

[Report 1962] / Medical Officer of Health, Surrey County Council.

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Surrey (England). County Council.

Publication/Creation

1962

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SURREY COUNTY COUNCIL

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1962



40097



Surrey County Council

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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 1962, which has been prepared in accordance with Circular No. 1/63 of the Ministry of Health.

The population of the administrative county continues to expand and was estimated by the Registrar-General at mid-year 1962 at 1,491,000 persons. The increase on the corresponding figure for 1961 was 13,670 and although this increase was not so great as between the years 1960 and 1961, namely 16,150, it nevertheless compares closely with the average annual increase over the last ten years. By far the greater part of this increase occurs in the parts of the County more remote from the metropolis: in the twelve county districts which are listed in the London Government Bill to undergo amalgamation to form Greater London Boroughs, the increase in population was 750 in 1962 while the census figures for 1951 and 1961 showed a decrease in the 10 year period of 10,100 persons. By contrast, the remaining part of the County showed an increase in the year 1962 of 12,920 and an increase in the inter-censal period of 138,110 persons. This last gives an increase in population in that part of the County between 1951 and 1961 of over 2 per cent per annum. These figures do not take into account the proposed transfer of the county districts of Sunbury and Staines to the Administrative County of Surrey.

The total number of live births in 1962 was 23,054 giving a birth rate of 15.46 (adjusted to 15.61 to make it comparable with other local authorities) and the total deaths were 17,495 representing a crude death rate of 11.73.

The death rate from cancer of the lung and bronchus continues its steady upward trend. It is too soon yet to judge whether the publicity given to the relationship between lung cancer and cigarette smoking is having any effect on the smoking habits of the public, but it is quite clear that, in the matter of publicity, no local authority can compete with the large sums spent by the tobacco companies in advertising cigarettes. The section of this Report dealing with Health Education gives particulars of what has been done in this field (see pages 56 and 86). Attention is also directed to the section of the Report dealing with the prevention of air pollution, which, no doubt, also has a causative effect in relation to cancer of the lung. The number of smoke control areas in the County is steadily, although slowly, increasing.

The steady increase in the number of births (an increase of 17.4 per cent in the last 5 years) places an increasing burden on the staff of domiciliary midwives, since the hospitals in the County are already working to capacity and cannot increase their admissions except by more "early discharges." These have again increased in the year (see page 22) and in itself place an increased burden on the domiciliary midwives. As I have said in previous Reports, midwifery is already an unpopular branch of the nursing profession and the prospect of overwork and long hours, together with the likelihood of losing more and more of the most interesting part of the work to the hospitals, is not likely to entice more applicants to domiciliary midwifery.

During the year, the Minister of Health asked local health authorities to prepare Ten-Year Plans for the expansion of their health and welfare functions, such plans to be the counterpart of the Ten-Year Plan for hospital development which had been published in the previous year. The plan was intended to cover two aspects—buildings and staff—and included also reference to the work of the voluntary associations. The County Health Committee was advised, on reference to the Ministry, to formulate the plan for Surrey on the assumption that present boundaries would remain unchanged and this was done. Obviously this militates against the reality of the Plan if the boundaries of the County are changed. However, the Plan must, by ruling of the Minister, be revised and brought up to date each year: it must also be extended so as always to forecast developments for the next ten years: and presumably the opportunity will arise at the annual review to consider what may be necessary in the new Surrey.

The chiropody service which was started in 1960 continues to expand at a remarkably rapid rate. It is apparent that this service is meeting a real and pressing need and it is clear that further considerable increases will be necessary in the not-too-distant future. At present the service is run largely through the intermediary of voluntary associations with a more direct service provided to expectant mothers, handicapped persons (including the blind and partially sighted) and elderly persons: in both cases the chiropodists are either paid on a part-time sessional basis or by individual treatments. It is, however, doubtful how long the present organisation can continue to cope with such a rapid increase in user: and the first step towards a better integration and rationalisation of the service was taken towards the end of the year when the County Health Committee decided to appoint a full-time Chief Chiropodist who would be expected to advise and supervise the administration of the scheme as well as to take charge of certain clinic sessions.

Attention is drawn to the report on the Mental Health Services on pages 62 to 68. The Ministry's Circular referred to above specifically asks for a report in detail on these services and it is pleasing to be able to report substantial progress, although obviously what has been done is merely a start and much more is needed.

The special geriatric health visitors have so far worked in close association with the geriatricians and the geriatric unit of the particular hospital group in the area, but towards the end of 1960 the

experiment of putting a health visitor at the disposal of two groups of general practitioners for this purpose was started. Reports both from the general practitioners and from the health visitor indicate this scheme is working well and consideration could well be given to its extension where suitable circumstances arise elsewhere in the County. One of the difficulties of doing so is the disparity in numbers of general practitioners and health visitors and such schemes are obviously more easily applied in areas providing a circumscribed community served by one or two groups of general practitioners and by one or two health visitors. I am pleased to report that instances of growing co-operation between general practitioners and health visitors are increasing: for example, in one area a building rented from the county district is used both as a local authority clinic and as a general practitioners' surgery—with mutual advantage.

On 14th December, 1962, the Ministry of Health issued Circular 28/62 (to which was appended a copy of a question and answer in the House of Commons) in which the Minister stated that he was now prepared to approve under Section 28 of the National Health Service Act the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally. Fluoridation is unquestionably the most important measure in the field of preventive medicine since the introduction of poliomyelitis vaccination. Dental caries is extremely widespread in its incidence and is the cause of much suffering in both young and old. It is consequently a matter of the utmost gratification and satisfaction that a means of substantially reducing its incidence should have been found which is both so effective and so completely free from ill effect on the general health. Statements have been made to the effect that fluoride constitutes a danger to health and no doubt there is a genuine fear of this in some people's minds: however, it is as well to point out that the Minister has expressed himself in the House as being completely satisfied that the scruples of some members of the population about fluoridation are unfounded and groundless, and that the Minister's circular was not issued until fluoridation had been well tested and its efficacy and safety fully established by actual experience in many parts of the world, both in areas where fluoride occurred naturally in the water supply and in areas where fluoride had been added: these constitute a body of evidence without parallel in public health practice and the proposal to introduce fluoride into the water supplies must be considered against the background of its proven value and safety as a preventive measure.

The general health of the school children in the County has remained very satisfactory, and the incidence of pupils whose physical condition was considered unsatisfactory declined to 0.4 per cent of those inspected. A total of 70,601 children were examined at periodical medical inspections; 12.9 per cent of these were found to have defects requiring treatment.

Periodical medical inspections occupy a high proportion of the time of the school health staff. This routine work remains the basic means of discovering those pupils who need more detailed attention from the school medical officers if they are to obtain full benefit from their education. In addition, many children, not due for routine inspection, are put forward each year by teachers for special examination. The successful operation of the School Health Service is dependent on a close liaison between teaching and medical staff and I feel that I should record my appreciation of the co-operation received from school staffs in the County.

Various specialist services have been extended. The school psychological service, which was inaugurated in 1961, as part of the Child Guidance Service, has been fully staffed in 1962. Additional psychotherapists were appointed to Sutton and Leatherhead Child Guidance Clinics, and I would like to draw the attention of members to the reports on pages 84 and 85.

The audiological service is now well established in the County. At the beginning of the year, provision was made for screening tests of hearing to be available to all young babies, and not only to those born "at risk" for deafness. Speech therapy, another growing service, was increased by three new clinics.

Pulmonary tuberculosis in schools continues to be a matter for concern, although I am glad to report that there were no outbreaks relating to Surrey schools during the year under review, cases being confined to individual pupils.

The report of the Principal School Dental Officer is given on pages 88 and 89.

I extend my most grateful thanks to the members of the staff of the Department, both centrally, in the divisional offices and in the field, for their constant care and devotion to those who came into the ambit of our services in the current year.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

K. A. SOUTAR,

*County Medical Officer and
Principal School Medical Officer.*

GENERAL STATISTICS AND SOCIAL CONDITIONS.

Area.

The most recent acreage figures published by the Registrar-General give the total acreage of the Administrative County as 1 acre less compared with the figures shown in my 1961 Annual Report. As far as County Districts are concerned the Borough of Surbiton has been increased by 1 acre and the Borough of Malden and Coombe has decreased by 2 acres.

Population.

The population of the Administrative County at the 1961 Census was 1,480,649, and the Registrar-General's estimate of the population at mid-year 1962 was 1,491,000, an increase of 13,670 over the comparable figure for mid-year 1961. The population under 1 year is given by the Registrar-General as 22,200, the population 1-4 years as 86,900, and the population 5-14 years 207,200.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1958-1962 is shown in the following table:—

	1958.	1959.	1960.	1961.	1962.
Urban Districts...	1,266,000	1,275,000	1,287,550	1,299,100	1,309,640
Rural Districts ...	166,500	171,000	173,630	178,230	181,360
Administrative County	1,432,500	1,446,000	1,461,180	1,477,330	1,491,000
Increase or decrease over previous year ...	+13,000	+13,000	+15,180	+16,150	+13,670

The following table shows the population of each Sanitary District at the censuses of 1951 and 1961, and the Registrar-General's mid-year estimates for 1961 and 1962:—

DISTRICTS				Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
					1951	1961	1961	1962
M.B. and Urban.								
1.	Banstead	...	...	12,821	33,529	41,573	40,990	41,370
2.	Barnes	...	...	2,520	40,593	39,757	38,990	38,950
3.	Beddington and Wallington	...	...	3,045	32,757	32,588	32,590	32,600
4.	Carshalton	...	...	3,346	62,721	57,462	56,490	56,380
5.	Caterham and Warlingham	...	...	8,233	31,293	34,808	35,000	35,110
6.	Chertsey	...	...	9,983	30,852	40,376	40,990	41,790
7.	Coulsdon and Purley	...	...	11,143	63,773	74,738	73,800	74,260
8.	Dorking	...	...	9,511	20,252	22,594	22,420	22,540
9.	Egham	...	...	9,350	24,690	30,553	31,120	31,150
10.	Epsom and Ewell	...	...	8,427	68,055	71,177	70,060	70,380
11.	Esher	...	...	14,850	51,432	60,586	60,490	60,970
12.	Farnham	...	...	9,039	23,928	26,927	27,030	27,520
13.	Frimley and Camberley	...	...	7,768	20,386	30,342	29,050	31,650
14.	Godalming	...	...	2,393	14,244	15,771	16,390	16,940
15.	Guildford	...	...	7,323	48,048	53,977	54,180	54,100
16.	Haslemere	...	...	5,751	12,003	12,528	12,830	12,990
17.	Kingston-upon-Thames...	...	...	1,408	40,174	36,450	35,990	35,990
18.	Leatherhead	...	...	11,187	27,206	35,554	36,220	36,650
19.	Malden and Coombe	...	...	3,162	45,566	46,587	46,740	46,750
20.	Merton and Morden	...	...	3,234	74,730	67,974	67,620	67,560
21.	Mitcham	...	...	2,932	67,269	63,653	63,790	63,660
22.	Reigate	...	...	10,255	42,248	53,710	54,260	54,680
23.	Richmond	...	...	4,109	41,942	41,002	40,700	40,680
24.	Surbiton	...	...	4,710	60,875	62,940	62,850	63,170
25.	Sutton and Cheam	...	...	4,338	80,673	78,969	77,980	78,430
26.	Walton and Weybridge...	...	...	9,049	38,112	45,497	45,360	45,910
27.	Wimbledon	...	...	3,212	58,141	56,994	56,990	56,850
28.	Woking	...	...	15,708	47,596	67,485	68,180	70,610
Total				198,807	1,203,088	1,302,572	1,299,100	1,309,640
Rural.								
1.	Bagshot	...	...	16,083	14,109	16,744	16,200	16,610
2.	Dorking and Horley	...	...	53,943	25,832	31,698	31,610	32,400
3.	Godstone	...	...	52,507	32,823	40,068	39,970	40,940
4.	Guildford	...	...	59,643	44,936	54,777	55,180	55,830
5.	Hambledon	...	...	68,175	31,851	34,790	35,270	35,580
Total				250,351	149,551	178,077	178,230	181,360
Administrative County				449,158	1,352,639	1,480,649	1,477,330	1,491,000

The figures given by the Registrar-General express the populations for the 1951 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, 1962, was £28,749,705, and the estimated produce of a 1d. rate for general County purposes for the year 1962-63 was £118,555.

VITAL STATISTICS.

The principal vital statistics for the year 1962 are summarised below. Additional information is given in the paragraphs which follow:—

Live births	23,054
Live birth rate per 1,000 population	15.46
Still births	325
Still birth rate per 1,000 live and still births	13.90
Total live and still births	23,379
Infant deaths	382
Infant mortality rate per 1,000 live births	16.57
" " " " " legitimate births	15.97
" " " " " illegitimate births	28.02
Neo-natal mortality rate (first four weeks) per 1,000 live births	12.15
Early neo-natal mortality rate (first week) per 1,000 live births	10.84
Peri-natal mortality rate (still births and deaths under one week) per 1,000 live and still births	24.59
Illegitimate live births per cent of total live births	4.95
Maternal deaths (including abortion)	2
Maternal mortality rate per 1,000 total births	0.09

The following statement compares the County birth and death rates for the year 1962 with the previous year and with the mean of the five years 1957-61.

	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.		
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
1960	14.83	11.11	0.05	2.11	0.36	17.12
1961	15.18	11.30	0.05	2.19	0.31	17.79
Mean of 5 years, 1957-1961	14.48	11.26	0.06	2.13	0.42	17.94
1962	15.46	11.73	0.04	2.19	0.09	16.57
Increase or decrease in 1962 on:						
5 years average	+0.98	+0.47	—0.02	+0.06	—0.33	—1.37
Previous year	+0.28	+0.43	—0.01	—	—0.22	—1.22

Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 23,054, of which 11,793 were males and 11,261 females, as compared with 22,423 in the previous year, showing an increase of 631. The birth rate for the year was 15.46 as compared with 15.18 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 10 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 1.01, for the aggregate of Urban Districts 1.01 and for the Rural Districts 1.01. The effect of these factors on the 1962 crude live birth rates is shown below:—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	15.46	15.24	17.07
Adjusted rates	15.61	15.39	17.24

The birth rate for England and Wales for 1962 was 18.0 and for 1961, 17.4.

In addition to the 23,054 live births in Surrey, there were 325 still births and the rate of still births per 1,000 live and still births was 13.90 as compared with an average rate of 16.12 for the quinquennial period 1957-61.

Of the 23,054 live births 1,142 or 4.95 per cent. were illegitimate, as compared with 1,057 or 4.71 per cent. in 1961.

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
1961 ...	22,423	15.18	308	13.55	1,057	4.71
1962 ...	23,054	15.46	325	13.90	1,142	4.95

Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1962 was 17,495, as compared with 16,629 in the year 1961. The crude death rate for 1962 was 11.73, compared with 11.26 for 1961. The death rate for England and Wales in 1962 was 11.9 compared with 12.0 for 1961.

Infant Mortality.

The number of infants under one year who died during 1962 was 382 compared with 399 in 1961. This represents an infant mortality rate of 16.57 per 1,000 live births as compared with a corresponding rate of 17.79 for the year 1961. The comparable figures for England and Wales were 20.7 in 1962 and 21.4 in 1961.

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

Year.	England and Wales.			Surrey.		
	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.
1931 ...	65.7	31.5	34.2	43.12	24.84	18.28
1941 ...	60.0	29.0	31.0	44.60	26.17	18.43
1942 ...	50.6	27.2	23.4	38.26	23.09	15.17
1943 ...	49.1	25.2	23.9	36.70	22.36	14.34
1944 ...	45.4	24.4	21.0	36.90	22.03	14.87
1945 ...	46.0	24.8	21.2	34.05	22.06	11.99
1946 ...	42.9	24.5	18.4	27.85	18.84	9.01
1947 ...	41.4	22.7	18.7	27.68	18.22	9.46
1948 ...	33.9	19.7	14.2	23.94	16.06	7.88
1949 ...	32.4	19.3	13.1	24.05	16.07	7.98
1950 ...	29.8	18.5	11.3	21.86	15.45	6.41
1951 ...	29.6	18.8	10.8	21.75	16.31	5.44
1952 ...	27.6	18.3	9.3	20.93	14.57	6.36
1953 ...	26.8	17.7	9.1	20.56	13.86	6.70
1954 ...	25.5	17.7	7.8	19.35	13.08	6.27
1955 ...	24.9	17.3	7.6	18.08	12.95	5.13
1956 ...	23.8	16.9	6.9	17.88	12.13	5.75
1957 ...	23.0	16.5	6.5	19.26	14.78	4.48
1958 ...	22.6	16.2	6.4	16.72	12.11	4.61
1959 ...	22.0	15.8	6.2	18.82	13.70	5.12
1960 ...	21.7	15.6	6.1	17.12	12.92	4.20
1961 ...	21.4	15.5	5.9	17.79	13.29	4.50
1962 ...	20.7	15.1	5.6	16.57	12.15	4.42

Maternal Mortality.

In 1962 2 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.09 per thousand live and still births. The corresponding figures for England and Wales in 1962 were 300 and 0.35 : and for Surrey in 1961 were 7 and 0.31.

Causes of Death.

The grouped causes of death arranged in order of frequency in 1962 in the County were as follows :—

	Deaths	Percentage of Total Deaths
Diseases of the heart	5,911	33.79
Malignant disease	3,262	18.64
Vascular lesions of the central nervous system	2,228	12.73
Bronchitis, pneumonia and other diseases of respiratory system... ..	2,173	12.42
Other circulatory diseases	871	4.98
Violent causes	743	4.25
Digestive diseases	212	1.21
Congenital malformations	119	0.68
Leukaemia, Aleukaemia	113	0.65
Diabetes	101	0.58
Hyperplasia of prostate	99	0.57
Influenza	90	0.51
Nephritis and Nephrosis	77	0.44
Tuberculosis (all forms)	65	0.37
All other causes	1,431	8.18
	17,495	100.00

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 1962 :—

DISTRICTS	Live births.			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 ...	251	278	529	13.81	7	13.06	528	12.76	13.81	+1	8	—	3
Barnes ...	265	299	564	14.48	9	15.71	523	13.43	14.48	+41	9	1	3
Beddington and Wallington	255	217	472	14.48	4	8.40	372	11.41	15.20	+100	7	—	2
Carshalton ...	360	355	715	12.68	5	6.94	602	10.68	12.68	+113	12	1	2
Caterham and Warlingham	318	281	599	17.06	5	8.28	349	9.94	17.74	+250	5	1	1
Chertsey ...	452	409	861	20.60	11	12.61	373	8.93	18.95	+488	8	2	2
Coulsdon and Purley ...	543	492	1,035	13.94	16	15.22	994	13.39	15.06	+41	12	1	3
Dorking ...	178	199	377	16.73	4	10.50	298	13.22	17.06	+79	5	1	—
Egham ...	234	248	482	15.47	7	14.31	332	10.65	14.54	+150	1	—	1
Epsom and Ewell ...	448	430	878	12.48	17	18.99	1,083	15.39	14.73	-205	4	2	6
Esher ...	435	438	873	14.32	7	7.95	631	10.35	14.03	+242	12	—	—
Farnham ...	289	294	583	16.10	5	11.16	391	14.21	16.10	+52	6	1	1
Frimley and Camberley	384	376	760	24.01	8	10.42	254	8.03	22.09	+506	9	2	10
Godalming ...	159	138	297	17.53	3	10.00	167	9.86	17.53	+130	3	1	3
Guildford ...	438	409	847	15.66	17	19.68	654	12.09	14.88	+193	7	2	6
Haslemere ...	87	79	166	12.78	1	5.99	167	12.86	12.65	-1	2	—	2
Kingston-upon-Thames	297	317	614	17.06	8	12.86	463	12.86	17.06	+151	10	3	5
Leatherhead ...	281	276	557	14.74	7	12.41	360	9.82	14.74	+197	5	—	4
Malden and Coombe	285	269	554	11.85	20	34.84	561	12.00	12.32	-7	10	1	3
Merton and Morden	423	445	868	12.85	11	12.51	798	11.81	13.75	+70	7	1	4
Mitcham ...	510	426	936	14.41	19	19.90	662	10.40	14.41	+274	9	2	3
Reigate ...	423	418	841	15.38	19	22.09	705	12.89	14.92	+136	13	—	2
Richmond ...	339	292	631	15.51	9	14.06	607	14.92	14.73	+24	4	—	—
Sarbiton ...	502	475	977	15.47	9	9.13	654	10.35	15.47	+323	14	—	3
Sutton and Cheam ...	627	549	1,176	14.99	17	14.25	1,016	12.95	15.59	+160	10	2	7
Walton and Weybridge	334	379	713	15.53	7	9.72	512	11.15	14.75	+201	6	—	3
Wimbledon ...	492	438	930	16.36	13	13.79	756	13.30	15.87	+174	9	1	3
Woking ...	639	624	1,263	17.89	12	9.41	784	11.10	17.00	+479	9	1	4
Total ...	10,198	9,760	19,958	15.24	277	13.69	15,596	11.91	15.39	+4,362	216	26	85
Rural													
Bagshot ...	158	116	274	16.50	3	10.83	145	8.73	16.83	+129	2	1	3
Dorking and Horley ...	317	287	604	18.64	13	21.07	307	9.48	18.64	+297	6	—	2
Godstone ...	343	340	683	16.68	13	18.68	494	12.07	17.01	+189	13	1	3
Guildford ...	510	501	1,011	18.11	12	11.73	532	9.53	18.47	+479	11	2	9
Hambleton ...	267	257	524	14.73	7	13.18	421	11.83	14.73	+103	2	—	—
Total ...	1,595	1,501	3,096	17.07	48	15.27	1,899	10.47	17.24	+1,197	34	4	17
Administrative County	11,793	11,261	23,054	15.46	325	13.90	17,495	11.73	15.61	+5,559	250	30	102

* 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 16.38 and 17.76, the neo-natal mortality rates for the urban and the rural districts respectively were 12.13 and 12.27 and the early neo-natal mortality rates for the urban and rural districts respectively were 10.82 and 10.98.

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 1962, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table :—

DISTRICTS.	Heart and Vascular Disease.						Pulmonary Tuberculosis.		Respiratory diseases (Non-Tuberculous).		Malignant Disease.						Violence.																												
	Vascular disease of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other circulatory disease.				Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant and lymphatic neoplasms.																										
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000																									
M.B. and Urban.																																													
Barnet	66	1.60	100	2.42	6	1.15	95	2.20	28	68	5	1.12	57	1.38	6	1.15	12	29	13	31	25	60																							
Barnet	69	1.77	111	2.85	10	2.26	53	1.26	30	77	5	1.13	52	1.34	15	3.29	27	69	13	33	19	45																							
Barnet	53	1.63	81	2.48	8	2.25	46	1.41	20	61	1	0.3	27	1.17	15	3.29	27	69	13	33	14	35																							
Barnet and Wallington	67	1.19	117	2.08	8	1.4	68	1.21	28	50	3	0.65	87	1.54	17	3.20	33	59	16	28	26	46																							
Carshalton	41	1.17	67	1.91	8	2.23	56	1.59	8	23	2	0.6	43	1.22	7	1.20	13	37	7	20	3	15																							
Caterham and Warrington	43	1.03	66	1.34	4	1.10	47	1.12	14	34	5	1.12	58	1.30	8	1.19	16	38	6	14	2	45																							
Chertsey	99	1.33	213	2.87	23	3.1	114	1.54	46	62	2	0.3	166	2.24	12	1.6	51	69	27	36	19	45																							
Condon and Purley	49	2.17	58	2.57	5	2.22	42	1.86	20	89	—	—	29	1.29	6	1.27	14	62	4	18	2	59																							
Dorking	41	1.32	67	2.15	6	1.19	50	1.61	19	61	—	—	35	1.12	4	1.13	6	19	5	16	3	52																							
Egham	117	1.66	159	2.26	15	2.1	148	2.10	69	98	4	0.6	191	2.71	22	3.1	48	68	18	26	31	47																							
Epsom and Ewell	78	1.28	101	1.66	15	2.5	107	1.75	30	49	2	0.3	64	1.05	12	2.0	33	54	12	20	6	41																							
Esher	67	2.43	47	1.71	6	2.22	70	2.54	16	58	2	0.7	33	1.20	9	3.3	17	62	8	29	24	39																							
Farnham	27	8.55	50	1.68	2	0.6	26	8.2	11	35	1	0.3	26	8.2	6	1.9	8	25	5	16	3	76																							
Frimley and Camberley	27	1.59	29	1.71	1	0.6	18	1.06	6	35	1	0.6	18	1.06	3	1.8	11	65	5	30	23	63																							
Godalming	27	1.42	122	2.26	9	1.7	91	1.68	18	33	2	0.4	92	1.70	14	2.6	36	67	12	22	16	24																							
Guildford	77	1.92	28	2.16	5	3.8	21	1.62	3	23	—	—	18	1.30	3	2.3	11	85	3	23	62	46																							
Haslemere	54	1.50	85	2.06	8	2.2	50	1.39	26	72	2	0.6	60	1.67	5	1.4	29	81	9	25	20	38																							
Kingston-upon-Thames	50	1.36	76	2.07	4	1.1	49	1.34	18	49	1	0.3	34	1.16	2	0.5	19	52	9	25	7	34																							
Leatherhead	82	1.75	130	2.78	8	1.7	63	1.35	42	50	—	—	54	1.16	9	1.9	23	49	8	17	53	41																							
Malden and Coombe	87	1.29	201	2.98	15	2.2	72	1.07	32	47	2	0.3	88	1.30	21	3.1	54	89	18	27	19	47																							
Merton and Morden	57	90	171	2.69	6	0.9	66	1.04	32	50	4	0.6	86	1.35	15	2.4	49	77	20	31	52	39																							
Mitcham	118	2.10	126	2.30	9	1.6	110	2.01	35	46	1	0.2	87	1.59	12	2.2	31	57	14	26	25	28																							
Putney	66	1.62	119	2.83	4	1.0	74	1.82	39	96	1	0.2	84	2.06	10	2.5	21	52	15	37	33	51																							
Richmond	72	1.14	110	2.22	1	0.1	72	1.14	30	47	3	0.6	73	1.16	7	1.1	30	47	19	30	61	81																							
Sutton	145	1.85	182	2.32	18	2.3	145	1.85	61	78	1	0.1	126	1.61	16	2.0	49	62	19	24	53	35																							
Sutton and Cheam	21	1.55	92	2.00	8	1.7	55	1.20	27	59	1	0.2	47	1.02	11	2.4	29	63	8	17	2	40																							
Walton and Weybridge	103	1.81	161	2.83	17	3.0	72	1.28	42	74	2	0.4	116	2.04	18	3.2	32	56	14	25	4	31																							
Wimbledon	110	1.56	128	1.81	15	2.1	147	2.08	35	50	1	0.1	104	1.47	10	1.4	31	44	11	16	53	35																							
Woking	1,961	1.50	3,017	2.30	254	1.9	2,028	1.55	775	59	54	0.4	1,956	1.49	289	2.2	750	57	323	25	120	654	50																						
Total																						654	1.09	1,423	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09		
Rural.																						654	1.09	1,423	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09	654	1.09		
Bagshot	18	1.08	35	2.11	2	1.2	18	1.08	5	20	—	—	16	0.96	2	1.2	5	30	5	30	1	06	14	84																					
Dorking and Horley	41	1.27	59	1.82	5	1.5	33	1.02	16	49	1	0.3	37	1.14	5	1.5	13	40	4	12	2	06	28	86																					
Godstone	65	1.59	84	2.05	12	2.9	53	1.29	36	88	2	0.6	64	1.56	7	1.7	14	34	13	32	5	12	48	117																					
Guildford	84	1.50	78	1.40	8	1.4	71	1.27	20	36	1	0.2	62	1.11	12	2.1	26	47	11	20	5	09	53	95																					
Hambledon	59	1.66	78	2.19	8	2.2	68	1.91	19	53	1	0.3	38	1.07	7	2.0	19	53	8	22	4	31	46	129																					
Total	267	1.47	334	1.84	35	1.9	243	1.34	96	53	5	0.3	217	1.20	33	1.8	77	42	41	23	17	09	189	1,04																					
Administrative County 1962																						2,228	1.49	3,331	2.25	280	1.9	2,271	1.52	871	58	59	0.4	2,173	1.46	322	22	827	55	304	24	137	09	1,612	1,08
Percentage of Total Deaths in 1962																						12.73 (12.91)	19.15 (18.12)	1.45 (1.52)	12.98 (12.80)	4.98 (5.11)	0.34 (0.46)	12.42 (11.37)	1.84 (2.00)	4.73 (4.73)	2.08 (2.09)	0.78 (0.73)	9.21 (9.82)	743	50	4.25 (4.09)									

The figures shown in brackets relate to the year 1961.

