118	
(d) Catarrhal conditions, etc.	45	44	89	10	12	22	10	10	20	3	8	11	7	6	13	9	23	11	14	17	31	12	10	22	8	11	
(e) No local cause found for deafness	9	11	20	8	27	35	2	4	6	4	6	10	1	3	4	1	1	1	1	—	1	1	1	1	5	84	
(f) Unhealthy tonsils	25	11	36	19	11	30	5	4	9	2	4	6	—	—	—	—	1	1	13	6	19	7	—	—	6	114	
(g) Mental retardation	3	5	8	1	1	2	3	3	6	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	20	
(h) Miscellaneous causes	3	5	7	2	6	8	17	19	36	1	3	4	1	1	2	3	23	3	13	16	5	5	7	12	2	92	
(i) Untrained or left district	3	5	8	1	1	2	2	1	3	2	4	6	1	1	2	—	—	—	1	1	2	4	1	5	1	29	
(j) Referred to general practitioners or still awaiting appointments	13	14	27	6	6	12	—	—	—	18	42	60	5	8	13	—	—	—	3	1	4	3	8	11	33	130	
(k) Already supplied with hearing aids	—	5	5	1	2	3	—	3	3	—	3	3	1	—	1	—	—	—	—	—	—	—	1	1	2	20	
(l) Investigations remaining to be carried out	7	16	23	1	6	7	1	6	7	—	1	1	9	10	19	—	—	—	11	11	22	11	5	16	4	102	
(4) Children referred to specialists for investigation and treatment	198	178	376	78	107	185	75	117	192	38	86	124	33	37	70	28	9	37	80	79	159	86	53	34	59	1,341	
(5) Special educational treatment recommended in selected cases:—																											
(a) Favourable position in class	9	4	13	4	6	10	1	1	2	1	2	3	—	—	—	—	—	—	36	32	68	9	9	18	4	15	225
(b) Hearing aid provided	—	—	—	1	3	4	—	—	—	—	—	1	—	—	—	—	—	—	2	5	7	1	3	4	2	4	48
(c) Lip reading instruction	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	6

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 1960, 1,666 Surrey pupils were attending special schools compared with 1,612 at the end of 1959.

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

Educationally Sub-Normal.

					Accommodation.	Age Range.
Gosden House School, Bramley	...	...	...	...	80 girls } (boarding) 20 boys } 20 mixed (day)	5—16 5—10
St. Nicholas School, Redhill	...	...	...	...	100 boys (boarding) 20 boys (day)	10—16
Carew Manor School, Beddington	...	...	...	...	140 mixed	7—16
St. Christopher's School, Mitcham	...	...	...	...	170 mixed	7—16
St. Philip's School, Chessington	...	...	...	...	130 mixed	7—16
Park School, Woking	...	...	...	...	120 mixed	7—16
West Hill School, Epsom	...	...	...	...	50 mixed	7—12

Delicate and Physically handicapped.

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

Deaf.

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

Maladjusted.

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

In September 1960, West Hill School for educationally subnormal children opened at Epsom. This is a temporary school accommodating 50 boys and girls between the ages of 7-12 years. When the new school is built in Leatherhead—it is expected that it will be ready for occupation in September 1962—West Hill School will close and the staff and pupils will be transferred.

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.										Home Tuition.	Tuition in Hospital or Special Units.	Under Review.								
			In Special School or Hostel.						Parents refuse consent.	On waiting list.	Recom- mended special education in Ordinary School.	In Ordinary School.			At home or in hospital or in Private School.								
			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	16	—	—	18	11	18	11	—	—	5	2	—	—	—	1	—	—	—	—	—	1	2
Partially sighted ...	47	27	—	—	29	15	29	15	1	—	2	2	9	7	—	—	—	—	—	3	—	3	3
Deaf ...	55	50	11	15	36	25	47	40	—	—	5	5	3	4	—	—	—	—	—	—	—	1	—
Partially deaf...	139	85	—	—	31	8	31	8	—	1	1	2	72	63	1	—	—	—	—	21	6	4	5
Educationally sub-normal	1,236	755	512	324	46	25	558	349	24	26	196	118	343	184	3	4	—	—	90	62	22	12	—
Epileptic ...	42	36	—	—	18	7	18	7	—	1	—	—	4	5	—	1	—	1	19	18	1	3	—
Maladjusted ...	191	75	38	4	98	57	136	61	8	—	30	4	3	4	3	3	—	—	7	3	4	—	—
Physically handicapped	356	247	39	27	70	55	109	82	2	2	15	3	60	40	22	18	33	24	82	58	33	20	—
Delicate ...	206	109	48	20	56	18	104	38	10	9	13	1	17	19	—	—	6	8	47	27	9	7	—
Speech defect	7	3	—	—	3	2	3	2	—	—	2	1	1	—	1	—	—	—	—	—	—	—	—
Totals ...	2,294	1,403	648	390	405	223	1053	613	45	39	269	138	512	326	30	27	39	33	269	174	77	53	—

