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ANNUAL REPORTS

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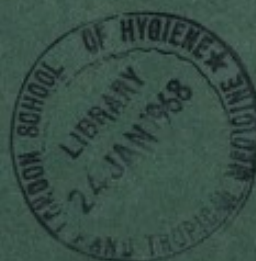
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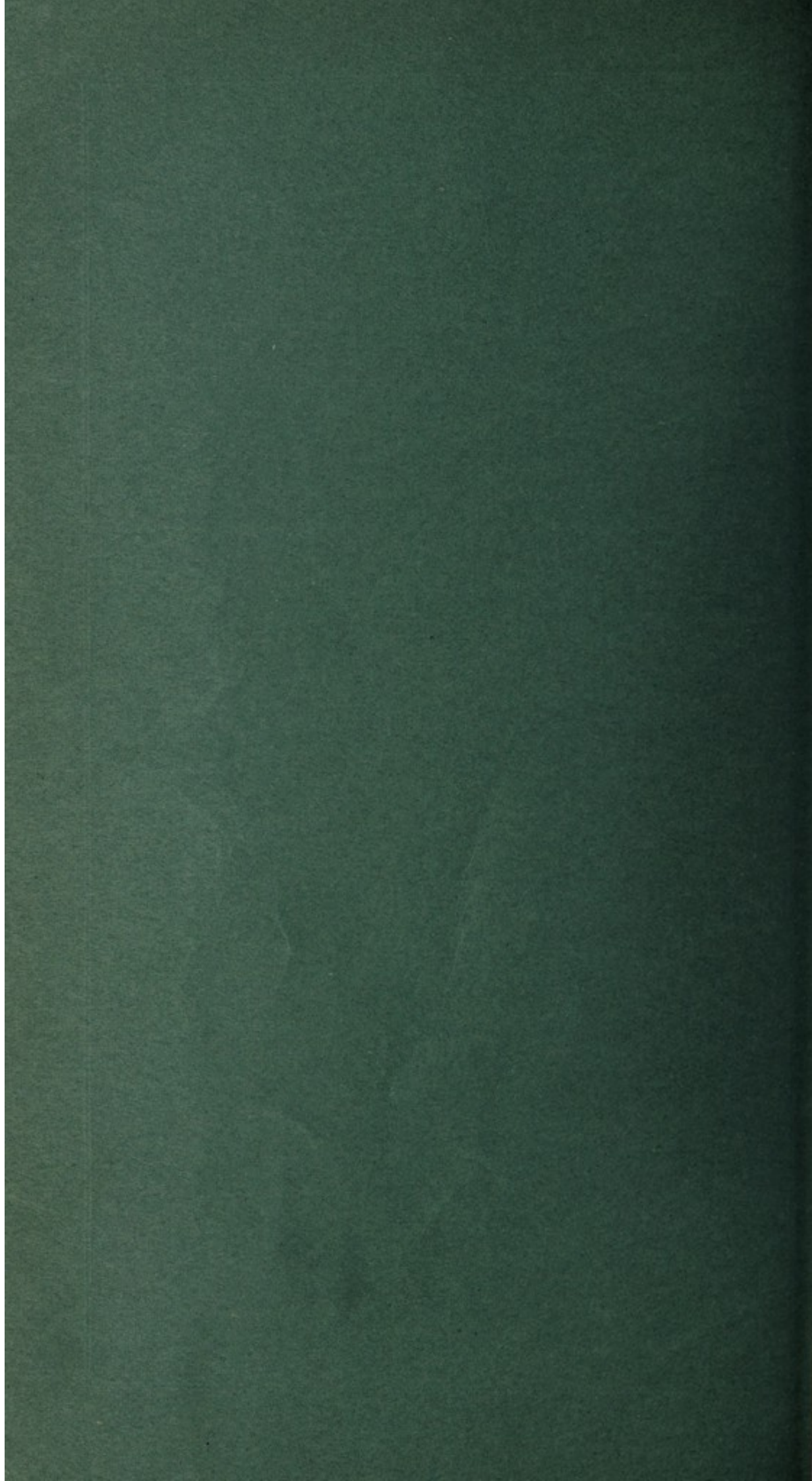
AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1964





Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1964

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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 Annual Report for the year 1964, which has been prepared in accordance with Ministry of Health Circular No. 1/65.

The area of the Administrative County of Surrey has remained unchanged save for minor boundary adjustments since the coming into operation of the Local Government Act of 1888. This is the last Annual Report which will deal with the Administrative County as it has been from that date since the London Government Act of 1963 which comes into operation on 1st April, 1965, has the effect of severing the twelve county districts most closely adjacent to the former London County Council area to form, in whole or in part, five London Boroughs and of adding two urban districts (Staines and Sunbury-on-Thames) from the former County of Middlesex.

In his report for the year 1892 Dr. Edward Seaton, the first County Medical Officer for Surrey, gives certain vital statistics expressed as averages for the four years 1889-92 (except the population which relates to 1892) which form an interesting comparison with the corresponding figures for 1964 :—

	1889-92.	1964.
Total population (1892)	420,062	1,521,510
Birth rate per 1,000 living	26.2	16.08
Death rate per 1,000 living	14.1	10.99
Mortality of infants under 1 year per 1,000 births	109	16.64
Death rates from common infectious diseases per 1,000 living	*1.25	0.05
Death rate for phthisis per 1,000 living	1.23	0.03
Death rate for Bronchitis, Pneumonia and Pleurisy per 1,000 living	2.61	1.25
Death rate from Heart Disease	1.17	3.53

* Measles 0.24, Scarlet Fever 0.05, Diphtheria 0.22, Croup 0.07, Whooping Cough 0.36, Fever 0.07, Diarrhoea 0.24.

Further to the very high infant mortality, Dr. Seaton pointed out that of the total deaths in 1892, namely 6,203, no fewer than 1,881 or 30.3 per cent were in children under the age of five years. The corresponding figures for 1964 are : total deaths 16,720 ; deaths under the age of 5 years 472 or 2.82 per cent. The substantial increase in the death rates from heart disease reflects the great increase which has taken place in recent years in coronary and hypertensive diseases which of course mainly affect the elderly.

In respect of the work of his department, Dr. Seaton dealt almost exclusively with river pollution, epidemic diseases, housing of the working classes and summaries of the Reports of each District Medical Officer of Health ; but there is one paragraph which might have been written today :—

"In several counties it has been recognised that one of the most important functions of a supervising Sanitary Authority at the present day is that of educating the people in subjects relating to the preservation of public health. Lectures have been given under the auspices of County Councils. The chief use of these lectures is to arouse interest in sanitary administration and to teach people how, by a reasonable application of existing laws, preventable disease (which is enormously costly in every sense) may be stopped or limited. It is gratifying to record that in towns and villages of Surrey, lectures have been given during the past year under the auspices of the County Council, and that they have been specially well attended at Haslemere."

The population of the Administrative County as it existed during the year increased from 1,502,330 at mid-year 1963 to 1,521,510 at mid-year 1964. Of this increase of 19,180 the excess of births over deaths contributed 7,746, the remainder being due to movement of population into the County.

The total number of live births in the County was 24,466, equivalent to a live birth rate of 16.08 per thousand. These figures compare with 23,484 and 15.63 respectively for 1963 in Surrey and with 874,178 and 18.4 for England and Wales for the year under review. The still births totalled 315 with a rate of 12.71 per 1,000 live and still births ; this is an increase of 42 still births over the exceptionally low figure for still births in 1963. The number of deaths of infants under 1 year of age was 407, i.e. a rate of 16.64 per 1,000 live births, as compared with figures of 401 and 17.08 in 1963.

I have in previous reports pointed out the difficulties arising from the steady increase in the number of births in the County which is not compensated by a comparable increase in the number of maternity beds and of the failure to make the best use of the available beds by proper selection of women for hospital confinement. It is pleasing to be able to record a slow but progressive improvement in this respect but as is shown by the table on page 23 there is still too big a proportion of high parity mothers booked for home confinement with the subsequent need to transfer them to hospital during or shortly before labour.

The number of transfers in 1964 to hospital during labour of women who had been booked for home confinements were 243 (323) which represents about 4 per cent of all home confinements: of these 26 (60) were of high parity mothers 94 (93) of primiparae and 123 (170) of low parity mothers. (The figures in brackets are the corresponding figures for 1963.)

For some years there has been a steady increase both in the number and in the percentage of illegitimate births in the County which in 1964 reached figures of 1,435 and 5.87 per cent., the highest since 1946 (see table on page 8).

The number of deaths and the crude death rate per 1,000 population in 1964 were 16,720 and 10.99 respectively (the standardised death rate 10.22): these figures compare with those of 18,039 and 12.01 (11.17) for 1963. The deaths from neoplasm of the lung and bronchus show a substantial increase from 803 in 1963 (rate 0.53) to 919 (rate 0.60) in 1964. Other forms of malignant disease show only minor variations. Deaths from heart and vascular diseases, from pulmonary tuberculosis and from respiratory diseases other than tuberculosis have all decreased: and so also have the deaths from violence.

The coming incorporation of the twelve sub-metropolitan county districts into Greater London and the addition of the two county districts from north of the Thames into Surrey involved a considerable reorganisation of the County services and much of the work of the department in the year was directed to this end.

The problem so far as field staff was concerned presented relatively few difficulties, since neither their duties nor their areas needed to be changed. But the position so far as administrative and supervisory staff were concerned was much more difficult since it now became necessary to provide such staff for six administrative units (i.e., the County of Surrey and the London Boroughs of Richmond-on-Thames, Kingston-on-Thames, Merton, Sutton and Croydon) as against two such units (i.e., the County of Surrey and the County Borough of Croydon) in the past. Also certain of the buildings in the metropolitan part of the county were either general for the whole County (e.g., the Health Visitors' Training Centre in Wimbledon, the Occupational Therapy Headquarters in Malden and the Ambulance Training School and the Central Stores at Malden) or provided for an area which covered both parts of the new County and part of one or more of the London Boroughs (e.g., the Training Centre for subnormals at Kingston—transferred by the end of the year to Ham—the Adult Workshop Unit at Sutton—transferred by the end of the year to Banstead—and so on). Conversely some of the units in the neighbouring parts of the reduced County served also parts of the London Boroughs (e.g., the Training Centre at Ewell). In the upshot it has been found possible to make alternative arrangements for the Health Visitors' Training Course which in 1965-66 will be held at Brooklands Technical College and to provide alternative premises for the Occupational Therapy Unit and for the Ambulance Training School and Central Stores. Arrangements have been successfully negotiated with the London Boroughs for joint user of certain of the other premises.

At the beginning of the year, it was decided to organise the field staff of the mental health service in four areas which were to be based on Guildford, Reigate, Epsom and Chertsey at each of which would be a complete team of social workers, mental welfare officers and junior and clerical staff. Premises for this purpose have been obtained but difficulties in recruitment, particularly of psychiatric social workers have delayed full implementation of the scheme. It is, however, more encouraging to report that the training centres at Ham and Caterham were opened during the year and that the special workshop unit which had outgrown its previous accommodation at Sutton was transferred to temporary accommodation at Banstead.

Attention is drawn to the Report of the Working Party on Equipment on page 34 and I would like to express my thanks to the members of the Working Party for producing both an interesting survey and valuable suggestions for the future.

In 1960 a new system of control of the ambulance service was adopted at Malden for the sub-metropolitan part of the County. This has in the succeeding years proved outstandingly successful both in ensuring a prompt and efficient service and in economy of personnel: consequently, it was decided to adopt a similar system for the rest of the County and this new control was put into operation at the end of the year. This control centre now covers the whole of the reduced County leaving the

control centre at Malden to deal with that part of the County which will be transferred to Greater London.

Also during the year, it was agreed that the Chiropody Scheme which had hitherto—apart from the services of the Chief Chiropodist whose functions in any case are mainly administrative—been staffed by means of sessional or *per capita* payments to private chiropodists, should be augmented by the employment of seven full-time chiropodists so as to meet the growing demand for treatment in private and voluntary homes for the elderly and to carry out domiciliary treatments. The private chiropodists would continue to carry out surgery treatments under the "direct scheme" (whereby payment over and above the patients' contributions is made directly to them by the County Council) and also the "indirect scheme" where use is made of the services of voluntary associations.

It was also decided during the year to increase the number of social workers for the physically handicapped and for the deaf so as to improve the services to these groups of the community.

A reorganisation of the social work in the department was also undertaken in the year. Owing to the accidents of history, social work in the County—as elsewhere—has developed in a very piecemeal fashion, and the intention behind the reorganisation was to seek to ensure greater flexibility in the activities of the social workers, to break down the arbitrary division between the various sections, to expand their activities to deal with the needs of mothers and young children, the elderly, the physically handicapped as well as problem families and those suffering from tuberculosis and chest conditions: and finally to bring them more in contact with general practitioners. To these ends, it is envisaged that there should be a social work section attached to each division and eventually to integrate all the social work of the department into one Social Work section.

It gives me much pleasure to report a most interesting development in the course of the year. The section of the National Health Service Act dealing with health centres has never come into being, largely because of lack of interest on the part of general practitioners. For one or two years past requests have been received from individual practitioners to be allowed to rent accommodation in existing clinics or clinics in process of construction. By the time these requests were received it was usually impossible to provide separate accommodation for the general practitioners' surgeries and the arrangements could only be makeshift. To overcome this, at the County Council's request, copies of their ten-year plan for clinic provision were circulated by the Executive Council to all General Practitioners and a number of requests for the provision of accommodation for doctors' surgeries has been received. One of the earliest was at Farnham and considerable progress has been made towards the provision of a full health centre in the town. Seven practitioners are concerned and as for the local health authority services, the usual medical and dental suites will be provided with, in addition, a child guidance unit and office accommodation for health visitors, district nurse/midwives, social workers, mental welfare officers, etc. Ministry sanction has been obtained and it is hoped that building on a site made available by the goodwill of the Farnham Urban District Council in their proposed civic centre will be commenced during 1965.

Further to my report last year on the setting up of a geriatric clinic at Whyteleafe (now transferred to Warlingham), I am pleased to report that similar clinics have been set up, or were about to be set up at the end of the year at Ewell and Dorking.

School Health Service.

At routine medical inspections 99.8 per cent of children were classified as being in satisfactory physical condition. The 0.2 per cent, or 161 children, who were classed as unsatisfactory is the lowest figure on record, although the number of examinations remained consistent at over 72,000.

While always hoping for continued improvement it is difficult to believe that a much better standard than this will be achieved. Unfortunately, it is not possible to make a direct comparison with the situation ten years ago as the method of recording results was changed in 1956. In that year, however, when approximately 70,000 children were examined, 1.19 per cent were classed as unsatisfactory, representing 833 children in all. In 1954, 1,477 children, 2 per cent out of 71,500 examined, were placed in Category "C" which may be broadly considered as comparable to the present category of "unsatisfactory." These figures provide an indication of the progress made in the well-being of our children over the last decade.

The routine medical inspections of the children brought to light numbers of defects very similar to those in previous years, and I do not propose to comment further on this part of the work of the Health Service.

The more specialised services provided by your Committee are discussed in greater detail in the body of the report. While there were no innovations in this field during the year, various aspects of progress in these services are mentioned. As regards the provision for handicapped pupils I would like to welcome particularly the continued increase in places for educationally subnormal children.

The principal remaining problem in placement of handicapped pupils concerns the maladjusted group, which consists of many varying types of children with widely differing symptoms. The placement of children with multiple handicaps, often including maladjustment, is also a matter which can cause considerable difficulty.

It is pleasant to report another year free from serious anxiety over infectious disease. There were no cases of poliomyelitis among the children of Surrey. Six tuberculosis investigations were considered necessary in schools, following notifications of this disease either in pupils or teaching staff. Two further cases of tuberculosis in pupils were brought to light in this way.

In conclusion, I must draw your attention to the loyal and devoted work of the staff of the department both in the central and divisional offices and in the field. In regard particularly to the former, the reorganisation of the health services, consequent on the London Government Act has pressed very hard on the administrative staff and this at a time when, for a variety of reasons, the numbers employed fell far short of the authorised establishment. I should like to express my very sincere thanks to the staff for the way in which they have dealt with the heavy demands imposed on them.

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

Your obedient Servant,

K. A. SOUTAR,

*County Medical Officer and
Principal School Medical Officer.*

GENERAL STATISTICS AND SOCIAL CONDITIONS.

Area.

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

Population.