ADMINISTRATIVE COUNTY OF SURREY.

Causes of Death at Different Periods of Life, 1962.

The causes of all deaths during 1962 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.	7,431	187	37	39	80	246	2,110	1,924	2,808	940	34	1	10	17	39	247	238	354		
	F.	8,165	140	26	28	48	180	1,305	1,728	4,710	959	21	2	4	2	23	142	202	563		
1. Tuberculosis, Respiratory ...	M.	42	—	—	—	—	2	23	10	7	4	—	—	—	—	—	1	1	2		
	F.	12	—	—	—	—	2	3	3	4	1	—	—	—	—	—	—	—	1		
2. Tuberculosis, Other... ..	M.	3	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—		
	F.	3	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—		
3. Syphilitic Disease	M.	25	—	—	—	—	2	3	11	9	—	—	—	—	—	—	—	—	—		
	F.	12	—	—	—	—	—	—	2	10	2	—	—	—	—	—	1	1	—		
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal Infections ...	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—		
7. Acute Poliomyelitis... ..	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other Infective and Para- sitic Diseases	M.	13	—	1	1	—	1	7	2	1	4	1	—	1	—	1	1	—	—		
	F.	16	—	—	—	2	2	3	2	7	2	—	—	—	—	—	1	—	1		
10. Malignant Neoplasm, Stomach	M.	157	—	—	—	—	1	65	52	39	20	—	—	—	—	1	5	7	7		
	F.	132	—	—	—	—	2	29	33	68	13	—	—	—	—	2	1	5	5		
11. Malignant Neoplasm, Lung, Bronchus	M.	621	—	—	—	—	9	307	196	109	70	—	—	—	—	—	33	28	9		
	F.	129	—	—	—	—	5	59	38	27	7	—	—	—	—	1	4	2	—		
12. Malignant Neoplasm, Breast	M.	3	—	—	—	—	—	2	—	1	1	—	—	—	—	—	—	—	1		
	F.	320	—	—	—	—	16	152	71	81	40	—	—	—	—	2	16	14	8		
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	120	—	—	—	—	9	42	40	29	17	—	—	—	—	1	7	3	6		
14. Other Malignant and Lymphatic Neoplasms	M.	709	2	2	9	6	27	250	190	223	96	—	—	—	2	4	34	28	28		
	F.	714	—	5	4	3	35	230	174	263	93	—	—	—	—	3	27	29	34		
15. Leukæmia, Aleukæmia ...	M.	50	—	3	4	2	2	20	10	9	9	—	—	2	—	3	1	2	1		
	F.	47	—	3	3	2	5	12	9	13	7	—	—	1	—	—	1	3	2		
16. Diabetes	M.	32	—	—	—	—	1	12	5	14	5	—	—	—	—	—	—	1	4		
	F.	57	—	1	—	—	3	12	18	23	7	—	—	—	—	—	—	3	4		
17. Vascular Lesions of Nervous System	M.	688	—	—	—	2	12	134	184	356	105	—	—	—	—	3	18	26	58		
	F.	1,273	—	—	1	2	9	142	293	826	162	—	—	—	—	1	20	34	107		
18. Coronary Disease, Angina...	M.	1,789	—	—	—	1	46	640	560	542	187	—	—	—	—	4	58	61	64		
	F.	1,228	—	—	—	—	2	167	337	722	147	—	—	—	—	1	13	41	92		
19. Hypertension with Heart Disease	M.	100	—	—	—	1	—	20	32	47	14	—	—	—	—	—	4	5	5		
	F.	154	—	—	—	—	1	10	45	98	21	—	—	—	—	—	3	3	15		
20. Other Heart Disease ...	M.	696	—	—	—	2	15	80	137	462	104	—	—	—	1	2	14	11	76		
	F.	1,332	—	1	—	2	7	96	189	1,037	139	—	—	—	—	1	7	20	111		
21. Other Circulatory Disease ...	M.	316	—	—	—	1	7	74	73	161	31	—	—	—	—	1	7	7	16		
	F.	459	—	—	—	4	9	48	89	309	65	—	—	—	—	2	5	15	43		
22. Influenza	M.	31	—	—	1	2	1	1	9	17	5	—	—	—	—	—	—	1	4		
	F.	51	2	—	—	—	2	3	10	34	3	—	—	—	—	—	—	—	3		

Continued overleaf

The causes of all deaths during 1962 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

[illegible]

Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1962, giving the number of cases of each disease notified and the attack rate :—

Disease.	1962	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	1	0.001
Post infectious	3	0.003
Acute pneumonia	291	0.20
Acute poliomyelitis—		
Paralytic	2	0.001
Non-paralytic	3	0.002
Diphtheria	—	—
Dysentery	690	0.46
Enteric or Typhoid fever	3	0.002
Erysipelas	53	0.04
Food poisoning	141	0.09
Measles, excluding Rubella	4,081	2.74
Meningococcal infection	11	0.007
*Ophthalmia neonatorum	12	0.52
Paratyphoid fever	4	0.003
†Puerperal pyrexia	296	12.66
Scarlet fever	401	0.27
Tuberculosis—Pulmonary	449	0.30
Non-pulmonary	55	0.04
Whooping cough	270	0.18

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

One case of non-paralytic poliomyelitis, type I, was notified in a schoolboy in Thorpe. This boy had never been vaccinated with poliomyelitis vaccine, although his sister had been protected. It is a matter for conjecture as to the source of infection in this case, particularly as Oral vaccine was in fairly constant use throughout the Division.

At the beginning of the year there was an unprecedented demand for Smallpox vaccinations following the episodes at Bradford, South Wales and Birmingham. Many contacts and supposed contacts were investigated but no cases occurred in the County. In spite of the shortage of Smallpox lymph at certain times, in the main we were able to meet the demands for vaccination in respect of school children and children of pre-school age.

In April supplies of the Oral poliomyelitis vaccine became available and this type of vaccine, which is easy to administer, almost entirely superseded the use of the Salk type vaccine, which is given by injection. In spite of the ease of the application of this new vaccine, the demand for vaccination against poliomyelitis did not increase as much as one would have wished in the older age groups.

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

Measles	1 (3)
Whooping Cough	— (1)
Diphtheria	— (—)
Influenza	90 (91)
Meningococcal infection	1 (6)
Acute Poliomyelitis	— (2)

The figures in brackets relate to the year 1961.

Tuberculosis.

NOTIFICATIONS.

The summary of returns for 1962 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 449 cases of pulmonary tuberculosis and 55 cases of non-pulmonary tuberculosis during the year.

The notifications and the case rates for pulmonary tuberculosis and for other forms of tuberculosis in 1962 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
1961	534	0.36	62	0.04
1962	449	0.30	55	0.04

The number of notified primary cases of pulmonary tuberculosis and the case rate per 1,000 population, which rose in 1961 for the first time since 1952, fell in 1962 to 449 and 0.30 respectively.

The number of patients on the registers who had a positive sputum within the last six months of 1962 was 162, an increase of 8 over the previous year.

There was a decrease of 7 in the number of notifications of non-pulmonary tuberculosis in 1962 in comparison with the 1961 figure. The case rate remained the same at 0.04 per 1,000 population.

The case rates for Surrey, compared with those for England and Wales in 1962, were as follows :—

	Surrey.	England and Wales.
Pulmonary Tuberculosis	0.30 per 1,000	0.38 per 1,000
Non-Pulmonary Tuberculosis	0.04 per 1,000	0.06 per 1,000

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

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year	1	1	—	—	2
One and under 2 years	1	2	—	—	3
2 " " 5 " "	1	4	1	—	6
5 " " 10 " "	5	3	1	—	9
10 " " 15 " "	7	4	—	1	12
15 " " 20 " "	7	10	1	6	24
20 " " 25 " "	16	22	2	1	41
25 " " 35 " "	38	26	5	10	79
35 " " 45 " "	41	30	2	6	79
45 " " 55 " "	49	22	—	10	81
55 " " 65 " "	83	8	1	3	95
65 " " 75 " "	35	6	—	1	42
75 and upwards	17	10	1	3	31
Totals	301	148	14	41	504
1961	355	179	27	35	596
1960	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

DEATHS.

The numbers of deaths and the death rates for pulmonary tuberculosis and other forms of tuberculosis in 1962 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
1961	76	0.05	13	0.01
1962	59	0.04	6	0.004

The 1962 death rates for both pulmonary tuberculosis (0.04) and for non-pulmonary tuberculosis (0.004) were the lowest on record.

Provisional death rates for England and Wales in 1962 were as follows :—

Pulmonary tuberculosis	0.059 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 1962, 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 1962 some 232 tuberculous patients (of whom 192 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)	59	6	65
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	61	3	64
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	93	10	103
	<u>213</u>	<u>19</u>	<u>232</u>

There were 40 deaths of unnotified cases of tuberculosis in 1962 as follows :—

<i>In Hospitals.</i>	<i>At Home, etc.</i>	<i>Total.</i>
27	13	40

This is an increase of 9 over the total for 1961.

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, 1962, were as follows :—

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>
Males	4,648	313
Females	3,283	500
Totals	7,931	813
Grand Total	8,744	

The total of 8,744 is a decrease of 1,003 as compared with the figure of 9,747 for 1961. The number of pulmonary cases has fallen by 783 and the non-pulmonary figure has decreased by 220. The corresponding total for 1960 was 10,102.

During 1962, 322 cases were transferred in from outside the County and 901 were transferred out. The names of 705 patients were removed from the Register on the grounds of recovery.

The total of 7,318 cases on chest clinic registers for 1962, as set against 8,744 on the District Medical Officers' registers, represents a difference of 1,426. It is still essential for the District Medical Officer of Health to continue to keep a register of all the 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 project has been completed since my last report :—

Project.	Purpose.	Date Completed.
Acre Road/Cross Road, Kingston	Welfare Centre/School Clinic/Dental Laboratory	March, 1963.

In addition Sendhurst Grange, Send, formerly a residential nursery, was taken into use in April 1962 as a hostel for subnormal children, and grants of 50 per cent of the cost of building works were made in respect of each of the following :—

W.V.S. Hostel at Surbiton for Confused Elderly Persons.

Cheshire Foundation Home at Wimbledon for Mentally Ill Persons.

St. Bernadette's Society School at Wallington for Mentally Handicapped Children.

Progress has also 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 ...	Building work in progress.
The Forum, West Molesey	Welfare Centre/School Clinic ...	Building work in progress.
Shotfield Road/Stanley Park Road, Wallington	Welfare Centre/School Clinic ...	Building work in progress.
1961-62 CAPITAL BUILDING PROGRAMME.		
Kings Road, Richmond	To improve and enlarge existing Welfare Centre/Divisional Office	Work in progress.
Bury Fields, Guildford	Welfare Centre/School Clinic ...	Building work in progress.
Victoria Road, Horley	Welfare Centre/School Clinic/two flats for nurses	Building work in progress.
Manor Drive, Malden	Welfare Centre/School Clinic ...	Building work in progress.
Church Street, Epsom	Welfare Centre/School Clinic and Ambulance Sub-Station	Building work about to start.
1962/63 CAPITAL BUILDING PROGRAMME.		
King George's Hall, Esher	To improve and enlarge existing clinic premises.	Work in progress.
Tattenham Crescent, Banstead ...	Welfare Centre/School Clinic ...	Tenders invited.
Rectory Park, Sanderstead	Welfare Centre/School Clinic ...	Tenders being invited.
Old Dean Common Estate, Camberley	Welfare Centre/School Clinic ...	Tenders invited.
Ashburnham Road, Ham	Welfare Centre/School Clinic ...	Tenders invited.
Gatwick	Ambulance Sub-Station	Work in progress.
Warlingham-Sanderstead	Ambulance Sub-Station	Approved in principle by Minister of Health. Site being acquired.
Blindley Heath	Ambulance Sub-Station	Tender accepted.
Richmond	Ambulance Sub-Station	Sketch plan being prepared.
Guildford Training Centre	Prefabricated Work Unit to ease overcrowding	Building work almost completed.
Weybridge Training Centre	Work Unit to ease overcrowding ...	Site or suitable premises being sought.
Dorking Training Centre	Work Unit to cater for adults attending Training Centres in the area	Site or suitable premises being sought.
Hostel, West Molesey	Purpose built Hostel for Adult Sub-normal Females	County owned site. Sketch plan being prepared.
Site at St. Lawrence's Hospital, Caterham	All age Training Centre for Sub-normals	Building work in progress.
Site at Cassel Hospital, Ham	All age Training Centre for Sub-normals	Building work in progress.
75, Woodcote Road, Wallington ...	Hostel for Mentally Ill Persons ...	Tender accepted. Building work not started.
Malden	4 Flats, with garages for Nurse/Midwives	Tenders invited.
Dorincourt, Woodham Rise, Horsell, Woking	Extension of provision for care of unmarried mothers and their babies	Work in progress.

Project.	Purpose.	Present Position.
1963-64 CAPITAL BUILDING PROGRAMME.		
Walton Lodge Estate, Banstead ...	Welfare Centre/School Clinic ...	Site appropriated.
Pelham Road, Wimbledon ...	To improve and enlarge existing Welfare Centre/School Clinic ...	Sketch Plans and estimates being prepared.
Lloyd Avenue/The Mount, Carshalton	Welfare Centre/School Clinic ...	Site being acquired.
Banstead	2 bay extension to Ambulance Sub-Station	Sketch plans being prepared.
St. Helier	Canteen and Recreational extension to Ambulance Main Gates	Sketch plans being prepared.
Surbiton	Ambulance Sub-Station	Site acquired. Sketch plans being prepared.
Walton Lodge Estate, Banstead ...	Adult Industrial Training Centre for Sub-normals	To replace Sutton Unit. Site appropriated. Sketch plans and estimate being prepared.
Waterloo Road Clinic, Epsom ...	Therapeutic Social Centre for the Mentally Disordered	Awaiting vacation of premises. Sketch plans and estimate approved.
Site at Walton-on-Thames	Junior Training Centre for Sub-normals	Site acquired. Sketch plans and estimates being prepared.
Horley... ..	Hostel for Adult Male Sub-normals	Site being sought.

Prevention of Break-up of Families.

There were 381 families on the lists kept by Divisional Medical Officers at the end of 1962.

These 381 families may be classified as failing or having difficulties under the following headings :—

Failing or Difficulty.	No. of Families.	Percentage of all Families.	Failing or Difficulty.	No. of Families.	Percentage of all Families.
1. <i>Marital.</i>			4. <i>Housewifery and Child Care.</i>		
Marital	199	52.2	Housewifery	125	32.8
2. <i>Material Needs.</i>			Care of Children	148	38.8
Housing	129	33.9	5. <i>Desertion.</i>		
Employment	106	27.8	Desertion by one Parent	53	13.9
Financial	221	58.0	6. <i>Delinquency.</i>		
3. <i>Physical, Mental and Psychological Disorders.</i>			Adult Delinquency and/or Imprisonment ...	59	15.5
Emotional Immaturity	125	32.8	Juvenile Delinquency (Real or potential) ...	47	12.3
Mental Illness	91	23.9	7. <i>Other Reasons</i>	16	4.2
Alcoholism and Drug Addiction	10	2.6			
Drunkenness	24	6.3			
Mental Subnormality ...	29	7.6			
Low Intelligence	98	25.7			
Physical Illness	93	24.4			

The following table expresses in group form the failings and difficulties of families.

Group of Failings or Difficulties.	No. of Families.	Percentage of all Families.	Group of Failings or Difficulties.	No. of Families.	Percentage of all Families.
1. Marital	199	52.2	4. Housewifery and Child Care	193	50.7
2. Material Needs	277	72.7	5. Desertion	53	13.9
3. Physical, Mental and Psychological Disorders	277	72.7	6. Delinquency	94	24.7
			7. Other reasons	16	4.2

Typical combinations of failings and difficulties, expressed in group form, experienced by families were as follows :—

Groups.	No. of Families.	Percentage of all Families.	Groups.	No. of Families.	Percentage of all Families.
Nos. 2 and 3	202	53.0	Nos. 1, 2 and 3	112	29.4
Nos. 1 and 3	151	39.6	Nos. 1 and 4	96	25.2
Nos. 1 and 2	141	37.0	Nos. 1, 2, 3 and 4	51	13.4
Nos. 3 and 4	139	36.5	Nos. 1, 2, 3, 4 and 6	10	2.6
Nos. 2 and 4	130	34.1	Nos. 1, 2, 3, 4, 5 and 6	1	.3

The percentages in each of the three tables above add up to more than 100 because most families were included under two or more headings or groups of headings.

These 381 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 671 families which have not been considered by a Co-ordinating conference.

CHILDREN OF PROBLEM FAMILIES.

At the end of 1962 there were 1,532 children of problem families. Some of these children were in care or in Part III accommodation as will be seen from the following table :—

Total No. of Children.	In Care.		In Part III Accommodation.		Total in Care and Part III Accommodation.	
	For reasons of family failure.	Other reasons.	For reasons of family failure.	Other reasons.	For all reasons.	Percentage of total No. of children.
1,532	62	21	13	—	96	6.3

REHOUSING.

Thirty one families were rehoused during the year.

SPECIAL HOME HELPS.

During 1962, problem families received the services of special home helps amounting in all to 2,879 hours. In addition, 4,344 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 18 each quarter.

At the end of the year 26 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 combined establishment of almoners for chest clinic work and divisional social workers for problem families and the prevention of the break-up of families remained unchanged at 17½ (see work of chest clinics, page 52). The establishment included one Family Service Unit worker who resigned during the year and who was replaced by a social worker appointed by the County Council. Because of the increased demand for professionally trained social workers difficulty was experienced in filling vacant posts so that during the latter part of the year there was some diminution of the work.

The social workers continued to meet regularly for group discussion with the Care Organiser and Deputy Care Organiser, inviting to their meetings from time to time colleagues from the other closely allied county services. With the co-operation of the Medical Director of the Cassell Hospital, Ham, several of the social workers met together regularly for case discussion under the guidance of one of the consultant psychiatrists of the Hospital.

TRAINING HOMES.

Seven problem families were admitted to Frimhurst Recuperative Home at Frimley for training.

Recuperative holidays were arranged for three families, one at Frimhurst and two at other institutions.

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.

Staff Medical Examinations.

The medical supervision of all the Council's staff provided by the County Health Department covers :—

- (i) The scrutiny of the medical history sheets completed by all successful applicants to officer posts and servants who are outside superannuable age, together with any follow-up or medical examination deemed necessary (including x-ray reports and special tests such as vision and mantoux where required).
- (ii) Medical examination of all servants of superannuable age to determine their fitness for duty and eligibility for inclusion in the superannuation scheme.
- (iii) Medical examination of teachers appointed to Surrey schools and candidates for Teacher Training Colleges.
- (iv) Annual medical examination for ambulance driver/attendants upon their reaching 60 years of age.
- (v) Follow-up for cause and anticipated date of return to duty of personnel who have been absent from duty due to sickness for a long period.
- (vi) Medical examination of staff who are due to retire on pension and who wish to provide an annuity for their wives in the event of their pre-decease; those requiring medical examination under the firemen's pension scheme and those who may not be fit for further duty by reason of permanent ill-health.
- (vii) Medical examination of staff for other local authorities by mutual agreement on a reciprocal basis.
- (viii) Annual re-x-ray examination of staff who work in contact with children.

The total medical reports and medical history sheets relating to staff received in the Department during the year number 3,232.

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.

Notification of Births under the Public Health Act, 1936.

The following is an analysis of all births (live and still) notified during 1962 including any births registered but not notified and properly belonging to the County :—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT										Number born elsewhere in Administrative County but normally resident within the County District.			Number born outside Administrative County but normally resident within the County District.			No. of Regis- tered Births (live and still).
	and normally resident therein.					and normally resident outside County of Surrey.											
	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.		
M.B. and Urban.																	
Banstead	201	—	—	1	—	—	1	—	—	—	1	—	—	—	2	21	536
Barnes	192	—	—	—	—	—	2	—	—	—	—	—	—	19	212	573	
Beddington and Wallington	124	—	—	1	—	—	4	—	—	—	—	1	—	2	21	476	
Carshalton	144	—	502	2	—	1,758	3	—	44	—	—	—	—	—	16	720	
Caterham and Warlingham	239	—	—	—	—	—	—	—	—	—	—	—	—	—	2	86	604
Chertsey	293	—	—	1	—	—	—	—	—	—	—	19	—	1	31	872	
Coulston and Purley	376	—	—	1	—	—	—	—	—	—	—	—	—	34	336	1,051	
Dorking	76	48	200	—	73	171	—	7	115	—	1	4	65	—	6	381	489
Egham	154	—	—	—	—	—	—	—	—	—	—	4	243	1	7	83	489
Epsom and Ewell ...	280	—	533	—	—	980	—	—	19	—	—	2	43	1	1	26	895
Esher	238	—	—	3	—	—	—	—	—	—	1	50	419	2	5	138	880
Farnham	101	—	211	3	—	143	—	—	96	—	2	14	10	—	—	73	448
Frimley and Camberley	190	—	217	—	—	11	—	—	86	—	1	6	85	—	—	240	768
Godalming	58	—	—	—	—	—	—	—	—	—	—	28	191	—	—	4	300
Guildford	147	67	574	1	330	912	—	32	158	—	2	—	2	1	—	9	864
Haslemere	13	—	107	—	—	55	—	—	235	—	—	2	16	—	—	6	167
Kingston-upon-Thames	146	—	380	1	—	1,441	1	—	79	—	4	1	15	1	1	50	622
Leatherhead	296	—	1	—	—	—	—	—	—	—	—	34	294	—	—	14	564
Malden and Coombe	179	—	—	—	—	—	—	—	—	—	—	—	—	—	5	39	574
Merton and Morden ...	170	—	194	—	—	488	—	—	444	—	1	—	485	—	—	26	879
Mitcham	275	—	—	—	—	—	—	—	—	—	2	—	595	—	—	88	955
Reigate	197	—	627	—	—	1,143	—	—	58	—	1	—	12	1	1	16	860
Richmond	171	—	—	2	—	—	—	—	—	—	1	—	255	2	10	163	640
Surbiton	262	—	—	3	—	—	—	—	—	—	—	1	611	1	6	44	986
Sutton and Cheam ...	334	—	216	—	—	153	—	—	9	—	2	—	604	1	1	31	1,192
Walton and Weybridge	166	18	343	—	—	87	—	3	101	—	2	6	171	3	5	28	720
Wimbledon	149	234	—	—	221	—	1	1,010	469	—	—	—	—	23	97	943	
Woking	392	—	708	4	—	650	4	—	44	—	1	81	100	6	33	1,275	
Rural.																	
Bagshot	53	—	121	—	—	289	—	—	114	—	—	3	92	2	2	18	277
Dorking and Horley ...	165	—	—	—	—	—	—	—	—	—	—	5	351	2	2	74	617
Godstone	242	—	—	—	—	—	2	—	—	—	—	1	348	6	1	75	696
Guildford	201	—	—	3	—	—	2	—	—	—	5	109	506	1	5	224	1,023
Hambledon	121	—	—	—	—	—	—	—	—	—	3	33	242	2	3	26	531
Totals	6,255	367	4,935	27	635	8,281	27	1,052	1,602	33	406	8,538	45	145	2,354	23,379	

The percentage of confinements taking place in hospitals was 67.57, in private nursing homes 4.98, and at home 27.45.

The following table shows in summary the comparable figures to those given in the previous table over the past fourteen 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
1961	6,174	1,045	15,495	22,731
1962	6,327	1,147	15,570	23,379

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 64.4 per cent and of hospital confinements 18.6 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 seven years, the number of early discharges in the County has been as follows :—

Division.	1956	1957	1958	1959	1960	1961	1962
North-Western	90	114	114	158	199	283	256
Central	44	57	67	97	102	119	154
North-Central	36	66	167	172	205	109	154
Southern	57	69	82	72	135	175	141
South-Eastern	27	62	59	72	158	170	179
Northern	14	17	31	38	51	44	43
South-Western	277	166	160	260	380	365	522
North-Eastern	40	49	69	88	123	141	141
Mid-Eastern	20	37	48	34	87	64	71
Woking	—	—	—	—	—	—	109
Totals	605	637	797	991	1,440	1,470	1,770

It is apparent that the steps taken in 1960, and which were referred to in my Report for that year, were successful in checking the growth of this retrograde practice in 1961, but the upward trend has been resumed in 1962 and the prospects for the future are disquieting. In the years towards the end of, and immediately after the last war, the number of births and the birth rate showed a sharp rise : girls born during this "bulge" will be reaching child-bearing age in the next few years and it is therefore to be expected that a further increase in the number of births will occur. The Ten-Year Hospital Plan envisages substantial increases in the number of maternity beds, and by 1975 it is anticipated that there will be sufficient maternity beds for 70 per cent of confinements, for a stay of ten days after confinement in the normal case and for ante-natal beds at the rate of seven per 1,000 total births. In the meantime there seem to be two main methods of meeting the need, viz. : (i) by more strict selection of cases for hospital confinement or (ii) by an increase in the practice of early discharge.

As regards the former, attention is drawn to the table on page 24. From this it is apparent that in 1961 (the latest year for which the figures are available) 92.7 per cent or 8,738 of primiparae, 56.8 per cent or 6,793 low parity mothers and 60.2 per cent or 691 high parity mothers were confined in hospitals. The highest risk of complications during confinement is borne by the high parity mothers and the lowest risk by the low parity mothers with the risk to primiparae intermediate between the two. Yet the proportion of high parity mothers confined in hospital is almost the same as for low parity mothers ; this must be regarded as a serious defect in the present practice of admissions for hospital confinement. It is often argued that it is by her own choice that so many high parity mothers are confined in their own homes, and this puts a heavy responsibility on all concerned in the maternity services to see that the heavier risks run by the high parity mother as compared with the low parity mothers and primiparae are fully appreciated by her. It is clear from the figures that having regard to the greater number of low parity mothers against high, only a slightly more strict selection among low parity mothers would enable a much higher proportion of high parity mothers to be admitted and

indeed could also be expected to cope with the increase in the number of births where hospital admission is considered desirable.