The Mental Health Act, 1959, by amending the Education Act, 1944, introduced certain changes in the law relating to children who suffer from a disability of mind which makes them unsuitable for education at school. Section II of the Mental Health Act substitutes new sections, 57, 57A and 57B for Section 57 of the Education Act, 1944 as amended by Section 8 of the Education (Miscellaneous Provisions) Act, 1948. The new sections are concerned with children who through a disability of mind are "unsuitable for education at school." This phrase replaces the words "incapable of receiving education at school" and is intended to assist in the implementation of the recommendation of the Royal Commission that children should not be declared to be "ineducable," and that those severely sub-normal children who are unable to profit by education in ordinary or special schools should be recommended for training in training centres provided by the local health authorities or in hospital.

The provisions of the old Section 57(4) of the Education Act, 1944 which enabled the local education authority to report a child to the local health authority on the ground that his disability of mind made it "inexpedient that he should be educated in association with other children" are not included in the new Section 57. No child has been reported to the local health authority under these provisions in Surrey during the past ten years.

The provisions of the old Section 57(5) have also been omitted from the new section. The Minister advises, however, that although statutory reports will no longer be issued, local education authorities can pass to local health authorities information on school leavers who they think will require care or guidance.

The Mental Health Act came into operation on 1st November, 1960 and during the year 44 children were reported to the Mental Health Committee either as "ineducable" or "unsuitable for education at school," 52 were reported for statutory supervision after leaving school and 8 were referred to the Committee as school leavers who would benefit from some "community care."

Convalescent treatment.

There were 262 children admitted to convalescent homes during the year, a slight decrease on the previous year when the number was 278. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

(a) Child Guidance.

Following the Education Committee's decision to expand the school psychological service additional appointments of educational psychologists and psychiatric social workers were made during the year. The Committee adopted the staffing ratio for the child guidance service of 1 to 2 to 3 as between psychiatrist, educational psychologist, and psychiatric social workers. They were of the opinion that this staff could cover the essential child guidance work of the clinic and the school psychological service and would also provide better opportunity for the clinic staff to follow up their cases and work in closer co-operation with the school health, maternity and child welfare, hospital and general practitioner services.

Liaison between the child guidance clinics and other County services has been encouraged by means of regular meetings of the staff concerned. Such meetings both in the field and at administrative level have been most helpful. Close contact has been maintained with the South-Western Metropolitan Regional Hospital Board in developing the service and there is a free interchange of patients between the clinics and the hospital paediatric departments where necessary.

Children are referred to the clinics from many sources, including teachers, parents, general practitioners, hospital and school medical officers and although direct access to the clinics is available it has been the custom for teachers and parents, in particular, to refer the child in the first instance either to the school medical officer or the general practitioner.

The number of children referred to the clinics continued to increase: a total of 1,248 children in 1960 as against 1,040 in 1959. To meet this demand on the service the Education Committee—besides approving the increase in psychologists and social workers mentioned above—also agreed to increased psychotherapy sessions at the Wimbledon, Sutton, Malden and Guildford clinics. In addition two extra psychiatric sessions were authorised for the Richmond clinic, one of them being held in the evenings so that adolescents and parents, particularly fathers, could see the doctor more readily.