The population of the Administrative County at the 1961 Census was 1,480,649, and the Registrar-General's estimate of the population at mid-year 1964 was 1,521,510, an increase of 19,180 over the comparable figure for mid-year 1963. The population under 1 year is given by the Registrar-General as 23,700, the population 1-4 years as 91,700, and the population 5-14 years 206,800.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1960-1964 is shown in the following table :—

	1960	1961	1962	1963	1964
Urban Districts ...	1,287,550	1,299,100	1,309,640	1,316,610	1,330,350
Rural Districts ...	173,630	178,230	181,360	185,720	191,160
Administrative County	1,461,180	1,477,330	1,491,000	1,502,330	1,521,510
Increase or decrease over previous year ...	+15,180	+16,150	+13,670	+11,330	+19,180

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 1963 and 1964 :—

DISTRICTS		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1951	1961	1963	1964
M.B. and Urban.						
1.	Banstead	12,821	33,529	41,573	41,350	41,870
2.	Barnes	2,520	40,593	39,757	38,700	38,820
3.	Beddington and Wallington	3,045	32,757	32,588	32,560	32,590
4.	Carshalton	3,346	62,721	57,462	56,020	55,730
5.	Caterham and Warlingham	8,233	31,293	34,808	35,390	36,350
6.	Chertsey	9,983	30,852	40,376	42,720	42,870
7.	Coulsdon and Purley	11,143	63,773	74,738	74,200	75,460
8.	Dorking	9,511	20,252	22,594	22,700	23,020
9.	Egham	9,350	24,690	30,553	31,220	31,470
10.	Epsom and Ewell	8,427	68,055	71,177	70,700	71,700
11.	Esher	14,850	51,432	60,586	61,010	62,140
12.	Farnham	9,039	23,928	26,927	27,990	28,970
13.	Frimley and Camberley	7,768	20,386	30,342	33,140	36,140
14.	Godalming	2,393	14,244	15,771	17,210	17,590
15.	Guildford	7,323	48,048	53,977	54,340	54,090
16.	Haslemere	5,751	12,003	12,528	13,020	13,210
17.	Kingston-upon-Thames	1,408	40,174	36,450	36,050	36,230
18.	Leatherhead	11,187	27,206	35,554	36,890	37,270
19.	Malden and Coombe	3,162	45,566	46,587	46,710	46,460
20.	Merton and Morden	3,234	74,730	67,974	67,090	66,700
21.	Mitcham	2,934	67,269	63,653	63,420	62,580
22.	Reigate	10,255	42,248	53,710	54,890	55,150
23.	Richmond	4,109	41,942	41,002	40,630	41,290
24.	Surbiton	4,710	60,875	62,940	63,450	63,760
25.	Sutton and Cheam	4,338	80,673	78,969	78,770	79,500
26.	Walton and Weybridge	9,049	38,112	45,497	46,720	48,400
27.	Wimbledon	3,212	58,141	56,994	56,980	56,760
28.	Woking	15,708	47,596	67,485	72,740	74,230
Total ...		198,809	1,203,088	1,302,572	1,316,610	1,330,350
Rural.						
1.	Bagshot	16,083	14,109	16,744	16,840	17,490
2.	Dorking and Horley	53,943	25,832	31,698	32,780	33,600
3.	Godstone	52,507	32,823	40,068	41,900	43,510
4.	Guildford	59,643	44,936	54,777	58,600	60,530
5.	Hambledon	68,175	31,851	34,790	35,600	36,030
Total ...		250,351	149,551	178,077	185,720	191,160
Administrative County		449,160	1,352,639	1,480,649	1,502,330	1,521,510

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 PRODUCT OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1964, was £81,291,753, and the estimated product of a 1d. rate for general County purposes for the year 1964-65 was £332,131.

VITAL STATISTICS.

The principal vital statistics for the year 1964 are summarised below. Additional information is given in the paragraphs which follow:—

Live births	...	...	...	...	...	24,466
Live birth rate per 1,000 population	...	...	...	...	...	16.08
Still births	...	...	...	...	...	315
Still birth rate per 1,000 live and still births	...	...	...	...	...	12.71
Total live and still births	...	...	...	...	...	24,781
Infant deaths	...	...	...	...	...	407
Infant mortality rate per 1,000 live births	...	...	...	...	...	16.64
" " " " " legitimate births	...	...	...	...	...	16.20
" " " " " illegitimate births	...	...	...	...	...	23.69
Neo-natal mortality rate (first four weeks) per 1,000 live births	...	...	...	...	...	12.71
Early neo-natal mortality rate (first week) per 1,000 live births	...	...	...	...	...	11.49
Peri-natal mortality rate (still births and deaths under one week) per 1,000 live and still births	...	...	...	...	...	24.05
Illegitimate live births per cent of total live births	...	...	...	...	...	5.87
Maternal deaths (including abortion)	...	...	...	...	...	4
Maternal mortality rate per 1,000 total births	...	...	...	...	...	0.16

The following statement compares the County birth and death rates for the year 1964 with the previous year and with the mean of the five years 1959-63.

	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.		
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
1962	15.46	11.73	0.04	2.19	0.09	16.57
1963	15.63	12.01	0.05	2.12	0.38	17.08
Mean of 5 years, 1959-1963	15.09	11.52	0.05	2.16	0.28	17.48
1964	16.08	10.99	0.03	2.23	0.16	16.64
Increase or decrease in 1964 on:						
5 years average	+0.99	-0.53	-0.02	+0.07	-0.12	-0.84
Previous year	+0.45	-1.02	-0.02	+0.11	-0.22	-0.44

Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 24,466, of which 12,628 were males and 11,838 females, as compared with 23,484 in the previous year, showing an increase of 982. The birth rate for the year was 16.08 as compared with 15.63 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 1.02, for the aggregate of Urban Districts 1.02 and for the Rural Districts 0.99. The effect of these factors on the 1964 crude live birth rates is shown below:—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	16.08	15.84	17.74
Adjusted rates	16.40	16.16	17.56

The birth rate for England and Wales for 1964 was 18.4 and for 1963, 18.2.

In addition to the 24,466 live births in Surrey, there were 315 still births and the rate of still births per 1,000 live and still births was 12.71 as compared with an average rate of 14.00 for the quinquennial period of 1959-63.

Of the 24,466 live births, 1,435 or 5.87 per cent. were illegitimate, as compared with 1,234, or 5.19 per cent., in 1963.

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
1963 ...	23,484	15.63	273	11.49	1,234	5.19
1964 ...	24,466	16.08	315	12.71	1,435	5.87

Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1964 was 16,720, as compared with 18,039 in the year 1963. The crude death rate for 1964 was 10.99 compared with 12.01, for 1963. The death rate for England and Wales in 1964 was 11.3 compared with 12.2 for 1963.

Infant Mortality.

The number of infants under one year who died during 1964 was 407 compared with 401 in 1963. This represents an infant mortality rate of 16.64 per 1,000 live births as compared with a corresponding rate of 17.08 for the year 1962. The comparable figures for England and Wales were 20.0 in 1964 and 20.9 in 1963.

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
1963 ...	20.9	14.2	6.7	17.08	12.01	5.07
1964 ...	20.0	13.8	6.2	16.64	12.71	3.93

Maternal Mortality.

In 1964 4 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.16 per 1,000 live and still births. The corresponding figures for England and Wales in 1964 were 226 and 0.25 : and for Surrey in 1963 were 9 and 0.38.

Causes of Death.

The grouped causes of death arranged in order of frequency in 1964 in the County were as follows :—

	Deaths	Percentage of Total Deaths
Diseases of the heart	5,383	32.19
Malignant disease	3,396	20.31
Vascular lesions of the central nervous system	2,168	12.97
Bronchitis, pneumonia and other diseases of respiratory system... ..	1,906	11.40
Other circulatory diseases	853	5.10
Violent causes	698	4.18
Digestive diseases	203	1.21
Congenital malformations	168	1.00
Diabetes	100	0.60
Nephritis and Nephrosis	95	0.57
Leukaemia, Aleukaemia	91	0.55
Hyperplasia of prostate	73	0.44
Tuberculosis (all forms)	52	0.31
Influenza	17	0.10
All other causes	1,517	9.07
	16,720	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 1964 :-

DISTRICTS	Live births.		Live birth rate.	Adjusted birth rate.	Still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardised death rate.	Excess of births over deaths.	Infants dying		
	M.	F.	Total								under 1 week.	1-4 weeks.	4 weeks to 12 months.
M.B. and Urban													
Banstead...	267	246	513	12.25	13.84	4	7.74	492	11.75	+21	7	1	3
Barnes...	266	293	559	14.40	14.54	7	12.37	470	12.11	+89	6	1	—
Beddington and Wallington	219	249	468	14.36	15.65	5	10.57	335	10.28	+133	6	1	—
Carshalton...	428	768	1196	13.78	14.19	11	14.12	560	10.65	+208	7	1	3
Caterham and Warlingham	291	236	527	14.50	14.21	7	13.11	351	9.66	+176	7	4	4
Chertsey...	445	423	868	20.25	17.21	12	13.64	369	8.61	+499	9	2	4
Coulston and Purley	592	531	1,123	14.88	16.22	14	12.31	866	11.48	+237	14	—	2
Dorking...	214	181	395	17.16	16.65	6	14.96	257	11.16	+138	7	1	—
Egham...	242	226	468	14.87	13.53	10	20.92	347	11.06	+121	4	—	—
Epsom and Ewell	466	455	921	12.85	14.52	7	7.54	1,054	14.70	-133	13	1	3
Esher...	429	423	852	13.57	14.79	14	16.34	633	10.19	+210	8	1	5
Farnham...	253	241	494	17.65	18.41	6	12.09	359	12.74	+917	8	—	3
Frimley and Camberley	489	454	943	26.09	22.96	10	10.49	242	6.70	+701	13	—	6
Godalming	149	148	297	16.88	16.71	6	19.80	178	10.12	+9.92	4	—	—
Guildford	431	419	850	15.71	14.92	17	19.61	618	11.43	+232	7	3	4
Haslemere	92	80	172	13.02	15.10	2	11.49	158	11.96	+14	2	1	2
Kingston-upon-Thames	381	330	711	19.62	19.62	7	9.75	443	12.23	+268	11	—	1
Leatherhead	277	273	550	14.76	15.94	11	19.61	379	9.93	+180	9	—	1
Malden and Coombe	337	278	615	13.24	13.77	4	6.46	516	11.11	+99	4	—	2
Merton and Morden	470	436	906	13.58	15.48	12	13.07	767	11.50	+139	6	2	6
Mitcham...	497	488	985	15.74	16.21	16	15.98	622	9.94	+363	8	3	7
Reigate...	455	408	863	15.65	16.28	7	8.05	643	11.66	+220	15	2	7
Richmond	359	333	692	16.76	16.42	9	12.84	572	13.85	+129	10	—	3
Surbiton...	541	547	1,088	17.06	17.06	12	16.91	657	10.30	+431	10	—	4
Sutton and Cheam	649	614	1,263	15.89	15.89	13	10.19	937	11.79	+326	17	—	4
Walton and Weybridge	400	356	756	15.62	16.56	13	16.91	478	9.88	+278	7	—	3
Wimbledon	566	501	1,067	18.62	17.69	15	13.99	693	12.21	+364	11	1	8
Woking...	715	665	1,380	18.59	18.40	17	12.17	776	10.45	+604	22	1	2
Total	10,901	10,174	21,075	15.84	16.16	274	12.83	14,773	11.11	+6,302	252	26	88
Rural													
Bagshot...	151	147	298	17.04	16.53	6	19.74	187	10.63	+113	1	1	2
Dorking and Horley	334	326	660	19.64	19.64	4	6.02	314	9.35	+346	3	—	—
Godstone	367	321	688	15.81	16.13	9	12.91	463	10.64	+225	8	—	1
Guildford	597	570	1,167	19.28	19.67	14	11.85	588	9.71	+579	13	2	5
Hambledon	278	300	578	16.04	17.32	8	13.65	395	10.96	+183	4	1	—
Total	1,727	1,664	3,391	17.74	17.56	41	11.95	1,947	10.18	+1,444	29	4	8
Administrative County	12,628	11,838	24,466	16.08	16.40	315	12.71	16,720	10.99	+7,746	281	30	96

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

The infant mortality rates in the urban and the rural districts respectively were 17.37 and 12.09, the neo-natal mortality rates for the urban and the rural districts respectively were 13.19 and 9.73 and the early neo-natal mortality rates for the urban and rural districts respectively were 11.96 and 8.55.

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 1964, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table :—

DISTRICTS.	Heart and Vascular Disease.						Pulmonary Tuberculosis.	Respiratory diseases (Non-Tuberculous).		Malignant Disease.						Violence.							
	Vascular lesions of nervous system.			Coronary disease, angina.				Hypertension with heart disease.			Other circulatory disease.			Malignant neoplasm, stomach.				Malignant neoplasm, lung, bronchus.		Malignant neoplasm, uterus.		Other malignant neoplasm, 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.																							
Banstead	74	1.77	99	2.36	13	.31	66	1.58	23	.55	4	.10	53	1.27	18	.43	10	.24	10	.24	10	.24	
Barnes	63	1.62	85	2.19	7	.18	43	1.11	22	.57	2	.05	42	1.08	11	.28	26	.67	11	.28	22	.57	
Beddington and Wallington	49	1.50	71	2.18	3	.09	34	1.04	18	.55	1	.03	35	1.07	21	.58	5	.15	10	.31	10	.31	
Caslington	60	1.08	119	2.14	7	.13	60	1.08	34	.61	—	—	56	1.00	11	.20	41	.74	23	.32	18	.32	
Caterham and Warrington	52	1.43	64	1.76	5	.14	45	1.24	15	.41	—	—	29	.80	17	.47	10	.28	2	.06	30	.83	
Chertsey	43	1.00	65	1.52	7	.16	38	.89	24	.56	1	.02	32	.75	14	.33	23	.54	10	.23	33	.77	
Colindale and Putney	105	1.39	102	2.15	15	.39	101	1.34	32	.82	3	.04	136	1.80	13	.17	45	.60	15	.20	7	.09	
Derby	31	1.35	51	2.22	2	.09	39	1.09	17	.74	—	—	22	.96	6	.26	14	.61	4	.17	3	.13	
Egham	51	1.65	77	2.45	6	.19	52	1.65	8	.25	—	—	45	1.43	3	.10	20	.64	9	.29	3	.10	
Epsom and Ewell	117	1.63	162	2.26	7	.10	120	1.67	60	.84	3	.04	182	2.54	28	.39	45	.63	29	.40	8	.11	
Esler	84	1.35	98	1.58	14	.33	90	1.45	32	.51	—	—	54	.87	16	.26	35	.56	17	.27	6	.10	
Farnham	90	1.73	70	2.42	6	.21	48	1.66	23	.79	1	.03	55	1.21	7	.24	41	.44	3	.10	4	.14	
Frimley and Camberley	92	.89	61	1.69	3	.08	19	.53	7	.19	—	—	24	.66	5	.14	10	.28	4	.11	—	—	
Godalming	93	1.31	56	3.18	—	—	54	1.14	10	.37	1	.02	21	1.19	2	.11	7	.40	4	.23	—	—	
Guildford	95	1.76	120	2.22	10	.18	58	1.07	26	.48	1	.02	78	1.44	13	.24	26	.48	17	.31	3	.06	
Haslemere	92	1.67	35	2.65	—	—	17	1.29	3	.23	—	—	19	1.44	4	.30	8	.61	2	.15	2	.15	
Kingston-upon-Thames	60	1.66	87	2.40	10	.28	27	1.57	31	.86	2	.06	49	1.35	9	.25	33	.91	12	.33	5	.38	
Leatherhead	48	1.29	78	2.09	2	.05	51	1.37	17	.46	1	.03	26	.97	6	.16	17	.46	8	.21	2	.05	
Leatherhead and Oxted	74	1.59	119	2.56	7	.15	55	1.18	20	.43	1	.02	47	1.01	10	.22	31	.67	11	.24	3	.09	
Merton and Morden	82	1.23	172	2.58	12	.18	62	.93	47	.70	—	—	87	1.39	20	.30	52	.78	19	.28	3	.04	
Mitcham	66	1.05	148	2.36	6	.10	44	.70	40	.64	3	.05	66	1.05	11	.18	45	.72	14	.22	2	.03	
Reigate	90	1.03	120	2.18	4	.07	67	1.21	31	.56	1	.02	69	1.25	7	.13	30	.54	12	.22	3	.05	
Richmond	57	1.38	116	2.81	10	.24	62	1.50	25	.61	1	.02	62	1.50	14	.34	32	.78	16	.39	4	.10	
Sarbiton	90	1.41	145	2.97	10	.16	54	.85	34	.53	1	.02	69	1.08	6	.09	45	.71	22	.35	4	.06	
Sutton and Cheam	115	1.45	169	2.13	8	.10	126	1.58	63	.79	4	.05	110	1.38	17	.21	54	.68	20	.25	5	.06	
Walton and Weybridge	65	1.34	82	1.69	2	.04	49	1.01	32	.66	—	—	52	1.07	13	.27	17	.35	12	.25	3	.06	
Wimbledon	91	1.60	103	2.87	5	.09	41	.72	27	.48	1	.02	79	1.39	15	.26	45	.79	12	.21	1	.02	
Woking	102	1.37	143	1.93	12	.16	143	1.93	28	.38	3	.04	85	1.15	15	.20	40	.54	8	.11	9	.12	
Total	1,801	1.42	2,037	2.21	193	.15	1,624	1.22	749	.56	37	.03	1,674	1.26	297	.22	807	.61	346	.26	93	.07	
Rural.																							
Bagshot	28	1.54	34	1.94	—	—	17	.97	6	.34	—	—	22	1.26	6	.34	20	1.14	5	.29	—	—	
Borlase and Horley	44	1.31	65	2.03	6	.18	29	.86	22	.65	—	—	42	1.25	5	.15	18	.34	5	.15	3	.09	
Godstone	67	1.54	96	2.21	6	.14	35	.80	24	.55	2	.05	69	1.39	7	.16	27	.02	8	.18	1	.02	
Guildford	73	1.41	121	2.40	11	.18	72	1.27	31	.51	—	—	53	1.28	15	.25	28	.46	14	.23	2	.03	
Hambledon	65	1.50	88	2.44	2	.06	42	1.17	21	.38	—	—	46	1.28	4	.11	19	.33	6	.17	5	.14	
Total	977	1.44	404	2.11	25	.13	200	1.05	104	.54	2	.01	232	1.21	37	.19	112	.59	38	.20	11	.06	
Administrative County 1964	2,108	1.42	3,341	2.20	218	.14	1,824	1.19	853	.56	39	.03	1,906	1.25	334	.22	919	.60	384	.25	104	.07	
Percentage of Total Deaths in 1964	12.97 (12.89)	19.98 (18.91)	1.20 (1.46)	10.91 (12.08)	5.19 (5.02)	0.23 (0.43)	11.40 (14.21)	2.00 (1.88)	5.50 (4.45)	2.39 (1.88)	0.02 (0.02)	9.90 (8.89)	4.18 (4.00)										

The figures shown in brackets relate to the year 1963.

ADMINISTRATIVE COUNTY OF SURREY.

Causes of Death at Different Periods of Life, 1964.