As regards the second alternative, viz., earlier discharge, I have previously referred to the need for continuity of obstetric care. It seems to be inevitable that a proportion of early discharges will continue to be necessary until the provision of additional maternity beds is accomplished but the practice should at any rate be limited to those cases where the interests of mother and child are least seriously affected and in particular it seems most important (1) that primiparae should not, unless in special cases, be discharged early as they are the mothers most needing instruction in mothercraft which can obviously best be given by the midwife who conducted the delivery; (2) that cases admitted for social reasons and because of unsuitability of home circumstances should not be discharged early; (3) that cases least likely to be adversely affected by early discharge might include patients who have been delivered of a still-born child or home booked cases admitted to hospital for an anticipated emergency where confinement proves to be normal.

In all cases where early discharge is decided on, 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.

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

The following table shows the live births during the seven years 1955-1961 analysed by age and parity of mother and place of occurrence.

Year.	Age Group.	† Parity of Mother.										ALL.				TOTAL.	
		0					1—3					4 and over.					
		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
	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
	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
	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
	25-34	3,474	225	306	25	3,326	500	3,040	51	186	13	269	—	6,986	738	3,615	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
	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
1960	Under 25	3,781	264	283	66	1,214	130	909	44	5	2	9	—	5,000	396	1,201	110
	25-34	3,465	233	269	19	3,512	528	3,358	57	265	36	264	1	7,242	797	3,891	77
	35 and over	477	32	29	5	1,142	154	668	7	307	34	191	2	1,926	220	888	14
	Not stated	6	2	—	—	2	2	3	—	1	—	—	—	9	4	3	—
	Total	7,729	531	581	90	5,870	814	4,938	108	578	72	464	3	14,177	1,417	5,983	201
1961	Under 25	4,088	294	292	81	1,211	158	929	46	16	1	14	1	5,315	453	1,235	128
	25-34	3,538	271	256	19	3,568	597	3,479	56	289	31	268	—	7,395	899	4,003	75
	35 and over	489	45	32	2	1,084	175	644	2	318	36	171	2	1,891	256	847	6
	Not stated	8	5	4	1	—	—	2	—	—	—	—	—	8	5	6	1
	Total	8,123	615	584	103	5,863	930	5,054	104	623	68	453	3	14,609	1,613	6,091	210
																	22,523

† Number of previous live-born children.

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	9	14	20	738	595	831	1,572
Central	9	28	34	2,197	1,622	4,897	5,381
North-Central	11	36	31	1,948	1,487	4,607	2,940
Southern	3	10	—	83	52	431	—
South-Eastern	3	10	20	585	394	422	2,034
Northern	5	20	18	1,382	1,073	2,879	2,722
South-Western... ..	2	8	—	436	436	2,416	—
North-Eastern—							
Wimbledon	3	8	8	383	283	545	887
Merton & Morden	3	12	—	283	188	1,014	—
Mitcham	3	15	8	880	637	1,850	1,980
Mid-Eastern—							
Carshalton	4	16	—	209	127	849	—
Beddington & Wallington	1	4	—	114	95	466	—
Woking	6	9	19	692	560	1,151	2,042
Total	62	190	158	9,930	7,549	22,358	19,558
†Clinics for Post-Natal Examination.							
North-Western	6	14	4	6	6	14	—
Central	6	28	—	287	246	270	—
North-Central	11	36	31	331	331	338	—
Southern	3	10	—	39	38	42	—
South-Eastern	3	10	20	30	30	34	—
Northern	5	20	—	221	221	230	—
South-Western	2	8	—	153	153	155	—
North-Eastern—							
Wimbledon	3	8	8	5	5	6	—
Merton & Morden	3	12	—	21	21	21	—
Mitcham	3	3	—	30	30	30	—
Mid-Eastern—							
Carshalton	4	16	—	27	27	30	—
Beddington & Wallington	1	4	—	12	12	12	—
Woking	3	9	—	73	73	78	—
Total	53	178	63	1,235	1,193	1,260	—

†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 fourteen-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	10,609
1959	197	115	6,963	8,975	28,995	13,055
1960	209	132	7,445	9,582	28,441	17,196
1961	206	154	7,726	10,460	25,146	18,786
1962	190	158	7,549	9,930	22,358	19,558

The number of women attending the County Council's ante-natal clinics form 42.6 per cent of the total confinements in the County. Of course, considerable numbers attend hospital ante-natal clinics and clinics run by general practitioners, and it is very desirable that as many women as possible should be encouraged to take advantage of the services which can be of great help to the expectant mother.

There is no doubt that the work of the ante-natal clinics has changed greatly in recent years, that much more emphasis is now put on their educative function and that expectant mothers appreciate the services they offer.

I must again refer to the poor attendances by mothers for post-natal examination. This is particularly unfortunate, having regard to the high incidence of gynaecological ailments or disabilities directly attributable to child bearing. It is, of course, possible that many women go to their general practitioner for post-natal examination, but the numbers who at a later stage come to the gynaecological departments of the hospitals, suggest that further consideration needs to be given to this part of the service and it may be that the post-natal examination which the general practitioner undertaking maternity medical services is required to give within six weeks after the confinement should be postponed until later.

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, 211 Surrey cases were admitted to mother and baby homes, provided by Voluntary Organisations receiving a grant from the Council while 94 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.

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.

Maternal mortality.

The total maternal deaths assigned to the County in 1962 was two, which gives a maternal mortality rate of 0.09 per thousand live and still births which is less than the rate of 0.35 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 7.

Both of the deaths occurred in the County, were confined in hospitals, and died there.

Puerperal pyrexia.

During 1962, 296 cases of puerperal pyrexia were notified representing an attack rate of 12.33 per thousand live and still births as compared with 8.33 for England and Wales. Of these cases 26 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 4.1 in domiciliary practice and 15.1 in institutional practice (including hospitals and private nursing homes).

Infant mortality.

The infant mortality rate in the Administrative County of 16.57 compares with 20.7 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."

The urban infant mortality rate in 1962—namely 16.38 (327 deaths)—is lower than the rural rate—namely 17.76 (55 deaths).

Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1962 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.			
(a) 3 lb. 4 oz. or less (1,500 gms. or less) ...	144	82	43	6	5	—	6	4	2	1	—	1	—	—	—	97	2	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.) ...	198	24	165	9	—	9	5	1	1	2	—	2	1	—	—	53	5	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.) ...	274	5	262	18	—	18	6	—	6	6	—	6	—	—	—	26	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.) ...	543	11	526	127	—	127	6	—	6	19	2	17	1	—	1	32	5	—
Totals ...	1159	122	996	160	5	154	23	5	15	28	2	26	2	—	1	208	12	1

† 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 ...	23,054	21,682	1,372
Deaths among live births in the first month of life ...	280	100	180
Still births ...	325	104	221

* 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 21,682 non-premature live births produced 100 neo-natal deaths and the 1,372 premature live births produced 180 neo-natal deaths. In addition more than 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.

Ophthalmia Neonatorum.

In 1962 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 76 babies and 12 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 0.53.

None of the 12 cases notified by medical practitioners occurred in the practice of midwives. Four were treated at home, 8 in hospital, and in no case was vision impaired.

Infant Welfare Centres.

The County Council maintained 195 infant welfare centres in the year. Additional centres were started at (i) Red Cross House, Woodcote Road, Wallington; (ii) Peter Aubertin Hall, Elmore Road, Chipstead; (iii) St. Thomas's Church Hall, Station Road, Whyteleafe and the centres at (i) Community Centre, Brighton Road, Hooley; (ii) Parish Hall, Whyteleafe were closed during the year.

The following table shows the attendance at the centres for the year 1962 :—

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.
				1962.	1961.	1960-57.		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 ...	26	91	2,889	2,620	2,372	2,296	7,288	35,098	7,173	6,402	48,673
Central ...	25	126	3,165	2,989	2,803	5,258	11,050	45,320	15,719	17,526	78,565
North-Central ...	16	95	2,734	2,533	2,302	3,099	7,934	36,149	7,475	5,911	49,535
Southern ...	28	96	2,015	1,750	1,513	2,025	5,288	24,534	6,565	6,540	37,639
South-Eastern ...	20	74	1,838	1,435	1,492	2,244	5,171	22,625	6,162	5,455	34,242
Northern ...	7	42	1,190	1,020	897	717	2,634	15,291	2,697	1,059	19,047
South-Western ...	41	139	2,837	2,428	2,260	3,730	8,418	40,315	13,365	11,601	65,281
North-Eastern—											
Wimbledon ...	5	34	1,143	849	754	1,449	3,052	14,520	3,689	4,079	22,288
Merton & Morden ...	4	36	689	603	610	1,160	2,373	11,574	3,227	4,261	19,062
Mitcham ...	5	32	970	819	759	688	2,266	14,684	2,243	1,062	17,989
Mid-Eastern—											
Carshalton ...	4	34	626	599	682	1,584	2,865	9,127	2,657	3,899	15,683
Beddington & Wallington ...	5	22	436	418	388	470	1,276	5,969	1,784	1,781	9,534
Woking ...	9	36	1,097	987	1,013	1,346	3,346	15,682	4,102	3,918	23,702
	195	857	21,629	19,050	17,845	26,066	62,961	290,888	76,858	73,494	441,240
Voluntary.											
Southern ...	1	1	25	19	19	27	65	145	92	72	309
	1	1	25	19	19	27	65	145	92	72	309

By contrast with the rather poor proportion of mothers attending the ante-natal clinics, it will be noted that the number of children attending the centres in 1962 and who were born in that year formed 82.71 per cent of the total live births in the year. The average number of attendances of these children in the year was fifteen.

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

Year.	Registered live births.	No. of children under 1 year who attended for first time.	Total number of children attending in the year.	Total attendances of all children in the year.	Proportion of Live Births in the year who attended Welfare centres (%).
1953	18,187	14,862	49,348	367,333	75.31
1954	18,193	15,119	49,370	374,329	76.58
1955	18,305	15,191	48,717	374,459	78.02
1956	18,794	16,195	49,905	382,002	77.07
1957	19,627	16,946	52,110	402,309	77.37
1958	20,398	18,375	52,794	400,489	79.37
1959	20,725	18,611	55,211	409,644	81.23
1960	21,675	19,660	58,722	422,467	85.50
1961	22,423	20,615	62,697	447,525	87.18
1962	23,054	21,654	63,026	441,549	82.71

The holding of parentcraft circles has extended greatly during the year and these continue to be very popular. Such topics as home accidents, behaviour difficulties of the toddler, childish ailments that can be dealt with at home are discussed at the meetings. Some evening sessions have been held and the attendance has been good. The fathers have appreciated the opportunity of attending brains trusts and discussion groups.

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 18 mothers and babies were sent for convalescence. Patients sent under this scheme are normally required to pay a standard charge towards their maintenance.

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.

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.

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 1962 :—

National Dried Milk.			Cod Liver Oil.		A. & D. Tablets.		Orange Juice.	
Free.	2/4	4/-	Free	1/-	Free.	6d.	Free.	1/6
2,859	134,451	7,453	1,150	26,316	226	41,981	5,404	353,348

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil	A. & D. Tablets	Orange Juice.
Hospitals	1,262	—	12	2,940
Nurseries	20	1,120	—	1,708

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

- (a) Maternity and child welfare centres 182
- (b) Others 65

Audiological Service.

This service continued to expand during the year. As from 1st January, 1962, the mothers of all babies born in the County have been invited to bring them for a screening test of hearing as soon after the age of 7 months as possible. This is a departure from the previous system of offering a screening test to babies and young children in the "at risk" groups only. The importance of this expansion to take in all babies is understood when it is recognised that only some 60 per cent of deaf and partially-hearing children come from the "at risk" groups. Delay in diagnosis may therefore arise in those children born in the non-vulnerable groups unless they, also, are screened at an early age. The extension of testing has been made possible by the fact that all health visitors have now been trained in the screening technique, so that the staff are now able to undertake the increased work involved.

Diagnostic clinics were held regularly in each of the divisions by specialist medical officers. All babies who failed screening tests were referred to them, together with numerous older children in whom impaired hearing was suspected. The children were referred from various sources, including health visitors, clinics and family doctors, and hospital paediatricians. When defective hearing was confirmed, the children were passed to otologists for treatment, or, in cases of permanent impairment, for the issue of a hearing aid.

736 new cases were seen at Audiology Clinics during 1962, a rise of 69 per cent in comparison with the previous year. Of these, 469 were under five, and 267 over five. The increase in numbers affected both groups, but was greater in the school age group (91 per cent above 1961). This is an indication of the growing use made of the service by School Medical Officers requiring advice on hearing problems, arising either from routine 6-year old audiometry, or brought up as special cases.

Training of deaf and partially-hearing children and parent guidance are given, either at home or at the clinic, by three peripatetic teachers of the deaf, each looking after her own particular area of the County. Psychological testing of these children is carried out by a member of the staff who is an Educational Psychologist and also a fully-trained teacher of the deaf.

Children "At Risk."

The notification of "at risk" births has been continued in spite of the new arrangements for universal screening tests on babies. This is most important on account of the information emerging from follow-up studies of this particular group of children, indicating that they are more liable than others to a wide range of handicaps. With this in mind, a two-day course was held in January 1962, at which all Assistant Medical Officers attended. While the accent was mainly on the diagnosis and follow-up of hearing problems in young children, the general inference of "at risk groups" was also discussed. With improved methods of notification, the number of "at risk" children under 2 years reported to the department in 1962 rose to 4,244.

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 1962.		No. of children tested by Health Visitors.		No. of new cases referred to Audiology Clinic from all sources.		No. carried over as not fully assessed by end of previous year.		No. found to have normal hearing.		No. found to have remediable hearing loss.		No. found to have impaired hearing necessitating hearing aid and auditory training.		No. not fully assessed by end of year.	
	0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5
North-Western	618	38	238	9	6	20	3	6	3	14	—	1	—	3	6	8
Central	642	23	526	23	44	61	12	4	46	38	—	3	1	1	9	19
North-Central	434	45	359	151	79	25	3	13	69	34	2	—	3	2	8	2
Southern	470	6	282	—	14	10	2	2	10	11	—	—	1	—	5	1
South-Eastern	318	—	265	15	12	22	—	1	8	21	—	—	1	—	3	2
Northern	210	5	167	—	10	30	2	1	12	21	—	3	—	—	—	7
South-Western	712	12	371	12	17	23	3	1	12	16	—	—	—	—	8	8
North-Eastern—Merton/Morden	209	20	308	9	7	23	—	1	6	19	1	3	—	—	—	4
Mitcham	151	—	111	—	5	3	1	1	4	3	—	—	2	1	—	—
Wimbledon	111	7	243	17	9	17	—	2	5	15	—	1	—	—	4	3
Mid-Eastern—Carshalton	188	26	481	31	6	7	—	—	3	4	—	—	1	—	2	2
Beddington/Wallington	52	15	337	21	3	3	—	—	—	2	2	1	1	—	—	—
Woking	129	19	39	10	2	11	—	5	2	8	—	4	—	1	—	3
Total	4,244	216	3,727	298	214	255	26	37	180	206	5	17	10	8	45	59

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

In accordance with the provisions of Section 22 of the National Health Service Act, 1946, 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 1,143 sessions and the number of attendances made by patients was 9,152. The number of new patients attending during the year was 2,659 of which approximately 64 per cent were pre-school children.

Dental X-rays were available at eighteen 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 ...	901	869	767	477
Children under 5 ...	3,215	2,321	1,916	1,420

(b) Forms of treatment provided.

	Scalings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extractions.	General anaesthetics.	Dentures provided.		Radiographs.
							Full upper or lower.	Partial upper or lower.	
Expectant and Nursing Mothers ...	451	1,562	1	23	876	112	63	103	49
Children under 5 ...	1	3,872	1,176	—	1,196	561	—	—	3

DOMICILIARY MIDWIFERY AND HOME NURSING.

During 1962 the number of cases attended by home nurses was again 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) MIDWIVES BOOKED CASES TRANSFERRED TO HOSPITAL DURING LABOUR.

During 1962, there were 266 cases booked by the domiciliary midwives who were transferred to hospital during labour. The following table analyses the reasons for these emergency admissions:—

Division.	Ante-partum haemorrhage.	Foetal distress.	Inertia.	Mal-presentation.	Post-partum haemorrhage.	Pre-mature baby.	Retained Placenta.	Miscellaneous.
North-Western ...	3	1	15	13	3	2	—	—
Central ...	6	2	11	6	7	1	—	2
North-Central ...	3	9	16	16	1	9	—	3
Southern ...	2	—	3	11	3	2	—	—
South-Eastern ...	3	2	9	4	5	—	1	1
Northern ...	—	—	—	3	—	1	1	—
South-Western ...	3	2	16	12	2	2	1	1
North-Eastern ...	1	—	4	6	4	3	—	—
Mid-Eastern ...	1	—	2	3	4	4	—	—
Woking ...	1	3	5	1	3	—	2	—
	23	19	81	75	32	24	5	7

(b) ANALYSIS OF NURSING CASES.

(i) *Principal Medical and Surgical Conditions.*

Cases.	Aged 0-15.	Aged 15-40.	Aged 40-60.	Aged 60+	Total All ages.
Diseases of the heart	1	21	246	2,165	2,433
Circulatory	4	114	329	1,503	1,950
Malignant neoplasm—					
Chest	—	—	122	267	389
Abdominal	—	—	105	344	449
Other sites	—	—	206	425	631
Vascular lesions of nervous system	—	—	363	1,552	1,915
Respiratory diseases	82	75	226	949	1,332
Pulmonary tuberculosis	5	49	44	17	115
Non-pulmonary tuberculosis	5	55	62	26	148
Influenza	3	12	18	42	75
Rheumatic diseases	2	14	119	829	964
Cystitis and pyelitis	4	39	37	71	151
Accidents	35	25	31	120	211
Fractures	10	7	24	230	271
					11,034

(ii) *Other.*

General care of the aged	2,524
Uterine	1,169
Maternal complications	232
Infections	888
Gastric ulcer	146
Diabetes :	
Insulin	391
Insulin plus treatment	146
Constipation	1,224
Diagnostic preparations	980
Bones and joints	245
Gangrene	60
Post-operative dressings	848
Minor ailments	296
Mental disorders	106
Boils and carbuncles	401
Diverticulitis	79
Skin infection	95
Eye infection	77
Miscellaneous	591
	10,498

(c) 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 22 midwives to courses at Westcliff-on-Sea, Bangor, Exeter, Bristol, Cambridge and London. In addition, both district nurses and health visitors were given the opportunity of attending national courses run by professional organisations or the course organised by the County Council at Glyn House, Ewell.

(d) 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 37 candidates were selected to take the course.

The arrangement whereby student district nurses employed by other authorities attend the lectures provided by the County Council as part of the district nurse training was continued during the year. Eleven students sponsored by Croydon C.B.C. attended the lectures the sponsoring authority being responsible for all costs.

(d) WORK OF THE DISTRICT NURSES.

At the end of the year there were 317 full-time and 69 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1962 was as follows :—

Division.	Medical.	Surgical.	Infectious Diseases.	Tuber- culosis.	Maternal complica- tions.	Others.	Totals.	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year. (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year. (10)	Patients included in (2)-(7) who have had more than 24 visits during the year. (11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
Number of cases attended by Home Nurses during the year :—										
North-Western ...	1,678	239	1	22	6	—	1,946	1,269	49	386
Central ...	3,143	317	2	29	21	42	3,554	2,426	88	1,005
North-Central ...	2,851	531	1	30	37	12	3,462	2,244	74	972
Southern ...	1,511	312	—	19	10	26	1,878	1,265	73	471
South-Eastern ...	1,149	142	1	17	11	23	1,343	919	18	342
Northern ...	1,559	127	1	12	—	4	1,703	1,124	11	461
South-Western ...	2,385	425	16	8	27	269	3,130	1,760	85	889
North-Eastern—										
Merton & Morden	648	106	—	7	8	1	770	502	7	318
Mitcham	792	112	1	18	—	1	924	611	13	289
Wimbledon	816	88	—	16	2	—	922	617	11	266
Mid-Eastern—										
Beddington & Wallington	670	80	2	12	1	—	765	447	35	200
Carshalton	377	130	—	12	1	—	520	347	6	223
Woking	762	103	—	10	6	15	896	558	18	172
	18,341	2,712	25	212	130	393	21,813	14,089	488	5,994
Number of visits paid by Home Nurses during the year :—										
North-Western ...	30,275	5,568	16	1,414	37	359	37,669	27,817	167	26,403
Central ...	92,228	11,379	20	949	144	270	104,990	75,592	400	86,516
North-Central ...	78,605	13,676	18	1,426	227	136	94,088	69,903	595	76,709
Southern ...	34,988	6,403	—	1,055	43	1,033	43,522	33,728	378	32,049
South-Eastern ...	27,637	3,098	4	1,015	63	238	32,055	23,484	101	24,884
Northern ...	46,715	6,524	23	563	—	132	53,957	41,729	119	40,916
South-Western ...	67,078	13,096	269	564	146	2,416	83,569	61,847	612	56,772
North-Eastern—										
Merton & Morden	27,144	3,321	—	605	70	462	31,602	23,154	36	25,757
Mitcham	22,049	4,845	89	1,132	—	23	28,138	20,472	429	22,558
Wimbledon	21,466	3,295	—	1,044	19	36	25,860	19,312	38	21,122
Mid-Eastern—										
Beddington & Wallington	16,716	1,535	6	549	9	—	18,815	13,515	203	14,444
Carshalton	16,183	3,491	—	589	2	—	20,265	14,782	18	16,715
Woking	15,675	2,200	—	301	55	66	18,297	12,609	81	13,195
	496,759	78,431	445	11,206	815	5,171	592,827	438,034	3,177	458,040

Attention is again drawn to the high proportion of the nurses' time which is spent with the over 65 age group. In 1962 64.6 per cent of the patients and 72.2 per cent of the visits were applicable to this age group.

Local Supervising Authority (Midwives).

The County Council, as the Local Supervising Authority, are responsible for supervising the work of midwives throughout the County. The supervisory staff comprises a medical officer on the Central Office staff and seven non-medical supervisors.

NOTIFICATION OF INTENTION TO PRACTISE.

The number of State Certified Midwives who gave notice of their intention to practise as a midwife during 1962 was 609.

WORK OF THE MIDWIVES DURING 1962.

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Doctor or another).	Doctor not present at time of delivery of child.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority...	28	165	2,445	3,717	6,355	—
(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)	—	—	—	—	—	1,520
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	14,672
(d) Midwives in private practice (including midwives employed in Nursing Homes)	3	3	20	3	29	179
Total	31	168	2,465	3,720	6,384	16,371

It will be noted that of 22,755 confinements attended by midwives during the year, only 6,384 (or 28.0 per cent) occurred in the homes ; of the remainder, 14,672 (or 64.5 per cent) were confined in hospital and 1,699 (or 7.5 per cent) in nursing homes and hospitals not transferred to the Ministry of Health.

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	810
(b) Others	76
(ii) For cases in Institutions	576

NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	1,462
Stillbirths	66
Laying out dead body	26
Liability to be a source of infection	221
Death of mother or baby	24
	<u>1,799</u>

SPECIAL INVESTIGATIONS.

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

Sending for medical aid... ..	215
Stillbirths... ..	66
Liability to be source of infection	64
Death of mother or baby	24
Total	<u>369</u>

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	...	...	...	211
(ii) In institutions	...	...	...	263

Analgesic	No. of sets of apparatus available at end of the year	No. of domiciliary cases in which analgesia given.
Gas and Air ...	147	3,880
Trilene ...	40	1,629
Pethedine ...	—	3,000

Geriatric Visiting and Social Work.

The work amongst the elderly continues to increase and the voluntary associations have given much valuable help.

Among the developments are :—

- (i) The opening of a day hospital in Guildford and of a Friendship Centre by the Redhill and Reigate Old People's Welfare with the help of the Council of Churches ;
- (ii) More visiting of the lonely and housebound by members of the Old People's Welfare Associations ;
- (iii) An increase in the number of cases referred to the units.

The appointment of a health visitor in the Epsom area, to work with the general practitioners, has been much appreciated, and details of the work done are given below :—

(a) No. of cases referred :—

General practitioners	...	...	...	...	...	...	202
Old People's Welfare Association	...	...	...	...	...	...	20
							<u>222</u>

(b) No. of home visits :—

First visit	...	...	...	...	...	...	162
With doctor	...	...	...	...	...	...	9
Re-visits to patients	...	...	...	...	...	...	804
Visits to relatives	...	...	...	...	...	...	28
Miscellaneous	...	...	...	...	...	...	59
Total	...	...	...	...	...	...	<u>1,062</u>

(c) Cases dealt with by admission to :—

Hospital	...	...	...	...	...	...	76
Nursing Home	...	...	...	...	...	...	6
Welfare Home	...	...	...	...	...	...	2
Hospital or Nursing Home to give relatives a rest	...	...	...	...	...	...	7
							<u>91</u>

The following statistics show the work done by the geriatric units during the year :—
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 ...	300 (300)	1,201 (1,033)	935 (784)	35 (28)	5 (12)	169 (209)	24 (17)
Guildford ...	83 (121)	393 (461)	120 (179)	219 (258)	7 (4)	11 (20)	— (25)
St. Helier ...	315 (281)	1,132 (958)	997 (836)	— (50)	14 (22)	88 (50)	49 (156)
Woking and Chertsey ...	64 (64)	330 (307)	247 (238)	32 (25)	4 (1)	47 (43)	—
Farnham (Surrey cases only)	— (73)	— (198)	— (100)	— (16)	— (3)	— (79)	—
Redhill (all cases)	204 (200)	907 (718)	631 (557)	223 (154)	52 (4)	1 (3)	—
Total ...	966 (1,039)	3,963 (3,675)	2,930 (2,694)	509 (531)	82 (46)	316 (404)	73 (198)

TYPES OF VISIT.

Geriatric Health Visitor.	Home Visits.					
	First visits.		Revisits to Patients.	Visits to Relatives.	Miscellaneous.	Total.
	H.V.	H.V. and Dr.				
Kingston 	296 (218)	14 (373)	513 (694)	121 (126)	128 (28)	1,072 (1,439)
Guildford 	55 (461)	348 (—)	1,597 (2,142)	79 (129)	338 (321)	2,417 (3,053)
St. Helier 	116 (74)	35 (—)	453 (1,638)	— (—)	4 (47)	608 (1,759)
Woking and Chertsey ...	152 (103)	— (32)	74 (94)	63 (56)	35 (—)	324 (285)
Farnham (Surrey cases only)	7 (4)	— (14)	3 (—)	3 (2)	— (—)	13 (20)
Redhill (Surrey cases only)...	131 (139)	7 (—)	1,229 (1,332)	57 (54)	61 (—)	1,485 (1,525)
Total 	757 (999)	404 (419)	3,869 (5,900)	323 (367)	566 (396)	5,919 (8,081)

CASES DEALT WITH WHO WERE :—

Geriatric Unit.	Admitted to Hospital.	Admitted to Nursing Home.	Admitted to Welfare Home or referred to Welfare Officer	Hospital to give relatives a rest.	Day Hospital.
Kingston	661 (462)	60 (—)	49 (—)	166 (94)	— (—)
Guildford	210 (82)	6 (17)	12 (17)	47 (46)	41 (—)
St. Helier	399 (443)	— (3)	15 (21)	118 (165)	— (—)
Woking and Chertsey	25 (35)	58 (57)	4 (13)	54 (47)	29 (10.14 daily) (—)
Farnham (Surrey cases only)	— (39)	— (9)	— (14)	— (5)	— (—)
Redhill	450 (358)	— (—)	13 (12)	95 (96)	— (—)
Total	1,745 (1,419)	124 (86)	93 (77)	480 (453)	70 (—)

The figures in brackets relate to the year 1961.