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	1.6		0.4	
Chipstead	0.4	0.4	1.0	—	1.0
Reigate	0.6	0.6	1.0	—	1.0
Richmond	0.6	0.8	1.5	0.2	1.0
Malden	0.6	1.2	1.5	0.4	1.0
Sutton	1.0	2.4	3.0	1.0	2.0
Wimbledon	0.6	1.0	1.0	0.7	1.0
Mitcham	0.4	1.0	1.0	—	1.0
Woking	1.0	1.0	3.0	—	2.0
Total equivalent full-time ...	6.2	10.6	15.0	3.1	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 ...	100	59	59	143	194	95	76	80	200	101	141	1,248
No. of new cases seen	61	47	44	131	172	73	68	60	132	90	124	1,002
No. of cases discharged	18	23	31	44	149	41	93	42	100	104	46	691
Analysis:—												
(a) Treatment completed	3	11	11	20	28	11	31	18	56	46	30	265
(b) No treatment required	2	5	4	17	78	17	27	5	32	31	3	221
(c) non co-operation of parents ...	3	1	4	4	15	10	14	12	5	7	4	79
(d) Other arrangements made ...	10	6	12	3	28	3	21	7	7	20	9	126
No. of cases under treatment at end of year	32	12	15	53	32	26	17	24	58	43	41	353
No. of cases under supervision at end of year	5	35	38	101	137	16	161	64	68	148	76	849
No. of cases withdrawn from waiting list during year	10	9	4	12	20	8	12	27	58	4	19	183
No. of cases remaining on waiting list at end of year	30	21	20	33	28	17	24	18	74	16	10	291
No. of interviews by psychiatrists ...	596	341	321	636	1,114	554	437	725	1,260	772	1,559	8,715
Analysis:—												
(a) With children for examination	61	76	86	174	219	72	86	134	170	131	140	1,349
(b) With children for treatment ...	457	154	96	513	608	444	150	346	824	530	1,174	5,196
(c) With parents	65	92	103	340	228	24	181	142	238	84	169	1,666
(d) With others	13	19	36	109	59	14	20	103	28	27	76	504
No. of sessions held:—												
(a) Psychiatrists	206	91	93	320	298	210	186	258	490	293	486	2,931
(b) Educational psychologists ...	187	143	118	462	283	352	264	179	613	334	401	3,336
(c) Psychotherapists	13	60	57	96	94	13	—	94	297	255	—	979
(d) Psychiatric social workers ...	172	89	109	738	426	252	26	481	629	502	—	3,424

(b) Speech Defects.

There were 51 Speech Clinics in operation at the end of the year at which a total of 130 treatment sessions were held each week. New clinics were opened during the year at Banstead, Caterham Hill, Haslemere, Mitcham, New Haw and Woking and additional sessions were authorised at Leatherhead and Walton-on-Thames clinics. Regular sessions were held also at Carew Manor, Gosden House, The Park, St. Nicholas', St. Christopher's, St. Philip's and West Hill Special Schools, and at the Spastic Unit attached to Bedelsford Day Special School. There were 2,034 individual children treated during the year compared with 1,911 in 1959; these were mainly for stammer, lisp and under-developed speech. Of these 350 were discharged as cured, 184 discharged as greatly improved, 142 discharged as showing some improvement and 62 as showing little or no improvement. A table showing the work of the Speech Therapists in 1960 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 1960:—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	1	1
Diphtheria	—	—	—	—
Scarlet fever	708	12	96	816
Enteric fever	1	—	1	2
Measles	560	16	8	584
Whooping cough	660	17	41	718
German measles	768	9	39	816
Chicken-pox	4,357	14	51	4,422
Mumps	4,549	28	76	4,653
Jaundice	15	2	—	17
Other	387	12	45	444
Totals	12,005	110	358	12,473

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	11	—	11
Impetigo	26	1	27
Scabies	12	—	12
Other	36	—	36
Totals	85	1	86

Tuberculosis in Schools.

During the year 24 schoolchildren and 1 teacher were notified as suffering from tuberculosis as a result of which it was decided that special investigations should be carried out at eleven schools (8 in County or Voluntary schools and 3 in Independent schools). By the end of 1960, seven of the investigations were completed. The combined results are summarised below together with the findings of four surveys respecting 1959 notifications which were not ready by the end of that year.

In nine of the eleven investigations, 2,169 children were Mantoux tested of which 178, or 8.2 per cent were found to be Mantoux positive and these positive reactors were then X-rayed. In the other two incidents X-raying only was felt to be sufficient. The results of all these X-ray examinations were satisfactory.

In addition to the examination of children it is the normal practice when an investigation is held at a school to offer a chest X-ray to the teaching and domestic staff and a high proportion of these employees at the schools in question were, in fact, so examined.