The causes of all deaths during 1964 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.	7,185	216	25	34	107	271	2,127	1,905	2,500	971	22	12	10	16	47	260	226	378		
	F.	7,588	150	24	28	37	206	1,192	1,557	4,394	976	19	4	5	4	30	170	195	549		
1. Tuberculosis, Respiratory ..	M.	28	—	—	—	—	4	15	6	3	2	—	—	—	—	—	1	1	—		
	F.	9	—	1	—	—	2	4	1	1	—	—	—	—	—	—	—	—	—		
2. Tuberculosis, Other	M.	8	—	—	—	1	1	4	1	1	—	—	—	—	—	—	—	—	—		
	F.	5	—	—	—	—	—	3	—	2	—	—	—	—	—	—	—	—	—		
3. Syphilitic Disease	M.	22	—	—	—	—	1	6	7	8	3	—	—	—	—	—	—	—	3		
	F.	23	—	—	—	—	—	2	6	15	1	—	—	—	—	—	—	—	1		
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal Infections ..	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	3	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—		
7. Acute Poliomyelitis	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other Infective and Parasitic Diseases	M.	17	2	1	1	2	—	4	5	2	6	—	1	1	—	2	1	1	—		
	F.	15	—	1	—	1	2	6	3	2	3	1	—	—	—	—	1	—	1		
10. Malignant Neoplasm, Stomach	M.	165	—	—	—	—	2	60	59	44	26	—	—	—	—	—	8	2	16		
	F.	132	—	—	—	—	7	24	30	71	11	—	—	—	—	2	—	2	7		
11. Malignant Neoplasm, Lung, Bronchus	M.	678	—	—	—	—	15	323	227	113	86	—	—	—	—	2	36	33	15		
	F.	129	—	—	—	—	4	47	36	42	26	—	—	—	—	1	16	4	5		
12. Malignant Neoplasm, Breast	M.	3	—	—	—	—	—	3	—	—	1	—	—	—	—	—	—	1	—		
	F.	343	—	—	—	—	37	160	61	85	37	—	—	—	—	1	21	7	8		
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	93	—	—	—	1	6	30	40	16	11	—	—	—	—	1	4	4	2		
14. Other Malignant and Lymphatic Neoplasms	M.	731	2	2	2	5	38	263	192	227	82	—	2	1	—	6	32	16	25		
	F.	765	—	1	4	4	32	228	214	282	77	—	—	—	1	5	32	20	19		
15. Leukemia, Aleukemia ..	M.	44	1	1	7	1	3	7	11	13	9	—	—	1	1	1	2	1	3		
	F.	34	—	—	—	2	3	11	8	10	4	—	—	1	—	1	—	1	1		
16. Diabetes	M.	34	—	—	—	—	3	6	9	16	1	—	—	—	—	—	—	—	1		
	F.	53	—	—	—	—	1	5	14	33	12	—	—	—	—	—	2	2	8		
17. Vascular Lesions of Nervous System	M.	667	—	—	—	—	11	136	194	326	110	—	—	—	—	3	22	29	56		
	F.	1,224	—	—	1	—	16	125	263	819	167	—	—	—	—	1	21	35	110		
18. Coronary Disease, Angina ..	M.	1,757	—	—	—	—	36	710	523	488	247	—	—	—	—	10	93	69	75		
	F.	1,180	—	—	—	—	5	148	323	704	157	—	—	—	—	2	21	45	89		
19. Hypertension with Heart Disease	M.	79	—	—	—	—	—	18	26	35	9	—	—	—	—	—	1	6	2		
	F.	114	—	—	—	—	1	6	30	77	16	—	—	—	—	—	1	5	10		
20. Other Heart Disease ..	M.	540	—	—	—	1	14	68	90	358	74	—	—	—	—	3	8	11	52		
	F.	1,084	—	—	—	1	15	67	127	874	126	—	—	1	—	1	7	16	101		
21. Other Circulatory Disease ..	M.	305	—	—	—	2	9	68	92	134	45	—	—	—	1	—	11	9	24		
	F.	444	—	—	—	—	3	43	92	306	59	—	—	—	—	1	7	11	40		
22. Influenza	M.	5	—	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—	—		
	F.	9	—	—	—	1	—	2	—	6	3	—	—	—	—	—	—	—	3		

Continued overleaf

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1964—continued.

The causes of all deaths during 1964 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
23. Pneumonia	M.	400	21	3	1	6	10	49	90	220	55	2	2	—	—	1	5	7	38		
	F.	511	16	6	3	4	3	32	68	379	73	1	—	1	—	2	3	10	56		
24. Bronchitis	M.	469	2	1	—	1	3	125	166	171	58	1	—	—	—	—	12	20	25		
	F.	177	1	2	3	—	3	20	31	117	23	1	—	—	—	—	2	6	14		
25. Other Diseases of Respiratory System	M.	74	1	1	2	4	6	15	23	22	10	—	1	1	—	1	1	1	5		
	F.	43	1	—	—	—	2	5	11	24	13	—	—	1	—	—	3	—	9		
26. Ulcer of Stomach and Duodenum	M.	69	—	—	—	1	1	17	18	32	5	—	—	—	—	1	—	3	1		
	F.	44	—	—	—	—	2	12	8	22	8	—	—	—	—	1	—	1	6		
27. Gastritis, Enteritis and Diarrhoea	M.	24	2	1	—	1	3	4	4	9	3	—	—	—	—	—	2	—	1		
	F.	40	4	—	—	—	2	6	12	16	10	—	—	—	—	—	2	2	6		
28. Nephritis and Nephrosis	M.	49	—	1	—	2	4	16	11	15	2	—	—	—	—	—	1	1	1		
	F.	38	—	—	—	—	—	9	12	17	6	—	—	—	—	1	1	1	3		
29. Hyperplasia of Prostate	M.	66	—	—	—	—	—	3	12	51	7	—	—	—	—	—	—	2	5		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, Childbirth, Abortion	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	3	—	—	—	—	3	—	—	—	1	—	—	—	—	1	—	—	—		
31. Congenital Malformations	M.	92	52	4	5	5	9	11	4	2	7	5	1	1	—	—	—	—	—		
	F.	59	32	7	4	1	3	9	3	—	10	6	2	—	—	—	1	1	—		
32. Other Defined and Ill-defined Diseases	M.	534	124	8	4	17	29	110	90	152	59	14	1	1	1	5	8	11	18		
	F.	739	86	4	5	3	23	115	120	383	82	8	1	—	1	4	14	17	37		
33. Motor Vehicle Accidents	M.	115	—	1	5	33	27	23	9	17	26	—	1	1	8	2	6	2	6		
	F.	73	—	1	3	10	10	15	11	23	8	—	—	1	—	1	4	—	2		
34. All Other Accidents	M.	125	7	1	7	18	20	26	13	33	31	—	3	2	5	8	7	—	6		
	F.	118	9	1	5	5	7	18	11	62	19	2	1	—	1	—	1	4	10		
35. Suicide	M.	82	—	—	—	7	21	37	12	5	6	—	—	—	—	2	4	—	—		
	F.	83	—	—	—	4	14	38	21	6	12	—	—	—	1	4	5	1	1		
36. Homicide and Operations of War	M.	3	2	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—		
	F.	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—		

Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1964, giving the number of cases of each disease notified and the attack rate :—

Disease.	1964	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	1	0.001
Post infectious	8	0.005
Acute pneumonia	161	0.11
Acute poliomyelitis—		
Paralytic	1	0.001
Non-paralytic	—	—
Diphtheria	1	0.001
Dysentery	348	0.23
Enteric or Typhoid fever	8	0.01
Erysipelas	49	0.03
Food poisoning	107	0.07
Measles, excluding Rubella	5,727	3.76
Meningococcal infection	10	0.007
*Ophthalmia neonatorum	2	0.080
Paratyphoid fever	22	0.014
†Puerperal pyrexia	267	10.77
Scarlet fever	408	0.27
Tuberculosis—Pulmonary	357	0.23
Non-pulmonary	59	0.04
Whooping cough	678	0.45

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

One case of paralytic poliomyelitis occurred in the Banstead Urban District during the year and after four consecutive years without any cases being notified, one case of diphtheria was notified in the Borough of Reigate.

The paralytic poliomyelitis case was a male aged 21. He was discharged home with a residual weakness of the right shoulder for which he received physiotherapy. The only faecal specimen reported on was negative for virus, but clinically the only diagnosis that could be made was paralytic poliomyelitis. The person involved had received two polio injections in January and February, 1959 whilst at school.

The diphtheria case was a patient in the Jordan Hospital for Tropical Diseases, Redhill. He had for some time been under treatment for leprosy and developed a throat infection very suggestive of diphtheria, the date of onset being 25th May. The case was confirmed by the isolation of "C" Diphtheriae of mitis type from a throat swab. The clinical symptoms were of moderate severity and quickly yielded to large doses of penicillin and anti-diphtheric serum. Appropriate action was taken with regard to contacts. The patient had not made any visits outside the hospital for several weeks and, so far as could be ascertained, had no contact with a known or suspected case of diphtheria. He had not been artificially immunised.

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

Measles	— (6)
Whooping Cough	— (—)
Diphtheria	— (—)
Influenza	17 (167)
Meningococcal infection	3 (4)
Acute Poliomyelitis	— (—)

The figures in brackets relate to the year 1963.

Tuberculosis.

NOTIFICATIONS.

The summary of returns for 1964 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 357 cases of pulmonary tuberculosis and 59 cases of non-pulmonary tuberculosis during the year.

The notifications and the case rates for pulmonary tuberculosis and for other forms of tuberculosis in 1964 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
1963	364	0.24	47	0.03
1964	357	0.23	59	0.04

It is interesting to note from Chest Physicians' reports, that the method of diagnosis of 317 of the 357 notifications of pulmonary tuberculosis was as follows :—

General Practitioners	...	...	...	...	114
Mass X-ray	...	...	...	...	51
G.P. referral X-ray	...	...	...	...	28
Contacts	...	...	...	...	23
Others	...	...	...	...	101
Total	...	...	...	...	314

The case rates for Surrey, compared with those for England and Wales in 1964, were as follows :—

	Surrey.	England and Wales.
Pulmonary Tuberculosis	0.23 per 1,000	0.32 per 1,000
Non-Pulmonary Tuberculosis	0.04 per 1,000	0.05 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	—	—	—	—	—
One and under 2 years	—	2	—	—	2
2 " " 5 " "	2	2	—	1	5
5 " " 10 " "	3	—	1	1	5
10 " " 15 " "	2	5	1	1	9
15 " " 20 " "	4	10	4	3	21
20 " " 25 " "	15	22	2	5	44
25 " " 35 " "	35	26	4	6	71
35 " " 45 " "	44	24	3	7	78
45 " " 55 " "	36	17	2	4	59
55 " " 65 " "	44	15	—	8	67
65 " " 75 " "	26	3	1	—	30
75 and upwards	10	10	—	5	25
Totals	221	136	18	41	416
1963	226	138	13	34	411
1962	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

The number of patients on the registers who had a positive sputum within the last six months of 1964 was 129, an increase of 11 over the total of the previous year.

DEATHS.

The numbers of deaths and the death rates for pulmonary tuberculosis and other forms of tuberculosis in 1964 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
1961	76	0.05	13	0.01
1962	59	0.04	6	0.004
1963	63	0.04	8	0.005
1964	39	0.03	13	0.008

Provisional death rates for England and Wales in 1964 were as follows :—

Pulmonary tuberculosis	0.047 per 1,000
Non-Pulmonary tuberculosis	0.006 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 1964, 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 1964 some 213 tuberculous patients (of whom 189 were notified cases) died as follows :—

	Pulmonary.	Non-Pulmonary.	Total.
Deaths allocated by the Registrar General (tuberculosis being the sole or underlying cause)	39	13	52
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	53	-	53
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	101	7	108
	<u>193</u>	<u>20</u>	<u>213</u>

There were 24 deaths of unnotified cases of tuberculosis in 1964 as follows :—

<i>In Hospitals.</i>	<i>At Home, etc.</i>	<i>Total.</i>
20	4	24

The corresponding total for 1963 was 35.

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, 1964, were as follows :—

	Pulmonary	Non-Pulmonary
Males	4,047	277
Females	2,851	444
Totals	6,898	721
Grand Total	7,619	

The total of 7,619 is a decrease of 615 as compared with the figure of 8,234 for 1963. The number of pulmonary cases has fallen by 558 and the non-pulmonary figure has decreased by 57. The corresponding total for 1962 was 8,744.

During 1963 the names of 683 patients were removed from the Register on the grounds of recovery.

The total of 6,425 cases on chest clinic registers for 1964, as set against 7,619 on the District Medical Officers' registers, represents a difference of 1,194. 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.



IMMUNISATION

Health Visitor and mother have no difficulty in giving a dose of oral vaccine to bonny Surrey baby.



HEALTH EDUCATION

Mothers assemble for a coffee morning discussion at a new Surrey health centre, led by one of the Health Visitors



. . . . while their toddlers are cared for in the nearby creche by voluntary helpers.



SMOKERS' ADVISORY CLINIC

A minister-doctor team beginning the first of a five-day course to help adults to give up the smoking habit.



CARE AND AFTER CARE

Completely paralysed patient showing how he is able to operate a telephone and a camera both of which have been specially adapted to his disabilities.

WORK OF THE COUNTY HEALTH DEPARTMENT.

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

Capital Building Programme.

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

Project.	Purpose.	Date Completed.
Manor Drive, Malden	Welfare Centre/School Clinic	August, 1964.
Shotfield, Wallington	Welfare Centre/School Clinic	February, 1965.
Lagham Road, Godstone	Ambulance Sub-Station	November, 1964.
Walton Lodge, Banstead	6-bay extension to Ambulance Station and temporary control	November, 1964.
St. Helier	Canteen and Recreational extension to Ambulance main Station	May, 1965.
Tolworth... ..	Ambulance Sub-Station	January, 1965.
Training Centre for Subnormals, Caterham ...	Purpose-built Centre to replace existing unsuitable premises	November, 1964.
Centre for Subnormals, Kingston	Purpose-built Centre to replace existing unsuitable premises	January, 1965.
Temporary Adult Technical Training Centre, Banstead	Temporary premises until purpose-built centre is erected on Walton Lodge Estate, Banstead	September, 1964.

Progress has also been made with some of the outstanding projects as the following table shows :—

Project.	Purpose.	Present Position.
1962-63 CAPITAL BUILDING PROGRAMME.		
Buryfields, Guildford	Welfare Centre/School Clinic	Building work in progress.
Victoria Road, Horley	Welfare Centre/School Clinic/two flats for nurses	Building work in progress.
Church Street, Epsom	Welfare Centre/School Clinic and Ambulance Sub-Station	Building work in progress.
Warlingham	Ambulance Sub-Station	Site acquired.
Richmond	Ambulance Sub-Station	Awaiting consideration by Greater London Council.
Hostel for former Mentally Ill Persons, Wallington	Adaptations of 75, Woodcote Road, Wallington, as Hostel for employable persons suitable to live and work in the community	Building work in progress.
Hostel for Adult Subnormal Females, West Molesey	Purpose-built Hostel, subject to planning consent, on site available at West Molesey	Working drawings being prepared.
Malden	4 Flats, with garages for Nurse/Midwives	Work in progress.
Dorincourt, Woodham Rise, Horsell, Woking	Extension of provision for care of unmarried mothers and their babies	Work in progress.
1963-64 CAPITAL BUILDING PROGRAMME.		
Tattenham Crescent, Banstead	Welfare Centre/School Clinic	Building work in progress.
Rectory Park, Sanderstead	Welfare Centre/School Clinic	Building work in progress.
Berkshire Road, Camberley	Welfare Centre/School Clinic	Building work in progress.
Ashburnham Road, Ham	Welfare Centre/School Clinic	Building work in progress.
Walton Lodge Estate, Banstead	Welfare Centre/School Clinic	Building work in progress.
Lloyd Avenue/The Mount, Carshalton	Welfare Centre/School Clinic	Building work in progress.
Junior Training Centre, Walton-on-Thames	Purpose-built centre to replace existing unsuitable premises	Sketch plans being prepared.
Adult Technical Training Centre, Walton-on-Thames	Purpose-built centre to replace existing unsuitable premises	Sketch plans being prepared.
Adult Technical Training Centre, Walton Lodge Estate, Banstead	Purpose-built Centre to replace temporary premises	Working drawings being prepared.
Adult Technical Training Centre, Leatherhead	Purpose-built Centre to meet needs of area.	Site being sought.
1964-65 CAPITAL BUILDING PROGRAMME.		
Molesey Road, Hershams	Welfare Centre/School Clinic	Building work in progress.
Banstead	Ambulance Control, Training School, Store, etc.	Proceeding to tender.
Wimbledon	Ambulance Sub-Station	Alternative site being sought.
Haslemere	Extension to Ambulance Sub-Station	Building work in progress.
Walton	Ambulance Sub-Station	Site acquired.
Esher	Ambulance Sub-Station	Negotiating for a site in conjunction with Cobham project in 1965-66 below.