During the year 1,421 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis) and 6,097 to old people to give help and advice and to refer cases for other social services where necessary.

HEALTH VISITING.

In my report for 1961 mention was made of the various proposals which had been approved by the Council, the primary purpose of which was to enable health visitors to devote more time to home visiting and teaching. A review of the results in 1962—the first full year of the revised arrangements—shows that the situation in this respect is much improved. At the end of the year the total establishment of health visitors was 234.

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, 1962.		Live births 1962.		Case load.	Average No. per H.V.	No. of children under 5 years of age visited during year.	Expectant mothers.		Children under 1 year of age.		Children age 1 and under 2 years.		Children age 2 and under 5 years.		Total No. of families or households visited by Health Visitors.
	D.H.V.	H.V.	Registered and adjusted.	No. of 1962 birth cards.				First visit.	Total visits.	First visit.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.
North-Western ...	1	24	3,300	3,259	14,146	589	13,933	856	1,707	3,009	15,795	6,875	11,098	5,251	10,028	
Central ...	1	24	3,223	3,067	13,944	581	14,726	1,579	2,945	3,272	13,733	6,457	12,196	1,962	11,353	
North-Central ...	1	24	3,018	2,769	12,642	527	13,938	1,059	1,908	2,946	16,580	6,368	11,367	3,494	11,234	
Southern ...	1	17.5	2,513	2,526	10,598	606	12,159	752	1,961	2,471	17,196	5,839	12,161	3,130	8,577	
South-Eastern ...	1	14	1,713	1,723	7,952	562	24,038	495	972	1,675	10,262	4,908	9,168	941	6,440	
Northern ...	1	10	1,195	986	4,629	462	5,151	407	797	1,142	5,352	2,984	3,070	991	3,828	
South-Western ...	1	23	2,908	2,850	12,007	522	14,733	1,196	1,540	3,131	17,823	7,767	12,087	1,919	10,865	
North-Eastern—																
Merton and Morden ...	1	9	868	789	3,753	417	4,837	532	970	789	4,539	2,271	4,673	266	3,957	
Mitcham ...	1	9	936	836	3,962	434	5,379	474	946	889	5,690	3,363	6,291	1,381	4,994	
Wimbledon ...	1	7	930	807	3,283	469	4,326	555	845	891	3,815	2,411	4,440	714	3,310	
Mid-Eastern—																
Beddington and Wallington ...	1	4	472	447	1,960	490	2,389	202	384	452	2,201	995	2,041	138	1,746	
Carsington ...	1	8	715	675	3,387	423	4,114	425	776	642	2,811	1,723	4,062	764	2,651	
Woking ...	—	10	1,263	1,394	5,814	581	5,686	336	744	1,292	7,458	2,242	4,823	971	4,351	
Relief Staff ...	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total 1962 ...	9	195.5	23,054	22,128	98,008	501	125,409	8,868	16,495	22,601	123,255	53,003	97,477	21,922	82,434	
Total 1961 ...	9	190	22,423	21,329	94,302	496	124,078	8,988	16,061	22,332	117,346	53,684	98,553	22,423	81,905	

Health visitors also made 45,391 visits to mothers and young children which were ineffectual as no access was gained to the person to whom the visit was intended.

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 78.

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.

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 1962.

Twenty-three students were selected to take the course, which commenced in September, 1962, and all sat the examination. Twenty-two were successful in obtaining the Health Visitors' Certificate of the Royal Society of Health and 17 have since been recruited to the County Health Visiting staff.

Training of Hospital Student Nurses.

As in previous years many of the hospitals have again 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 and there has been an increasing number of requests from the psychiatric hospitals.

During 1962 10 lectures were given by the Chief Nursing Officer, 29 by senior health visitors, 11 by superintendent district nurses and 7 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 and during the year the number of student hospital nurses who spent time with nurses and health visitors was 498. 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.

Diphtheria Immunisation.

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

IMMUNOLOGICAL STATE.

The following table gives details of immunisation against diphtheria carried out during 1962.

District.	Age	A. Number of children who completed a full course of primary immunisation during the year ended 31st December, 1962.				B. Number of children who received a secondary (re-inforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1962.			
		0—1	1—4	5—14	Total	0—1	1—4	5—14	Total
M.B. and Urban.									
Banstead		188	235	24	447	—	190	626	816
Barnes		198	302	17	517	1	47	272	320
Beddington and Wallington		125	270	42	437	—	19	535	554
Carshalton		178	311	41	530	—	210	830	1,040
Caterham and Warlingham		159	318	30	507	—	7	665	672
Chertsey		218	530	66	814	—	51	372	423
Coulsdon and Purley		332	573	55	960	—	70	1,570	1,640
Dorking		74	215	20	309	—	27	150	177
Egham		263	50	19	332	—	74	149	223
Epsom and Ewell		390	722	22	1,134	—	536	1,238	1,774
Esher		346	379	37	762	7	345	1,054	1,406
Farnham		197	213	10	420	—	84	45	129
Frimley and Camberley		230	450	39	719	—	32	299	331
Godalming		102	167	13	282	—	32	310	342
Guildford		194	407	68	669	—	72	915	987
Haslemere		74	159	18	251	—	25	171	196
Kingston-upon-Thames		139	257	245	641	—	177	449	626
Leatherhead		265	380	31	676	—	226	855	1,081
Malden and Coombe		212	332	45	589	12	264	417	693
Merton and Morden		249	371	45	665	1	40	1,076	1,117
Mitcham		278	445	110	833	—	94	926	1,020
Reigate		303	467	35	805	—	81	577	658
Richmond		210	389	31	630	—	175	423	598
Surbiton		347	433	13	793	—	232	730	962
Sutton and Cheam		484	444	87	1,015	—	374	1,221	1,595
Walton and Weybridge		248	356	40	644	—	61	239	300
Wimbledon		329	487	55	871	—	190	740	930
Woking		383	712	85	1,180	—	56	494	550
Rural.									
Bagshot		74	129	30	233	1	8	49	58
Dorking and Horley		106	253	29	388	—	34	233	267
Godstone		100	286	44	430	—	16	164	180
Guildford		275	926	151	1,352	5	160	1,532	1,697
Hambleton		103	557	65	725	1	56	370	427
Total 1962		7,373	12,525	1,662	21,560	28	4,065	19,696	23,789

DIPHTHERIA NOTIFICATIONS.

There were no cases of diphtheria in children notified during the year. Home visits paid by health visitors in connection with vaccination and immunisation totalled 1,558.

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	111	182	86	370	173	922	—	—	30	547	446	1,023
Barnes	244	73	58	151	50	576	—	1	8	269	92	370
Beddington and Wallington	...	303	99	89	332	275	1,098	—	—	35	274	348	657
Carshalton	418	75	156	572	66	1,287	—	1	20	385	195	601
Caterham and Warlingham	...	437	37	79	299	187	1,039	—	—	18	303	423	744
Chertsey	492	168	152	328	44	1,184	—	—	18	177	112	307
Coulsdon and Purley	774	96	180	620	575	2,245	—	—	43	815	964	1,822
Dorking	211	42	74	165	17	509	—	—	6	86	18	110
Egham	310	77	121	363	143	1,014	—	2	36	313	338	689
Epsom and Ewell	587	94	177	817	617	2,292	—	—	48	757	1,211	2,016
Esher...	647	51	92	269	108	1,167	2	6	43	566	555	1,172
Farnham	292	24	32	146	32	526	—	—	17	457	153	627
Frimley and Camberley	...	468	70	73	220	96	927	—	—	22	486	270	778
Godalming	159	14	27	78	9	287	—	2	4	61	19	86
Guildford	192	235	130	248	158	963	—	—	10	286	396	692
Haslemere	46	67	23	13	25	174	—	—	15	267	163	445
Kingston-upon-Thames	...	196	226	126	199	121	868	—	—	3	59	291	353
Leatherhead...	402	69	81	223	43	818	—	—	57	527	352	936
Malden	314	43	86	337	149	929	—	—	20	215	337	572
Merton and Morden	474	45	95	568	140	1,322	—	1	33	508	319	861
Mitcham	562	90	183	778	250	1,863	—	2	48	545	456	1,051
Reigate	510	58	108	492	—	1,168	—	3	71	937	—	1,011
Richmond	310	88	105	270	291	1,064	—	1	30	390	687	1,108
Surbiton	703	71	83	441	329	1,627	—	—	36	392	730	1,158
Sutton and Cheam	650	118	230	620	430	2,048	—	—	56	762	920	1,738
Walton and Weybridge	450	105	100	278	114	1,047	—	—	37	404	225	666
Wimbledon	543	118	167	367	210	1,405	2	1	57	542	846	1,448
Woking	311	526	252	512	371	1,972	—	3	35	487	713	1,238
Rural.													
Bagshot	131	58	40	106	16	351	—	1	1	93	41	136
Dorking and Horley	258	63	76	272	12	681	—	—	29	165	68	262
Godstone	126	209	139	345	31	850	—	—	20	436	83	539
Guildford	323	250	160	308	132	1,173	—	4	69	599	161	833
Hambleton	153	155	74	117	58	557	—	—	21	430	316	767
Total 1962	12,107	3,696	3,654	11,224	5,272	35,953	4	28	996	13,540	12,248	26,816
Total 1961	12,678	2,108	893	790	1,111	17,580	2	11	217	833	4,659	5,722

The following cases were specially reported on during the year :—

Age at date of Vaccination.	Generalised Vaccinia. (a)	Post Vaccinal Encephalomyelitis. (b)	Death from complication of vaccination other than (a) and (b). (c)
—1	1	—	—
1	—	—	—
2-4	—	—	—
5-14	2	1	—
15 or over	3	1	1*
Total ...	6	2	1

* P.M. Misadventure—Toxic myocarditis.

Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1962. 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 1962.	
	0-4 years.	5-14 years.
M.B. and Urban.		
Banstead	294	2
Barnes	416	1
Beddington and Wallington... ..	393	6
Carshalton	483	13
Caterham and Warlingham	471	3
Chertsey	740	15
Coulsdon and Purley... ..	893	14
Dorking... ..	290	1
Egham	303	8
Epsom and Ewell	779	6
Esher	717	12
Farnham	394	6
Frimley and Camberley	687	12
Godalming	263	4
Guildford	623	7
Haslemere	167	3
Kingston-upon-Thames	423	18
Leatherhead	459	6
Malden and Coombe	509	7
Merton and Morden	614	12
Mitcham	717	18
Reigate	749	3
Richmond	558	6
Surbiton	763	6
Sutton and Cheam	921	4
Walton and Weybridge	598	27
Wimbledon	792	18
Woking	1,079	38
Rural.		
Bagshot... ..	117	20
Dorking and Horley	376	15
Godstone	2,455	1,698
Guildford	812	39
Hambleton	400	11
Total 1962	20,255	2,059
Total 1961	20,137	1,024

Yellow Fever Vaccination.

At the yellow fever vaccination centre at the Grange Road Clinic, Kingston-upon-Thames, 668 persons were vaccinated against yellow fever during the year.

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	2,866	2,096	73.1	294	136	6.8	76	1,590	55.5
Central	2,691	2,021	75.1	72	74	3.8	8	1,867	69.4
North-Central	2,978	2,500	83.9	81	127	5.3	4	2,284	76.6
Southern	2,204	1,607	72.9	107	116	7.7	—	1,384	62.8
South-Eastern	1,325	1,189	89.1	59	64	5.7	17	1,049	79.2
Northern	604	497	82.1	—	23	4.6	—	474	78.5
South-Western	3,798	3,042	80.1	154	127	4.5	46	2,715	71.2
North-Eastern—									
Merton and Morden	1,080	901	83.4	35	26	3.0	7	833	77.1
Mitcham	1,047	903	86.2	65	44	4.2	29	765	73.1
Wimbledon	1,039	849	81.7	52	40	4.7	10	747	71.9
Mid-Eastern—									
Beddington and Wallington	495	356	71.1	33	4	1.2	13	306	61.8
Carshalton	1,006	727	72.3	74	19	2.9	26	608	60.4
Woking	762	529	69.4	17	32	6.0	21	459	60.2
Total	21,895	17,217	78.6	1,043	832	4.8	257	15,081	68.9

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

No. skin tested	405
No. found positive	61
No. found negative	344
No. vaccinated	341

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 20,967 children under 15 years of age completed a primary course of three injections with either single or combined vaccine and 8,446 children in the same age group received a reinforcing dose.

Poliomyelitis Vaccination.

The following table shows the number of persons vaccinated in period 1st January to 31st December, 1962 :—

PRIMARY VACCINATION.

	Number of Persons who have received				
	Salk Vaccine.		Oral Vaccine.		
	One Injection only.	Second Injection.	One Dose only.	Two Doses only.	Third Dose.
Children born 1962	8	145	902	882	1,865
Children born 1961	1,416	3,247	2,501	2,515	8,889
Children and Young Persons born 1943-1960	1,056	1,842	1,484	1,477	3,361
Young Persons born 1933-1942	488	1,021	789	711	1,485
Others	1,010	2,025	2,145	2,035	4,334
Total	3,978	8,280	7,821	7,620	19,934

REINFORCING DOSES.

No. of persons given third injections of Salk vaccine	20,406
No. of persons given fourth injection of Salk vaccine	2,978
No. of persons given a reinforcing dose of Oral vaccine after	24,184
	30,474

RECORD CARDS SUBMITTED BY GENERAL PRACTITIONERS.

Salk—First and Second injections	6,691
Oral—Three doses	5,466
Salk or Oral Reinforcing doses	28,331

PORT HEALTH UNIT, GATWICK AIRPORT.

The Port Health Unit at Gatwick Airport was augmented on July 1st, 1962, following the inception of the Commonwealth Immigrants' Act, 1962.

The Department now consists of a full-time Medical Officer, three full-time Medical Receptionists and a panel of part-time General Practitioners, and carries out the duties of (a) Port Health; (b) Medical inspection of Commonwealth Immigrants under the Commonwealth Immigrants' Act, 1962 and (c) Medical Inspection of aliens under the Aliens' Order 1953.

During the period July 1st to December 31st, 1962, 1,342 immigrants were examined, of which 977 were the holders of Ministry of Labour permits. Eleven forms Port 23 were issued to immigrants suffering from a medical condition, of which one was refused entry. 65 flights were scheduled to arrive at the Airport during this period, with approximately 100 passengers per flight. Of these two flights were diverted to Heath Row and 63 flights were dealt with at Gatwick Airport.

Under the Aliens' Order, 30 flights were dealt with at Gatwick Airport, out of which 79 aliens were medically examined and 14 forms Port 12 were issued; none was refused entry.

During the period, vaccination against smallpox was carried out on 51 persons and an intensive campaign to vaccinate those Airport personnel who are at risk against smallpox is now in operation.

During the period 1st July-31st December, 1962, one aircraft was inspected under Port Health Regulations.

In the five months ending December 31st, 1962, 75 casualties were treated in the unit. This number includes passengers and staff.

The Port Health accommodation is being rearranged and replanned at the present time. As the Airport Traffic is increasing, it has been found that the facilities now available are just sufficient to cope with the volume of work carried out, but due to the steady expansion of the airport when by 1965 the volume of traffic is expected to increase by $2\frac{1}{2}$ times, the present unit will be inadequate. A new Port Health Unit has, therefore, been incorporated in the rebuilding plans and this should be available for use by approximately 1965.

AMBULANCE SERVICE.

Organisation and Administration.

The only change in the organisation and administration during the year was the resignation of the Chief Ambulance Officer, Mr. T. G. Mullen, consequent upon his appointment as "Adviser on Ambulance Services" to the Ministry of Health, and the appointment of Mr. John Bedford to fill the vacancy of Chief Ambulance Officer.

Operational Strength.

VEHICLES.

The operational fleet was increased by the addition of 5 ambulances and 6 sitting case vehicles. The total strength of the operational fleet (including agency stations) is now 78 ambulances and 49 sitting case vehicles. The 300 members of the Hospital Car Service continue to provide a considerable amount of transport for out-patients.

In April 1962, orders were placed for the purchase and delivery of 10 Wadham/Morris ambulances, plus one Dennis ambulance which had been on trial in the service, and in July 1962 a further order was placed for 2 Karrier Dennis ambulances, making a total of 13 ambulances to replace 13 Daimler ambulances that had been in service since 1950. Also in April 1962 orders were placed for the purchase of 15 Morris J2 sitting case vehicles to replace 13 Martin/Walter sitting case vehicles in service since 1955 and two taxis that had been in service since 1950.

PREMISES.

Work on Ambulance Sub-Stations at Gatwick, South Godstone and Epsom was planned to start early in 1963 and temporary Ambulance Station for Wimbledon at Nursery Road, Wimbledon, was nearly ready for occupation at the end of the year. Progress is being made on the acquisition of a site for an Ambulance Station at Chelsham to replace the Warlingham Sub-Station.

Voluntary Organisations.

A summary of the work carried out by the St. John Ambulance Brigade and British Red Cross Society and by the Hospital Car Service is given in Table II.

During the year assistance was given by the County Council towards the cost of a new Ambulance Station for the St. John Ambulance Brigade at Farnham which is expected to be ready for occupation in 1963.

Gatwick Airport.

The number of aircraft using the Airport continues to increase but the number of times the Ambulance Service were required to take "Full Emergency" action decreased from 56 standby attendances in 1961 to 32 in 1962.

Annual Efficiency Competition.

The finals of the Annual Efficiency Competition were held at the Ambulance Training School on the 6th June, 1962. The result was as follows:—

A. L. Roberts Shield	...	...	Guildford S.J.A.B. Station.
Hooper Shield	...	...	St. Helier Main Station.

Work of the Service.

The number of patients and the mileage run still continue to increase, although not as steeply as hitherto. There was an increase of 4,981 patients carried and 21,569 miles run over the 1961 totals. (See Table I.)

EMERGENCY CASES.

The total number of emergency cases carried shows a small increase over the 1961 totals and although the number of accident cases had fallen by 340, the sudden illness cases increased by 372 and false alarms by 91.

Miscellaneous.

The Motor Vehicles (Construction and Use) Amended Regulations 1962, allowing ambulances to use sirens, came into effect on the 1st November, 1962, and for an experimental period one ambulance at Esher Sub-Station was fitted with a siren.

During the year the radio equipment in the Ex-Metropolitan area (Redhill, Chertsey and Guildford) was replaced by new and more efficient sets.

Training.

MOUTH-TO-MOUTH RESUSCITATION.

As the result of the adoption of "Mouth to Mouth" resuscitation, a series of one day courses were held at the Ambulance Service Training School. 44 days were set apart for the training and 441 personnel attended the course.

Seven Police Instructors also attended the school prior to the introduction of this method by the Surrey Constabulary.

CIVIL DEFENCE.

A number of Civil Defence courses were held for Senior Ambulance Officers who are designated Column and Deputy Column Officers. An Instructors' course was also held and 23 out of the 27 attending obtained an Instructors' Certificate.

RECRUITS.

Five fortnightly courses were held for new recruits to the Service.

Civil Defence—Ambulance and First Aid Section.

In July of this year the Home Office issued Civil Defence Circular No. 18 on the reorganisation of the Civil Defence Corps. The changes, which became operative from 1st October, follow a re-appraisal of the functions and structure of the Corps, the main object being to make certain of a sufficient number of well-trained volunteers as a nucleus for rapid expansion in an emergency.

Basically the changes are as follows:—

- Once volunteers have completed Standard Training and successfully passed a test they may then elect to engage for further training or pass to reserve.
- The introduction of bounty payments to certain trained volunteers.
- Setting of minimum and maximum age limits.
- A review of training arrangements.

At the end of the year there were 3,103 volunteers enrolled in the Section and an average of 72 instruction classes were held weekly. Training, since the issue of Circular 18/62, has mainly taken the form of Standard or revision of Standard Training in preparation for tests in 1963. Three Gold Star tests were held and 22 volunteers were successful in passing the examination.

The Section now has 102 instructors; 27 Corps instructors and 75 who are full-time ambulance personnel. Two Local Instructors' Qualifying courses were held in March at which 23 full-time

ambulance personnel obtained certificates. Ambulance personnel also attended for training or study sessions at Home Office Schools in Gloucestershire and Yorkshire and the Staff College at Sunningdale.

During the Summer months 13 exercises took place on which officers and volunteers were instructed and exercised in the principles of road movement and the deployment of ambulance columns. The section took part in combined County and County District exercises with other Sections in the Corps. Designated Column Officers also participated in a Sub-Regional Control exercise.

Continued progress was maintained in raising First Aid Parties within the Voluntary Organisations and training has commenced as the parties are formed.

The Ministry of Health issued a further 17 training ambulances on free temporary loan. The Section vehicle strength is now as follows :—

22 Ministry of Health Ambulances.
14 Redundant Ex-Section 27 Ambulances.
2 Sitting Case Cars.
6 Personnel and Equipment Vehicles.
—
44 Total
—

TABLE I.
WORK DONE BY THE UNIFIED AMBULANCE SERVICE 1960-1962.

Year.	EMERGENCY.					MATERNITY.		GENERAL.						
	Accident.		Illness.		False Alarms.	Total.		Hospital.		Out-Patient.		Infectious Diseases.		Abortive.
	Patients.	Miles.	Patients.	Miles.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Miles.
1960	12,834	82,119	3,551	23,050	9,893	16,385	115,062	58,906	675,009	371,281	2,593,220	940	15,706	17,761
1961	13,518	86,834	3,795	25,830	11,548	17,313	124,212	58,358	674,900	394,829	2,720,726	1,013	16,354	20,071
1962	13,178	85,652	4,167	27,298	11,639	17,345	124,589	61,931	668,260	396,788	2,757,409	879	13,894	19,809

TOTALS.

Year.	Emergency.		Maternity.		General.		Grand Total.	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
1960	16,385	115,062	6,335	67,362	431,775	3,308,595	454,495	3,491,019
1961	17,313	124,212	6,467	66,138	454,883	3,440,332	478,663	3,630,682
1962	17,345	124,589	6,086	61,874	460,213	3,465,788	483,644	3,652,251

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.	
	Patients.	Miles.	S.J.A.B.		B.R.C.S.		Patients.	Miles.
			Patients.	Miles.	Patients.	Miles.		
1960	324,626	1,813,674	58,739	489,097	7,346	70,619	63,784	1,117,629
1961	343,282	1,877,436	63,671	518,947	8,223	75,017	63,487	1,159,282
1962	341,584	1,872,548	69,106	524,778	9,614	74,167	63,340	1,180,758

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

Tuberculosis.

Responsibility for dealing with this disease is shared between the County Council and the South West Metropolitan 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.

The integration of Kingston Chest Clinic into the new Out-patient Department at Kingston Hospital had not been effected by the end of the year as had been hoped earlier. (The move took place early in 1963). The only chest clinic remaining to be upgraded is Mortlake.

Tuberculosis visiting throughout the County is undertaken by 38 health visitors of whom 16 devote full time to the tuberculosis service. The remainder are general health visitors who undertake the tuberculosis visiting in certain rural areas of the County. During 1962 these health visitors paid a total of 19,002 visits to tuberculous households and attended 3,134 chest clinic sessions.

Of all new patients (excluding contacts) seen at chest clinics in 1962, viz. 6,382, only 449 were tuberculous. The remaining 5,933 were non-tuberculous, making the ratio of tuberculous to non-tuberculous patients approximately 1 : 14, 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.

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 :—

(i) *Examination and Supervision of Contacts.*

In 1962, 2,688 new contacts were seen at chest clinics which represents a decrease of 247 from the 1961 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 (see also Tuberculosis in Schools, page 86).

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 51 where it will be seen that 20 contacts who on first examination were non-tuberculous later developed the disease.

(ii) *B.C.G. Vaccination.*

This scheme, details of which will be found in my report for 1961 and earlier years, continues to function satisfactorily.

An interesting report has recently been made to the Medical Research Council by their Tuberculosis Vaccines Clinical Trials Committee on, inter alia, B.C.G. vaccine. It is now certain that the protection given by B.C.G. vaccine is substantial as, over a trial period of ten years during which participants had completed an average of 8.8 years, the annual incidence of tuberculosis in the B.C.G.

vaccinated group was 0.40 per 1,000 compared with 1.91 per 1,000 among those in the tuberculin-negative unvaccinated group who were admitted concurrently. This represents a reduction of 79 per cent attributed to B.C.G. vaccination.

The following table shows the number of contact vaccinations carried out by Chest Physicians in each Chest Clinic area during the year 1962. 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 42).

Chest Clinic.						Total.
Carshalton	...	...	...	...	...	32
Dorking	...	...	...	...	...	47
Egham	...	...	...	...	...	23
Epsom...	...	...	...	...	...	160
Farnham	...	...	...	...	...	49
Guildford	...	...	...	...	...	126
Kingston	...	...	...	...	...	140
Merton and Morden...	...	...	...	...	...	83
Milford	...	...	...	...	...	32
Mitcham	...	...	...	...	...	70
Mortlake	...	...	...	...	...	79
Purley	...	...	...	...	...	86
Redhill	...	...	...	...	...	157
Sutton	...	...	...	...	...	141
Weybridge	...	...	...	...	...	139
Wimbledon	...	...	...	...	...	60
Woking	...	...	...	...	...	142
Total						1,566

(iii) *Garden Shelters.*

At the end of the year fourteen new type shelters were on loan to tuberculous patients.

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

		Respiratory				Non-Respiratory				Totals			
		Adults.		Children.		Adults.		Children.		Adults.		Children.	
		M.	F.	(under 15 years)		M.	F.	(under 15 years)		M.	F.	(under 15 years)	Grand Total.
1	New Cases (Excluding Contacts)												
	(a) Diagnosed Tuberculous	149	63	2		2	8	—		151	71	2	224
	(b) Non-Tuberculous	106	70	18		5	22	4		111	92	22	225
	(c) Not determined	—	—	—		—	—	—		2,983	2,040	908	5,931
		—	—	—		—	—	—		1	1	—	2
													6,382
2	Transferred T.B. Cases												
	(a) From outside the County	157	121	3		3	3	—		160	124	3	287
	(b) To outside the County	152	137	7		2	8	2		154	145	9	308
3	Tuberculous Cases Written off Register												
	(a) Recovered	262	238	14		7	16	—		269	254	14	537
	(b) Died	93	28	—		1	2	—		94	30	—	124
	(c) Lost sight of (not attended for two years)	76	65	5		3	7	1		79	72	6	157
	(d) Other reasons	5	4	—		—	—	—		5	4	—	9
													827
4	Cases Returned to Register												
	Diagnosed Tuberculous	13	6	1		—	2	—		13	8	1	22
5	Cases on Clinic Register on 31st December												
	(a) Diagnosed Tuberculous	3,868	2,769	219		153	267	42		4,021	3,036	261	7,318
	(b) With known positive sputum previous six months	120	42	—		—	—	—		120	42	—	162
	(c) With other positive findings	2	—	1		1	3	1		3	3	2	8

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 1/1/62.	No. of New Cases Definitely T.B. (including contacts diagnosed T.B.)	No. of T.B. Cases on the Register on 31/12/62.	No. of T.B. Cases on the Clinic Register per 1,000 Population on 31/12/62.	No. of New Contacts Attending.	No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
							New.	Old.	Total.			
Carshalton	434	26	394	6.99	55	—	3	3	178	2,231	12.5
Dorking	108	7	105	2.85	57	1	—	1	50	797	15.9
Egham	200	5	189	6.07	64	—	—	—	55	761	13.8
Epsom	435	29	394	3.68	187	—	—	—	222	3,952	17.8
Farnham	286	13	283	3.65	165	—	1	1	187	2,647	14.2
Guildford	709	42	731	5.74	188	4	—	4	225	5,121	22.8
Kingston	683	103	667	3.22	391	—	7	7	389	6,583	16.9
Merton and Morden	...	615	21	556	8.23	112	1	—	1	218	3,292	15.1
Milford	150	10	154	5.18	24	1	—	1	140	1,452	10.4
Mitcham	425	21	306	3.18	184	—	—	—	164	2,600	15.9
Mortlake	376	42	339	4.51	127	1	2	3	243	2,709	11.2
Purley	468	20	468	4.28	69	—	—	—	182	2,810	15.4
Redhill	548	30	507	4.15	241	2	2	4	136	3,601	22.1
Sutton	726	19	660	5.92	304	1	2	3	228	4,420	19.4
Weybridge	538	23	558	6.36	197	—	3	3	148	2,541	17.2
Wimbledon...	...	289	14	260	4.57	94	—	—	—	108	1,624	15.0
Woking	724	24	727	8.34	229	—	—	—	160	2,629	16.4
Totals ...	1,491,000	7,714	449	7,318	4.91	2,688	11	20	31	3,033	49,170†	16.2

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

CARE AND AFTER-CARE.