These investigations, which often involve much detailed work for the Divisional Medical Officer and his staff, are of course, undertaken primarily to safeguard the health of school children. However, there is also always the possibility that subsequent examination of contacts of pupils will disclose further cases of tuberculosis as was the case in one survey where the Chest Physician was able to report to the Divisional Medical Officer that the investigation of 664 children and 50 teachers had been very fruitful from his side as examination of the family of one of the Mantoux positive pupils showed that the father had active pulmonary tuberculosis and that a six-month old sister also had active disease.

The following is an account of one investigation :—

A boy, aged 14, at a Voluntary school was notified as a case of pulmonary tuberculosis and the Chest Physician advised a full investigation.

Of 415 pupils examined, 244 were Mantoux tested and 21 of the 244 (8.6 per cent) were found to be positive. These 21 reactors and 171 pupils who had had B.C.G. previously were X-rayed, all with satisfactory results.

Only seven pupils who had been in contact with the notified case refused to co-operate. Children and staff who had left the school after the incident were urged by letter to have a chest X-ray.

All 54 members of the teaching and ancillary staffs were asked to have an X-ray. Four had left and six did not comply with the request. Of the 44 who were X-rayed, 43 had satisfactory results but the other employee was found to be suffering from active infectious pulmonary tuberculosis and he was promptly admitted to hospital.

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 1960 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) Report on Physical Education.

Primary Schools.

The progress noted during several previous years in physical education in primary schools has been well maintained this year. Intense interest and enthusiasm in all types of physical activity is evident at this level and this enthusiasm is being helped by the supply of a greater variety of apparatus and equipment than ever before. Schools without indoor space for physical education have suffered rather more than usual because of the abnormally wet autumn and winter—making continuity and progress most difficult—but the picture over the County as a whole is very promising and satisfactory.

Secondary Schools.

The problem of staffing mentioned frequently during the last few years has not improved and many schools are without specialist teachers of physical education. Much has been done by the Authority's Organisers to introduce activities which can safely be taken by the non-specialist in such schools so as to "keep the kettle boiling."

There has been constant improvement in the quality of school playgrounds and playing fields with improved facilities provided for the practice of athletics and games. It is hoped that many more playgrounds will be netted and equipped for tennis and basketball in the next year or two.

Perhaps the greatest stride forward has been made in the sphere of outdoor activities. Many courses have been held at the Thames Young Mariners' Base to introduce teachers to the skills and techniques of handling canoes and dinghies and, as a result, many schools have arranged canoeing holidays for small parties in England and Wales and, in at least one case, abroad. Several weekend courses in mountain and fell walking and rock climbing have been held at Capel Curig in North Wales and again this has resulted in organised school parties spending weekends in these pursuits. The Duke of Edinburgh's Award Scheme has also grown in appeal both at school and post-school level with a consequent growth in expedition work, camping, etc.

Courses and demonstrations for primary school teachers in music and movement, games skills, the daily P.E. lesson, work on climbing apparatus, etc., have been arranged and reasonably well attended during the year.

At secondary level courses covering major games and athletic events have been successfully held.

Swimming.

Interest in swimming is still growing and the number of primary schools with their own learners' pool has now become 12. Others are being planned and the co-operation between teachers, parents and pupils in these projects is quite remarkable and praiseworthy.

A most successful course for teachers was held at Guildford in February-March, 1960, as a result of which 16 gained the Teacher's Certificate of the A.S.A.

(b) Open Air Education.

(i) **SUMMER CAMP.** The Henley Fort Camp was in use during the period 7th May to 24th September and during this period no serious illness occurred. The following statistics are given for 1960 together with those for the preceding year :—

	1959 (38th season)	1960 (39th season)
Number of children	414	541
Number of teachers	31	40
Number of schools	6	9
Average cost of food per head per week ...	£1/1/9d.	£1/2/10½d.
Number of weeks	14	18

(ii) **SHEEPHATCH SCHOOL.** The Surrey County Council purchased Sheephatch School in 1957 which had been on lease since 1946, and the Education Committee will continue using the school so that children resident in the administrative area of Surrey may be able to enjoy a period of residential school life, under conditions beneficial to their physical health and general welfare.

The School is situated in its own grounds of about 20 acres in the Farnham area of Surrey at Sheephatch, near Tilford, and is designed and equipped to accommodate a total of approximately 150 children and 15 members of the teaching staff. The buildings, which consist of large well-constructed huts, all of which are centrally heated, include an assembly hall, dining room, dormitories, classrooms, bathrooms and showers and hospital quarters. There is a swimming pool in the school grounds for summer use, together with playing fields and gardens. In addition to the facilities provided for education and recreative activities, adequate arrangements have been made for the care of the children's health. A full staff of teachers and a qualified nurse are in residence, together with the permanent domestic staff of the school.