Project.	Purpose.	Present Position.
1964-65 CAPITAL BUILDING PROGRAMME—contd.		
Chertsey	Canteen, Recreational and 4 bay extension to Main Ambulance Station	Site being acquired.
Leatherhead	Ambulance Sub-Station	Site being sought.
Reigate	Five self-contained flats for District Nurses/Midwives with garages	Site being sought.
Epsom... ..	Redevelopment of present site to provide a block of self-contained flats and a Training Home for district nursing staff	Sketch plans being prepared.
Hostel for the Elderly Confused, Godalming	Purpose-built Hostel for elderly mentally disordered persons unsuitable for admission to County Welfare Homes	Working drawings being prepared.
Sendhurst Grange Home for Sub-normal children, Send	Adaptations of existing Home ...	Working drawings being prepared.
Social Club, Epsom	Adaptations of Waterloo Road Clinic as Day Centre and Social Club to meet special needs of Epsom	Sketch plans being prepared.
Junior Training Centre, Camberley area	Purpose-built Centre to meet needs of area	Site being sought.
Adult Training Centre, Camberley area	Purpose-built Centre to meet needs of area	Site being sought.
Adult Training Centre, Guildford ...	Purpose-built Centre to meet needs of area	Site being sought.
Adult Training Centre, Reigate ...	Purpose-built Centre to meet needs of area	Site being sought.
1965-66 CAPITAL BUILDING PROGRAMME.		
Gresham Road, Oxted	Welfare Centre/School Clinic ...	Negotiating for a site.
Giggs Hill Green, Thames Ditton ...	Welfare Centre/School Clinic ...	Negotiating for a site.
Ashbourne Road, Mitcham	Welfare Centre/School Clinic ...	Site acquired.
Eastwick Park, Great Bookham ...	Health Centre and two self-contained flats for nurses	Local objections to use of site. Revised lay-out being considered.
Woodfield Lane, Ashted	Welfare Centre/School Clinic/Nurses' flats	Tenders invited.
Walton Lodge, Banstead	Welfare Centre/School Clinic ...	Building work in progress.
Civic Centre, Farnham	Health Centre	Tenders being invited.
St. Johns, Woking	Health Centre	Sketch plans being prepared.
Cobham	Ambulance Sub-Station	Negotiations for site in conjunction with Esher project in 1964-65 above.
Cranleigh	Ambulance Sub-Station	Site being sought.
Woking	Ambulance Sub-Station	Site being sought.
Cheam	Ambulance Sub-Station	Site being sought.
Purley	Extension to Ambulance Sub-Station	Awaiting action by Greater London Council.
Temporary Junior Training Centre, Farnham	Temporary premises until purpose-built Centre is erected	Site being negotiated.

Prevention of Break-up of Families.

There were 531 families on the lists kept by Divisional Medical Officers at the end of 1964.

These 531 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	258	48.6	Housewifery	159	29.9
2. <i>Material Needs.</i>			Care of Children	202	38.0
Housing	195	36.7	5. <i>Desertion.</i>		
Employment	135	25.4	Desertion by one Parent	72	13.6
Financial	318	59.9	6. <i>Delinquency.</i>		
3. <i>Physical, Mental and Psychological Disorders.</i>			Adult Delinquency and/or Imprisonment ...	78	14.7
Emotional Immaturity	151	28.4	Juvenile Delinquency (Real or potential) ...	64	12.1
Mental Illness	124	23.4	7. <i>Other Reasons</i>	20	3.8
Alcoholism and Drug Addiction	14	2.6			
Drunkenness	31	5.8			
Mental Subnormality ...	37	7.0			
Low Intelligence	121	22.8			
Physical Illness	127	23.9			

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	258	48.6	4. Housewifery and Child Care	254	47.8
2. Material Needs	401	75.5	5. Desertion	74	13.9
3. Physical, Mental and Psychological Disorders	379	71.4	6. Delinquency	133	25.0
			7. Other reasons	20	3.8

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	283	53.3	Nos. 1, 2 and 3	144	27.1
Nos. 3 and 4	193	36.3	Nos. 1 and 4	130	24.5
Nos. 1 and 3	189	35.6	Nos. 1, 2, 3 and 4	83	15.6
Nos. 1 and 2	188	35.4	Nos. 1, 2, 3, 4 and 5	15	2.8
Nos. 2 and 4	187	35.2	Nos. 1, 2, 3, 4, 5 and 6	4	0.8

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.

Of these 531 families 423 are known to the Health Visitors for their districts and, in addition, 736 families not registered as problem families were the subject of special surveillance by Health Visitors.

CHILDREN OF PROBLEM FAMILIES.

At the end of 1964 there were 2,190 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.
2,190	106	38	20	11	175	8.0

REHOUSING.

Fifty scheduled families were rehoused during the year.

SPECIAL HOME HELPS.

During 1964, problem families received the services of special home helps amounting in all to 773 hours. In addition, 3,703 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 14 each quarter.

At the end of the year 15 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 work for problem families and the prevention of break-up of families remained at 18 professional trained, 2 general trained and 1 welfare assistant until July, when the establishment was increased by 1 professional trained, 2 general trained and 1 welfare assistant for divisional social work. The division of the work between the two services was approximately 11.5 for divisional social work and 9.5 for chest clinic work until the end of June and 15.25 for divisional social work and 9.75 for chest clinic work from July until the end of the year. (See Care and After-Care, page 52.)

The social workers continued to meet regularly for group discussion at County Hall with the Care Organiser and Deputy Care Organiser, inviting to their meetings from time to time colleagues from the other closely allied County services.

TRAINING HOMES.

Four problem families were admitted to Frimhurst Recuperative Home at Frimley for training. One family was sent to another establishment.

Recuperative holidays were arranged for eight families.

CHILDREN AND YOUNG PERSONS ACT, 1963.

This enactment was implemented by the Council as from 1st October, 1963. Under Section 1 it is laid down that "it shall be the duty of every Local Authority to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive children into or keep them in care or to bring them before a juvenile court." To this end the Children's Committee authorised grants and loans to a number of families during the year. This financial assistance was made for a wide variety of reasons, chief of which were arrears of rent and/or rates, payment of gas, water and electricity bills, arrears of hire purchase payments and cash deposits on equipment, etc.

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 3,322.

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 1964 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.	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	175	—	—	1	—	—	1	—	—	—	1	306	—	—	—	3	19	517								
Barnes	176	—	—	—	—	—	1	—	—	—	1	161	—	—	—	6	210	566								
Beddington and Wallington	103	—	—	1	—	—	2	—	65	—	—	336	—	—	—	2	21	473								
Carshalton	140	—	554	3	—	2,006	—	—	—	—	—	60	—	—	—	—	9	779								
Caterham and Warlingham	166	—	—	—	—	—	—	—	—	—	—	297	—	—	3	5	46	534								
Chertsey	273	—	—	—	—	—	—	—	—	—	—	586	—	—	3	—	17	880								
Coulsdon and Purley	423	—	—	—	—	—	—	—	—	—	1	301	—	—	4	32	387	1,137								
Dorking	81	55	228	1	79	167	2	6	138	3	—	66	—	—	—	1	2	401								
Egham	142	—	—	—	—	—	3	—	—	—	1	268	—	—	2	5	63	478								
Epsom and Ewell	281	—	580	2	—	989	—	—	22	1	3	39	—	—	—	—	28	928								
Fisher	201	—	—	1	—	—	1	—	—	—	51	438	—	—	2	16	125	857								
Farnham	79	—	300	—	—	158	—	—	165	—	16	15	—	—	1	—	69	500								
Frimley and Camberley	202	—	256	—	—	5	—	—	137	—	12	172	—	—	—	1	276	953								
Godalming	51	—	—	—	—	—	—	—	—	—	23	216	—	—	—	—	2	303								
Guildford	104	72	724	—	438	1,128	—	30	159	—	1	22	—	—	3	—	12	867								
Haslemere	11	—	126	—	—	87	—	—	251	—	1	35	—	—	—	1	7	174								
Kingston-upon-Thames	159	—	433	—	—	1,548	—	—	59	1	1	35	—	—	1	3	59	718								
Leatherhead	178	—	—	2	—	—	1	—	—	—	39	315	—	—	—	—	8	561								
Malden and Coombe	193	—	—	—	—	—	—	—	—	—	—	389	—	—	—	10	36	619								
Merton and Morden	144	—	204	—	—	562	—	—	383	—	—	512	—	—	3	—	37	918								
Mitcham	230	—	674	—	—	1,158	—	—	73	1	1	18	—	—	3	—	100	1,001								
Reigate	142	—	—	1	—	—	—	—	—	—	—	601	—	—	—	—	15	870								
Richmond	163	—	—	—	—	—	—	—	—	—	1	18	—	—	—	6	175	701								
Surbiton	311	—	—	2	—	—	—	—	—	—	2	343	—	—	—	2	37	1,100								
Sutton and Cheam	335	—	226	—	—	157	—	—	8	2	—	669	—	—	1	1	40	1,276								
Walton and Weybridge	180	1	384	2	3	100	2	—	124	1	23	182	—	—	1	29	769	1,072								
Wimbledon	114	305	—	—	230	—	1	—	898	—	—	572	—	—	1	16	102	1,072								
Woking	422	—	745	1	—	834	—	—	36	—	93	112	—	—	—	—	40	1,397								
Rural.																										
Bagshot	47	—	141	—	—	358	—	—	114	—	6	99	—	—	1	2	20	304								
Dorking and Horley	153	—	—	—	—	—	—	—	—	7	36	283	—	—	—	—	162	664								
Godstone	189	—	—	—	—	—	3	—	—	—	2	374	—	—	2	6	134	697								
Guildford	172	—	—	—	—	—	2	—	—	—	149	581	—	—	3	1	265	1,181								
Hambledon	106	—	—	2	—	—	1	—	—	—	43	419	—	—	—	3	12	586								
Totals	5,846	433	5,575	19	750	9,258	22	936	1,734	20	522	9,570	34	123	2,564				24,781							

The percentage of confinements taking place in hospitals was 70.71, in private nursing homes 5.31, and at home 23.98.

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

Year.	At Home.	In Private Nursing Home.	In Hospital.	Total Registered Births L. & S.
	+ 1,344 out-County			
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
1963	5,806	1,115	16,594	23,757
1964	5,899	1,306	17,397	24,781

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 53.26 per cent and of hospital confinements 32.5 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 eight years, the number of early discharges in the County has been as follows :—

Division.	1957	1958	1959	1960	1961	1962	1963	1964
North-Western ...	114	114	158	199	283	256	317	471
Central ...	57	67	97	102	119	154	160	182
North-Central ...	66	167	172	205	109	154	145	255
Southern ...	69	82	72	135	175	141	229	278
South-Eastern ...	62	59	72	158	170	179	189	219
Northern ...	17	31	38	51	44	43	63	83
South-Western ...	166	160	260	380	365	522	635	995
North-Eastern ...	49	69	88	123	141	141	156	213
Mid-Eastern ...	37	48	34	87	64	71	98	121
Woking ...	—	—	—	—	—	109	137	191
Totals ...	637	797	991	1,440	1,470	1,770	2,129	2,968

In my last report, I dealt with the difficulties which were likely to arise as a result of the increased number of births taking place each year.

The Ministry's policy is to provide beds for 70 per cent hospital confinements for 10 days puerperium spent in hospital ; and for adequate ante-natal beds ; and one must consider the problem within that policy decision.

All in all, it is clear that a careful selection of cases based on parity (high parity mothers the main risk, then primipara and lastly low parity mothers), age (mothers under 18 and over 35 years should always be considered for hospital confinement), previous history (history of toxæmia, complications in labour, etc.) and social conditions would effect a substantial decrease in the number of transfers to hospital while in labour and a reduction in the infant mortality rate.

Since the "high parity" mothers carry the highest risk, first attempts should be directed at attracting as many of them into hospital as possible. In view of the very much smaller numbers of "high parity" confinements, only a slightly more strict selection of low parity mothers would ensure a far higher proportion of "high parity" confinements to take place in hospital.

Reference to the table on page 23 shows that of the "high risk" high parity mothers no less than 25.21 per cent were confined at home while 53.32 of the "safe" low parity mothers were confined in hospital.

The women selected for domiciliary confinement are already in general "safer" than those selected for hospital confinement. With better selection, domiciliary confinement could be made even safer.

At the present time, when the number of maternity beds is insufficient to deal with the greatly expanding number of births each year, a proportion of early discharges are probably inevitable but this system is discouraging both to the domiciliary and to the hospital midwife, and undoubtedly has an adverse effect on recruitment to a branch of the nursing profession which is in any case not popular ; and may be disadvantageous to the mother. Early discharges must be regarded therefore as an undesirable expedient which must be acquiesced in because of the present shortage of maternity beds. When early discharges are necessary they should be limited to as small a number as possible, should be carefully selected and ample warning should be given both to the woman and to the local health authority so that proper arrangements can be made for her reception back in the home.

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

The following table shows the live births during the eight years 1956-1963 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.	
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	18,862
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	19,632
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	20,455
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	20,690
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	707	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	21,778
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
1962	Under 25	4,323	296	293	94	1,295	146	1,009	32	18	2	11	—	5,636	444	1,373	126	
	25-34	3,495	286	236	20	3,633	596	3,595	56	323	30	234	1	7,431	912	4,065	77	
	35 and over	472	32	26	3	1,142	161	583	6	347	39	152	—	1,961	232	761	9	
	Not stated	11	2	2	1	3	—	1	—	1	—	1	—	15	2	4	1	
	Total	8,301	616	557	118	6,073	903	5,248	94	689	71	398	1	15,063	1,590	6,203	213	23,069
1963	Under 25	4,422	312	258	80	1,552	151	944	49	25	2	13	—	5,999	465	1,215	129	
	25-34	3,497	294	200	20	4,012	595	3,465	37	365	37	227	—	7,874	926	3,892	57	
	35 and over	468	32	23	3	1,165	167	500	1	383	35	113	2	2,016	234	636	6	
	Total	8,387	638	481	103	6,729	913	4,909	87	773	74	353	2	15,889	1,625	5,743	192	23,449

† 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.

Ante-Natal and Post-Natal Clinics.

Division.	Number of Women in attendance.		Number of sessions held by				Total number of sessions in columns 3-6.
	For ante-natal examination.	For post-natal examination.	Medical Officers.	Midwives.	G.P.'s employed on a sessional basis.	Hospital medical staff.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
North-Western	471	20	70	309	50	—	429
Central	1,960	206	332	384	—	—	716
North Central	1,702	215	367	453	—	—	786
Southern	597	305	17	98	—	101	216
South-Eastern	486	6	113	240	—	—	353
Northern	1,333	180	257	288	—	—	545
South-Western	510	127	—	—	—	94	94
North-Eastern—							
Wimbledon	302	10	—	102	48	—	150
Merton & Morden	263	25	156	—	—	—	156
Mitcham	377	20	141	104	30	—	275
Mid-Eastern—							
Carshalton	297	7	96	101	108	—	305
Beddington & Wallington	118	10	52	—	—	—	52
Woking	743	94	104	285	43	—	432
Total	9,159	1,225	1,705	2,364	279	195	4,509

Ante-Natal Mothercraft and Relaxation Classes.

Division.	Number of Women who attended during the year.			Total number of attendances during the year.
	Institutional booked.	Domiciliary booked.	Total.	
North-Western	365	54	419	1,543
Central	514	39	553	2,674
North Central	925	245	1,170	5,305
Southern	174	160	334	6,228
South-Eastern	376	82	458	2,625
Northern	250	48	298	1,218
South-Western	484	35	519	4,712
North-Eastern—				
Wimbledon	125	13	138	890
Merton & Morden	229	6	235	1,275
Mitcham	224	16	240	1,215
Mid-Eastern—				
Carshalton	172	6	178	759
Beddington & Wallington	90	9	99	472
Woking	253	35	288	1,806
Total	4,181	748	4,929	30,722

Ante-Natal clinics are provided widely throughout the County by the County Council in their clinic buildings or in other premises, the aim being to provide a widely-distributed service which shall be readily available for expectant mothers and which will preclude the need for long journeys to the hospital clinics especially in the latter months of pregnancy. Each County Council clinic is under the charge of a medical officer of special experience, assisted by one or more health visitors and usually also by one or more midwives; in addition, midwives frequently hold ante-natal sessions for their own cases at these clinic buildings.

In districts where no special ante-natal clinics are held, the Assistant Medical Officers are available for ante-natal consultations at the ordinary infant welfare centres.

The occurrence of a pregnancy in a family not only poses a medical and obstetrical problem but also involves a considerable social and family readjustment and household reorganisation; the expectant mother often needs help in meeting these problems especially with a first baby; this help necessitates time consuming interviews and whilst these could come from the obstetrician and the general practitioner these are busy people and the advice can more readily be given by the health visitors and/or midwives either by individual talks or by group discussions.

The purpose of the ante-natal clinic is essentially preventive and its object is to ensure a normal pregnancy ending in a normal confinement at full term and with a normal living child. The staff of the ante-natal clinic must therefore be "prevention minded." The foundation for a normal labour and puerperium is laid by good ante-natal care. Thus, the ante-natal clinic should serve as the focal point for all activities relating to the expectant mother—not only medical but also educational and social. Firstly, the staff can by group discussion or individual talks inform expectant mothers on the processes of pregnancy, childbirth and lactation; they can demonstrate, and see that the mothers are familiar with analgesia apparatus; they can advise on mothercraft and related subjects; secondly, they can arrange relaxation classes; thirdly, the ordinary routine supervision of the pregnancy can be done there by the health visitor or by the midwife according to the plan of supervision of the individual case; fourthly, the Medical Officer has the dual function of giving medical supervision or expert medical advice in cases where this is necessary or where it is sought, and of arranging for special investigations to be undertaken; fifthly, the clinic provides facilities which may not be available elsewhere (e.g., for blood examination, for weighing, etc.), and sixthly, dental inspection and treatment can be provided for expectant and nursing mothers attending the centre through the County Council's priority dental service. In addition the health visitor from the ante-natal clinic follows up the expectant mother in her own home for the purpose of advising and helping her in matters relating to the pregnancy, in reorganising the home to meet the arrival of the infant, in the preparation of layettes, and so on; she also follows up, in their own homes, expectant mothers who have failed to keep an appointment.

Mothers are encouraged to attend also at these clinics after their confinement to make sure that full health and normality is restored or that any necessary treatment is obtained. The service provided by the ante-natal clinic is additional to and intended to supplement that which every expectant mother is entitled to receive from her general practitioner and midwife.