Social Work.

The social work for the chest clinics continued to be linked with the social work for the prevention of the break-up of families and problem families (reported on page 19), in so far as the same team of social workers covered both sets of duties. The establishment remained unchanged at 17½ and the division of their time between the two services remained at approximately 8.7 for chest work and 8.8 for family social work in the health divisions. The demands upon the time of the chest clinic almoners for the care of the non-tuberculous chest cases, in particular those with chronic bronchitis and lung cancer, continued to increase. Two of the social workers, the Care Organiser and the Deputy Care Organiser, continued to spend half of their time at the central office co-ordinating the work of the team and the other half on field work for chest cases and family social work respectively.

Provision of Milk Free of Charge.

The average number of tuberculous patients receiving milk free of charge each week throughout the year was 401 (406 the previous year).

Segregation of Children in contact with Tuberculosis.

The number of children requiring boarding-out so diminished that it was decided to close Sendhurst Grange as a hostel for T.B. "contacts" and to pass to the Children's Committee as from the 1st April, 1962, the responsibility for placing the few coming forward for placing. Of the 9 children dealt with during the year under the old scheme, only 2 remained away at the end of the year.

Care Committees for Tuberculosis and Chest Diseases.

There was no diminution in the excellent work done by the nineteen voluntary Care Committees which continued to expand their work for the non-tuberculous chest patients and their families as the needs of the tuberculous lessened.

Throughout the year, the Care Committees raised approximately £7,894 by their own efforts, and received £1,857 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 £10,675 covered a wide range of items to meet individual needs, but the main items were food (£2,980), clothing, bedding and household items (£2,108), training grants (£855), pocket money for patients in hospital and fares for relatives to visit (£740) and holidays (£2,601).

The Standing Conference of Surrey Care Committees 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 £2,170 during the year which included a grant of £400 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 (£222), loans and grants where substantial amounts are required for resettlement after treatment (£98), and summer holidays for families at the country and seaside (£1,763).

The beach chalets which were hired by the Conference provided a fortnight's holiday each for some 62 families comprising approximately 130 adults and 170 children who were selected by the chest physicians. The County Education Committee again granted the use of Sheepatch School for a fortnight's holiday for 100 child "contacts" and contributed 25 per cent of the cost.

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

Occupational Therapy.

The establishment of the Occupational Therapy Unit has been increased by three Technical Instructors and one Clerk/Storekeeper, and the full staff now consists of the Head Occupational Therapist, the Assistant Head Occupational Therapist, seven Occupational Therapists, four Technical Instructors, a Supplies and Marketing Officer and two Clerk/Storekeepers.

Students have attended for their practical experience during the year.

ORGANISATION.

In addition to home visiting, Occupational Therapy is provided at 12 classes in different parts of the County, namely at New Malden, Kingston, Wimbledon, Woking, Guildford, Esher, Mitcham, Ottershaw, Purley, Epsom, Leatherhead and Richmond. In addition the chest wards of four hospitals are visited regularly and instruction in art is given voluntarily on Wednesday mornings at the New Malden Headquarters. The Standing Conference of Surrey Care Committees for Tuberculosis and Chest Diseases meets the expenses for general materials and travelling.

The number of persons registered for Occupational Therapy during the year was: Chest 81, as compared with 104 in 1961, Other Handicapped 128, as compared with 110 in 1961. Exhibitions and Sales have increased, and the Mobile Shop has again proved most valuable in the sale of goods. It is noteworthy that large firms in the County are generally most co-operative when approached and

give every assistance. The Royal County Show was again visited with great success. The Standing Conference and individual Care Committees have given valuable assistance to the Unit generally, and the Voluntary Association for the Surrey Disabled have also given considerable help during the year. The Jig Saw Library still functions on a smaller scale, the Standing Conference meeting expenses which are mainly postal. The amount expended on consumable materials was £3,700 14s. 9d. as compared with £3,435 4s. 6d. in 1961.

The average number of domiciliary visits is approximately the same as last year. Generally the standard of work is very high and there has been a marked increase in the amount of remunerative occupation obtained and carried out by both Chest and Other Handicapped persons. The number of persons receiving Occupational Therapy on the 31st December, 1962 was 728 of whom there were: (1) chest cases, 193 domiciliary, 43 in hospital and 23 postal; (2) other handicapped classes, 267 domiciliary, 30 postal and 172 attending centres.

Rehabilitation and Colonisation.

During 1962 the Council were liable for the maintenance of 4 tuberculous patients at the following institutions:—

Preston Hall	2
Enham-Alamein	1
Papworth	1

Chest Physicians also use the facilities available at the Government Training Centres at Waddon and Egham.

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 1962 the Surrey Mass Radiography Service x-rayed 119,499 persons. Two separate services are operated as follows:—

General Practitioner Chest X-ray Service: 11,177 examinations.

Normal Mass Radiography Service: 108,322 examinations.

The Medical Director comments that the number of cases of significant tuberculosis found has not altered appreciably, the incidence rate remaining unchanged at 1.4 per 1,000 examinations. He hopes that a national publicity campaign will be promoted to encourage people to volunteer for annual chest x-ray through the Mass Radiography Service.

The Medical Director also mentions the small pilot survey commenced in 1962 whereby all teachers and non-teaching staff in contact with school children in the North Central Division were to be offered chest x-ray examinations at special sessions (see also Tuberculosis in Schools, page 86). He points out that, as one infectious case of pulmonary tuberculosis was found out of only 547 staff examined there is every reason to promote a vigorous policy of regular, annual chest x-ray examinations of all adults working with school children. The survey had not been completed by the end of the year.

The following statistics give an indication of the work of the Surrey Mass Radiography Units during the year:—

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	1960	1961	1962	1960	1961	1962
Total number X-rayed	9,100	11,144	11,177	94,074	109,679	108,322
Significant Pulmonary Tuberculosis* ...	44	54	43	104	153	151
Primary Lung Cancer	53	71	56	31	42	35
Number of men aged 45 years and over X-rayed	2,282	2,724	2,928	18,795	18,740	20,266
Primary Lung Cancer	49	55	48	27	38	29
Incidence rate per 1,000 examinations ...	21.5	20.1	16.4	1.4	2.0	1.4

* "Significant pulmonary tuberculosis" includes any newly detected case requiring treatment or close observation at a chest clinic.

General Practitioner Chest X-ray 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 ...	5,802	5,375	11,177	31	5.3	12	2.2	43	3.8

Normal Mass Radiography Service.

General Public ...	15,452	19,324	34,776	27	1.7	29	1.5	56	1.6
Industrial Groups ...	40,847	24,408	65,255	60	1.5	17	0.7	77	1.2
School Children ...	2,420	1,625	4,045	8	3.3	4	2.5	12*	2.9
Mental Hospitals and Institutions	440	890	1,330	3	6.8	—	—	3	2.3
Contacts at work...	656	647	1,303	2	3.0	1	1.5	3	2.3
Medical Officers of Health referrals ...	453	1,160	1,613	—	—	—	—	—	—
Totals ...	60,268	48,054	108,322	100	1.7	51	1.1	151	1.4

* Eight of these cases of tuberculosis occurred in one school (in North Sussex) where the pupils had been in contact with a teacher suffering from active pulmonary tuberculosis.

Analysis of Abnormal Findings—Pulmonary Tuberculosis.

Disposal of Cases.	General Practitioner Chest X-ray Service.				Normal Mass Radiography Service.			
	Male.	Female.	Total.	Incidence Rate per 1,000 Examinations.	Male.	Female.	Total	Incidence Rate per 1,000 Examinations.
Recommended for domiciliary treatment ...	5	4	9	0.8	35	13	48	0.4
Recommended for Hospital treatment ...	16	6	22	2.0	27	20	47	0.4
Close clinic supervision required...	10	2	12	1.1	38	18	56	0.5
Totals ...	31	12	43		100	51	151	
Occasional out-patient supervision	22	14	36	3.2	43	20	63	0.6
(a) Non-infectious cases ...	14	9	23		71	36	107	
(b) Infectious cases ...	16	3	19		23	12	35	
(c) Not determined ...	1	—	1		6	3	9	
Totals ...	31	12	43		100	51	151	

Analysis of Abnormal Findings—Non-Tuberculous Conditions.

General Practitioner Service and Normal Mass Radiography Service—Combined Statistics

Condition.	Male.	Female.	Total.
Malignant neoplasms in the thorax :—			
(a) Primary tumours ...	81	10	91
(b) Secondary tumours ...	8	12	20
Non-malignant tumours ...	12	15	27
Lymphadenopathies, excluding sarcoidosis ...	3	1	4
Sarcoidosis (including enlarged hilar glands) ...	29	33	62
Congenital abnormalities of the heart and vascular system ...	7	7	14
Acquired abnormalities of the heart and vascular system ...	88	75	163
Pneumoconiosis without P.M.F. ...	6	—	6
Pneumoconiosis with P.M.F. ...	—	—	—
Bacterial and virus infection of lung (including pneumonitis) ...	479	300	779
Bronchiectasis ...	23	28	51
Pulmonary fibrosis (non-tuberculous) ...	31	10	41
Spontaneous pneumothorax ...	11	1	12
Abnormalities of the diaphragm and oesophagus (including hiatus hernia of stomach) ...	5	20	25
Pleural Effusion (non-tuberculous) ...	5	1	6

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, and abnormality) 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 6s. 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, 1962, 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	89	103	137	329
Cost (before deduction of contributions by patients)	£938	£1,148	£1,587	£3,673
Length of stay: 1 week	3	4	3	10
2 weeks	80	92	122	294
3 weeks	5	5	12	22
4 weeks	1	2	—	3
over 4 weeks	—	—	—	—

Night Attendance Scheme.

The Council, as in previous years, continued to guarantee any loss up to a maximum of £100 per annum sustained by Guildford Old People's Welfare Committee and Farnham Women's Voluntary Services, and up to a maximum of £50 by Mitcham Old People's Welfare Committee and the Wimbledon Guild of Social Service in running their night attendance schemes, on the understanding that any payment made by the Council must continue to be limited to reimbursement of loss on fees plus bus fares and that no part of the Council's contribution must go towards payment of administrative expenses.

During the year application was received from the Wonerish Old People's Welfare Committee for financial assistance in running a night attendance scheme and the Council agreed to meet any loss up to a maximum of £50 on the same terms as the other schemes.

Three cases were admitted to nursing homes during the year under a scheme approved by the Council as extension to the night attendance by payment of grants of up to £1 a day to recognised voluntary bodies which, subject to prior approval by the County Medical Officer, arrange for bedridden patients for whom no other care is available to be maintained in nursing homes or private old people's homes for a maximum of three months.

Nursing Equipment.

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, 1962, was as follows:—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article</i>	<i>No. of Loans.</i>
Air beds	37	Bed cradles	516
„ bellows	18	Crutches	235
„ rings	992	Douche cans... ..	8
Bed rests	915	Feeding cups	165
„ pans	1,849	Inhalers	23
„ tables	97	Mackintosh sheets	1,520
Invalid chairs	1,229	Steam kettles	28
Commodore	1,092	Urinals	623

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.

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:—

1962.	Guildford Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).							
Syphilis	6	1	4	1	4	20	36
	(6)	(—)	(11)	(1)	(3)	(17)	(38)
Gonorrhoea	28	8	55	5	18	159	273
	(45)	(3)	(63)	(7)	(22)	(177)	(317)
Other conditions	246	32	510	33	100	909	1,830
	(179)	(30)	(472)	(49)	(105)	(878)	(1,713)
Totals	280	41	569	39	122	1,088	2,139
	(230)	(33)	(546)	(57)	(130)	(1,072)	(2,068)

The figures in brackets relate to the year 1961.

I mentioned in my report last year that the improvement in the number of cases of syphilis treated at clinics had been halted and that the number of cases was the highest since 1956. It will be noted that there has been a slight improvement only in the position during 1962. It will be seen from the table below, however, that the number of gonorrhoea cases was forty-four fewer than the previous year which is against the trend of a steady increase in the number of cases which has been reported over the past four years.

Year.	Syphilis.	Gonorrhoea	Other Conditions.	Total.
1947	255	415	2,068	2,738
1948	192	291	2,244	2,727
1949	148	218	1,919	2,285
1950	110	176	2,102	2,388
1951	105	123	1,466	1,694
1952	74	156	1,439	1,669
1953	67	165	1,469	1,701
1954	42	153	1,195	1,390
1955	40	143	1,150	1,333
1956	48	161	1,154	1,363
1957	32	159	1,114	1,305
1958	28	160	1,179	1,367
1959	26	251	1,308	1,585
1960	24	274	1,631	1,929
1961	38	317	1,713	2,068
1962	36	273	1,830	2,139

* The great majority of these conditions are not venereal.

Health Education.

At the beginning of the year, a full-time Health Education Officer was appointed to undertake the central organisation and control of the County Council's activities in respect of Health Education. His duties were—on the health side, to advise on the means of health education available at national and regional levels and to consult with the various bodies concerned as to subjects and methods for health education; to carry out the policy of the County Health Committee on health education within the County; and to consult with County staff in the field and train them where necessary; on the education side, to consult with the education department, with head teachers and teachers'

organisations as to possible courses for teachers and pupils and to advise on the techniques involved. Details of the latter are contained in the Report of the School Health Service.

On the health side the main efforts of the Health Education Service have been devoted to establishing communication with a large number of national and regional bodies pertaining to health in order to correlate the work in the County with that in the wider sphere.

Many conferences have been held during the year to define the role of various members of the staff in the field of health education. Courses on the principles and practice of health education have been organised for the Health Visiting and Nursing Staff, and for members and officers of County Districts.

Arrangements have been made to forge closer links with the voluntary health and welfare organisations in the realm of staff training.

SPECIAL CAMPAIGNS.

These involved Dental Health, Home Safety, Smoking and Health, and Foot Health.

In addition to the work described under the School Health Service, support was given to the campaign against smoking amongst young people by means of a wide distribution of leaflets and posters throughout the County, and especially to schools, clinics, welfare centres, libraries, council offices, factories, workshops, post offices, doctors' waiting rooms and public notice boards.

Copies of "Notes on Smoking and Health" were prepared for Health Visitors and teachers. Talks were given to ante-natal and other groups in the Community. Press notices were provided for some 50 newspapers circulating in Surrey, together with photographs. The lecturers were interviewed by a reporter from the B.B.C. Subsequently the interview was broadcast in the S.E. Regional News Programme.

In one Division the School Medical Officers were concerned about the large number of foot defects found at routine medical inspections, particularly amongst adolescent girls. A proportion of such defects is directly attributable to ill-fitting, unsuitable shoes. Distortion of the bony structure of the growing foot, with consequent permanent deformity, is commonly caused by a shoe which restricts the free movement of the joints of the foot and exerts undue pressure on bones which are not fully formed until about the age of 18. A campaign for the promotion of Foot Health was inaugurated and meetings were held in twelve secondary schools. The meetings were addressed by a School Medical Officer, a Physiotherapist and an Adviser in School Shoe Fitting. Visual aids and an exhibition of footwear suitable for schoolgirls was on display at each meeting. Judging by the animated discussion and questions which followed the talks, both parents and pupils showed lively interest in this important aspect of health.

A central store of information, teaching material and equipment was built up during the year, all of which was available on loan to the Divisions. Information on health matters was given to various County publications and to the staff of the Health and Education Departments. At Divisional level the implementation of health education has been pursued under the direction of Divisional Medical Officers. There was a notable increase in the number of mothercraft and parent craft sessions held, and a new feature in some Divisions involved special attention to health education for the elderly.

A large number of visual aids has been purchased to reinforce the spoken word. These took the form of film strip projectors and screens, folding peg-board display screens, electric turntables and other displays using the attractions of light and movement.

Beyond the normal tour of duty many talks on specialised subjects have been given by Medical Officers of Health, Divisional Medical Officers and their deputies, Public Health Inspectors, Health Visitors and others to many groups in the Community. Following are some of the subjects so covered: School Health Service, Immunisation, Smoking and Lung Cancer, Air Pollution, Food Hygiene, Fluoridation, Venereal Diseases, Parents' Problems, National Health Service. In one Division a Home Safety essay competition for schoolchildren was organised and several thousand entry forms incorporating home safety measures were issued. Over 1,000 entries of a high standard were received. An excellent Home Safety Exhibition was laid out in the foyer of the local Council Offices and subsequently displayed at various public libraries within the district. In yet another division a Diphtheria Immunisation Campaign was organised involving film slides in cinemas and wide distribution of leaflets. The Good Teeth for Guildford Campaign continued into the early part of 1962. The main assessment of the campaign has been that it was well worth while. The fact that the schools are asking for still more visits shows that an impact has been made among schoolchildren. When Oral Poliomyelitis Vaccine became available in sufficient quantities open sessions were held and publicised by way of posters, press advertisement and articles in local journals.

Finally, the staff of the department, both centrally and in the Divisions, have combined to assist in the training of visiting medical, nursing and teaching personnel, mainly from overseas. These included a Medical Officer of Health from Mauritius, a Health Superintendent and a nurse from Ghana, a British training college lecturer and a Chinese editor and councillor from Sarawak.

Chiropody.

The Council's chiropody scheme was prepared as part of the arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act, 1946. The Minister of Health in approving proposals suggested that at least in the early stages priority should be given to the elderly, physically handicapped and expectant mothers.

The chiropody service came into operation on the 9th May, 1960, and there has been no change in the arrangements indicated in my report last year. A chiropody service for the elderly continues to be provided by voluntary bodies with financial help from the County Council. The majority of the chiropody treatments given under this service were at chiropody clinic sessions, although patients were also treated at chiropodists' surgeries and by domiciliary visits. Although an expansion of clinic sessions, surgery treatments and domiciliary visits under this service occurred during 1962 the development of the scheme for the elderly as far as surgery visits and domiciliary visits are concerned have been made where it has been possible by an expansion of the Council's direct chiropody service through the divisional health organisation. The chiropody scheme for persons registered as "substantially and permanently handicapped", the blind and the partially sighted, and expectant mothers also continues to be administered through the divisionalised service.

The scale of payments to chiropodists under the Council's direct service continued to correspond with the scale of fees in respect of which grants were made to Voluntary Associations and an award by the Industrial Court dating from 1st April, 1962, and applicable to the direct chiropody service was accepted also as the basis for grants to voluntary bodies. The chiropody treatment which is given under both the direct scheme and through the voluntary associations costs the patient 3s. for each treatment but free treatment is available for those unable to afford this fee.

After the elapse of six months of the financial year commencing April, 1962, it became apparent that the chiropody service was expanding more rapidly than had been foreseen, and that there would be a marked overspending on the estimates for the service. The Council's approval was therefore obtained for a supplemental estimate of £9,500 to cover the continued expansion of the service throughout the year. Some £800 of the £9,500 was accounted for by the award to chiropodists mentioned above. In addition to the expansion of surgery and domiciliary treatments through both the direct and indirect service four new chiropody clinics were opened during the year by the Surrey Council of Social Service and a number of other chiropody clinics were authorised to hold additional sessions.

In respect of the year ending December, 1962, grants totalling £12,427 were paid to voluntary bodies providing chiropody services and the cost of the direct service provided to expectant mothers, handicapped persons, the blind and partially sighted, and elderly persons, amounted to £7,377 (after deducting contributions received from patients in each case).

The number of treatments given through the indirect service during 1962 was 44,690 compared with 41,610 in 1961.

Particulars of persons treated directly under the County Council scheme during 1962 are as follows:—

No. of expectant mothers treated	...	...	...	27	(21)
No. of handicapped persons treated	...	...	...	374	(276)
No. of registered blind or partially sighted treated	...	...	...	84	(25*)
No. of elderly persons treated	...	...	...	3,495	(888*)
Total No. of treatments given	...	...	...	24,053	(3,307)

The figures in brackets relate to the year 1961.

* For period July-December, 1961. Direct scheme for these persons not in operation until 1st July, 1961.

HOME HELPS.

Administration of the Scheme.

The principal features of the County Council's Scheme for the provision of home help remain as in previous years. The introduction of the neighbourly helps mentioned below has helped to relieve the shortage of home helps in most areas, and accounts for a slight decrease in the amount of service given under the home help scheme.

Establishment.

The establishment of equivalent full-time helps for the financial year ended the 31st March, 1963, was 555.0. The average number of equivalent full-time helps employed weekly throughout the calendar year was 521.5, which was 11.2 fewer than in 1961.

Supervision.

During the year the Divisional Supervisors paid 6,870 first visits, 15,883 revisits and 3,677 miscellaneous visits, a total of 26,430 compared with 24,972 for the previous year.

The Scope of the Scheme.

The total number of cases helped during 1962 was 8,966, a decrease of 49. The number of acute, maternity and tuberculosis cases decreased by 141, 16 and 11 respectively, whilst the number of chronic sick increased by 119.

The following table gives an analysis of the services provided to the various types of cases in the County as a whole. The figures given include statistics relating to Woking U.D. for the whole year.

Type of case.	Number of cases helped during 1962.	Hours of service given during 1962.	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	2,315 (25.8%)	130,210 (13.6%)	56	21.7	2.6	115 (3.5%)
Acute	1,472 (16.4%)	46,672 (4.9%)	32	6.4	4.9	141 (4.2%)
Chronic	5,100 (56.9%)	767,541 (80.1%)	150	4.9	30.7	3,017 (91.0%)
Tuberculosis	79 (0.9%)	13,609 (1.4%)	172	6.4	27.0	41 (1.3%)
County 1962	8,966 (100%)	958,032 (100%)	107	5.6	19.2	3,314 (100%)
County 1961	9,015 (100%)	971,476 (100%)	108	5.7	19.1	3,237 (100%)

The table on page 60 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 61 shows Divisionally and for the County as a whole the average weekly number of cases helped, the average hours of service per case per week, and the average duration of service per case in weeks.

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

Whiteley Village Homes, Walton-on-Thames.

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 1962, 90 cases received a total of 6,884 hours service.

Neighbourly Help Scheme.

In 1961 the Council agreed, for a trial period of one year, to the setting up of a Neighbourly Help Scheme to be run in conjunction with the Home Help Scheme. Under this scheme near neighbours are given a weekly payment which varies between 10s. and £2 for looking after old people living alone, or other suitable cases, by paying them frequent visits during the day and carrying out, as required and in their own time, such jobs as shopping, lighting fires, preparing meals and cleaning. The trial period proved that the scheme was a useful adjunct to the home help service by helping to combat the shortage of home helps in certain areas, and in some cases by giving a more regular service than could be given by the home help service; consequently the Council decided to continue the scheme.

During 1962, 203 cases received the services of a neighbourly help at a total cost of £6,353 for the year which is equivalent to 15.3 whole time helps each week.

"Dirty Money."

In June, 1962, the County Health Committee considered whether special payment should be made to home helps called upon to carry out arduous work in extremely distasteful circumstances in order to restore premises to conditions of cleanliness and comfort, and decided to give authority for special payments to be made at the discretion of the Divisional Medical Officer in the following types of case:—

- 10s. for an initial clean up of neglected or filthy cases which are not so insanitary as to justify their being referred to the County District Council for action under the Public Health Acts.
- A plus rate of fourpence an hour for the continued cleaning and care of premises where normal standard of cleanliness is low, or conditions sub-standard.

The scheme came into operation on 1st September, 1962, and by the end of the year, seven cases in category (a) and twenty-five in category (b) had been dealt with.