The normal age-range for admission is 13½-14½ but the Education Committee offer opportunities for short-term residential education to rather younger children if heads of schools, in co-operation with parents, desire to have children in the age-range 12½-13½ considered for admission.

(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, 1960 :—

No. in Attendance.	Total No. of mid-day meals supplied.	No. supplied free of cost.
172,195	114,542	3,458

The total number of pupils, both day and boarding, who were receiving milk free of cost was 138,787 in maintained schools and 39,490 in non-maintained schools.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1960, the Education Committee was responsible for the maintenance and training at residential institutions of four handicapped persons over special school leaving age. The responsibility of the Committee in this respect is limited to those persons who require education as part of their training. Where the training is purely vocational responsibility is accepted by the Ministry of Labour and National Service.

EMPLOYMENT OF CHILDREN.

Of the 4,320 children who were medically examined during the year as to their fitness to take part-time employment only four 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 6,471 examinations and re-examinations were carried out for this purpose.

There were 75 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 1960.

At 31st December, 1960, the dental officer staff consisted of 30 full-time and 3 part-time salaried officers and 31 sessionally-employed officers equivalent to an additional 12.8 whole-time officers. This compares with the position at the end of 1959 when there were 31 full-time and 2 part-time salaried officers and 30 sessionally-employed officers who were equivalent to additional 11.4 whole-time officers.

These figures give a comparison on a specific date. There were fluctuations during the course of the year due principally to changes in sessionally-employed members of the staff. The net result,

however, was an overall improvement throughout the course of the year of the equivalent of $1\frac{1}{2}$ full-time officers. Two additional full-time officers were appointed at the end of this year and will commence duty in January 1961.

Accommodation and Equipment.

The clinic premises at the Grange, Wallington were totally destroyed by fire in January. Within a day or so a room at Rochester Road Clinic, Carshalton was equipped with old surplus equipment and the service was restored. At a later date the surgery was completely re-equipped. Although the removal has caused some inconvenience to both patients and staff and additional pressure on the accommodation at Rochester Road Clinic, it has proved reasonably satisfactory as a temporary expedient pending the building of a new clinic in Wallington.

New clinics were opened at Caterham-on-the-Hill and at Morden. The buildings are well designed with self-contained dental suites and both are equipped with high speed airtors and X-ray apparatus. Schools where children previously attended Wimbledon, Grand Drive and Middleton Road Clinics were allocated to the new Morden Clinic. The clinic at Caterham-on-the-Hill serves an area where children previously had an inconvenient journey to Caterham Valley. New equipment has been installed in several of the older clinics throughout the County.

Orthodontic Service.

One full-time and five part-time officers provided specialist orthodontic treatment for school children. Additionally, most dental officers undertake a limited amount of orthodontic treatment, usually on their own initiative but frequently after consultation with one of the orthodontists. An additional full-time orthodontist will provide orthodontic sessions in the South-Western and North-Western Divisions in the New Year.

Most of the cases were treated by removable appliances (2,485) and in addition 37 fixed appliances were fitted. Although a course of treatment may last a considerable time, there is generally excellent co-operation from the patient and in the vast majority of cases, a successful result, both functional and aesthetic 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 sixteen clinics.

County Dental Laboratory.

The staff of the laboratory consisted of a Chief Technician assisted by five technicians and one apprentice. I regret to report the death in June of Mr. H. A. Humphreys who had been Chief Technician since September, 1950.

The following table shows the record of work of the laboratory in connection with the School Dental Service. The figures in brackets give the total work including the work of the Priority Service.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns and Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,392	202	271	71	2,697	150	5,783
(2,392)	(435)	(295)	(74)	(2,697)	(664)	(6,557)

Dental Hygienist.

The duties of the dental hygienist are the cleaning and polishing of the teeth and giving advice on oral hygiene by means of instruction to individual patients and group talks. This is carried out with the use of posters, leaflets and models of the jaws to demonstrate the correct technique of tooth-brushing. The hygienist completed 1,678 scalings and polishing and 89 hours were spent on instruction in oral hygiene.