Total figures relative to ante-natal sessions and attendances over the fifteen-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.
1950		233		8,902		35,507
1951		220		8,197		34,831
1952		209		7,323		33,348
1953	206	45	5,748	7,538		33,521
1954	202	79	6,123	8,248	29,948	7,936
1955	198	73	6,009	7,986	30,430	6,941
1956	201	74	5,666	7,571	28,593	7,659
1957	199	84	6,277	8,927	29,334	9,161
1958	202	90	6,457	8,833	29,475	10,669
1959	197	115	6,963	8,975	28,995	13,055
1960	209	132	7,445	9,582	28,441	17,190
1961	206	154	7,726	10,460	25,146	18,786
1962	190	158	7,549	9,930	22,358	19,558
1963	182	208	8,379	10,214	23,104	19,808
1964	182	197	6,383	10,384	20,296	19,418

The number of women attending the County Council's ante-natal clinics form 41.9 per cent of the total births 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, 173 Surrey cases were admitted to mother and baby homes provided by Voluntary Organisations receiving a grant from the Council, while 126 were sent by the Council to other Homes, payment being made *per capitem*.

In addition, 45 cases were admitted to the hostel provided by the County Council at Dorincourt, Woking, for the reception of expectant and nursing mothers who are unmarried or who are in need of residential accommodation. Residence in these hostels is normally for two months before and two months after confinement and mothers are assisted to find employment on leaving the hostels and in making arrangements for the care of their babies.

During the year extensions were completed at Dorincourt which increased the accommodation there from 12 to 18 beds.

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 1964 was 4, which gives a maternal mortality rate of 0.16 per thousand live and still births which is less than the rate of 0.25 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 7.

All of the deaths occurred in hospital.

Puerperal pyrexia.

During 1964, 267 cases of puerperal pyrexia were notified representing an attack rate of 10.77 per thousand live and still births as compared with 6.79 for England and Wales. Of these cases 38 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 6.44 in domiciliary practice and 12.24 in institutional practice (including hospitals and private nursing homes).

Infant mortality.

The infant mortality rate in the Administrative County of 16.64 compares with 20.0 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics."

The urban infant mortality rate in 1964—namely 17.37 (366 deaths)—is this year higher than the rural rate—namely 12.10 (41 deaths).

Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1964 as adjusted by transferred notifications :—

Weight at birth.	PREMATURE LIVE BIRTHS.												Premature still births.	
	Born in hospital.				Born at home or in a nursing home.									
					Nursed entirely at home or in a nursing home.				Transferred to hospital on or before 28th day.					
	Total Births.	Died.			Total births.	Died.			Total births.	Died.			Born.	
		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.	In hospital.	At home or in a Nursing Home.
(a) 2 lb. 3 oz. or less ...	49	39	3	—	2	1	1	—	1	—	1	—	29	2
(b) Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ...	97	40	14	2	1	1	—	—	9	4	2	—	46	4
(c) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.) ...	228	22	16	2	5	—	—	1	11	1	—	—	57	—
(d) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.) ...	249	14	3	2	22	—	—	—	7	1	—	—	16	1
(e) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.) ...	583	6	8	—	120	1	3	1	6	—	—	—	24	2
Totals ...	1,206	121	44	6	150	3	4	2	34	6	3	—	172	9

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	24,466	23,076	1,390
Deaths among live births in the first month of life	311	122	189
Still births	315	134	181

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

It will be seen that the 23,076 non-premature live births produced 122 neo-natal deaths and the 1,390 premature live births produced 189 neo-natal deaths. In addition more than half the still births are associated with prematurity. Unfortunately the figures for the last eleven years give no indication of any decrease in the incidence of premature births.

Ophthalmia Neonatorum.

In 1964 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 76 babies and two 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 0.08.

The cases notified by the medical practitioners occurred at home, were treated there, and one of the two cases was in the practice of a midwife.

Infant Welfare Centres.

The County Council maintained 197 infant welfare centres in the year. Additional centres were started at (i) 204, Acre Road, Kingston upon Thames; (ii) The Forum, Walton Road, West Molesey; (iii) Elm Grove Hall, Butter Hill, Wallington; (iv) Church Hall, Northey Avenue, Ewell; and the following centres were closed during the year—at (i) Hurst Cottage, Walton Road, West Molesey; (ii) St. Mary's Road, Molesey; (iii) Queen's Road, Kingston upon Thames; (iv) Redcross House, 71, Woodcote Road, Wallington.

The following table shows the attendance at the centres for the year 1964 :—

Division.	Number of children who attended during the year.			No. of sessions held by				Total number of sessions in columns (4)-(7)	Number of children referred elsewhere.	Number of children on "at risk" register at end of year.
	Born in 1964.	Born in 1963.	Born in 1959-62.	Medical Officers.	Health Visitors.	G.P.'s employed on a sessional basis.	Hospital medical staff.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-Western ...	3,065	2,351	2,626	686	148	418	—	1,252	103	747
Central ...	3,132	3,134	6,024	1,336	—	275	—	1,611	196	1,510
North-Central ...	2,871	2,018	3,801	1,022	57	256	—	1,335	122	2,266
Southern ...	1,873	1,349	3,035	1,223	—	—	—	1,223	28	2,072
South-Eastern ...	1,632	1,502	2,394	710	252	—	—	962	204	1,791
Northern ...	1,163	921	833	526	—	—	—	526	26	896
South-Western ...	2,767	3,042	4,016	1,446	140	—	—	1,586	252	793
North-Eastern—										
Wimbledon ...	1,012	811	1,319	352	—	50	—	402	93	498
Merton & Morden ...	715	676	1,167	448	—	—	—	448	21	983
Mitcham ...	961	932	788	287	—	121	—	408	23	783
Mid-Eastern—										
Carshalton ...	672	699	1,423	226	—	205	—	431	120	796
Beddington & Wallington ...	421	437	717	304	—	—	—	304	53	440
Woking ...	1,157	1,137	1,649	482	—	—	—	482	62	455
Total ...	21,441	19,009	29,792	9,048	597	1,325	—	10,970	1,303	14,030

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 1964 and who were born in that year formed 87.64 per cent of the total live births in the year.

Number of premises in use at end of year for ante- and post-natal clinics, ante-natal, mothercraft and relaxation classes, child welfare centres :

Division.	Purpose built. (1)	Adapted. (2)	Occupied on a seasonal basis. (3)	Total. (4)
North-Western	2	5	19	26
Central	5	2	19	26
North-Central	6	4	7	17
Southern	6	2	22	30
South-Eastern	3	1	16	20
Northern	3	2	2	7
South-Western	1	6	35	42
North-Eastern—				
Wimbledon	2	1	3	6
Merton & Morden	3	—	1	4
Mitcham	4	—	1	5
Mid-Eastern—				
Carshalton	3	1	—	4
Beddington & Wallington	—	1	6	7
Woking	1	2	10	13
Total	39	27	141	207

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

Year.	Registered live births.	Total number of children attending in the year.	Total attendances of all children in the year.	Proportion of children born in the year who attended Welfare centres (%).
1954	18,193	49,370	374,329	76.58
1955	18,305	48,717	374,459	78.02
1956	18,794	49,905	382,002	77.07
1957	19,627	52,110	402,309	77.37
1958	20,398	52,794	400,489	79.37
1959	20,725	55,211	409,644	81.23
1960	21,675	58,722	422,467	85.50
1961	22,423	62,697	447,525	87.18
1962	23,054	63,026	441,549	82.71
1963	23,484	63,566	433,285	84.19
1964	24,466	70,242	481,232	87.64

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 23 children under the age of five years and 6 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 1964 :—

National Dried Milk.			Cod Liver Oil.		A. & D. Tablets.		Orange Juice.	
Free.	2/4	4/-	Free.	1/-	Free.	6d.	Free.	1/6
2,765	110,230	11,521	1,366	21,906	294	37,669	7,579	431,786

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil.	A. & D. Tablets.	Orange Juice.
Hospitals ...	1,568	12	6	2,637
Nurseries ...	21	932	—	2,078

Children "At Risk."

The number of children on the "at risk" register increased from 10,846 in 1963 to 14,030 in 1964.

This large increase is no doubt due to improved methods of notification and to the constant careful watch kept by the medical and health visiting staff for infants in this category.

Audiological Service.

This service continued to expand during the year and the report of the County Audiologist, Dr. E. A. Beet, is given on page 78.

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

Division.	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. found to have impaired hearing but not necessitating hearing aid.		No. not fully assessed by end of year.		Total No. of examinations carried out at the Audiology Clinic during the 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	...	3,073	58	67	11	53	61	2	7	2	3	—	—	9	7	71	145
Central	...	2,913	29	42	7	26	36	—	2	—	—	1	4	4	7	40	51
North-Central	...	3,163	29	53	—	29	47	—	2	—	3	—	1	2	1	41	69
Southern	...	1,975	22	19	1	25	16	—	2	—	—	—	1	8	1	30	86
South-Eastern	...	906	20	20	2	17	15	3	1	—	—	1	—	8	6	46	56
Northern	...	706	8	18	1	12	18	—	1	—	2	—	1	—	—	28	30
South-Western	...	3,227	25	60	8	23	57	—	2	—	1	—	—	3	8	35	113
North-Eastern— Merton/Morden	...	747	8	26	—	7	23	—	1	—	1	—	—	1	3	11	60
Mitcham	...	488	3	11	1	4	9	—	—	—	1	—	1	1	1	6	13
Wimbledon	...	503	8	16	1	6	18	—	—	—	—	—	—	3	2	9	21
Mid-Eastern— Carshalton ... Beddington/Wallington	...	1,045 435	32	30	6	33	31	1	1	—	—	—	—	8	4	50	40
Woking	...	1,087	12	58	5	11	51	—	9	1	—	—	—	—	3	12	71
Total	...	20,268	254	420	48	246	382	6	28	3	11	2	8	47	43	379	755

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

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

The actual time occupied in the inspection and treatment is assessed as the equivalent of 1,277 sessions. The number of new patients attending during the year was 2,619. Dentures for mothers were provided through the County Dental Laboratory and to a lesser extent by outside contractors.

Individual and group talks on dental health education were given by members of the dental staff. Health visitors have generally devoted one session in mothercraft classes to dental health in which the importance is stressed of an adequate and properly balanced diet to promote the foundation of sound teeth. Considerable use was made of films, film strips and leaflets dealing with oral hygiene and diet.

The following tables give details of work undertaken during the year.

(a) Numbers provided with dental care.

	Number of persons examined during the year.	Number of persons who commenced treatment during the year.	Number of courses of treatment completed during the year.
Expectant and Nursing Mothers	712	599	484
Children under 5 and not eligible for School Dental Service	2,901	2,020	1,679

(b) Forms of treatment provided.

	Scallings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or Inlays.	Extrac- tions.	General anaes- thetics.	Dentures provided.		Radio- graphs.
							Full upper or lower.	Partial upper or lower.	
Expectant and Nursing Mothers	394	1,375	—	23	501	105	80	97	146
Children under 5	—	4,017	1,059	—	1,039	463	—	9	21

DOMICILIARY MIDWIFERY AND HOME NURSING.

During 1964 the number of cases attended by home nurses was greater than in the previous year and the total number of visits paid to them also showed an increase. There was a decrease in the demand for the services of the domiciliary midwives for confinements in the home and an increase 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 and midwives.

(a) MIDWIVES BOOKED CASES TRANSFERRED TO HOSPITAL DURING LABOUR.

During 1964, there were 558 cases booked by the domiciliary midwives which were transferred to hospital during pregnancy or labour representing 9.52 per cent of all domiciliary booked cases. The following table analyses the reasons for these emergency admissions:—

Reason.	Total.	Pregnancies		
		1st	2nd and 3rd.	4th and over.
(1) IN LABOUR.				
Ante-partum haemorrhage	17	4	13	—
Mal-presentation	39	11	23	5
Early rupture of membranes	2	1	1	—
Foetal distress	19	5	13	1
Inertia	71	37	26	8
Toxaemia	3	2	1	—
Post-partum haemorrhage	7	3	2	2
Prematurity	31	15	12	4
Retained placenta	24	5	16	3
Breech	17	8	7	2
Stillbirths	2	—	2	—
Post-Maturity	1	1	—	—
Social grounds	5	1	4	—
Miscellaneous	5	1	3	1
	243	94	123	26
(2) IN PREGNANCY.				
Ante-partum haemorrhage	47	8	31	8
Mal-presentation	19	8	11	—
Anaemia	13	2	9	2
Post-maturity	85	28	47	10
Rheum factor	12	2	7	3
Toxaemia	55	15	31	9
Medical grounds	4	1	2	1
Breech	20	4	13	3
Twins	9	1	7	1
Inertia	3	1	1	1
Miscarriage	2	—	2	—
Pre-eclamptic toxæmia	8	4	4	—
Prematurity	19	7	8	4
Pulmonary embolism	1	—	—	1
Pyrexia	1	—	1	—
Raised blood sugar	1	—	—	1
Stillbirths	4	2	2	—
Triplets	1	—	1	—
Varicose veins	1	—	1	—
Cardiac	1	—	1	—
Miscellaneous	9	2	7	—
	315	85	186	44

(b) ANALYSIS OF NURSING CASES.

(i) Principal Medical and Surgical Conditions.

Cases.	Total All ages.
Diseases of the heart	2,026
Circulatory	1,738
Malignant neoplasm	1,463
Vascular lesions of nervous system	1,263
Respiratory diseases	1,144
Pulmonary tuberculosis	53
Non-pulmonary tuberculosis	78
Influenza	49
Rheumatic diseases	686
Cystitis and pyelitis	261
Accidents	293
Fractures	318
	9,372

(ii) *Other.*

General care of the aged	1,599
Uterine	372
Maternal complications	184
Infections	671
Gastric ulcer	125
Diabetes	355
Constipation	1,265
Diagnostic preparations	723
Bones and joints	172
Gangrene	26
Post-operative dressings	857
Minor ailments	237
Mental disorders	56
Boils and carbuncles	325
Diverticulitis	32
Skin infection	136
Eye infection	64
Otitis media	221
Miscellaneous	727
	8,147

(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 35 midwives to courses at Hastings, Cheltenham, Liverpool, Oxford, Southampton, Westcliff, Newcastle, Leeds, Bangor, Bristol, London, Birmingham, Exeter, Cardiff. 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 23 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. Nine 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 310 full-time and 92 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1964 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.	Children included in (2)-(7) who were under 5 at the time of the first visit during the year.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Number of cases attended by Home Nurses during the year:—									
North-Western	1,880	256	—	5	12	9	2,162	1,388	47
Central	3,107	340	—	16	15	3	3,481	2,404	31
North-Central	2,828	473	—	11	15	8	3,335	2,081	47
Southern	1,618	352	1	12	29	67	2,079	1,385	95
South-Eastern	1,308	194	—	19	12	2	1,535	1,070	23
Northern	1,600	144	—	14	2	1	1,761	1,202	15
South-Western	2,736	629	24	—	—	207	3,596	2,328	74
North-Eastern—									
Merton and Morden	649	110	2	6	13	5	785	714	5
Mitcham	768	106	—	12	—	—	886	535	6
Wimbledon	780	84	—	6	6	—	876	566	8
Mid-Eastern—									
Beddington and Wallington	630	83	—	6	1	1	721	498	23
Carshalton	461	99	—	10	—	—	570	322	5
Woking	941	95	—	3	3	9	1,051	658	17
	19,306	2,965	27	120	108	312	22,838	15,151	396

A total of 633,409 visits were paid by the home nurses to these cases during the year.

Attention is again drawn to the high proportion of the nurses' time which is spent with the over 65 age group. In 1964 66.34 per cent of the patients visited were in this age group.

WORKING PARTY ON EQUIPMENT.

During the year a Working Party reported on the equipment used in clinics and by the district nurses and midwives in the County.

The Members of the Working Party were :—

Miss N. C. Fletcher (S.W.)	...	...	Divisional Health Visitor.
Dr. D. M. Kirkman (C.)	...	...	Assistant Medical Officer.
Miss D. M. Sammonds (C. & S.E.)	...	...	Area Nursing Superintendent.
Miss B. J. Tawn (S.W.)	...	...	Area Nursing Superintendent.
Dr. E. M. Whiteside (S.W.)	...	...	Assistant Medical Officer.
Miss D. W. Woods (N.)	...	...	Divisional Health Visitor.

The survey was begun in June 1963 and was carried out over a period of six months, weekly sessions being devoted by all or some of the members to a comprehensive examination of the equipment available throughout the County.

In making their Report the Working Party considered it would be reasonable to exclude from their terms of reference any items normally regarded as Premises, Furnishings or Stationery. All other items provided by Surrey County Council for use in Clinics or by District Nurses and Midwives were examined.

In the course of their investigations, members of the Working Party visited clinics and Nursing Establishments in every division of the County of Surrey.

Clinics—purpose-built, converted premises and Church Halls—were inspected. Nurses' Homes, nurses' private residences, institutions and private homes from which midwives operate were all visited. Members of the Working Party accompanied district nurses on their daily rounds to observe equipment in use in the field.

Hospitals in Surrey and at Crawley new town gave demonstrations of their Central Sterile Supply Depot systems. Pre-packed sterile equipment was seen in use.

Two adjacent County Councils gave detailed information about their provision of nursing equipment and arranged visits to a variety of clinics.

The Working Party Report has been printed in full and circulated to the staff. It will be invaluable for future reference.

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 1964 was 683.

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1964.

Division.	Number of domiciliary confinements attended by midwives under N.H.S. arrangements.			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day.
	Doctor not booked. (1)	Doctor booked. (2)	Total. (3)	
North-Western	4	861	865	471
Central	5	1,013	1,018	182
North-Central	8	838	846	255
Southern	6	552	558	278
South-Eastern	—	590	590	219
Northern	1	334	335	83
South-Western	29	425	454	955
North-Eastern—				
Merton & Morden	1	154	155	74
Mitcham	6	222	228	95
Wimbledon	—	109	109	44
Mid-Eastern—				
Beddington & Wallington ...	3	101	104	35
Carshalton	5	127	132	86
Woking	7	459	466	191
Total	75	5,785	5,860	2,968

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 ... 847

(b) Others ... 33

(ii) For cases in Institutions ... 633

NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid ... 1,513

Stillbirths ... 71

Laying out dead body ... 4

Liability to be a source of infection (including pyrexia) ... 217

Death of mother or baby ... 46

Total ... 1,851

SPECIAL INVESTIGATIONS.