Division or District.	Population mid-1962.	Average.	Average equivalent F/T Help employed weekly during 1962.	Total number of cases helped during the year.					Percentage of Home Helps' time spent on				
				Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.	
DIVISIONS.													
North-Western ...	178,460	68,881	40.5	239	144	329	6	718	86.3	3.9	4.1	5.7	
Central ...	230,929	42,841	70.0	535	234	869	16	1,654	83.4	6.4	4.2	6.0	
North Central ...	206,880	24,128	60.9	257	145	718	8	1,128	85.1	4.9	3.5	6.5	
Southern ...	150,860	125,760	39.7	207	52	437	4	700	85.8	5.1	4.4	4.7	
South-Eastern ...	114,680	22,414	41.3	340	365	322	5	1,032	86.9	2.3	4.7	6.1	
Northern ...	79,630	6,628	44.3	108	41	467	5	621	85.6	4.3	4.2	5.9	
South-Western ...	181,910	127,026	52.6	257	241	384	3	885	86.8	5.1	2.6	5.5	
North-Eastern ...	188,070	9,381	121.3	158	117	1,034	22	1,331	81.1	5.3	7.5	6.1	
Merton and Morden U.D.	67,560	3,237	42.0	57	38	388	10	493	80.0	5.6	8.4	6.0	
Mitcham M.B. ...	63,660	2,932	49.6	54	45	352	5	456	81.5	4.9	7.5	6.1	
Wimbledon M.B. ...	56,850	3,212	29.7	47	34	294	7	382	81.9	5.5	6.2	6.4	
Mid-Eastern ...	88,980	6,391	26.0	87	72	359	4	522	81.4	7.0	6.5	5.1	
Beddington and Wallington M.B. ...	32,600	3,045	16.0	45	36	200	1	282	80.6	7.1	7.2	5.1	
Carshalton U.D. ...	56,380	3,346	10.0	42	36	159	3	240	82.9	6.7	5.3	5.1	
District with Delegated Health Functions.													
Woking U.D. ...	70,610	15,708	24.9	127	61	181	6	375	86.5	2.7	5.5	5.3	
County 1962 ...	1,491,000	449,161	521.5	2,315 25.8%	1,472 16.4%	5,100 56.9%	79 .9%	8,966 100%	84.4	4.9	4.9	5.8	
County 1961 ...	1,477,330	449,161	532.7	2,331 25.9%	1,613 17.9%	4,981 55.3%	90 .9%	9,015 100%	84.3	4.7	5.3	5.7	

Division or District.	Average weekly number of cases helped.							Average service per case.									
	Maternity.	Acute.	Chronie.	T.B.	Total.	Per equivalent F/T Home employed.	Per 10,000 population.	Maternity.		Acute.		Chronie.		T.B.		Total.	
								Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.
DIVISION.																	
North-Western ...	12	13	172	3	200	4.9	11.2	21.5	2.6	8.6	4.8	6.3	27.3	9.4	30.0	7.4	14.2
Central ...	32	15	445	5	497	7.1	21.1	17.7	3.1	4.4	3.3	3.9	27.0	8.0	16.1	4.9	15.7
North-Central ...	13	14	459	2	488	8.0	23.6	23.9	2.5	4.7	5.1	3.8	33.6	4.5	16.5	4.4	22.5
Southern ...	10	9	214	1	234	5.9	15.5	24.6	2.3	10.2	8.8	5.1	25.6	12.4	15.2	6.1	27.3
South-Eastern ...	15	34	195	5	249	6.0	21.7	25.1	2.3	5.4	4.9	4.8	31.4	4.3	44.9	6.1	12.5
North ...	6	6	275	4	291	6.9	36.5	15.2	2.9	3.3	8.2	5.3	30.8	3.8	36.5	5.5	24.5
South-Western ...	12	20	263	2	296	5.6	16.3	24.7	2.3	7.0	4.3	5.6	35.8	4.6	35.5	6.5	17.3
North-Eastern ...	8	18	689	13	728	6.0	38.7	24.8	2.4	7.5	7.9	5.4	34.6	6.5	30.4	5.5	29.9
Merton and Morden U.D. ...	3	7	247	5	262	6.2	38.8	24.1	2.4	8.0	8.9	5.2	32.9	4.9	27.6	5.5	27.3
Mitcham M.B. ...	3	7	250	4	264	5.2	41.5	24.9	2.6	7.8	8.1	6.0	37.3	10.0	41.3	6.0	32.8
Wimbledon M.B. ...	2	4	192	4	202	6.6	35.6	25.3	2.4	6.3	6.8	4.8	34.2	5.0	26.9	5.2	28.1
Mid-Eastern ...	4	6	210	3	223	8.6	25.1	22.1	2.1	4.9	4.4	3.7	30.1	3.3	34.5	4.0	22.4
Beddington and Wallington M.B. ...	2	4	117	1	124	7.5	38.0	22.4	2.5	4.9	6.3	4.2	30.4	3.1	46.0	4.6	22.6
Carshalton U.D. ...	2	2	93	2	99	10.2	17.6	21.7	1.9	4.9	2.6	2.9	31.4	3.3	31.6	3.4	21.5
District with Delegated Health Functions.																	
Woking U.D. ...	6	5	94	3	108	4.3	15.4	22.4	2.4	9.7	4.1	7.3	27.1	9.4	27.4	8.3	15.1
County 1962 ...	115 3.5%	141 4.2%	3,017 91.0%	41 1.3%	3,314 100%	6.4	22.2	21.7	2.6	6.4	4.9	4.9	30.7	6.4	27.0	5.6	19.2
County 1961 ...	114 3.4%	129 3.9%	3,023 91.3%	45 1.4%	3,311 100%	6.3	22.4	23.3	2.5	7.3	4.2	4.9	31.6	6.1	26.7	5.7	19.1

MENTAL HEALTH SERVICES.

1962 saw the completion of 2 years' full operation of the Mental Health Act of 1959, and there is every indication that the reorientation towards community care as envisaged in the recommendations of the Royal Commission is steadily becoming an established part of the social services, and despite the fact that the Council are keeping pace with their programme for the recruitment of social workers, the demands are such that it will be necessary to speed up the rate of recruitment.

By the end of the year the progress in the capital building programme was most encouraging. Building work on the new Training Centres at Ham and Caterham and the new Industrial Wing at Guildford Centre had been started. The Council's Hostel for subnormal children at Send, near Woking, was opened, and with the financial support of the Council, the W.V.S. established a Home for the elderly confused at Surbiton and the Cheshire Foundation a Home for former mentally ill persons at Wimbledon. Sites for a new Training Centre at Walton-on-Thames, for an Industrial Centre at Banstead and for a Hostel for adult subnormal females at West Molesey were acquired.

The only hold-up in the 1962-3 programme was in respect of the Hostel for former mentally ill persons at Wallington. Planning difficulties were still the cause, but as the objections are purely on minor points of layout, progress should be possible in the near future.

Despite the national publicity given to the urgent need for providing a comprehensive mental health community care service and the time taken by County Councillors and senior officers in the service in explaining the Council's schemes, there is still much to be done before the unenlightened attitude of the general public and some local councils and organisations will be improved. This is all the more regrettable as once the schemes come into operation the neighbouring population quickly accept them and take an active part in making them a success.

The development of the supportive care services was handicapped by the resignation of the Senior Psychiatric Social Worker and the inadequate office accommodation for the field staff also created serious problems. With the growing demand for the services of these officers, there is a need for them to be relieved of their clerical work, but it will not be possible to appoint clerical staff until adequate office accommodation is provided.

The service is not divisionalised and the central staff at County Hall are responsible for the supervision of the case work of 17 male and 6 female mental welfare officers and social workers, 3 trainee mental welfare officers, and the mental health work undertaken by 218 health visitors as part of their normal health visiting duties. Central staff are also responsible for the admissions to and day-to-day administration of the 7 Training Centres and 1 Industrial Unit which provided 477 places at the end of 1962. Speech- and physio-therapists are also employed at the Centres.

All forms of residential care come under the central office. Recuperative holidays and short term care for the mentally ill and subnormal were provided in many cases, and the number of cases maintained in hostels and homes provided by such bodies as The Mental After Care Association, The Guardianship Society, the W.V.S., the S.O.S. Society, the St. Bernadette Society and the Cheshire Foundation showed a considerable increase over the previous year.

Co-operation with psychiatric hospitals and hospitals for the subnormal remains excellent and the specialist staff of the hospitals continue to give valuable advice and help.

No serious difficulties were experienced in arranging the admission of really urgent cases to both types of hospital, but the waiting lists for hospitals for the subnormal remains rather long and at the end of the year the total waiting list was 96.

There are 19 psychiatric out-patient clinics in the County staffed by medical officers from psychiatric hospitals and hospitals for the subnormal under arrangements made by the Regional Hospital Board, and it is pleasing to report the increasing use of the County's mental welfare officers and social workers at these clinics.

Mental Illness.

During the year there was a marked increase in the number of cases referred for aftercare, and it is encouraging that the closer liaison between hospital, general practitioner and local authority has made this possible. The County's field officers form part of the out-patient clinic teams and are encouraged to attend case conferences at the hospitals.

The trainee mental welfare officers are attached to the hospitals and this has been most valuable in their training.

Mentally ill patients from Surrey in need of hospital treatment are eligible for admission to the following hospitals, according to 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 and these special beds are under the care of 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.

Subnormal patients are admitted to Botleys Park Hospital, Chertsey; the Fountain Hospital (Queen Mary's) Carshalton; The Manor Hospital, Epsom; and the Royal Earlswood Hospital, Redhill. The Physician Superintendents of these 4 hospitals continue to be most helpful in seeing various patients by appointment and giving help and advice to the Council's mental welfare officers and social workers, as well as to the relatives of subnormal patients. The provision of short-term care at these hospitals continues to benefit both patients and hard-pressed relatives.

During 1962 44 patients were admitted to these hospitals for short-term care and 12 patients were maintained by the Council in private homes and the Council's own home at Send for similar short-term care.

During the year 11 patients were admitted to hospitals or placed under guardianship under compulsory powers under the Mental Health Act and 76 patients were dealt with informally. Of the statutory admissions 7 were Court cases.

During 1962, 2,935 visits to female mentally subnormal patients and boys under the age of 16 years were paid by the female social workers and health visitors and 1,734 visits to males over 16 were paid by male mental welfare officers.

Specialist Medical Officers.

Two full-time medical officers continue to be engaged in the assessment of subnormality and severe subnormality and their specialist advice on placement is invaluable. Their services are shared between both the School Health and Mental Health Services. However, as the work has increased considerably, it has been necessary to augment the service by a further part-time medical officer.

Specialist Visitor for Subnormality.

Whilst the health visitor and the Mental Welfare Officer remain the persons normally responsible for assisting the subnormals, it has been found that many patients need supportive care and attention which is so time-consuming as to be beyond the capabilities of these particular field staff without neglecting their other duties. In view of this a full-time Specialist Visitor was appointed. The duties of this officer have been varied and have ranged from assisting ex-hospital patients to adjust themselves to community and industrial life, to solving hire purchase problems and assisting in the matrimonial and mother and baby problems of the subnormal married patient. A recent extension has been the additional support necessary for subnormals in preparation for them leaving the adult industrial units to take up work in competitive industry. At the beginning of the year the case load was 10 and at the end of the year it had risen to 40 cases in need of intensive visiting, plus the usual case load of cases requiring less frequent visits. It was impossible for this officer to cope adequately and further appointments have been agreed as essential.

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 (males over 16 only).
Weybridge	...	...	Mayfield Hall, Mayfield Road, Weybridge.

The centres at Guildford and Morden are purpose-built, and the others are programmed for replacement by purpose-built premises.

JUNIOR TRAINING CENTRES.

Now that purpose-built units have become an established part of the service considerable progress is being made in the training of these children, and following regular meetings of the Supervisors numerous small-scale trial schemes have been commenced. Until the majority of the children are housed in purpose-built training centres it is difficult to assess how far training methods will alter in respect of these children. However, the year saw the commencement of building on the two 93-place centres at Ham and Caterham and the acquisition of a site for a further similar sized centre at Walton-on-Thames. These centres will provide special care and nursery group facilities, and whilst they will commence as all-age centres they will, as industrial units are established throughout the County, become Junior Centres, as will the Guildford, Morden and Ewell Centres. By the use of existing buildings on the site at Banstead as an Industrial Unit, it is hoped that the Morden and Ewell Centres will become Junior Units during 1963.

Building work was commenced on the Adult Workshop at Guildford late in the year. With the transfer of the senior trainees to the new unit in 1963, it is hoped to establish a special care unit by converting the vacated classroom. Apart from one group of senior girls, the centre will then become a Junior Unit.

ADULT TRAINING CENTRES.

At the commencement of 1962 considerable difficulty was experienced in finding sufficient industrial work for the adult units attached to the various centres and it was decided to concentrate on obtaining work for the Sutton Centre. By the end of the year Sutton was entirely occupied on industrial work and it was possible to send work to other units. With the present contracts it will also be possible to establish industrial units at the new Ham and Caterham Centres and the Guildford Unit when they are opened.

The Council continued its policy of recruiting suitable men from industry and their considerable industrial experience and enthusiasm have been the reasons for the unqualified success of the Sutton Unit and the more than adequate supply of industrial contracts.

Early in the year it was possible to recruit the new Supervisor of the Sutton Unit direct from industry, and largely as a result of his efforts, even those with severe physical handicaps are employed. To date only one of the trainees refuses to participate, and the most encouraging features of the venture are the aptitude, skill and enthusiasm of the trainees, who were previously regarded as of no real value in the industrial field. Considerable effort continues to be concentrated on developing the trainees' social abilities, which is now the main reason why many of them cannot be absorbed in the competitive labour market. Amongst the various contracts undertaken the most notable is the production of a fishing reel. All the machining and preparation is done by the trainees at the Sutton Unit and it has been possible for the majority of them to be trained to operate several kinds of power- and hand-operated machines and to return to them after long periods on other work. Quality and training have remained the most important factors of the venture, and as a result the firms deliver the freshly-cast materials to the Unit and their products are returned to them boxed and ready for sale. All the monies received from the firms in payment of the contracts are paid to the trainees on an incentive basis.

Training of Staff.

Whilst every effort has been made to recruit staff possessing the N.A.M.H. diploma, the supply was seriously below the demand and it was decided to set up a trainee scheme in order to improve the position.

In September 1962, 2 trainees were recruited for a 2-year in-service course of training to be followed by secondment to the N.A.M.H. Diploma course. During the first year the In-Service course will consist of training at a purpose-built training centre, coupled with lectures kindly given at the Manor Hospital. During the second year trainees will also be given experience in surrounding fields of health and education, when several weeks will be spent in secondment to E.S.N. and nursery schools, hostels, day nurseries, etc. The trainees will be appointed to the staff of the Junior Centres on completion of their training.

Medical Care at Training Centres—Audiology and Vision.

In some children lack of progress is the result of faulty hearing or vision: these may manifest themselves by speech defects or clumsy movements and inattention. These features are, of course, symptomatic of subnormality and much time may elapse before suspicion leads to referral for examination. Meanwhile the staff have been wasting valuable time attempting to approach the child via an unsuitable media. It was therefore decided to test all children on entering training centres, and all new entrants to the junior training centres are now examined by specialist medical officers for defective hearing and vision.

Audiology.

Because of the large numbers involved, it was impossible for the specialist medical officers to examine all the children already at the training centres. It was therefore necessary to use a screening test. After examining all the existing methods and discussing the situation with as many experts as possible it was considered that none of the existing tests could be considered entirely satisfactory for all subnormal children and that a modified test would therefore have to be devised. This was done and because of the nature of the children involved it was necessary to design the test so that it could satisfactorily be carried out by staff trained in mental health and known to the child. The Supervisor of the centre was chosen and many have nearly completed their testing. The test appears to be successful in so far as three-quarters of those so far tested between the ages of 5 and 16 have been found to have normal hearing. The remaining quarter are being examined by specialist medical officers, though, as the test was designed to err on the side of failing children, many have been subsequently found to have normal hearing.

Vision.

With regard to the vision of those pupils attending training centres, it was considered impracticable because of the large numbers of children involved for them to be tested by specialist medical officers. Many screening tests were considered but all were discarded as unreliable for these children. It was decided that all children would be referred for examination on the slightest suspicion. This would appear to be successful.

Routine Medical Examination.

This has continued but would appear to be in need of revision. A more detailed examination performed by local medical officers is intended. In addition, every child will be more thoroughly physically examined at the same time as the primary mental assessment is made. This will entail a separate appointment, but any attempt to increase the existing physical examination time cannot be made, as the mental assessment frequently takes at least 30 minutes and the child's attention cannot usually be held for longer than this.

Dental Care

The children's teeth were examined and it was found necessary to refer a considerable number for treatment at the School Dental Clinics. Those unsuitable for the School Clinics were referred to their general practitioners or to the hospitals.

Physiotherapy.

In September 1960 the first physiotherapist was recruited and the preliminary results proved so successful that it was decided to increase the establishment to 2 therapists devoting the whole of their time to treating children in the training centres; the initial results seem to indicate that a further increase in the establishment will be necessary in order that all cases may receive sufficient attention. It would seem that physiotherapists specialising in this field have achieved results which have not been possible in the ordinary clinics. At present the lack of medical room facilities are a severe handicap.

Speech Therapy.

This service was commenced alongside the physiotherapy service and the same general remarks apply. It is impossible to be more specific as the therapist resigned during the year and it has not been possible to fill either of the 2 vacancies in the establishment. The following results were assessed by the officer responsible for the therapy at the end of the Summer Term 1962 :—

	Morden.	Purley.	Reigate.	Weybridge.	Kingston.	Ewell.	Guildford.
No. of sessions held	30	10	10	10	10	10	20
No. of children treated individually	8	2	3	5	4	3	8
No. treated at group sessions ...	25	12	15	10	10	13	14
Total No. treated	33	14	18	15	14	16	22
<i>Analysis of progress.</i>							
Achieved normal speech	—	1	—	1	—	—	—
Greatly improved	9	3	5	6	3	2	6
Moderate improvement	19	7	7	3	5	9	6
Little improvement	5	2	1	3	5	3	6
No improvement		1	5	2	1	2	4

The following tables show particulars of all mentally disordered persons referred to the Council during 1962, the total number of patients under local health authority care on 31st December, 1962, etc. :—

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration of three nursing homes. On the 31st December, 1962 there remained 43 registered nursing homes and 15 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 homes to look after them. At the end of the year 1962 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1962.	Number of children provided for.
Premises	95	2,012
Daily Minders	308	3,094

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. In 1960, one smoke control area commenced to operate in Richmond and in 1961 three commenced to operate in the Boroughs of Barnes and Beddington and Wallington, and in the Urban District of Carshalton. Including these four smoke control areas, fourteen such areas are now operating in the County. The ten that commenced to operate during 1962 consist of a second area in each of the Boroughs of Barnes and Beddington and Wallington, two further areas in the Borough of Richmond, and two areas in each of the Boroughs of Kingston-upon-Thames, Malden and Coombe and the Urban District of Merton and Morden.

Since my last report, six 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.
Carshalton No. 3 Order	1st Oct., 1963	Bounded on the north by the district boundary with the Merton and Morden U.D. west of the intersection of Green Wrythe Lane and Bishopsford Road. On the west by the boundary with the Borough of Sutton and Cheam as far south as Westminster Road, south by a line along rear of houses on north side of Westminster Road, along centre of Thornton Road to its junction with Green Wrythe Lane and on the east by the centre of Green Wrythe Lane from its intersection with Thornton Road to the northern boundary of the district in Bishopsford Road.	2,501	No. 2 Order originally proposed for 1st October, 1962 has been extended until 1st January, 1963. All domestic premises in the district will be affected by 1971.

	Proposed date of commencement.	Site.	Number of dwellings.	Remarks.
Kingston-upon-Thames No. 3 Order	1st Oct., 1963	Bounded by a line commencing at the point where the municipal boundary crosses Cambridge Road proceeding north - westward along the centre of Cambridge Road to its junction with London Road and continuing north-eastward along the centres of London Road and Kingston Hill to the municipal boundary, thence southward along the boundary to the point of commencement.	1,270	A further 1,000 domestic premises will be affected by Control Order No. 4 which it is proposed should operate from 1st October, 1964.
Malden and Coombe No. 3 Order	1st Oct., 1963	The main Waterloo-New Malden railway line — Beverley Brook on the eastern borough boundary—north side of Malden Way to junction with Malden Road—the eastern side of Malden Road from Malden Way to New Malden Railway Station.	1,570	Part of Norbiton Estate will be dealt with by 1st October, 1965. All domestic premises in the borough will be affected by 1972.
Mitcham No. 1 Order	1st Dec., 1963	Bounded by North-borough Road, Manor Road, Sherwood Park Road, South Lodge Avenue and the borough boundary.	1,102	By the end of the seven year programme 20,172 domestic premises will be affected.
Richmond No. 4 Order	1st Oct., 1963	Bounded by The Vineyard, Church Road, Sheen Road, The Quadrant, Park Lane and the river-side.	1,068	It is anticipated that No. 5 Smoke Control Order will be made in 1963 covering approximately 1,500 domestic premises.
Wimbledon No. 1 Order	1st Dec., 1963	Bounded by Wimbledon Common on the north—the borough boundary on the east, turning south along Coombe Lane and then westwards along Cambridge Road — Woodhayes Road, joining the northern boundary near Dunstall Road.	995	The survey of proposed Smoke Control area No. 3 is in progress and it is anticipated that orders for areas Nos. 3 and 4 will be made during 1963.
Wimbledon No. 2 Order	1st June, 1964	Bounded by Cambridge Road on the north-east — then turning further north following southern boundary of Area No. 1 to the Ridgeway as far as Arterberry Road—the western boundary runs along Arterberry Road as far as the main railway line and continues eastwards along Coombe Lane joining up with Area No. 1.	1,687	

Certain other County Districts are either surveying areas or are considering further proposals for submission to the Minister to declare parts of their districts to be smoke control areas.

In the Borough of Guildford, two Council-owned industrial estates (Station Meadow and Midleton Estates) are recognised smokeless zones. The Council imposes this by conditions in the leases requiring that no smoke shall be produced. The Esher Urban District operate one volumetric station for the measurement of smoke and sulphur acids in the air and intend to operate another station in the near future. The Chertsey Urban District have also decided to set up two similar stations and any future action with regard to smoke control areas in this district will depend on the results of this experiment.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following applications from Local Authorities and from a Water Board for the Council's observations to the Ministry of Housing and Local Government under Section 2 (2) of the Act were received during 1962 and reported to the Rivers and Streams Committee:—

Authority.	Scheme.	Estimated Cost.	Committee Decision.
Godstone R.D.C.	Sewerage—Copthorne	£20,010	Scheme approved in principle.
	„ „ Extension	£1,450	Scheme approved in principle.
Godstone R.D.C.	Sewerage—Furze-field Road area, Baldwins Hill	£5,905	Scheme approved in principle.
Godstone R.D.C.	Sewerage—Bletchingley and Godstone	£185,000	Scheme approved in principle.
Godstone R.D.C.	Sewerage—Lingfield	£290,000	Scheme approved in principle.
North West Sussex Water Board	Water Supply—Rodgate, nr. Chiddingfold	£2,470	Decision deferred for further information (December, 1962).*

* Note: Scheme was subsequently approved in principle (February, 1963).

REFUSE DISPOSAL.

One new application under Section 94 of the Surrey County Council Act, 1931 was received during the year and this was approved.

Seven renewals were granted. None of the existing refuse tips ceased to operate during the course of the year. The total number of approved refuse dumps in the County is twenty and all are conducted satisfactorily.

MILK AND DAIRIES.

The Milk (Special Designation) Regulations, 1960.

The County Council continue to be responsible for granting dealers' Licences, except for a few kinds which are granted by the Minister of Agriculture, Fisheries and Food, to all premises situated within the area for which the Council is the Food and Drugs Authority at or from which the milk is to be pasteurised, sterilised or sold as the case may be. As mentioned in my report last year these licences now permit sales outside as well as inside the area of the licensing authority, supplementary licences having been discontinued. The licences issued under the Regulations continue in force until the expiration of the period of five years ending with 31st day of December, 1965, and in any fifth succeeding year.

To avoid duplication in inspection and sampling the County District Authorities within the area for which the County Council is the Food and Drugs Authority agreed to their Public Health Inspectors continuing with the inspection and sampling work in connection with the Regulations as agents of the County Council and they have continued to give valuable co-operation during the year. Their activities in this respect which are co-ordinated by the County Medical Officer are much appreciated. The financial arrangements in respect of sampling have been on the same basis as the previous year. The number of County District Authorities concerned continued to be eleven until 1st April, 1962 when Chertsey U.D.C. became their own Food and Drugs Authority.

Type of Licence.	Number in force on 31st December, 1962.
Dealers' (Pasteurised) Licences	5
Dealers' (Tuberculin Tested) Licences	8
Dealers' (Pre-packed Milk) Licences—Tuberculin Tested	97
Dealers' (Pre-packed Milk) Licences—Pasteurised	140
Dealers' (Pre-packed Milk) Licences—Sterilised	102
	<hr/> 352

Ninety-one of the Dealers' (Pre-packed Milk) licences quoted in these figures were new applications dealt with during 1962. Thirty-six of these being dealers who were transferring their licences to new licensees. Twenty-eight licences were relinquished during the year and in addition those being operated within the Chertsey U.D.C. were transferred to that Authority when they became their own Food and Drugs Authority.

No new Dealers' (Pasteurised) Licences were granted during the year but one establishment ceased to operate during 1962 and the number of pasteurising establishments operating therefore on 31st December, 1962 was five.

No applications in respect of sterilising establishments have been received.

The following give details of sampling during 1962 in the districts for which the County Council is the Food and Drugs Authority.

SAMPLING IN RESPECT OF DEALERS' LICENCES.

	<i>Pasteurised.</i>	<i>Sterilised.</i>	<i>Tuberculin Tested. (Pasteurised).</i>	<i>Tuberculin Tested. (Raw).</i>
No. of milk samples taken ...	367	127	294	122
Failed phosphatase test ...	—	—	1	—
Failed methylene blue test ...	3	—	1	22
Failed turbidity test ...	—	—	—	—

It will be seen that the highest proportion of sample failures occurred amongst methylene blue tests carried out in respect of Tuberculin Tested (Raw) milk. Fifteen of these twenty-two failures however, occurred during the summer months of July, August and September and fourteen of them were taken from vans operating in County Districts outside of the one in which the dealers licence was issued. Of the twenty-two sample failures nineteen follow up samples proved to be satisfactory. In all cases the Milk Production Officer was informed of the failures so that he could investigate conditions at the farms at which the milk was produced. In every case he was able to give a satisfactory report following his inspection.

SAMPLING AT PASTEURISING ESTABLISHMENTS.

	<i>Pasteurised.</i>	<i>Tuberculin-Tested (Pasteurised).</i>
No. of milk samples taken ...	291	10
Failed phosphatase test ...	3	—
Failed methylene blue test ...	—	—

Tubercle Infected Milk.

No notifications of milk produced at farms in Surrey having been found to be infected with tubercle bacillus were received during 1962. 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 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 animals proving to be tuberculous, however slight, slaughtered, is 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 his department in respect of the above Act. Extracts from his report are given below.

The County Council at the commencement of the period under review was the Food and Drugs Authority for eleven of the thirty-three County Districts in the Administrative County, but as from 1st April, 1962, the Council of the Urban District of Chertsey became an autonomous authority for the purposes of the Act.

The following table gives particulars of samples taken within the Council's Food and Drugs Area for examination by the Public Analyst as to composition, or for misdescription or irregularities with regard to labelling, during 1962, but for the purpose of comparison excludes the 26 samples taken in Chertsey Urban District during the first quarter of the year. The figures for 1960 and 1961 are also given:—

	Milk.			Food other than milk.			Drugs.			Totals.		
	1962	1961	1960	1962	1961	1960	1962	1961	1960	1962	1961	1960
Examined ...	591	710	693	229	251	264	7	11	13	827	972	970
Adulterated or Irregular ...	4	19	20	20	31	17	—	1	—	24	51	37
Percentage Adulterated or Irregular ...	0.67	2.67	2.88	8.73	12.35	6.44	—	9.09	—	2.90	5.24	3.81
Samples per 1,000 of average annual population ...	1.90	2.08	2.08	0.73	0.72	0.78	0.02	0.03	0.04	2.66	2.81	2.90

Estimated Population.

Mid-Year, 1962 ...	310,890
Census, 1961 ...	345,396
Mid-Year, 1960 ...	337,630

In classifying the samples as either genuine, adulterated or irregular, the Public Analyst has taken into consideration all relevant Regulations and Orders made under the Food and Drugs Act, 1955.

During the year, of the total of 853 samples taken there were 79 varieties of food and 7 different drugs. The results of sampling show a considerable reduction in the total number of unsatisfactory samples.

WELFARE SERVICES.

The County Medical Officer continues to be responsible to the County Welfare Committee for the health and medical aspects of the services which they provide, and, in particular, for the services provided under Section 29 (welfare arrangements for the blind, deaf, and other handicapped persons etc.) and Section 30 (voluntary organisations for disabled persons' welfare) of the National Assistance Act.

Blind Welfare.

REGISTRATION OF THE BLIND.

The number of blind persons whose names were on the Register at the end of 1962 was 2,702 compared with 2,543 at the end of 1961.

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, 1962.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1	—	1	1	—	—	—
2	—	—	—	—	1	1
3	—	—	—	1	—	1
4	—	—	—	4	—	4
5—10	1	—	1	16	5	21
11—15	1	—	1	11	13	24
16—20	2	—	2	17	15	32
21—29	2	1	3	21	26	47
30—39	3	—	3	64	43	107
40—49	2	4	6	96	61	157
50—59	8	6	14	131	142	273
60—64	7	14	21	70	101	171
65—69	7	11	18	88	139	227
70—79	32	69	101	211	437	648
80—84	18	43	61	137	304	441
85—89	10	32	42	68	268	336
90 and over	2	14	16	37	175	212
Unknown	—	—	—	—	—	—
	95	195	290	972	1,730	2,702

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 517 as compared with 465 at the end of 1961.