The experimental scheme for training Dental Auxiliaries commenced in October at the Training School at New Cross, London. The course extends to a period of two years and when trained, this class of ancillary will be allowed to undertake simple fillings of all teeth, and the extraction of temporary teeth under local infiltration anaesthesia. Regulations provide that Dental Auxiliaries may be employed in the dental services of Local Authorities and Hospitals, under the supervision of a dental officer.

Dental Inspection and Treatment.

During the year under review, 147,053 children were inspected and 10,538 attended as specials. Most of the schools were visited during the course of the year and in a few instances an inspection early in the year was followed by a further inspection towards the end of the year.

Fillings in permanent teeth numbered 69,902 and in temporary teeth 19,257. The number of permanent teeth extracted was 7,029 and temporary teeth 20,878.

Dental decay is probably the most widespread of all diseases and there has been a significant increase in its incidence during the past decade. Surveys undertaken in various parts of the country show that five-year-old children have on average six decayed, missing or filled teeth. The interim report of the Scottish Standing Committee on Dental Health Education refers to a recent study in Ayr which showed that at the age of fourteen the average child had nearly twelve decayed, missing or filled teeth. It is a challenging fact that the hardest substance in the body should suffer such extensive damage despite the high standard of general health.

Of the predisposing factors the importance of heredity is not fully known. The diet of the expectant mother, nursing mother and growing child is most important particularly as all the milk teeth and even some of the permanent teeth begin to develop during pregnancy. Calcium phosphorous, proteins, vitamins C and D together with trace elements, all of which are found in milk, cheese, eggs, fresh vegetables, raw fruit and cod liver oil are essential for the development of the teeth.

Two constant factors in dental decay are the presence of certain bacteria and the residual food debris in the stagnation areas in the fissures of teeth and between the teeth, on which they thrive. Modern diet which contains a high proportion of refined carbohydrates encourages the growth and activity of the bacteria and the formation of acid end-products which attack the enamel. The frequency of eating further encourages the process of decay. It has been observed that children brought up in the more austere surroundings in orphanages and other institutions where meals are taken at regular intervals and where the consumption of sweets has been controlled have less decay than other children.

Prevention of Dental Decay.

It is probable that a large measure of control could be secured by the following means.

1. Nutrition. The diet should be well balanced with adequate amounts of proteins, vitamins, calcium, phosphorous and trace elements particularly fluorine.
2. A diet requiring active mastication and finishing each meal with hard fibrous foods which have a cleansing action such as apples, nuts and celery.
3. The avoidance of between meal snacks of sweets, biscuits, buns and sugared drinks.
4. The correct use of a toothbrush immediately following meals especially last thing at night.
5. The vigorous rinsing of the mouth with plain water following tooth brushing. Thorough rinsing may be carried out alone when circumstances do not permit the use of a toothbrush and the water can be swallowed.
6. Dental inspection and early treatment if required.

It is essential to increase the knowledge and practice of oral hygiene and much useful work has been undertaken in Dental Health Education by teachers, doctors, health visitors and the dental staff.

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.

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)
1956 and later	1,367	1,361	99.6	6	0.4
1955	11,485	11,382	99.1	103	0.9
1954	4,151	4,117	99.2	34	0.8
1953	876	869	99.2	7	0.8
1952	14,374	14,279	99.3	95	0.7
1951	1,063	1,057	99.4	6	0.6
1950	617	612	99.2	5	0.8
1949	10,203	10,121	99.2	82	0.8
1948	6,453	6,422	99.5	31	0.5
1947	1,920	1,915	99.7	5	0.3
1946	4,165	4,150	99.7	15	0.3
1945 and earlier	11,818	11,787	99.5	31	0.5
TOTAL	68,492	68,072	99.4	420	0.6

**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.
1956 and earlier	5	132	131
1955	293	1,062	1,275
1954	150	440	564
1953	40	122	159
1952	736	1,293	1,932
1951	65	122	173
1950	57	103	148
1949	809	947	1,645
1948	527	595	1,054
1947	173	199	343
1946	266	351	587
1945 and earlier	977	851	1,750
TOTAL	4,098	6,217	9,761

C.—OTHER INSPECTIONS.