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

Sending for medical aid (all were concerned with condition of babies' eyes) ... 76

Stillbirths ... 71

Liability to be source of infection (including pyrexia) ... 217

Death of mother or baby ... 46

Total ... 410

Geriatric Visiting and Social Work.

SUPPORTIVE SERVICES AVAILABLE FOR OLD PEOPLE IN THEIR OWN HOMES.

Substantial progress has been made in recent years in providing practical help for old people. This help has been given in innumerable ways over and above the services provided by the Local Health Authorities by a number of agencies, e.g. Local Housing Authorities, the provision of Day Hospitals by the Regional Hospital Board and Day Centres and Clubs by voluntary bodies.

There is a genuine desire to meet the needs of the aged but it is difficult to take into account individual tastes based on a lifetime's habits formed as a result of social background, upbringing and personal choice. For supportive services to be successful they must be acceptable to those for whom they are planned.

With this thought in mind, the provisions available to the aged population of Surrey have been reviewed and it is gratifying to note the wide variety of supportive services available.

A real effort has been made in some districts to help those who are house-bound. Mini-buses owned by different associations take members to Day Centres at which lunches and teas are served at a very reasonable price and where apart from the normal social activities, facilities are also available for occupational therapy, physiotherapy and chiropody. In other areas there are purely social clubs where the greatest attraction offered is companionship.

Meals on wheels are served throughout the County and holiday schemes are available to many old people.

Some of the Old People's Welfare Associations have established housing committees and provide accommodation which varies from flatlets to full residential accommodation with a sick bay.

The number of Health Centres for the elderly in the County has been increased and these are proving of great value to the community.

The Geriatric Linen Service referred to on page 46 has been well used and has proved to be a great asset to some patients and the holiday schemes arranged in conjunction with the hospital geriatric units are quite invaluable in allowing hard-pressed relatives to get away for well needed holidays.

The health visitor appointed in 1962 continued to work with the general practitioners in the Epsom area, and details of her work are given below :—

(a) No. of cases referred :—

General practitioners ... 331

Hospital Almoners ... 1

Other sources ... 4

Total ... 336

(b) No. of home visits :—

First visit	89
With doctor... ..	14
Re-visits to patients	799
Visits to relatives	51
Miscellaneous	72
Total	1,025

(c) Cases dealt with by admission to :—

Hospital	48
Nursing Home	13
Welfare Home	7
Hospital or Nursing Home to give relatives a rest	2
Total	70

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	935	647	35	40	213	—
Guildford	97	524	170	273	—	81	—
St. Helier	364	997	709	20	20	231	17
Woking and Chertsey ...	151	393	284	58	11	40	—
Farnham (Surrey cases only)	73	214	141	34	29	10	—
Redhill (all cases) ...	216	958	586	346	—	—	26
Total	1,101	4,021	2,537	766	100	575	43

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	265	—	793	147	165	1,370
Guildford	346	—	937	63	320	1,666
St. Helier	351	25	1,214	83	68	1,741
Woking and Chertsey ...	123	—	478	174	62	837
Farnham (Surrey cases only)	45	—	624	119	81	869
Redhill (Surrey cases only)...	244	—	3,211	112	445	4,012
Total	1,374	25	7,257	698	1,141	10,495

In addition, the general health visitors visited 2,614 old people during the year.

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	481	80	48	106	—
Guildford	148	12	12	20	34
St. Helier	537	12	23	105	—
Woking and Chertsey ...	122	77	18	53	15
Farnham (Surrey cases only)	31	6	13	—	—
Redhill	549	—	—	101	—
Total	1,868	187	114	385	49

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 1964—the third 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 249.

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, 1964		Live births 1964		Case load 0.5 years.	Average No. per H.V.	Cases visited by Health Visitors.				Total No. of children visited.
	D.H.V.	H.V.	Registered and adjusted.	No. of 1964 birth cards.			Expectant mothers.	Children under 1 year of age.	Children age 1 and under 2 years.	Children age 2 and under 5 years.	
North-Western ...	1	30	3,578	3,716	16,470	549	1,356	3,479	3,582	8,351	15,412
Central ...	1	25	3,358	3,117	14,751	590	1,718	3,156	3,357	8,847	15,360
North-Central ...	1	25	3,257	2,866	13,012	520	1,128	3,123	2,969	7,356	13,448
Southern ...	0.5	23	2,616	2,617	10,970	477	489	2,745	2,656	7,143	12,544
South-Eastern ...	1	18	1,727	1,742	8,140	454	752	1,605	1,706	5,007	8,318
Northern...	1	11	1,251	1,120	5,073	461	636	1,295	1,157	2,948	5,400
South-Western ...	1	28	3,115	3,118	13,287	475	1,871	3,417	3,147	9,012	15,576
North-Eastern—											
Merton and Morden ...		9	906	841	3,782	420	741	900	1,022	3,020	4,942
Mitcham ...	}	9	985	961	4,289	477	792	945	1,059	3,217	5,221
Wimbledon ...		7	1,057	941	3,511	501	508	1,049	949	2,276	4,274
Mid-Eastern—											
Beddington and Wallington ...	}	4.5	468	473	1,981	440	300	436	472	1,487	2,395
Carshalton ...		8.5	768	707	3,358	395	753	702	539	1,617	2,858
Woking ...	0.5	13	1,380	1,282	5,801	446	445	1,302	1,221	3,108	5,631
Relief Staff ...	—	12	—	—	—	—	—	—	—	—	—
Total	9.0	223	24,466	23,501	104,425	468	11,489	24,154	23,836	63,389	111,379

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 problem families, health education, visiting the elderly in their homes and care and after care of the mentally subnormal in the community.

The Health Visitors' Training Course.

This scheme was adopted by the County Health Committee in 1955 for training candidates to undertake service in the County as health visitors and the course now extends over one academic year.

Nineteen students were selected to take the course ; of these 15 were students sponsored by the Council, 3 sponsored by the Berkshire County Council and 1 was an independent student from the Commonwealth (Nigeria).

All sponsored students are required to work in the County as Health Visitors for one year after completion of training.

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 1964, 9 lectures were given by the Chief Nursing Officer, 45 by senior health visitors and 7 by the Superintendent of the Home Nursing Service. 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 790. 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.

NURSING HOMES.

During the year, the Committee approved the registration of 2 nursing homes formerly exempted from registration. On the 31st December, 1964, there were 40 registered nursing homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of the year 1964 the following number of premises and of persons had been registered :—

	Number registered.	Number of children provided for.
Premises	180	3,874
Daily Minders	360	—

VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

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

The following table gives details of immunisation against diphtheria carried out during 1964.

District.	A. Number of children who completed a full course of primary immunisation during the year ended 31st December, 1964.				B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1964.				
	Age	0—1	1—4	5—14	Total	0—1	1—4	5—14	Total
M.B. and Urban.									
Banstead		196	223	36	455	—	247	719	966
Barnes		197	256	13	466	—	356	474	830
Beddington and Wallington		206	250	22	478	—	194	692	886
Carshalton		207	385	146	738	—	239	1,562	1,801
Caterham and Warlingham		186	325	19	530	—	17	746	763
Chertsey		311	486	56	853	—	218	656	874
Coulsdon and Purley		462	568	28	1,058	—	83	1,718	1,801
Dorking		114	170	7	291	—	79	125	204
Egham		169	273	17	459	—	119	481	600
Epsom and Ewell		534	385	23	942	—	462	1,088	1,550
Esher		323	416	22	761	22	502	1,054	1,578
Farnham		208	219	26	453	—	206	487	693
Frimley and Camberley		364	518	60	942	—	300	921	1,221
Godalming		45	214	30	289	—	181	625	806
Guildford		112	561	114	787	—	137	1,543	1,680
Haslemere		93	215	46	354	—	106	526	632
Kingston-upon-Thames		285	306	77	668	—	232	532	764
Leatherhead		249	309	15	573	—	273	792	1,065
Malden and Coombe		257	277	6	540	—	513	745	1,258
Morton and Morden		324	389	43	756	1	569	1,255	1,825
Mitcham		344	543	57	944	—	406	875	1,281
Reigate		365	401	52	818	—	394	828	1,222
Richmond		261	251	28	540	—	338	673	1,011
Surbiton		428	490	26	944	—	379	808	1,187
Sutton and Cheam		547	571	61	1,179	—	664	1,669	2,333
Walton and Weybridge		278	402	44	724	4	148	657	809
Wimbledon		373	510	25	908	—	404	748	1,152
Woking		255	573	40	868	—	410	964	1,374
Rural.									
Bagshot		83	151	4	238	—	25	277	302
Dorking and Horley		143	285	7	435	—	79	118	197
Godstone		203	436	111	750	—	130	287	417
Guildford		261	928	109	1,298	—	632	968	1,600
Hambleton		81	393	28	502	1	257	549	807
Total 1964		8,464	12,679	1,398	22,541	28	9,299	26,162	35,489

There were no cases of diphtheria in children notified during the year.

Smallpox Vaccination.

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

Districts.	Vaccinated.						Re-Vaccinated.						
	Age	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total
M.B. and Urban.													
Banstead	31	243	37	8	1	320	—	—	2	22	12	36	
Barnes	24	173	86	2	—	285	—	—	1	8	2	11	
Beddington and Wallington	47	106	20	4	10	187	—	—	—	7	16	23	
Carshalton	117	210	33	8	3	371	—	1	2	5	11	19	
Caterham and Warlingham	22	267	32	7	9	337	—	—	6	7	11	24	
Chertsey	48	436	44	21	12	561	—	—	7	21	25	53	
Coulsdon and Purley ...	164	437	57	31	13	702	1	1	2	26	20	50	
Dorking	5	92	17	5	—	119	—	—	1	4	—	5	
Egham	26	135	39	7	3	210	—	—	6	28	4	38	
Epsom and Ewell	35	474	47	18	2	576	—	—	6	28	13	47	
Esher... ..	67	461	43	13	—	584	1	1	15	18	1	36	
Farnham	17	159	58	14	3	251	—	—	—	1	11	12	
Frimley and Camberley ...	53	357	36	5	—	451	—	—	15	12	2	29	
Godalming	15	138	14	1	2	170	—	—	6	6	1	13	
Guildford	32	214	112	6	10	374	—	2	1	16	6	25	
Haslemere	3	78	38	8	—	127	—	—	—	18	—	18	
Kingston-upon-Thames ...	153	136	58	5	7	359	—	1	1	8	66	76	
Leatherhead... ..	9	342	48	9	—	408	—	—	5	21	1	27	
Malden and Coombe	48	240	18	6	2	314	—	—	5	10	6	21	
Merton and Morden	49	467	31	8	10	565	—	1	4	8	7	20	
Mitcham	31	499	26	5	2	563	—	—	4	5	5	14	
Reigate	69	282	36	23	—	410	—	—	5	54	—	59	
Richmond	31	146	85	12	1	275	—	—	1	4	4	9	
Surbiton	64	430	35	10	5	544	—	—	8	8	2	18	
Sutton and Cheam	60	583	42	7	9	701	—	—	6	16	9	31	
Walton and Weybridge ...	15	255	33	9	13	325	—	—	7	18	35	60	
Wimbledon	41	428	43	4	11	527	—	1	—	2	10	13	
Woking	59	402	217	9	12	699	—	—	9	23	15	47	
Rural.													
Bagshot	12	114	26	1	3	156	—	—	5	12	5	22	
Dorking and Horley	49	147	27	2	1	226	—	—	2	10	—	12	
Godstone	106	122	24	8	—	260	—	—	1	60	8	69	
Guildford	31	425	210	28	7	701	—	1	21	67	13	102	
Hambledon	22	207	98	18	2	347	—	—	4	12	6	22	
Total 1964	1,555	9,205	1,770	322	153	13,005	2	9	158	565	327	1,061	
Total 1963	2,122	2,387	416	324	166	5,415	—	4	95	590	440	1,129	

There was one case of generalised vaccinia in a child of one year of age, and one case of post-vaccinal encephalomyelitis in another child aged one year.

Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1964. 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 1964.	
	0-4 years.	5-14 years.
M.B. and Urban.		
Banstead	418	4
Barnes	412	1
Beddington and Wallington... ..	457	6
Carshalton	579	5
Caterham and Warlingham	495	5
Chertsey	749	11
Coulsdon and Purley... ..	1,024	2
Dorking... ..	302	3
Egham	439	6
Epsom and Ewell	754	1
Esher	737	13
Farnham	402	13
Frimley and Camberley	872	26
Godalming	189	2
Guildford	508	22
Haslemere	200	13
Kingston-upon-Thames	588	13
Leatherhead	557	7
Malden and Coombe	525	4
Merton and Morden	709	3
Mitcham	873	6
Reigate	733	6
Richmond	470	1
Surbiton	868	5
Sutton and Cheam	1,113	4
Walton and Weybridge	676	11
Wimbledon	861	30
Woking	823	6
Rural.		
Bagshot... ..	233	—
Dorking and Horley	412	2
Godstone	646	13
Guildford	822	53
Hambleton	288	2
Total 1964	19,734	299
Total 1963	19,146	257

Yellow Fever Vaccination.

At the yellow fever vaccination centre at the Grange Road Clinic, Kingston-upon-Thames, 957 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	3,137	2,421	77.1	311	139	6.6	76	1,895	60.4
Central	2,428	1,843	75.9	83	64	3.6	24	1,672	68.9
North-Central	2,340	2,252	96.2	232	98	4.8	68	1,854	79.4
Southern	1,844	1,673	90.7	101	95	6.0	6	1,471	79.8
South-Eastern	1,492	1,086	72.8	35	33	3.1	13	1,005	67.4
Northern	572	472	82.5	56	27	5.7	—	389	68.0
South-Western	3,045	2,617	85.9	75	80	3.1	31	2,431	79.8
North-Eastern—									
Merton and Morden	862	728	84.4	76	29	4.4	25	598	69.4
Mitcham	731	607	83.3	41	22	3.9	26	518	70.9
Wimbledon	741	629	84.9	22	39	6.4	—	568	76.7
Mid-Eastern—									
Beddington and Wallington	445	310	69.9	24	6	2.0	11	269	60.4
Carshalton	883	737	82.0	36	20	2.9	8	673	76.2
Woking	916	680	74.2	78	25	6.4	14	563	61.5
Total	19,436	16,055	82.6	1,170	677	4.6	302	13,906	71.6

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

No. skin tested	27
No. found positive	5
No. found negative	22
No. vaccinated	22

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 23,859 children under 15 years of age completed a primary course of three injections with either single or combined vaccine and 20,986 children in the same age group received a reinforcing dose.

Poliomyelitis Vaccination.

The following table shows the number of persons completing primary immunisation in period 1st January to 31st December, 1964 :—

PRIMARY VACCINATION.

	Number of Persons who have received	
	Second injection of Salk Vaccine or third injection of quadruple vaccine	Third dose of Oral Vaccine.
Children born 1964	225	3,401
Children born 1963	524	13,788
Children born 1962	88	2,673
Children born 1961	16	919
Children and Young Persons born 1943-1960	40	2,239
Young Persons born 1933-1942	12	1,045
Others	8	801
Total	913	24,866

REINFORCING DOSES.

No. of persons given third injections of Salk vaccine or fourth injections of quadruple vaccine	299	
No. of persons given fourth injections of Salk vaccine or fifth injections of quadruple vaccine	153	
	2 Salk doses	354
	2 Salk doses plus	19,356
	2 Oral doses	
No. of persons given a reinforcing dose of Oral vaccine after	3 Oral doses	
	3 Salk doses	
	2 Salk doses plus	
	1 Oral dose	

PORT HEALTH UNIT, GATWICK AIRPORT.

The Port Health Unit at Gatwick Airport moved into new accommodation in November 1964. This accommodation consists of a general office, inspection and examination rooms, vaccination room, and staff quarters, and is now in full operation.

During the period 1st January to 31st December, 1964, the Unit examined 131 immigrants who arrived on 29 flights. Of these, 3 were classified under the Commonwealth Immigrants Act 1962 as likely to require major medical treatment. During the same period, 246 aliens, arriving on 55 flights, were examined, of which 5 were classified as likely to require medical treatment under the Aliens Order, 1953. 110 vaccinations were carried out and 150 casualties were attended to during the same period.

The Port Health Unit staff was increased to 2 Medical Officers and 5 Clerk/Receptionists in the latter part of the year in order to deal with the increase in air traffic at the Airport.

AMBULANCE SERVICE.

Organisation and Administration.

During the year considerable changes took place in the operational control of the Service. For some time plans have been prepared for a central control responsible for the whole County. With the reorganisation of the County boundary effective in April 1965 these plans were modified and brought forward and the County Control for the new Surrey area commenced operating on the 29th November, 1964. It was essential that during the transitional period the normal emergency and general work should continue without any deterioration in the standard of service. With this in mind the County was divided into a reduced metropolitan area to conform to the Greater London Authority boundaries and controlled from the existing Control at New Malden and the remainder of the County which was provided with a completely new Control established in temporary premises adjacent to the Banstead Sub-Station.

CONTROL COMMUNICATIONS.

Radio.—A new radio scheme was introduced for the whole County. This consists of two frequencies operated from two un-manned fixed transmitting and receiving stations (Guildford and Banstead) connected by a new U.H.F. radio link and remotely controlled from the new Banstead Control. An additional frequency was obtained for the metropolitan area.

Telephones.—The "999" system makes use of the G.P.O. displayed number system operating through two selected exchanges and connected by six "out of area" lines terminating on three "key and lamp" units in the Control Room. Arrangements have also been made to deal with any failure in these lines.

The normal telephone communications consist of ten exchange lines and two private circuits terminating on an automatic switchboard requiring manual operation during peak periods only. The exchange lines are special "out of area" lines for use by general practitioners and special users who would otherwise have difficulty in making distance calls into the Control.

An automatic answering machine for recording advanced bookings has also been installed to ease the pressure on the telephone lines during peak periods.