Registration of both blind and partially sighted persons is of a voluntary nature. It therefore follows that the above figures do not necessarily represent the actual numbers of such persons in the County. Every effort is made to ensure that the benefits of registration are known, and many referrals are now received from National Assistance Officers, Almoners, Health Visitors, Welfare Officers, etc.

Before the name of any person is included on the Blind or Partially Sighted Register, medical certificate Form BD8 must be completed by an Ophthalmologist. During the year 485 forms were received relating to new cases and re-examinations as compared with 470 during 1961. The following table is a summary of the number of new cases in which forms BD8 show that treatment (medical, surgical or optical) is required.

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

	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	56	34	—	163
(b) Treatment (Medical, Surgical or Optical)	42	14	—	73

HOME TEACHERS FOR THE BLIND.

The complement of twelve Home Teachers was increased to 16 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, 20,888 such visits were made this year. Eleven handicraft

classes functioned during the year and twenty 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.

EDUCATION, TRAINING AND EMPLOYMENT.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. Of the 6 blind children of under school age, 4 remained at home, 1 was in a Sunshine Home and 1 was in a hospital for sub-normal children. Of the 45 blind children of school age, 24 attended schools for the blind, 5 were not at school and 16 were ineducable.

Capitation fees are paid by the County Council to the National Library for the Blind in respect of 245 blind persons who are supplied with Braille or Moon Type Books.

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. This service is extended to partially sighted persons who are likely to become blind or who require training by blind methods.

The Placement Service makes available the assistance of employment officers for both commercial and industrial employment, technical officers who advise on the adaption of mechanical processes and training officers who assist blind persons during the initial period of new employment.

The employment officers make many calls on prospective employers and pay follow-up visits after employment is found. Of 335 blind persons available for employment 303 were employed and 32 were unemployed.

Workshops for the Blind and Home Workers' Scheme.

There are at present 17 blind persons employed in Workshops for the Blind, and the County Council continues to pay capitation fees to the Workshop and supplementation of earnings to the blind employees who are engaged in basket making, brush making, mattress making, knitting pin moulding and machine knitting. Capitation fees are also paid to the Royal National Institute for the Blind in respect of the 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.

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 Persons.

As from 1st April, 1961, the Council appointed as its agents the Middlesex and Surrey League for the Hard of Hearing in respect of persons who have hearing difficulties and the Royal Association in Aid of the Deaf and Dumb as regards persons who are deaf or dumb.

The Minister of Health issued a Circular in September, 1961 in which new definitions and categories of the Deaf (formerly called the Deaf and Dumb) were laid down as follows :—

Deaf without speech.

Those who have no useful hearing and whose normal method of communication is by signs, finger spelling or writing.

Deaf with speech.

Those who (even with a hearing aid) have little or no useful hearing but whose normal method of communication is by speech and lip-reading.

Hard of Hearing.

Those who (with or without a hearing aid) have some useful hearing and whose normal method of communication is by speech, listening and lip-reading.

During 1962 discussions with the two voluntary organisations provided much useful information concerning their activities in the field. Towards the end of the year the Royal Association in Aid of the Deaf and Dumb intimated that they wished to pursue a new policy under which they would in future retain responsibility for spiritual activities only, leaving welfare matters to be administered by the County Council. The County Welfare Committee decided to accept this proposal and the changes, which will involve the transfer to the Council's staff of the Association's Welfare Worker, the appointment of a second welfare officer and the termination of the annual grant to the Royal Association, will take effect from 1st April, 1963.

The Welfare Officer is responsible for all welfare matters concerning the deaf, especially the deaf without speech. He must be available to interpret for deaf persons who need such services in court and in situations involving disputes, misunderstandings and so on. He helps with employment problems and personal difficulties. He is also available for social activities and will be expected to co-operate closely with the voluntary organisations catering for the deaf.

The Middlesex and Surrey League for the Hard of Hearing remain the Council's agents in respect of those persons who have hearing difficulties.

The League has 15 groups in the County. Most of their activities are of a social nature although lip reading classes are held in many of the groups. All the group workers are voluntary and they give assistance to the hard of hearing by home visits and by arranging group meetings. There is an Honorary County Secretary in addition to the Hon. General Secretary.

On 31st December, 1962, the Register of the Deaf was made up as follows :—

	<i>Male.</i>	<i>Female.</i>	<i>Totals.</i>
Deaf without speech ...	244	188	432
Deaf with speech ...	67	103	170
Hard of hearing ...	177	511	688
Totals ...	488	802	1,290

Other Handicapped Persons.

The Council's scheme for handicapped persons, other than the blind, partially sighted and deaf or dumb continued to be administered during 1962 partly by the Voluntary Association for Surrey Disabled, who are the Council's agents, and by the Council itself. The Association and the Council work in close co-operation.

The Voluntary Association keeps in touch with all other organisations catering for the physically handicapped in Surrey and they are thus in a position to decide whether to refer cases to their own voluntary workers, to voluntary workers of other societies or to statutory bodies, including of course the County Council.

The Voluntary Association have a small permanent administrative staff and the services of the County Council's two Social Workers for the Handicapped are also available to the Association.

Among the services which the Voluntary Association provides for the handicapped are handicraft classes, holidays and transport.

The County Council give financial Assistance, in approved cases, to handicapped persons who need to have their homes adapted or equipped so that they may more easily take their place in everyday life.

Car badges for severely disabled drivers in certain categories are issued by the Council. The object of the scheme is to ease the difficulty of these persons in finding suitable parking places but the badges confer no legal rights or privileges.

The Council are responsible, under the scheme, for Occupational Therapy, and maintain a team of full-time qualified Occupational Therapists and Technical Instructors under the direction of a Head Occupational Therapist. Their services, which are also available for the tuberculous (see page 52), are in ever-increasing demand. They work closely with the Voluntary Association for Surrey Disabled and the Council's Social Workers for the Handicapped, District Nurses, etc. in providing the disabled with aids, equipment and small adaptations to their homes.

During 1962 the Council sponsored the maintenance of a further 7 patients in centres for training and rehabilitation or in sheltered workshops. In all, 23 handicapped persons were at such institutions during the year at one time or another.

On 31st December, 1962, the register of "other handicapped" persons was made up as follows :—

	<i>Male.</i>	<i>Female.</i>	<i>Totals.</i>
Under 16 ...	113	122	235
16-64 ...	934	1,102	2,036
65 and over ...	266	532	798
Totals ...	1,313	1,756	3,069

The corresponding total for 1961 was 2,924.

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 scheme of delegation of education functions to the Urban District of Woking came into operation on the 1st April, 1962.

The Registrar-General's estimated population of the Administrative County at mid-year 1962 was 1,491,000 which includes 207,200 children between the ages of 5-14 years inclusive. In January, 1963 there were 183,365 children on the registers of 661 county and voluntary schools, a decrease of 604 in the number of children on the school registers compared with January, 1962.

MEDICAL INSPECTION.

Maintained schools.

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

The arrangements for periodic medical inspection are summarised below :—

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

The number of children examined in primary and secondary schools was 70,601 and 33,448 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.

Independent schools.

Medical inspection and treatment and dental inspection of children attending independent schools are made available on application by the Principal and subject to the school itself being considered efficient. A small number of schools have taken advantage of these facilities which are offered free of charge.

DISEASES AND DEFECTS.

Incidence.

Of the 70,601 pupils examined at periodic medical inspections 9,161 (or 12.9 per cent) were found to be in need of treatment for 10,058 diseases and defects. Table IIA shows these diseases and defects from which it will be seen that 4,529 or 45.03 per cent of them were defects of the nose and throat and of vision and squint. During the year 648 cases of chronic tonsillitis and adenoids were recommended for treatment and 2,935 placed under observation.

There were 16,204 defects found to be in need of treatment in the course of periodic and special inspections in 1962, and 19,907 defects, a proportion of which were found in previous years, were actually treated during the year.

Medical re-examination and following-up.

During 1962 school medical officers carried out 13,942 special inspections and 11,628 re-inspections of children.

Physical condition.

Table IA shows the classification of the physical condition of pupils inspected in the periodic age groups under two categories—"satisfactory" (99.6 per cent) and "unsatisfactory" (0.4 per cent).

Personal hygiene.

For a further trial period, routine inspection of pupils each term was suspended or reduced during the year in selected schools as part of a general scheme to effect economies and make the best possible use of the health visitors' time. The result is reflected in the figures (table IV) which show, by comparison with 1961 a reduction of over 53,000 inspections. At the same time the number of individual children found to be infested, namely 549, was only a small reduction over the previous year.

Figures for the five years 1958-1962 are given below :—

	1958	1959	1960	1961	1962
Number of visits to Schools by nurses for all purposes	11,861	11,165	9,969	8,305	7,129
Cases with nits in the hair	878	642	820	577	531
Cases with lice in the hair	85	117	64	54	75
Cases with verminous bodies	3	2	—	5	—
<i>Exclusions—</i>					
1st Time	179	107	149	134	126
2nd Time	19	23	15	9	29
3rd Time... ..	1	3	3	3	12

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

MEDICAL TREATMENT.

Minor ailments.

The principal ailments treated at the minor ailment clinics are skin and ear diseases, and external disease of the eyes. Details of the number of such cases treated are included in table III. The total number of minor ailments treated at the clinics during 1962 was 6,137; the corresponding figure in 1961 was 7,208.

Eye diseases, defective vision and squint.

Table IIIA gives an analysis of the treatment provided for visual defects. Cases of squint requiring orthoptic treatment are referred to those hospitals where facilities exist. Ophthalmic surgeons attend at 42 clinics throughout the County for the purpose of carrying out refractions and, where necessary, prescribing glasses.

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 1962.	Number of attendances.	Number of new cases admitted.	Number of cases discharged.
Guildford, Stoke Road	5	71	81	26	31
Guildford, Stoughton	1	4	4	2	2
Wimbledon, Pelham Road	11	72	114	26	21
Total	17	147	199	54	54

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 :—

Division.	Number of sessions during year.	Number of children treated during 1962.	Number of attendances.	Number of new cases admitted.	Number discharged.
North-Western	294	158	2,688	55	21
Central	360	237	1,473	173	112
North-Central	178	147	1,736	62	64
Southern	436	327	1,906	202	214
South-Eastern	709	574	6,192	228	332
Northern	245	228	2,029	153	174
South-Western	243	156	1,325	105	101
North-Eastern	213	197	2,034	162	96
Mid-Eastern	652	200	2,824	120	131
Woking U.D.C.	—	—	—	—	—
Total	3,330	2,224	22,207	1,260	1,245

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.

Ultra-violet light treatment.

During 1962, 196 children made 1,878 attendances for artificial sunlight treatment at school clinics.

Health visitors.

The arrangements made during 1961, as part of a general review of health visitors' duties, for state registered and enrolled nurses to be employed on a part-time basis to relieve health visitors of routine medical inspection duties in secondary schools and at minor ailment clinics operated independently of infant welfare centres were continued in 1962. This was done to enable their time to be put to better use, e.g., health education in schools, and better contacts with head teachers to discuss health problems; there is no intention that the amount of time they devote to the school health service should be diminished. The following-up in the home of children found to have defects at medical and hygiene inspections still remains an important part of the health visitors' duties.

A. PART-TIME SCHOOL NURSES. SESSIONS WORKED IN 1962.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinics.
N.W.	148	204	325
C.	—	152	58
N.C.	—	277	—
S.	—	142	—
S.E.	—	116	93
N.	—	91	209
S.W.	—	254	178
N.E.	—	261	514
M.E.	12	40	235
Woking U.D. ...	35	58	87
Total	195	1,595	1,699

B. HEALTH VISITORS FIXED APPOINTMENTS IN 1962.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinic.	Hygiene.	Teaching Sessions.	Other.	Total.
N.W.	160	227	56	176	—	36	655
C.	113	268	170	52	33	115	751
N.C.	169	327	260	120	—	69	945
S.	77	301	282	33	34	1	728
S.E.	96	171	1	25	—	48	341
N.	38	137	36	40	—	16	267
S.W.	111	392	15	15	67	6	606
N.E.	—	342	97	153	76	45	713
M.E.	123	270	181	77	6	91	748
Woking U.D. ...	81	138	79	29	23	32	382
TOTAL	968	2,573	1,177	720	239	459	6,136

AUDIOLOGICAL SERVICE.

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 1955 and 1956 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. Increasing numbers of children of school age are now passing through the audiology clinics—267 in 1962 compared with 139 in 1961. An important development during the year was the appointment of the two specialist medical officers in charge of the audiological service as school medical officers to the special schools for the deaf and the unit for partially hearing children thus ensuring complete integration of the school health service with the service for pre-school children. Further details of the audiological service are given in the text of the County Medical Officer's report.

The following tables give details of the work of the audiometricians and of the audiological service during the year 1962.

AUDIOMETRY

	NORTH WESTERN		CENTRAL		NORTH CENTRAL		SOUTHERN		SOUTH EASTERN		NORTHERN		SOUTH WESTERN		NORTH EASTERN		MID-EASTERN		WORKING U.D.		GRAND TOTAL										
	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)	TOTAL.	Routine Examinations.	Special Examinations (including retests and children attending speech clinics, special schools, etc.)		TOTAL.									
(1) No. of children tested ...	1,786	293	2,079	2,222	359	2,581	2,723	275	2,998	1,638	268	1,906	1,389	206	1,595	411	105	516	592	3,117	2,949	297	3,246	701	93	794	392	212	604	19,436	
(2) No. of children who failed test in one or both ears and referred to school medical officers ...	144	155	299	156	119	275	120	84	204	58	101	159	80	64	144	23	45	68	195	477	133	79	212	51	24	75	24	68	92	2,005	
(3) Result of investigations by school medical officers :—																															
(a) No appreciable hearing loss ...	42	27	69	32	28	60	30	29	59	9	11	20	7	6	15	6	10	16	57	154	25	28	53	10	9	19	51	22	74	489	
(b) History of otitis media ...	18	18	36	24	13	37	10	6	18	2	8	10	7	7	14	1	7	8	13	31	12	11	23	1	—	1	—	4	4	182	
(c) Wax in external auditory meatus ...	32	8	20	12	7	19	10	4	14	5	6	11	3	5	8	6	1	7	6	33	11	1	12	4	1	5	21	4	4	133	
(d) Catarrhal conditions, etc. ...	31	24	55	31	18	49	28	14	42	5	10	15	28	23	51	6	16	22	41	58	37	25	62	13	3	16	4	4	6	419	
(e) No local cause found for deafness ...	4	11	15	7	14	21	1	4	5	1	5	6	4	4	8	1	3	4	3	1	4	3	1	4	3	1	3	1	4	75	
(f) Unhealthy tonsils ...	10	10	20	28	19	47	6	6	12	6	8	13	6	5	11	—	—	—	39	10	40	6	7	3	3	7	1	—	3	169	
(g) Mental retardation ...	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	24	4	—	—	—	—	—	—	—	—	28	
(h) Misdiagnosed ...	1	9	10	4	6	10	12	9	21	3	3	6	5	—	10	—	—	—	3	3	—	—	—	—	—	—	—	—	—	87	
(i) Untrained or left deaf ...	4	15	19	3	—	3	—	—	—	—	—	3	—	—	3	—	1	1	1	3	4	1	5	—	—	—	—	—	—	40	
(j) Referred to general practitioners or still awaiting appointments ...	3	11	14	8	9	17	21	7	28	24	39	63	3	3	5	1	3	4	3	5	16	2	18	13	4	17	1	3	4	175	
(k) Already supplied with hearing aids ...	—	—	—	—	1	1	2	1	3	—	1	1	—	1	1	—	3	3	2	2	4	4	1	5	—	—	1	3	3	19	
(l) Investigations remaining to be carried out ...	18	18	36	7	3	10	—	—	—	—	1	1	17	1	18	2	1	3	58	14	72	11	5	16	—	—	12	21	33	189	
(4) Children referred to specialists for investigation and treatment ...	144	155	299	156	119	275	120	84	204	58	101	159	80	64	144	23	45	68	195	477	133	79	212	51	24	75	24	68	92	2,005	
(5) Special educational treatment recommended in selected cases :—																															
(a) Favourable position in class ...	1	2	3	47	35	82	5	4	9	4	11	15	22	16	38	5	1	6	75	98	173	15	5	20	3	3	6	3	5	7	359
(b) Hearing aid provided ...	2	1	3	11	16	27	16	11	27	4	10	14	1	2	3	6	7	13	2	4	6	9	6	15	3	3	5	3	5	7	129
(c) Lip reading instruction ...	—	—	—	—	—	1	—	2	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	11

AUDIOLOGICAL SERVICE.

Divisions.	Number of Children "at risk" referred for screening during 1962.		Number of Children "at risk" tested by H.V.S.		Number of new cases referred to Audiology Clinic from all sources.		Number carried over as not fully assessed by end of previous year.		Number found to have normal hearing.		Number found to have remediable hearing loss.		Number found to have impaired hearing necessitating hearing aid and auditory training.		Number not fully assessed by end of year.		The total No. of examinations carried out at the Audiology Clinic during year (including re-examination).																			
	0-2	2-5	0-2	2-5	5-7	7-11	11+	0-2	2-5	5-7	7-11	11+	0-2	2-5	5-7	7-11		11+																		
North-Western ...	618	38	238	6	20	5	20	4	3	6	—	2	—	3	14	2	14	2	—	1	1	3	—	—	3	—	2	2	3	—	9	57				
Woking U.D.C. ...	129	19	39	2	11	6	11	3	—	5	1	1	1	—	2	8	6	8	2	—	4	—	1	—	—	1	—	—	—	1	3	—	13	31		
North-Central ...	434	45	359	79	25	27	11	5	3	13	4	—	—	—	69	34	18	2	—	2	—	4	1	3	3	2	2	1	1	8	2	7	7	1	74	48
Southern ...	470	6	282	14	10	22	17	9	2	2	8	2	—	—	10	11	21	4	2	—	—	4	7	2	1	—	1	—	2	5	1	4	8	3	28	64
South-Eastern ...	318	—	265	12	22	18	4	—	—	1	1	2	—	—	8	21	14	3	—	—	—	2	2	—	1	—	1	1	—	3	2	2	—	—	12	48
Northern ...	210	5	167	10	30	19	4	2	2	1	1	7	1	—	12	21	7	4	2	—	3	13	2	1	—	—	—	—	—	7	—	5	—	12	89	
South-Western ...	712	12	371	17	23	1	2	—	3	1	—	—	—	—	12	16	1	1	—	—	—	—	—	—	—	—	—	1	—	8	8	—	—	20	28	
North-Eastern. Merton and Morden ...	209	20	368	7	23	3	5	4	—	1	1	—	1	—	6	19	1	2	2	—	1	3	2	3	3	—	—	—	—	—	4	1	—	1	9	45
Mitcham ...	151	—	111	5	3	6	4	3	1	1	—	—	—	—	4	3	2	3	1	—	—	2	1	1	1	2	1	1	—	—	1	—	—	6	17	
Wimbledon... ..	111	7	243	9	17	4	3	8	—	2	2	3	—	3	5	15	3	3	2	—	1	1	3	6	—	—	—	—	—	4	3	—	—	9	19	
Central ...	642	23	526	44	61	14	17	5	12	4	—	—	—	—	46	38	7	10	2	—	3	2	2	2	1	1	—	1	—	9	19	5	4	1	56	101
Mid-Eastern. Carshalton ...	188	26	481	6	7	1	—	—	—	—	—	—	—	—	3	4	1	—	—	—	1	—	—	—	1	—	—	—	—	2	2	—	—	—	6	10
Beddington and Wallington ...	52	15	337	3	3	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	1	—	—	1	—	—	—	—	—	—	—	—	—	3	3
Total ...	4,244	216	3,727	214	255	126	98	43	26	37	18	17	3	180	206	83	54	16	5	17	31	25	18	10	8	5	6	7	45	59	23	30	6	257	560	

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 hearing.	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 1962, 1,892 Surrey pupils were attending special schools compared with 1,775 at the end of 1961.

Schools and hostels.

The following have been provided by the Education Committee:—

Handicap.	Name and Address of School/Hostel.	Accommodation.	Age Range.
Educationally Subnormal	Beddington, Carew Manor	140 M. Day	7-16
	Bramley, Gosden House	80 G. } Boarding	} G. 5-16
		20 B. }	
	Chessington, St. Philips	20 M. Day	} B. 5-10
	Epsom, West Hill	130 M. Day	
	Mitcham, St. Christopher's	50 M. Day	7-16
	Redhill, St. Nicholas	155 M. Day	7-12
	Woking, Park	100 B. Boarding	7-16
Delicate and physically handicapped	Guildford, Sunnydown	20 B. Day	} 10-16
	Kingston-upon-Thames, Bedelsford	72 M. Day	
	Oxted, Limsfield Grange	(including spastic unit) 38 M. Boarding	G. 5-16 B. 5-10
Deaf	Caterham, Portley House	40 B. Boarding	10-16
	Redhill, Nutfield Priory	80 M. Boarding	12-16
Partially hearing	Ewell, Riverview County Primary	20 M. Day	5-11
Maladjusted	Belmont, North Downs (day class)	50 M.	7-11
	Camberley, Wishmore Cross	30 B.	10-16
	Dorking, Starhurst	30 B.	10-16
	Guildford, Thornehace, Merrow (Hostel)	20 M.	G. 5-12 B. 5-10
	Guildford, Grove Class, Merrow (day class)	15 M.	7-11
	Wimbledon, Hollymount (day class)	30 M.	7-11

No new special schools opened during 1962, but a number of decisions have been taken by the Education Committee which will add to the provision already made for handicapped children.

Educationally sub-normal children.

The Ministry of Education have approved the provision of a day school for 120 children at Chertsey in the 1963-64 major building programme. A further school for 120 children has been approved for the programme for the following year and it is hoped that this will be sited in Guildford. In addition, the Committee have proposals to provide day schools in existing premises at Camberley, Wimbledon and Barnes.

Partially hearing units.

The partially hearing unit at Riverview County Primary School, Ewell has been extended and now provides accommodation for up to 20 partially hearing children of primary school age. The partially hearing unit at Woodlands County Primary School, Woking, the opening of which was delayed owing to staffing difficulties, is now expected to admit pupils in September 1963.

Maladjusted children.

The Ministry of Education have approved as part of the 1964-65 major building programme the extension of Starhurst School, Dorking to accept up to 45 maladjusted boys. The Committee

have plans for the formation of a boarding school for 30 maladjusted girls of secondary age and it is hoped that a further two day classes for maladjusted children of primary school age will be opened in the near future.

Hospital schools.

The Committee provide education for handicapped pupils on the registers of the following hospital special schools:—

Carshalton, Queen Mary's Hospital.
 Pyrford, The Rowley Bristow Orthopaedic Hospital School.
 Epsom, St. Ebbas Hospital School, Hook Road.
 Tadworth, Tadworth Court Hospital School.

In addition there were 60 children who at the end of the year were having tuition in the wards of certain general hospitals in the County.

Home tuition.

There are some handicapped children who, during the waiting period for admission to residential schools, or because of the severity of their disabilities, have to be provided with education in their own homes and at the end of the year there were 61 children being educated in this way.

Wishmore Cross School, Camberley.

This boarding school for maladjusted boys of secondary age which opened in September, 1961, caters for those of average or slightly below average intelligence. The present accommodation provides for 30 boys. It is intended that the accommodation shall ultimately be extended to 45 boys.

The following table shows the number of Surrey children as at 31st December, 1962 who were ascertained as handicapped pupils and the provision made for their education:—

Category.	Total Handicapped Pupils.		Disposal.																			
			Recommended Special School or Hostel.										Recommended special education in Ordinary School.	Home Tuition.	Tuition in Hospital or Special Units.	Under Review.						
			In Special School or Hostel.						Parents refuse consent.	On waiting list.	In Ordinary School.	At home or in hospital or in Private School.										
			Provided by Surrey.		Other.		Total.															
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G		
Blind ...	20	14	—	—	18	14	18	14	—	—	1	—	—	—	—	—	—	—	—	1	—	
Partially sighted ...	41	22	—	—	20	14	20	14	1	1	1	—	12	3	1	—	—	—	6	2	—	2
Deaf ...	50	44	18	23	24	15	42	38	—	—	2	2	5	4	—	—	—	—	—	1	—	
Partially hearing ...	98	86	9	5	24	10	33	15	—	—	2	1	48	59	—	—	—	—	7	7	8	4
Educationally sub-normal	1,148	679	530	318	48	27	578	345	23	20	137	77	285	170	3	4	—	—	106	53	16	10
Epileptic ...	44	25	—	—	16	10	16	10	—	—	—	—	4	1	1	2	—	—	22	10	1	2
Maladjusted ...	284	92	114	10	97	60	211	70	6	1	39	5	7	1	4	6	—	—	14	6	3	3
Physically handicapped	346	229	42	32	142	94	184	126	2	—	16	12	26	21	27	8	18	16	52	32	21	14
Delicate ...	204	128	45	24	57	27	102	51	5	10	10	2	17	7	3	2	9	17	54	35	4	4
Speech defect	7	4	—	—	2	3	2	3	—	—	4	—	—	—	—	—	—	—	1	1	—	—
Totals ...	2,242	1,323	758	412	448	274	1,206	686	37	32	212	99	404	266	39	22	27	33	262	146	55	39

The Mental Health Act, 1959, gives power to the Local Health Authority to deem children "unsuitable for education in school" on account of sub-normal mentality. Most of these children are known to the authority at a relatively early age, and a decision on this matter is usually taken at some point before the child reaches the age of five. The authority has, however, the power to make an ascertainment at any stage of a child's life. The majority of cases are informally ascertained, that is to say, the parents do not question the arrangements proposed for the care of the child. Under these circumstances the Minister advises that no formal decision need be recorded under Section 57 of the Education Act. As a result the number of examinations arranged under the provisions of Section 57 has been considerably reduced. Eleven children were reported to the Mental Health Committee in 1962 as unsuitable for education at school. The comparable figure for 1961 was 19.

The Education Act no longer provides for the issue of statutory reports in regard to children considered to be in need of supervision after leaving school. The Minister advises, however, that local education authorities can pass to local health authorities information on school leavers who they think will require care or guidance. 79 pupils were referred to the Mental Health Committee during the year as likely to benefit from community care after leaving school.

Convalescent treatment.

There were 323 children admitted to convalescent homes during the year, a slight increase on the previous year when the number was 314. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

Child guidance service.

The following table shows the total authorised establishment for all staff in the child guidance and school psychological service. The recruitment of psychiatric social workers continued to prove most difficult because of the national shortage.