Number of Special Inspections	13,073
Number of re-inspections	14,366
Total	27,439

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	267,100
(b) Total number of individual pupils found to be infested	604
(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	107	380	301	352	549	812	957	1,544
Eyes—								
(a) Vision	429	934	1,161	1,091	2,501	2,630	4,091	4,655
(b) Squint	160	198	36	75	232	352	428	625
(c) Other	44	115	23	108	147	346	214	569
Ears—								
(a) Hearing	55	299	22	146	145	589	222	1,034
(b) Otitis Media	60	420	8	83	58	548	126	1,051
(c) Other	57	178	88	112	140	304	285	594
Nose and Throat	356	2,053	50	259	407	2,479	813	4,791
Speech	167	370	16	61	176	398	359	829
Lymphatic Glands	58	717	9	46	63	713	130	1,476
Heart	24	270	11	194	30	491	65	955
Lungs	83	526	31	199	145	972	259	1,697
Developmental—								
(a) Hernia	25	87	2	21	19	104	46	212
(b) Other	23	357	18	94	131	734	172	1,185
Orthopaedic—								
(a) Posture	44	192	116	357	405	944	565	1,493
(b) Feet	208	651	123	251	522	959	853	1,861
(c) Other	132	685	102	500	324	1,250	558	2,435
Nervous System—								
(a) Epilepsy	11	33	6	27	22	71	39	131
(b) Other	8	90	5	39	21	163	34	292
Psychological—								
(a) Development	12	139	87	50	468	337	567	526
(b) Stability	17	392	5	103	72	788	94	1,283
Abdomen	8	97	5	30	49	207	62	334
Other	108	301	84	245	262	872	454	1,418
Total	2,196	9,484	2,309	4,443	6,888	17,063	11,393	30,990

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

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections	
	requiring treatment.	requiring observation.
Skin	1,240	123
Eyes—		
(a) Vision	1,725	689
(b) Squint	60	30
(c) Other	151	36
Ears—		
(a) Hearing	283	332
(b) Otitis Media	32	25
(c) Other	108	57
Nose and Throat	791	317
Speech	242	106
Lymphatic Glands	7	58
Heart	9	79
Lungs	139	165
Developmental—		
(a) Hernia	8	17
(b) Other	40	81
Orthopaedic—		
(a) Posture	113	141
(b) Feet	135	123
(c) Other	204	157
Nervous System—		
(a) Epilepsy	8	21
(b) Other	22	25
Psychological—		
(a) Development	207	58
(b) Stability	263	112
Abdomen	26	38
Other	1,151	463
Total	6,964	3,244

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	542
Errors of refraction (including squint)	13,044
Total	13,586
Number of pupils for whom spectacles were prescribed	6,499

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	15
(b) for adenoids and chronic tonsillitis	959
(c) for other nose and throat conditions	44
Received other forms of treatment	1,188
Total	2,206
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1960	37
(b) in previous years	146

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	3,148
(b) Pupils treated at school for postural defects	570
Total	3,718

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	1
(b) Body	12
Scabies	21
Impetigo	116
Other skin diseases	2,283
Total	2,433

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	778

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	2,034

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	3,714
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	262
(c) Pupils who received B.C.G. vaccination ...	15,675
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	58
Abdomen	46
Heart and Circulation	58
Lungs	538
Development	145
Nervous System	103
Total (a) to (d)	20,599

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—	
(a) At periodic inspections	147,053
(b) As specials	10,538
Total (1)	157,591
(2) Number found to require treatment	76,456
(3) Number offered treatment	72,803
(4) Number actually treated	38,360
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	135,577
(6) Half-days devoted to :—	
(a) Periodic (school) inspection	1,538
(b) Treatment	18,188
Total (6)	19,726
(7) Fillings :—	
(a) Permanent teeth	69,902
(b) Temporary teeth	19,275
Total (7)	89,177
(8) Number of teeth filled :—	
(a) Permanent teeth	60,247
(b) Temporary teeth	16,919
Total (8)	77,166
(9) Extractions :—	
(a) Permanent teeth	7,029
(b) Temporary teeth	20,878
Total (9)	27,907
(10) Administration of general anaesthetics for extraction ...	12,347
(11) Orthodontics :—	
(a) Cases commenced during the year	1,705
(b) Cases carried forward from previous year	2,923
(c) Cases completed during the year	697
(d) Cases discontinued during the year	345
(e) Pupils treated with appliances	3,210
(f) Removable appliances fitted	2,485
(g) Fixed appliances fitted	37
(h) Total attendances... ..	24,625
(12) Number of pupils supplied with artificial teeth	132
(13) Other operations—	
(a) Permanent teeth	23,474
(b) Temporary teeth	8,787
Total (13)	32,261