Teleprinters.—All County and Agency Stations are connected to the Control by a private teleprinter network and equipment for transmitting routine planned journeys automatically during off-peak times is also in use. No control staff are required on the out-stations.

Despite the complexities of the communications, the major reorganisations which have taken place and the short time available for making firm assessments, results of the first month's operation have been up to expectations and most encouraging.

CONTROL STAFFING.

One immediate advantage of the new Control has been the saving in staff and the release of skilled driver/attendants to their proper function, the basic rank of Control Clerk being filled by female staff with special aptitude for the new control equipment. The operational control officers undertook an intense programme of training throughout the summer and autumn in the later stages taking over three old ex-metropolitan controls. In addition, they manned vehicles as part of the crew on all Stations throughout the County to ensure the widest possible knowledge and experience in the areas for which they were later to become responsible.

Operational Strength.

The operational fleet of vehicles increased by two ambulances and three sitting case vehicles. The maximum operational fleet available at the end of the year was as follows :—

	<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>
Direct Service	67	49
*St. John Ambulance Brigade ...	15	8
British Red Cross Society	2	—
Total	84	57

* Includes Kingston and Cranleigh not operating a full agency.

In addition these Services were supplemented by the Hospital Car Service personnel who use their own private cars for the transport of walking patients, in return receiving a small mileage payment to cover running costs.

The St. John Ambulance Brigade and British Red Cross Society in addition to the service provided through their agency agreements also provided supplementary ambulances manned by volunteers who were on call mainly at nights and week-ends.

PERSONNEL.

The establishment of operational personnel was increased by 13 driver/attendants to man the additional vehicles. Nevertheless, difficulty in maintaining the establishment continued throughout the year and during the leave period tended to become acute. Without the loyalty and enthusiasm of many of the staff it would not have been possible to maintain the high standard of the service.

PREMISES.

As indicated in previous paragraphs the temporary accommodation at Banstead was completed. New stations at Tolworth and South Godstone were completed and occupied during the year. Both Stations are purpose-built and ideally situated to provide more efficient cover. Work continues on the Epsom Station which should be ready in 1965. Work also commenced on the Canteen and Training facilities at the St. Helier Main Station.

Voluntary Organisations.

The County's Ambulance Service continues to make the maximum use of available voluntary organisations, viz. the St. John Ambulance Brigade, British Red Cross Society and the Hospital Car Service, operated by the Women's Voluntary Service. A summary of the work done by these services is given in Table II.

Unfortunately, both Kingston and Cranleigh St. John Ambulance Brigade found that staffing difficulties made it impossible for them to fulfil their full agency agreement and the County Health Committee found it necessary to make the direct service responsible for some of the work normally undertaken by these organisations.

Gatwick Airport.

The number of aircraft using the Airport continues to increase and during the year 1,124,955 passengers made use of the Airport against 970,484 passengers in 1963.

There was a slight increase in the number of occasions when ambulances were required to take full emergency action during 1964—23 times.

Work of the Service.

The number of patients and mileage continues to increase. There was an increase of 6.2% (1,198) emergency calls ("999") and 7.1 per cent (35,560) general patients carried.

Despite this substantial increase together with the increase in traffic on the roads the average time from time of call to arrival at incident in respect of emergencies has been maintained.

County Stations—1962	4.9 minutes.
1963	4.8 „
1964	4.8 „
Voluntary Stations—1962	5.6 „
1963	5.6 „
1964	5.5 „

The service continues to make the maximum use of railway facilities in accordance with the recommendations made by the Ministry of Health and during the year railway warrants were issued for 552 patients who were conveyed by train for 6,613 miles.

Handicapped Persons.

During the year the Service took on the responsibility for operating special vehicles for handicapped persons on behalf of the County Welfare Committee. These vehicles are the normal ambulance chassis and exterior body with special adaptations to carry four wheelchair patients and six sitting patients. A ramp is provided to facilitate easy loading of wheelchairs.

Geriatric Linen Service.

This service providing for the supply of clean bed linen and the collection and laundering of soiled linen from the homes of incontinent patients being nursed at home commenced in February, 1963, serving the Kingston and St. Helier Hospital Catchment area.

The service started with twelve patients and by the end of the year this number had risen to 97.

During the period from February, 1963 until December, 1964, 448 patients were dealt with, each patient being issued with clean sheets (six) twice weekly. The service van covered 17,986 miles in carrying out this work.

It is difficult to estimate just how much this service has relieved the pressure in hospital beds but the saving must be considerable. It is a service very much appreciated by patients who prefer "home" to hospital and removes a heavy burden from close relatives.

Safe Driving Competition Awards.

On the 3rd July, 1964, the Chairman of the Council presented safe driving awards to successful entrants in the 1963 competition. 331 drivers were entered for the competition organised by the Royal Society for the Prevention of Accidents. 69 were disqualified and 55 were ineligible because of sickness, change of duties, etc. 207 were successful as follows:—

3	15 years brooches.
25	11-14 years oak leaf bars to ten-year medal.
10	10 years medals.
43	6-9 years bars to five-year medal.
4	5-year medals.
122	Diplomas (1-4 years)

207

Training.

Three types of courses were held during the year.

An initial course for recruits (59 attended) comprised all aspects of general peacetime work, control procedure, including radio, teleprinter and walkie talkie and major emergency procedure with special emphasis on the responsibilities of the Service in connection with Gatwick Airport.

The second type of course was arranged for personnel who returned to the Training School for refresher training (48 attended). The syllabus included First Aid revision with particular attention to modern methods, including mouth to mouth resuscitation.

The third course was arranged for all officers of the service and extended over two weeks. Special attention was given to leadership, Civil Defence duties, and day to day responsibilities of the peacetime service officer.

On all courses visits were made to London Airport to study aircraft accidents and practical sessions were arranged at Gatwick Airport on the rescue of casualties from crashed aircraft.

Ambulance Competition.

The annual competition was held at the Ambulance Service Training School. 20 teams entered for this competition and the winning team (Esher) competed at the Regional Final at Battersea Park.

Surrey County Show, Guildford.

A set piece comprising a location map and models, photos of types of work of the service, live teleprinter and radio attracted considerable attention.

Civil Defence—Ambulance and First Aid Section.

During the year 693 volunteers undertook the standard test as required by the Home Office, 587 passed and 106 failed. The section participated in 27 exercises during the year.

Two Instructors courses were held and fourteen ambulance personnel qualified as Civil Defence instructors.

Training in Nursing Regulations, 1963.

In connection with the Ministry of Health Circular 9/63 399 staff of County Hall attended courses in First Aid and Home Nursing. The County Districts have now accepted delegation of this work and courses are being arranged locally for staffs of County Districts and other organisations.

TABLE I.
WORK DONE BY THE UNIFIED AMBULANCE SERVICE 1962-1964.

Year.	EMERGENCY.					MATERNITY.		GENERAL.											
	Accident.		Illness.		False Alarms.	Total.		Total.		Hospital.		Out-Patient.		Infectious Diseases.		Private.		Non-Patient.	Abortive Miles.
	Patients.	Miles.	Patients.	Miles.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Miles.	Miles.
1962	13,178	85,652	4,167	27,298	11,639	17,345	124,589	6,086	61,874	61,931	668,260	396,788	2,757,409	879	13,894	615	6,416	—	19,809
1963	14,199	92,352	4,864	32,678	13,233	19,063	138,263	6,142	64,850	63,173	690,824	434,634	2,949,670	875	12,551	628	7,069	68,265	23,508
1964	15,027	102,930	5,234	37,179	14,775	20,261	154,884	5,852	61,770	63,006	717,811	470,547	3,232,852	728	11,751	589	4,617	65,119	27,947

TOTALS.

Year.	Emergency.		Maternity.		General.		Grand Total.	
	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
1962	17,345	124,589	6,086	61,874	460,213	3,465,788	483,644	3,652,251
1963	19,063	138,263	6,142	64,850	499,310	3,751,587	524,515	3,954,700
1964	20,261	154,884	5,852	61,770	534,870	4,060,097	560,983	4,276,751

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.		
1962	341,584	1,872,548	69,106	524,778	9,614	74,167	63,340	1,180,758
1963	373,515	2,123,884	76,834	511,917	9,898	73,354	64,268	1,245,545
1964	409,590	2,338,548	74,539	512,423	8,971	68,797	67,883	1,356,983

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.

Mortlake Chest Clinic was transferred to the Royal Hospital, Richmond during 1964. This was the last chest clinic in Surrey remaining to be so transferred.

Tuberculosis visiting throughout the County is undertaken by 30 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 1964 these health visitors paid a total of 16,011 visits to tuberculous households and attended 2,950 chest clinic sessions.

Of all new patients (excluding contacts) seen at chest clinics in 1964, viz. 6,041, only 297 were tuberculous. The remaining 5,744 were non-tuberculous, making the ratio of tuberculous to non-tuberculous patients approximately 1 : 19, 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 1964, 2,467 new contacts were seen at chest clinics which represents an increase of 125 over the 1963 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 85).

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 11 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 reports for 1961 and earlier years, continues to function satisfactorily.

The following table shows the number of contact vaccinations carried out by the Chest Physicians in each Chest Clinic area during the year 1964. 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	22
Dorking	20
Egham	20
Epsom... ..	114
Farnham	69
Guildford	119
Kingston	133
Merton and Morden... ..	37
Milford	4
Mitcham	25
Mortlake	62
Purley	58
Redhill	71
Sutton	130
Weybridge	104
Wimbledon	81
Woking	96
Total	1,165

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 1/1/64.	No. of New Cases Definitely T.B. (including contacts diagnosed T.B.)	No. of T.B. Cases on the Register on 31/12/64.	No. of T.B. Cases on the Register per 1,000 Population on 31/12/64.	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	342	9	203	5.26	61	—	—	—	153	2,046	13.4
Dorking	99	5	87	2.30	17	—	—	—	49	752	15.3
Egham	182	5	171	5.43	86	—	1	1	57	791	13.9
Epsom	385	34	355	3.26	239	5	—	5	221	4,392	19.9
Farnham	245	16	211	2.49	209	—	1	1	198	2,836	14.3
Guildford	742	26	754	5.75	180	—	5	5	238	4,949	20.8
Kingston	614	51	613	2.94	479	4	—	4	407	6,414	15.8
Merton and Morden	508	19	396	5.94	88	—	—	—	210	3,227	15.4
Milford	153	3	145	4.74	23	—	—	—	121	1,110	9.2
Mitcham	256	21	244	2.56	98	—	1	1	160	2,417	15.1
Mortlake	367	36	359	4.48	117	2	1	3	230	2,615	11.4
Purley	395	16	335	3.00	87	—	—	—	174	2,549	14.6
Redhill	435	16	399	3.17	121	—	—	—	134	2,344	17.5
Sutton	585	20	537	4.75	166	—	—	—	222	4,239	19.1
Weybridge	585	14	590	6.46	203	—	1	1	172	2,376	13.8
Wimbledon	257	15	238	4.19	122	—	1	1	110	1,707	15.5
Woking	711	11	698	7.61	171	—	—	—	161	2,618	16.3
Totals	6,861	317	6,425	4.22	2,467	11	11	22	3,017	47,382†	15.7

† 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 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 was increased during the year from 21 to 25 by 1 professional trained and 2 general trained social workers and a welfare assistant and the division of their time between the two services for the second half of the year was equivalent to 9.75 social workers for chest work and 15.25 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. The Care Organiser and the Deputy Care Organiser continued to spend half 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 364 (389 the previous year).

Care Committees for Tuberculosis and Chest Diseases.

The nineteen voluntary Care Committees continued to give excellent service to patients attending the chest clinics. Work for the non-tuberculous chest patients and their families continued to expand as the needs of the tuberculous lessened.

Throughout the year, the Care Committees raised approximately £7,427 by their own efforts, and received £1,826 in grants from the County Council based upon £1 for each £1 raised by voluntary effort up to a maximum of £100 to each Committee. The total expenditure of £9,765 covered a wide range of items to meet individual needs, but the main items were food (£3,102), clothing, bedding and household items (£2,373), rehabilitation (£350) and holidays (£2,000).

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 £2,376 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 the Care Committees such as the provision of art therapy in chest wards (£205), loans and grants where substantial amounts are required for resettlement after treatment (£74), and summer holidays for families at the country and seaside (£1,609).

The beach chalets which were hired by the Conference provided a fortnight's holiday each for some 46 families comprising approximately 83 adults and 111 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 was increased during the year and at the end of 1964 consisted of a Head and an Assistant Head Occupational Therapist, 9 Assistant Occupational Therapists, 1 Senior Technical Instructor, 4 Technical Instructors, 2 Carpenters, 1 Handyman, 1 Supplies and Marketing Officer and 3 Clerk/Storekeepers. Students have attended for their practical experience during the year.

ORGANISATION.

In addition to home visiting, occupational therapy is provided at 15 classes in different parts of the County, namely at New Malden, Kingston, Wimbledon, Woking, Guildford, Esher, Mitcham, Ottershaw, Purley, Epsom, Leatherhead, Camberley, Richmond (2) and Caterham. The chest wards of three hospitals are also visited regularly.

Art instruction is given at New Malden each Wednesday morning by a part-time voluntary worker together with limited home visiting, the Standing Conference of Surrey Care Committees for Tuberculosis and Chest Diseases meeting the expenses for travelling and general materials.

There has been a tremendous growth in the number of aids constructed and fixed by the Technical Officers and much has been done to develop the use of mechanical lifting devices.

There have been further developments in the field of remunerative occupations. Several handicapped persons have been engaged in producing aids such as bath seats, boards, fracture boards, etc.

Exhibitions and Sales have been most satisfactory. The Mobile Shop now firmly established proves to be the most valuable channel for disposal of goods.

A scheme has been introduced for buying in goods as soon as completed which means that the handicapped person receives payment immediately. Previously there was a waiting period until the articles were sold.

Horticultural Shows and firms were visited throughout the year. In every case there was the greatest co-operation and interest.

The work of the O.T. unit was again exhibited at the County Show and aroused great interest.

The Standing Conference of Surrey Care Committees for Tuberculosis and Chest Diseases and individual Care Committees have again given valuable assistance to the Unit. The Voluntary Association for Surrey Disabled has also given considerable help, particularly in the development and organisation of the classes. The amount expended in consumable materials was £6,162 5s. 8d. as compared with £4,371 15s. 8d. in 1963.

During the year 71 chest patients and 194 other handicapped persons were registered for Occupational Therapy compared with 67 chest patients and 118 other handicapped persons in 1963.

The average number of domiciliary visits is approximately the same as in previous years. The standard of work remains very high and the overall development very satisfactory.

The table below shows the number of persons receiving Occupational Therapy at 31st December, 1964.

Category.	Domiciliary.	Hospitals.	Classes.	Postal.	Total.
Chest	162	21	Nil	34	217
Other handicapped ...	304	Nil	184	50	538
Total	466	21	184	84	755

Rehabilitation and Colonisation.

During 1964 the Council were liable for the maintenance of 1 tuberculous patient at Papworth.

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 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 1964 the Surrey Mass Radiography Service X-rayed 131,131 persons. These examinations were carried out by two separate services as follows:—

General Practitioner Chest X-Ray Service	14,482 examinations.
Normal Mass Radiography Service	116,649 examinations.

The Medical Director points out that the total number of cases of significant pulmonary tuberculosis has fluctuated over the last six years but no steady trend towards improvement is noted.

The cases referred by General Practitioners still show a higher incidence of pulmonary tuberculosis per 1,000 examinations than is found by Normal Mass Radiography. The infectious rate remains twice as high.

The Medical Director states that the majority of cases found by Normal Mass Radiography arise in people who have lived in the area covered by the Units for many years. The figures are not affected in any appreciable degree by immigrants.

The total number of cases of primary lung cancer discovered by Mass Radiography continues to increase at an alarming rate. This increase is due to a greater number of older patients being referred by their own doctors.

While patients referred for examination by their own doctors have produced about fifty cases of tuberculosis annually in the last six years, the Normal Mass Radiography Service has found very nearly three times as many cases in each year. The Medical Director's conclusion is that there is a need to continue both these services.

The following statistics give an indication of the work of the Surrey Mass Radiography Units during 1964 and the two previous years:—

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	1962	1963	1964	1962	1963	1964
Total number X-rayed	11,177	13,353	14,482	108,322	123,180	116,649
Significant Pulmonary Tuberculosis* ...	43	51	51	151	130	127
Primary Lung Cancer in men aged 45 and over	48	62	84	29	51	42
Incidence rate per 1,000 examinations ...	16.4	18.2	23.4	1.4	2.3	1.9
Primary Lung Cancer in women aged 45 and over	6	11	8	4	7	13
Incidence rate per 1,000 examinations ...	2.8	4.3	2.9	0.3	0.4	0.8

* "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 ...	7,608	6,874	14,482	26	3.4	25	3.6	51	3.5

Normal Mass Radiography Service.