Clinic.	Professional and clerical staff employed expressed as a proportion of full-time.				
	Psychiatrists.	Educational Psychologists.	Psychiatric Social Workers.	Psychotherapists.	Clerical.
Farnham	0.4	1.0	0.5	0.2	1.0
Godalming	0.4	1.0	0.5	0.2	1.0
Guildford	1.0	2.2	2.0	1.0	2.0
Chipstead	0.6	1.0	1.0	—	1.0
Reigate	0.6	1.0	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 and Leatherhead ...	1.1	2.5	3.0	1.5	2.0
Wimbledon	0.6	1.0	1.0	0.5	1.0
Mitcham	0.6	1.0	1.0	0.1	1.0
Woking	0.6	2.0	2.0	—	2.0
Total equivalent full-time ...	7.1	14.7	15.0	4.1	14.0

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

Clinic.	Chipstead	Farnham	Godalming	Guildford	Leatherhead	Malden	Mitcham	Reigate	Richmond	Sutton	Wimbledon	Woking	Total
No. of cases referred during year ...	96	90	54	170	40	203	77	81	100	173	117	150	1,351
No. of new cases seen	72	55	35	154	17	113	54	55	83	107	101	116	962
No. of cases discharged	56	27	27	54	—	98	47	11	50	85	115	30	600
Analysis:—													
(a) Treatment completed ...	23	8	6	22	—	20	13	3	23	38	30	21	207
(b) No treatment required ...	15	8	3	12	—	60	15	5	15	36	42	4	215
(c) Non-co-operation of parents	7	4	—	5	—	2	15	2	7	7	5	3	57
(d) Other arrangements made	11	7	18	15	—	16	4	1	5	4	38	2	121
No. of cases under treatment at end of year	43	35	10	62	5	17	23	26	30	58	40	30	379
No. of cases under supervision at end of year	28	34	22	169	26	177	12	140	74	79	135	65	961
No. of cases withdrawn from waiting list during year	27	14	7	21	19	28	12	12	16	93	11	28	288
No. of cases remaining on waiting list at end of year	17	28	17	22	14	81	23	33	21	31	15	22	324
No. of interviews by psychiatrists...	916	293	242	1,712	52	611	629	460	812	1,128	712	883	8,449
Analysis:—													
(a) With children for examination	86	48	45	236	18	207	54	59	133	144	128	112	1,267
(b) With children for treatment	645	159	122	797	16	165	515	293	414	677	522	605	4,910
(c) With parents	165	69	46	545	18	206	49	91	154	268	43	114	1,768
(d) With others	20	17	29	144	—	33	11	17	111	39	28	55	504
No. of sessions held:—													
(a) Psychiatrists	300	154	148	464	24	258	302	234	163	405	290	312	3,514
(b) Educational psychologists	450	371	494	828	39	548	427	446	382	1,029	448	706	6,158
(c) Psychotherapists	37	43	20	263	111	141	53	—	101	101	248	—	1,598
(d) Psychiatric social workers	255	132	189	406	84	444	162	468	476	962	497	476	4,446

The arrangement previously made to double the staff of educational psychologists so that they could devote half their time to the school psychological service and half to work in the child guidance clinics has proved very successful. It has created a closer link between the schools and the child guidance service, a fact which is appreciated by both teaching and medical staff. Child guidance is still a comparatively young service which is continually expanding. During 1962, additional psychotherapists were appointed, and in consequence it was possible to devote more time to preventive therapy concerned with pre-school and infant school children. The following reports received from the psychotherapists at Leatherhead and Sutton child guidance clinics provide details of this work.

LEATHERHEAD CHILD GUIDANCE CLINIC.

Mothers of pre-school children referred by assistant medical officer.

During the past year one session per week at the Leatherhead child guidance clinic has been assigned to interviewing parents of very young children with a view to dealing with problems of emotional disturbance before the pattern of difficult or neurotic behaviour has become firmly established. Many mothers are made extremely anxious over such problems in toddlers as refusal to eat, disturbed sleep, excessive wetting and soiling and severe temper tantrums. There is insufficient time at a busy welfare clinic for the mothers to talk freely to the assistant medical officer about their problems and many of them have welcomed the opportunity to go into the matter at greater length with the therapist. Some such mothers have had several interviews and the children have also been seen. In such cases it has been found that the alleviation of the mother's anxiety has had a beneficial effect on the toddler in question.

Modern conditions of living often add to the mother's anxiety and to the young child's natural feelings of frustration. For example, many children are brought up in flats or semi-detached houses where the playing space is inadequate and there is constant friction with neighbours over noise. It is not unknown for two-year-old children to be kept sitting strapped into high-chairs for long periods because of the occupants of the flat below objecting to the noise of pattering feet overhead. Mothers with screaming babies resort to sedatives rather than quarrel with their neighbours. These and other problems of living closely together create tensions which react adversely on the children.

There is undoubtedly a crying need for more nursery schools and play groups where little children can, for a few hours a day, have an environment satisfying to their emotional needs. Mothers, too, would benefit from a short relief from the exacting demands of their small children.

Over the past year 14 mothers and children have been referred by the assistant medical officer of the Leatherhead infant and child welfare clinic. Of these, four have been seen once only, eight have attended several times and have said that they have been greatly helped by the service. The remaining two mothers had children considered to be more seriously disturbed. These children have been referred to the child guidance clinic for weekly treatment.

The Leatherhead child guidance clinic is fortunate in being situated in the same building as the infant and child welfare clinics so that co-operation with the health visitors going into the homes of these young children is greatly facilitated and a liaison between the two services can be maintained on an informal and friendly basis. It is hoped to build up gradually the same contact with other clinics in the neighbourhood.

This has already been started with Ewell Court infant and child welfare clinic which is visited by the therapist on the first Wednesday of each month. Mothers needing help are selected by the assistant medical officer and the health visitors, who discuss the case with the therapist. The mothers then have the opportunity to talk about their difficulties. If it emerges that the mother or child are in need of more intensive help, it is suggested to the mother that she comes to the child guidance clinic for further interviews with the psychiatric social worker and if it is considered necessary, the cases are brought in to the psychiatrist.

Closer liaison with head teachers of infant schools.

Many head teachers of infant schools have expressed the wish that someone from the child guidance team should make themselves available to see mothers of children who have not settled happily at school or over whom parents and teachers have felt some anxiety. In collaboration with the educational psychologist contact has been established in this way with four schools in the area. The head teacher of one of these schools has asked the therapist to attend the first day of term to observe the new intake of five-year-old children. Successive visits have resulted in an easy relationship being established with the class teacher and has meant that problems can be taken up with teacher and parent at an early stage. Mothers of such children welcome the opportunity to discuss their problems and the children are helped at a difficult stage in their emotional development and may even, in some cases, be saved from becoming school phobias at a later date.

Children mature at different rates and it is not by any means every five-year-old who is sufficiently emotionally developed to benefit from the full day at school. With these children both mothers and children need help over the difficulties that arise through what is often the child's first experience of separation from the mother.

From the four schools in question 19 mothers and children have been seen. Of these, in four cases the disturbance has been sufficiently severe to warrant the child being referred for a psychiatric interview and subsequent treatment at the child guidance clinic. In seven cases the problems have been resolved. The remaining eight cases are still being supervised by the therapist and educational psychologist.

Summary.

The results from the short time given per week over the past year to this advisory service have shown that there is a demand for specialised help of this nature with mothers of young children. It is felt that much can be done in this way to alleviate the mother's anxiety and to save these children from becoming psychiatric problems at a later date.

SUTTON CHILD GUIDANCE CLINIC.

During the period May 1962-February 1963 I visited four maternal and child welfare clinics per month spending one morning in each clinic in rotation. Up to this month 24 sessions have been held and a good working relationship has been established which it is hoped will continue during 1963. Problems under discussion are mainly those of disturbed mother/child relationships experienced with the under-fives. The health visitors have shown an ever-increasing skill in detecting the onset of a disturbance which if diagnosed in time might not need more intensive treatment by the psychiatrist or psychotherapist.

Cases of this kind are brought up for discussion and under the guidance of the therapist the unconscious motivations underlying the presenting symptoms are being highlighted. It has proved to be of particular importance, in connection with the above study, to define what kind of symptom formation can be considered as "normal" in a child under five, e.g. temper tantrums, nightmares, feeding difficulties and so on may not necessarily need to cause any worry to either mother or health visitor.

Apart from discussions of cases brought by the health visitors, I have been asked by the assistant medical officers and health visitors to interview mothers and children at the welfare clinics who it was felt might need a more detailed investigation. The majority of these cases could be dealt with by me in one session but in a few instances mothers asked to be seen again. A few children had to be referred for diagnostic interview at the child guidance clinic.

On the whole 22 cases were seen by me and four cases had to be referred to the child guidance clinic. I should like to point out that a service such as outlined above may reduce the referrals to child guidance clinics considerably. It is hoped that a closer link with nursery and primary schools can be made in future and I have already contacted a few schools and hope to be introduced to nursery schools in the area.

Speech defects.

There were 55 Speech Clinics in operation at the end of the year at which a total of 138 treatment sessions were held each week. 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. New clinics were opened at Beddington, Carshalton and Richmond and additional sessions were provided at Hersham. There were 2,206 individual children treated during the year compared with 2,091 in 1961, these were mainly for stammer, lisp and under-developed speech. Of these 382 were discharged as cured, 193 discharged as greatly improved, 136 discharged as showing some improvement and 61 as showing little or no improvement. A table showing the work of the Speech Therapists in 1962 is given at the end of this report.

The use of tape recorders in speech therapy proves a valuable aid to treatment. The standard model or a portable type is available at all clinics depending on whether the speech therapist is serving one or more clinics.

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 1962 :-

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	290	1	31	322
Enteric fever	2	—	—	2
Measles	1,825	40	8	1,873
Whooping cough	110	2	3	115
German measles	9,397	44	137	9,578
Chicken-pox	5,116	24	45	5,185
Mumps	1,119	44	36	1,199
Jaundice	52	—	—	52
Other	292	43	3	338
Totals	18,203	198	263	18,664

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	5	—	5
Impetigo	18	1	19
Scabies	—	—	—
Other	36	—	36
Totals	59	1	60

Tuberculosis in schools.

During the year, twenty-two schoolchildren, seven teachers and one school caretaker were notified as suffering from tuberculosis and it was decided that special investigations should be carried out at eleven of the schools involved (ten in County or Voluntary Schools and one in an Independent School). The combined results of these investigations, all of which had been completed by the end of 1962, are summarised below, together with the findings of three surveys respecting 1961 notifications, and one survey respecting a 1960 notification, which were not ready by the end of 1961.

In thirteen of the fifteen investigations, 3,116 children were Mantoux tested, and, excluding the 427 children known to have had earlier B.C.G. vaccination, 150 or 5.6 per cent were found to be Mantoux positive. These positive reactors were given chest X-ray examinations. 1,837 other children in the fifteen investigations were similarly examined where X-raying only was felt to be sufficient. The results of these X-ray examinations were satisfactory except in one incident where one of the positive reactors to the Mantoux test was found to be suffering from tuberculosis.

Following the incident at a school in which no fewer than 16 pupils were infected by a teacher who developed pulmonary tuberculosis (see pages 77-78 of my Report for 1961) the Education Committee in September, 1962 agreed to a proposal to provide special facilities in the North Central Division in the first place, to encourage teachers and non-teaching staff to take advantage of Mass X-ray facilities.

The Medical Director of the Surrey Mass X-ray Service and the Divisional Education Officer for the North Central Division accordingly made joint arrangements for all teachers and non-teaching staff in that division to be offered chest X-ray examinations. At the time of writing this survey was not complete but the following preliminary figures relating to part of the division give some indication of the size of the problem :—

	Teachers.	Non-Teaching Staff.
No. of staff to whom chest X-rays were offered	460	308
No. of acceptances	401	239
Percentage of acceptances	67.0%	59.6%
Cases of tuberculosis discovered	1*	—

* Subsequently proved to be infectious.

It is a matter for congratulation that the above case of pulmonary tuberculosis was discovered since treatment is more successful and shorter in duration if started in the early stages of the disease. At the same time, the high proportion of teachers (33 per cent) and non-teaching staff (40.4 per cent) who did not respond to the offer of an X-ray is disappointing. Even allowing for the fact that some of these non-attenders will have made their own arrangements to be X-rayed there remains almost certainly a considerable number who have not been so examined. The advice of the X-Ray Units to all adult members of the general public is that they should be X-rayed annually and this advice should be taken to heart by teachers also not only in their own interests but also in the interests of the children with whom they come in contact.

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 1962 are described in the County Medical Officer's annual report.

PROMOTION OF HEALTH.**Health education.**

With the appointment of a full-time health education officer at the beginning of the year, efforts have been directed to promoting education in health in three ways :—

- (1) The provision of information on health matters to teachers and pupils. This has included material and advice on the teaching of health subjects and literature on many aspects of health education, especially dental health, smoking and health, growth and development and the prevention of accidents.
- (2) Discussions have taken place with Education department staff, head teachers, teachers' organisations, parent-teacher associations, training college staff and voluntary organisations

on various aspects of health education in schools from the point of view of content and application. To this end discussions have commenced on the whole range of possibilities that arise in schools based on a 33-page report prepared by the health education officer.

To support and complement the work of the teaching staff, many health visitors, district nurse tutors and teaching midwives have received further in-service training in teaching technique in relation to health education. It will be noted that there has been an increase in the number of teaching sessions in schools undertaken by health visitors from 106 in 1961 to 239 in 1962.

(3) SPECIAL CAMPAIGNS.

(a) *Smoking and health.* Following the publication of the report on "Smoking and Health" by the Royal College of Physicians, the Education and Health Committee agreed that every support should be given to the proposal to mount a campaign directed particularly to secondary schools and youth organisations, so that a fresh and positive effort be made to discourage smoking among school children and to prevent the formation of the smoking habit. To this end a mobile exhibition unit, sponsored by the Central Council for Health Education, was utilised. The operational cost of the campaign was shared by the County Council and the District Councils. The unit consisted of a small van staffed by two graduate lecturers who were specially trained and briefed to deliver talks on the topic of smoking and health. The vehicle was equipped with a film projector and other teaching aids. Supplementary educational material, such as posters and leaflets, were also provided. While in any specified Division the unit was under the authority of the Divisional Medical Officer. Visits to about 100 secondary schools were arranged in collaboration with divisional education officers. Visits to about 40 youth organisations were arranged in collaboration with district youth officers and medical officers of health. The overall co-ordination was carried out by the health education officer.

The general policy was to reinforce the message of the hazards of smoking by the promotion of discussion among young people. Much of the success of the campaign would depend on the amount of "follow-up" work carried out by teaching and health personnel.

(b) *Dental health education.* Active co-operation was continued in the closing stages of the dental health education campaign in Guildford and assistance given to the Principal School Dental Officer in planning a similar campaign in the North Eastern Division.

Report on physical education.

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

Primary schools.

A satisfactory standard of work has been maintained during the year and improvements to facilities, equipment and storage space have been made at many schools. Primary teachers have shown great keenness to improve the physical welfare and skill of their pupils and some interesting and well-graded experimental work is to be found in many parts of the County.

Courses in all branches of physical education have been arranged and have been well attended.

Secondary schools.

The shortage of specialist staff, which has been a major problem for some years, especially in regard to girls' schools, is still causing anxiety and limiting progress. With the "year of intermission" now over the staffing position should improve and it should be possible to look forward to steadily improving standards over the full range of secondary school activities.

In spite of a most severe winter the enthusiasm for outdoor activities has grown and courses in sailing, canoeing, climbing, etc., have been well attended.

Perhaps the year's most important development has been the interest shown in the proposed formation of a Surrey Physical Education Association. At the inaugural meeting over 200 specialist teachers, lecturers, and organisers were present, all keen to combine their knowledge and experience for the benefit of the schools. It is likely that the impact of this new teamwork will be felt during the coming year.

The programme of improvements to games and athletics facilities has been continued through this second year of the "3 year improvements plan."

Swimming.

It is encouraging to be able to report a most successful year in schools' swimming. Six new learners' pools have been constructed at primary schools and the three larger projects at secondary schools (mentioned in the 1961-2 report) are now almost completed. The Education Committee has improved its grant-aid for school swimming bath schemes with the result that many more schools feel confident to undertake the work and responsibility of providing a swimming pool.

Surrey was the host County for the All England Schools Swimming Championships, held at Epsom Baths over two days in the Autumn of 1962. The meeting was a triumph of organisation and performance and all who took part in any way are to be congratulated for its success and for the spur it has given to this very vital sport and recreation.

A six-day Course on Swimming Teaching and a one-day Conference on Swimming have been held during the year.

Open air education.

Summer camp.

The Henley Fort camp was in use during the period 30th April to 22nd September and during this period no serious illness occurred. The following statistics are given for 1962 together with those for the preceding year :—

	1961 (40th season)	1962 (41st season)
Number of children	466	586
Number of teachers	44	41
Number of schools	8	10
Average cost of food per head per week ...	£1/3/11½d.	£1/7/2d.
Number of weeks	18	20

Sheephatch school.

Sheephatch provides the opportunity for boys and girls to experience the community life of a boarding school and at the same time to live for a while in the English countryside. General education is provided for pupils from the age of about twelve and a half, and most children can continue the course which they are following in their day schools, without interruption. Special provision is made for the teaching of rural science, and maximum advantage is gained by those pupils who observe the full cycle of the seasons by going to Sheephatch for a full year. The school is situated and equipped to give extraordinary opportunities for outdoor pursuits both in its immediate surroundings and by journeys to other centres for short courses to develop initiative and self-reliance.

Boys and girls from 12½ years are considered for admission; preference is given to those about to enter the third year of their secondary course. Pupils known to present behaviour problems are not accepted because although Sheephatch School can clearly help children for whom a period away from home is very desirable because of some temporary circumstance there, this is not its sole object.

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 September, 1962.

No. in Attendance.	Total No. of mid-day meals supplied.	No. supplied	
		Free of cost.	Half-cost.
171,304	118,516	3,217	366

The total number of pupils, both day and boarding, who were receiving milk free of cost was 138,314 in maintained schools and 38,316 in non-maintained schools.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1962, the Education Committee was responsible for the maintenance and training at residential institutions of five handicapped persons over special school leaving age. The responsibility of the Committee in this respect is limited to those persons who require education as part of their training. Where the training is purely vocational responsibility is accepted by the Ministry of Labour and National Service.

EMPLOYMENT OF CHILDREN.

The Bye-laws regulating the employment of children, provide for the medical examination of children in part-time employment annually.

Of the 3,634 children who were medically examined during the year as to their fitness to take part-time employment only ten 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 3,827 examinations and re-examinations were carried out for this purpose.

There were 49 licences applied for during the year for pupils to take part in entertainments. All these children were examined by school medical officers and found to be fit.

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1962.

At 31st December, 1962, the dental officer staff consisted of 30 full-time and 3 part-time salaried officers and 33 sessionally employed officers equivalent to 12.2 additional whole-time officers. At the end of 1961 there were 32 full-time, 3 part-time salaried officers and 36 sessionally employed officers equivalent to 12.1 additional whole-time officers. These figures give a comparison on a specific date but there were fluctuations in the strength of the staff during the course of the year. Changes were mostly confined to sessionally-employed officers. Recruitment of full-time officers continues to be difficult but there has been a marked increase in the number of applications from dental surgeons for sessional employment.

Orthodontic service.

Two full-time and five part-time officers provided orthodontic treatment for school children. Additionally most dental officers carried out a limited amount of such treatment. Most of the cases were treated by removable appliances (2,425) and in addition 67 fixed appliances were fitted. Although a course of treatment may last a considerable time, there is generally excellent co-operation from both patients and parents and in the vast majority 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 films are available at eighteen clinics.

County dental laboratory.

The staff of the laboratory consisted of a Chief Technician assisted by five technicians and two apprentices. Most of the prosthetic work from the Council's clinics is undertaken at the laboratory but a limited amount of work was sent to outside laboratories.

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

Orthodontic Appliances.	Dentures.	Repairs.	Crowns and Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,006 (2,006)	200 (356)	124 (142)	88 (98)	2,319 (2,319)	143 (394)	4,880 (5,315)

Dental hygienists.

The duties of hygienists are scaling and polishing of the teeth and dental health education to patients as individuals or in groups. The two hygienists carried out 2,769 scalings and polishing and 2,151 hours were spent in instruction in oral hygiene and dental health education.

Dental inspection and treatment.

An analysis of the work carried out during the year shows that 159,150 children were inspected at routine school inspections and 10,734 as specials at the clinics making a total of 169,884. Most of the schools were visited during the course of the year and in several instances there were two routine inspections during this period. It was noticeable that many children were receiving treatment through practitioners in the General Dental Service. Fillings in permanent teeth numbered 64,482 and in temporary teeth 21,584. The number of permanent teeth extracted was 5,771 and temporary teeth 18,147. Statistical information is given in Table IV.

MINISTRY OF HEALTH CIRCULAR 28/62: FLUORIDATION OF WATER SUPPLIES.

The above circular published in December informed Local Health Authorities that the Minister was prepared to approve the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally.

The circular followed the publication in July of the report on "The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years." This report referred to the fluoridation studies which commenced in the United States and Canada in 1945 and described the studies which were undertaken in the United Kingdom from 1955-6.

The results of the studies which refer to children up to seven years of age show that there has been a substantial improvement in the teeth of young children living in the study areas and the greatest improvement was found in children who have had fluoride all their lives. There was a 66 per cent reduction in the number of decayed missing and filled teeth of three-year-old children; 57 per cent reduction at four years; 50 per cent at five years; 26 per cent at six years and 14 per cent at seven years. At the same time there was a considerable improvement in the number of children free from decay. No harmful effects from the addition of fluoride to 1 part per million in drinking water have been demonstrated in the medical evidence collected and reviewed by the Research Committee and in their opinion the raising of the fluoride content to this level is safe.

O. H. MINTON,

Principal School Dental Officer.

TABLE I.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by years of birth).	No. of Pupils Inspected.	Physical Condition of Pupils Inspected.			
		SATISFACTORY.		UNSATISFACTORY.	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2. (6)
(1)	(2)				
1958 and later ...	1,354	1,350	99.7	4	0.3
1957 ...	12,584	12,519	99.5	65	0.5
1956 ...	3,940	3,913	99.3	27	0.7
1955 ...	918	913	99.5	5	0.5
1954 ...	13,583	13,510	99.5	73	0.5
1953 ...	1,624	1,617	99.5	7	0.5
1952 ...	658	653	99.2	5	0.8
1951 ...	6,810	6,791	99.7	19	0.3
1950 ...	5,871	5,850	99.6	21	0.4
1949 ...	1,879	1,874	99.7	5	0.3
1948 ...	4,285	4,273	99.7	12	0.3
1947 and earlier ...	17,095	17,057	99.8	38	0.2
TOTAL ...	70,601	70,320	99.6	281	0.4

**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.
1958 and later ...	10	129	130
1957 ...	278	1,060	1,245
1956 ...	106	396	465
1955 ...	54	95	140
1954 ...	641	1,266	1,721
1953 ...	113	178	258
1952 ...	37	81	112
1951 ...	415	453	847
1950 ...	511	512	889
1949 ...	149	163	289
1948 ...	325	277	552
1947 and earlier ...	1,454	1,245	2,613
TOTAL ...	4,093	5,855	9,161

C.—OTHER INSPECTIONS.

Number of Special Inspections ...	13,942
Number of re-inspections ...	11,628
Total ...	<u>25,570</u>

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	111,715
(b) Total number of individual pupils found to be infested ...	549
(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	125	411	406	517	485	812	1,016	1,740
Eyes—								
(a) Vision	349	932	1,698	1,683	2,033	2,760	4,080	5,375
(b) Squint	147	219	66	100	267	351	480	670
(c) Other	23	89	33	148	90	299	146	536
Ears—								
(a) Hearing	80	343	116	134	194	668	390	1,145
(b) Otitis Media	58	442	26	110	71	459	155	1,011
(c) Other	37	99	70	108	107	182	214	389
Nose and Throat	268	1,663	45	317	308	1,856	621	3,836
Speech	138	417	75	64	139	369	352	850
Lymphatic Glands	40	672	15	78	43	591	98	1,341
Heart	13	257	21	221	43	437	77	915
Lungs	51	443	29	256	124	776	204	1,475
Developmental—								
(a) Hernia	30	90	8	21	17	86	55	197
(b) Other	28	329	33	178	79	702	140	1,209
Orthopaedic—								
(a) Posture	58	170	90	431	222	574	370	1,175
(b) Feet	192	694	108	366	362	934	662	1,994
(c) Other	88	585	127	657	253	978	468	2,220
Nervous System—								
(a) Epilepsy	6	31	22	34	38	53	66	118
(b) Other	9	93	7	58	20	165	36	316
Psychological—								
(a) Development	7	114	31	58	94	441	132	613
(b) Stability	15	334	17	160	73	629	105	1,123
Abdomen	9	123	12	56	39	200	60	379
Other	195	363	135	342	453	909	783	1,614
Total	1,966	8,913	2,800	6,097	5,307	15,231	10,073	30,241

(T)—Treatment.

(O)—Observation.

* B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections	
	requiring treatment.	requiring observation.
Skin	1,036	100
Eyes—		
(a) Vision	1,325	674
(b) Squint	44	29
(c) Other	105	43
Ears—		
(a) Hearing	384	647
(b) Otitis Media	36	48
(c) Other	104	41
Nose and Throat	925	331
Speech	326	164
Lymphatic Glands	16	45
Heart	24	79
Lungs	124	149
Developmental—		
(a) Hernia	14	14
(b) Other	54	95
Orthopaedic—		
(a) Posture	75	104
(b) Feet	150	153
(c) Other	267	151
Nervous System—		
(a) Epilepsy	17	17
(b) Other	28	27
Psychological—		
(a) Development	71	57
(b) Stability	146	127
Abdomen	59	30
Other	801	474
Total	6,131	3,599

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	439
Errors of refraction (including squint)	12,206
Total	12,645
Number of pupils for whom spectacles were prescribed	6,691

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	12
(b) for adenoids and chronic tonsillitis	1,004
(c) for other nose and throat conditions	39
Received other forms of treatment	961
Total	2,016
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1962	34
(b) in previous years	220

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	2,193
(b) Pupils treated at school for postural defects	434
Total	2,627

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	2
(b) Body	1
Scabies	8
Impetigo	124
Other skin diseases	1,778
Total	1,913

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	803

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	2,257

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	2,824
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	323
(c) Pupils who received B.C.G. vaccination ...	14,839
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	30
Abdomen	100
Heart and Circulation	48
Lungs	234
Development	128
Nervous System	104
Psychological	12
Total (a) to (d)	18,642

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—	
(a) At periodic inspections	159,150
(b) As specials	10,734
Total (1)	169,884
(2) Number found to require treatment	78,250
(3) Number offered treatment	74,580
(4) Number actually treated	35,778
(5) Number of attendances made by pupils for treatment, excluding those recorded at 11 (h)	106,667
(6) Half-days devoted to :—	
(a) Periodic (school) inspection	1,750
(b) Treatment	17,878
Total (6)	19,628
(7) Fillings :—	
(a) Permanent teeth	64,482
(b) Temporary teeth	21,584
Total (7)	86,066
(8) Number of teeth filled :—	
(a) Permanent teeth	53,227
(b) Temporary teeth	18,147
Total (8)	71,374
(9) Extractions :—	
(a) Permanent teeth	5,771
(b) Temporary teeth	16,459
Total (9)	22,230
(10) Administration of general anaesthetics for extraction ...	8,697
(11) Orthodontics :—	
(a) Cases commenced during the year	1,409
(b) Cases carried forward from previous year	3,504
(c) Cases completed during the year	683
(d) Cases discontinued during the year	267
(e) Pupils treated with appliances	1,926
(f) Removable appliances fitted	2,425
(g) Fixed appliances fitted	67
(h) Total attendances... ..	20,350
(12) Number of pupils supplied with artificial teeth	148
(13) Other operations—	
(a) Permanent teeth	21,018
(b) Temporary teeth	12,794
Total (13)	33,812