General Public ...	17,179	24,242	41,421	25	1.5	20	0.8	45	1.1
Industrial Groups ...	44,605	22,646	67,251	54	1.2	12	0.5	66	1.0
School Children ...	1,303	839	2,142	—	—	—	—	—	—
Mental Hospitals and Institutions	1,208	1,028	2,236	8	6.6	2	1.9	10	4.5
Contacts at work...	834	625	1,459	3	3.6	—	—	3	2.1
Referred by Medical Officers of Health ...	553	1,456	2,009	2	3.6	1	0.7	3	1.5
Ante-natal patients ...	—	131	131	—	—	—	—	—	—
Totals ...	65,682	50,967	116,649	92	1.4	35	0.7	127	1.1

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 ...	6	5	11	0.8	24	13	37	0.3
Recommended for Hospital treatment ...	11	15	26	1.8	29	7	36	0.3
Close clinic supervision required...	9	5	14	1.0	39	15	54	0.5
Totals ...	26	25	51		92	35	127	
Occasional out-patient supervision	29	12	41	2.8	55	25	80	0.7
(a) Non-infectious cases ...	16	14	30		68	26	94	
(b) Infectious cases ...	9	11	20		17	5	22	
(c) Not determined ...	1	—	1		7	4	11	
Totals ...	26	25	51		92	35	127	

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 ...	129	22	151
(b) Secondary tumours ...	6	4	10
Non-malignant tumours ...	14	13	27
Lymphadenopathies, excluding sarcoidosis ...	3	3	6
Sarcoidosis (including enlarged hilar glands) ...	27	34	61
Congenital abnormalities of the heart and vascular system ...	2	8	10
Acquired abnormalities of the heart and vascular system ...	153	86	239
Pneumoconiosis without P.M.F. ...	5	—	5
Pneumoconiosis with P.M.F. ...	3	—	3
Bacterial and virus infection of lung (including pneumonitis) ...	626	463	1,089
Bronchiectasis ...	40	20	60
Pulmonary fibrosis (non-tuberculous) ...	17	14	31
Spontaneous pneumothorax ...	20	2	22
Abnormalities of the diaphragm and oesophagus (including hiatus hernia of stomach) ...	19	21	40
Pleural Effusion (non-tuberculous) ...	5	5	10

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 £3 4s. 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, 1964, 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	75	75	156	306
Cost (before deduction of contributions by patients)	£860	£915	£1,723	£3,498
Lengths of stay: 1 week	4	—	15	19
2 weeks	66	68	131	265
3 weeks	4	7	10	21
4 weeks	1	—	—	1
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 Peoples Welfare Committee and Farnham Women's Voluntary Services, and up to a maximum of £50 per annum by Mitcham Old Peoples Welfare Committee, Sutton and Cheam Welfare Committee, Wimbledon Guild of Social Service, and the Womersley Old Peoples Welfare Committee in running their night attendance schemes on the understanding that payment shall be limited to the loss on fees plus bus fares and that no part of the Council's contribution shall go towards payment of administrative expenses.

Seven cases were admitted to nursing homes during the year under a scheme approved by the Council as extension to the night attendance by payments 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 old people's homes for a maximum period 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, 1964, was as follows:—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	22	Bed cradles	584
" bellows	6	Crutches	218
" rings	763	Douche cans... ..	25
Bed rests	917	Feeding cups	154
" pans	1,445	Inhalers	13
" tables	137	Mackintosh sheets	1,205
Invalid chairs	1,285	Steam kettles	10
Commodore	1,252	Urinals	625

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:—

1964.	Guildford Clinic.	Redhill Clinic.	St. Helier Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).							
Syphilis	4	1	18	—	2	19	44
	(1)	(—)	(6)	(1)	(2)	(21)	(31)
Gonorrhoea	52	9	58	5	22	129	275
	(56)	(5)	(61)	(10)	(18)	(177)	(327)
Other conditions	310	45	580	53	140	799	1,927
	(250)	(34)	(488)	(49)	(124)	(1,112)	(2,057)
Totals	366	55	656	58	164	947	2,246
	(307)	(39)	(555)	(60)	(144)	(1,310)	(2,415)

The figures in brackets relate to the year 1963.

I mentioned in my report last year that there was only a slight improvement in the number of cases of syphilis compared with 1961, when the number of cases was the highest since 1956. It will be seen from the table below that the number of such cases has increased by 13 compared with last year. The number of gonorrhoea cases decreased by fifty-two, however, compared with 1963 when there had been fifty-four more cases than in 1962.

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
1963	31	327	2,057	2,415
1964	44	275	1,927	2,246

* The great majority of these conditions are not venereal.

Health Education.

The main subject of health education is the moulding of attitudes and the correction of behaviour in order to avoid modes of living which are injurious to health and foster those which promote the highest standards of well being.

To these ends efforts have been continued during the year to support the work of the field staff and of the efforts of voluntary organisations in the following main themes of current health education: maternity and child welfare, smoking and health, dental health, mental health, nutrition, food hygiene,

prevention of accidents, personal and environmental hygiene, immunisation and rehabilitation after illness or injury.

The basis of much of this work is, of necessity, carried out in the schools and a full account is given later in the Report. There has been an increase in the number of mothercraft and parentcraft courses held in the health clinics with a growing tendency to include fathers in the evening discussion groups on all aspects of health education. Many of these groups which started on a monthly basis are now being held weekly. The health visitors, who have been largely responsible for the arrangements during the year, have also given talks on health matters to a wide range of community organisations. Additional talks were given by medical, dental and nursing officers, physiotherapists, home help organisers, social workers and the health education officer.

A growing feature of this work has been the use of educational films to augment the spoken word. During the year the health education staff was increased by the appointment of a technical assistant, whose duties included that of providing a complete projection service to enhance the impetus of the spoken word. In the latter half of the year, the projectionist has shown films to audiences totalling over 2,500 people. In addition this service has been utilised for pre-viewing films so that the appropriate teaching aid could be chosen.

During the past year valuable advisory work, visits and demonstrations have been given by the staff of the Homecraft Advisory Centre which is controlled by the Education Committee. Three advisers have paid visits to clinics to give short talks on Nutrition in Pregnancy and advisory stands were set up at clinics during Infant Welfare sessions. Advisory talks on diet and nutrition have also been given to health visitors, district nurses and social workers at county and divisional levels. Informal talks have also been given at clinics and homes for the elderly and at old people's clubs and practical instruction in cookery and needlework have been given to mothers awaiting re-housing and mothers of problem families.

The difficulty of persuading large numbers to attend group discussions is a factor which points to the need to utilise the mass media as a form of education in health. Thus the County Council approved the use of the slogan "Think before you smoke; cigarettes harm your health" on the outgoing official mail, involving some 16,000 letters per week. The same slogan was prominently carried some 3,500 miles on the mini-van used by the technical assistant and articles having a health content were printed in County newspapers and teachers' magazines. Free use has been made of posters, leaflets and bookmarks which have been issued to clinics, libraries, schools and district council offices covering many subjects. Special displays and exhibitions have been held at clinics and at the request of several district councils, including the County Agricultural Show where the attendances exceeded 50,000 people.

Special campaigns were devoted to Smoking, Dental Health and Home Safety.

The campaigns in Dental Health are described fully under the School Health Service later in the Report. Most mothercraft groups in the clinics now include a talk on the need for dental care of the expectant or nursing mother and her child, and this subject is taken up again by the health visitors in their talks in schools and in the Council's day nurseries.

In addition to the campaign on Smoking and Health carried out in the schools and youth clubs, efforts were made during the year to meet the needs of adult compulsive smokers who wanted to give up the habit. In collaboration with the British Temperance Society three clinics were held at Wimbledon, Guildford and Kingston-upon-Thames. The plan involved five consecutive group meetings held for one hour each evening. Films on smoking and its harmful effect on the body and mind were shown each evening followed by demonstration of procedures helpful to overcoming the smoking habit. A total of about 150 people attended these clinic sessions at which no charge was made with almost 100 per cent regular attendance. Preliminary surveys reveal that more than half the participants gave up the habit and had maintained this abstinence at least for several weeks after the completion of the course. Further research will be needed to discover the number of people who finally renounced the habit. A larger number had reduced their smoking considerably. It is felt that these clinics have a real need in the community and further sessions are planned to take place in the more populated centres.

The problem of the increased incidence of venereal disease in the Country as a whole is not reflected in the figures for Surrey. Indeed, relative to the population the incidence has remained fairly static. Discussions with other health authorities in the Home Counties, with heads of schools, medical and social workers and others, however, have indicated the need to treat this problem as part of the general education of young people rather than to plan any sort of intensive campaign.

Publicity has in the main been confined to conveying, through the press and by poster, information on places and times at which clinics are held. Further information can be obtained from me in the strictest confidence by telephone or letter.

The expanding educative function of the department is well illustrated by the increased number of educational visits paid by many students and overseas visitors including participation in the Trainee General Practitioner Scheme of the British Medical Association. This involved an attachment of trainee general practitioners to the department for about a week. During this time the trainees learned something of the scope of the duties and responsibilities of the local health authority, of the school health service and of the welfare services, so that they could become fully aware of what could be done for patients and how to mobilise the particular services needed.

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 the 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 9th May, 1960 and continues to be administered directly by the Council through the divisionalised service which caters for the elderly, handicapped persons and expectant mothers and indirectly for the elderly through voluntary bodies with financial help from the County Council in the form of grants based on the rate for surgery and domiciliary treatments, sessional fees, travelling expenses and other items such as dressings, hire of accommodation and administration.

The majority of treatments given under the indirect service were at chiropody clinic sessions. During the year 147 extra chiropody sessions per annum were approved at Chiropody clinics and two new chiropody clinics involving 20 further sessions per annum were commenced by voluntary organisations. Where possible patients treated under the indirect scheme at chiropodists' surgeries and by domiciliary visits were brought under the control of the Council's direct service.

Under both the direct and indirect service the control over the number of chiropody treatments being given which was instituted at the beginning of 1963 continued. The number of treatments given to patients are not restricted during the first three months of treatment but after three months treatment has elapsed, the number of treatments given to each patient should not exceed six per annum without the divisional medical officer's authority. The Chief Chiropodist devoted the major proportion of his time to supervising the service in the field, but also carried out two sessions per week under the direct service.

As the year progressed the number of applications from private and voluntary homes for the elderly for chiropody treatment for their patients greatly increased. It was also evident that the number of domiciliary treatments being given under the scheme were increasing rapidly. It was felt that for both these reasons full-time chiropodists should be employed by the County Council. It was therefore decided to commence a pilot scheme for such an arrangement covering one division of the County on 1st October, 1964. Owing to the difficulty in obtaining Senior Chiropodists, however, this was not put into operation until 1st January, 1965.

The chiropody treatment which is given under the direct and indirect service continued to cost the patient 3s. 0d. for each treatment but this can be reduced in necessitous cases and free treatment is available to patients who are in receipt of National Assistance.

In respect of the year ending December, 1964, grants totalling £15,274 were paid to voluntary bodies providing chiropody services and the cost of the direct service provided for the elderly (including sessions held at private and voluntary homes for the elderly), handicapped persons, the blind and partially sighted and expectant mothers, amounted to £21,596 (after deducting contributions received from patients in each case).

Particulars of persons treated and the number of treatments given under the chiropody scheme are shown below :—

Indirect Service—

Number of elderly persons treated	...	...	...	...	7,269	
Number of treatments given	...	...	...	...	43,161	(43,834)

Direct Service—

Number of expectant mothers treated	...	...	...	...	21	(19)
Number of handicapped persons treated	...	...	...	...	613	(474)
Number of registered blind or partially sighted treated	...	...	...	...	194	(104)
Number of elderly persons treated	...	...	...	...	12,083	(5,942)
Total number of treatments given	...	...	...	...	51,760	(37,455)

(The figures in brackets relate to the year 1963.)

HOME HELPS.

Administration of the Scheme.

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

Establishment.

The establishment of equivalent full-time helps for the financial year ended the 31st March, 1965 was 569. The average number of equivalent full-time helps employed weekly throughout the calendar year was 485.6, which was 46.9 less than in 1963. The decrease is partly accounted for by service given by neighbourly helps, the total cost of which amounted to £9,482, equivalent to a weekly average of 23.8 full-time helps.

Supervision.

During the year the Divisional Supervisors paid 7,276 first visits, 16,387 revisits and 4,132 miscellaneous visits, a total of 27,795 compared with 25,833 for the previous year.

The Scope of the Scheme.

The total number of cases helped during 1964 was 9,333, an increase of 183. The number of maternity, acute and tuberculosis cases decreased by 12, 116 and 2 respectively, whilst the number of chronic sick increased by 313.

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

Type of case.	Number of cases helped during 1964.	Hours of service given during 1964.	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 ...	2,407 (25.6%)	107,682 (12.9%)	44	20.6	2.2	106 (3.0%)
Acute ...	1,216 (13.2%)	42,411 (4.8%)	35	5.6	6.1	150 (4.2%)
Chronic ...	5,660 (61.7%)	722,940 (81.3%)	157	4.4	29.3	3,255 (91.9%)
Tuberculosis ...	50 (0.5%)	6,931 (0.8%)	138	4.8	28.8	29 (0.9%)
County 1964 ...	9,333 (100%)	889,965 (100%)	95	4.9	19.4	3,540 (100%)
County 1963 ...	9,150 (100%)	970,265 (100%)	106	5.4	19.7	3,453 (100%)

The table on page 61 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 62 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 1964, 76 cases received a total of 6,366 hours service.

Neighbourly Help Scheme.

In 1961 the Council agreed 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 scheme has proved useful in 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.

During 1964, 244 cases received the services of a neighbourly help at a total cost of £9,482 for the year which is equivalent to 23.8 whole-time helps each week.

Special Payments.

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 :—

- (a) 10s. for an initial clean up of neglected or dirty houses which are not so insanitary as to justify their being referred to the County District Council for action under the Public Health Acts.
- (b) 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.

During 1964, 18 cases in category (a) and 27 in category (b) had been dealt with.

Division or District.	Population mid-1964.	Average.	Average equivalent F/T Helpse employed weekly during 1964.	Total number of cases helped during the year.					Percentage of Home Helpse' time spent on			
				Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
DIVISIONS.												
North-Western ...	188,970	68,881	45.3	281	109	386	2	778	85.9	4.4	4.2	5.5
Central ...	234,862	42,841	64.7	540	213	984	8	1,745	81.0	7.1	5.6	6.3
North Central ...	208,590	24,128	51.7	293	97	520	6	916	85.7	4.5	3.5	6.3
Southern ...	155,715	125,760	52.0	216	76	600	2	894	86.3	5.0	3.7	5.0
South-Eastern ...	117,123	22,414	43.3	333	284	352	4	973	87.0	2.3	4.3	6.4
Northern ...	80,110	6,628	39.9	84	17	529	7	637	84.7	4.5	4.7	6.1
South-Western ...	187,550	127,026	50.3	261	153	535	3	952	85.9	5.2	3.0	5.9
North-Eastern ...	186,040	9,381	109.6	161	74	1,150	12	1,398	83.1	5.3	5.5	6.1
Merton and Morden U.D.	66,700	3,237	40.2	155	30	413	5	603	82.6	5.5	5.7	6.2
Mitcham M.B. ...	621,580	2,932	39.2	6	22	394	3	425	83.6	4.6	5.9	5.9
Wimbledon M.B. ...	56,760	3,212	30.1	—	22	344	4	320	83.0	5.6	5.0	6.3
Mid-Eastern ...	83,320	6,391	25.7	91	105	417	2	615	81.3	8.7	5.1	5.4
Beddington and Wallington M.B. ...	32,590	3,045	16.1	46	71	218	1	336	80.7	8.1	5.6	5.6
Carshalton U.D. ...	55,730	3,346	9.6	45	34	199	1	279	83.3	7.3	4.2	5.2
District with Delegated Health Functions												
Woking U.D. ...	74,230	15,708	25.1	147	88	186	4	425	85.7	4.0	4.8	5.5
County 1964 ...	1,521,500	449,161	483.0	2,407 25.7%	1,216 13.2%	5,659 60.6%	50 5%	9,333 100%	84.4	5.1	4.5	6.0
County 1963 ...	1,502,330	449,161	532.5	2,419 26.4%	1,332 14.6%	5,347 58.4%	52 .6%	9,150 100%	83.5	4.9	5.4	6.2

Division or District.	Average weekly number of cases helped.							Average service per case.							
	Maternity.	Acute.	Chronie.	T.B.	Total.	Per 10,000 population.	Per equivalent F/T Home Help employed.	Maternity.		Acute.		Chronie.		T.B.	
								Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.
DIVISIONS.															
North-Western	14	10	214	1	240	5.5	13.1	17.6	2.5	7.9	4.9	6.1	28.5	5.4	35.7
Central	25	22	481	5	534	8.2	22.2	15.9	2.3	4.2	9.0	3.5	25.1	5.8	32.0
North-Central	13	20	419	2	454	8.7	21.6	21.8	2.0	4.8	10.0	3.5	40.0	4.6	35.1
Southern	9	9	287	1	308	6.0	20.4	22.4	2.2	8.7	6.0	5.5	24.9	3.7	22.9
South-Eastern	13	27	231	4	275	6.3	22.4	26.8	2.0	5.5	4.7	4.6	33.9	4.7	19.8
Northern	4	2	278	3	289	7.2	36.3	16.0	2.5	5.5	5.3	4.7	27.6	3.3	22.4
South-Western	11	20	287	2	320	6.3	16.6	23.7	2.2	5.9	6.9	4.9	27.7	5.2	23.9
North-Eastern	6	20	727	7	763	6.9	41.2	27.1	1.9	6.4	15.0	4.6	34.0	6.0	28.1
Merton and Morden U.D.	6	8	256	3	274	6.8	30.6	26.4	1.7	5.0	14.0	4.5	32.2	5.3	29.4
Mitcham M.B.	—	10	258	2	270	6.9	21.6	—	—	7.0	21.0	4.9	34.7	6.9	34.2
Wimbledon M.B.	—	2	212	3	218	7.2	19.3	—	—	7.4	5.0	4.7	32.2	5.4	33.6
Mid-Eastern	4	11	223	2	242	9.4	27.5	18.8	2.2	4.9	3.7	3.3	27.6	2.2	30.2
Beddington and Wallington M.B.	2	8	124	—	134	8.2	41.9	19.3	2.1	4.9	5.5	3.7	19.4	1.6	26.9
Carshalton U.D.	2	4	99	2	107	11.2	19.4	18.8	2.2	4.3	6.1	2.7	30.0	2.6	41.1
District with Delegated Health Functions															
Woking U.D.	7	9	108	2	127	5.0	17.1	18.7	2.3	8.6	5.3	6.1	29.8	8.0	31.2
County 1964	106 3.1%	150 4.4%	3,255 91.6%	29 1.0%	3,552 100%	6.5	21.2	25.6	2.2	5.6	6.1	4.4	29.0	4.8	28.8
County 1963	114 3.3%	136 3.9%	3,170 91.8%	33 1.0%	3,453 100%	6.5	22.9	21.2	2.4	6.2	5.3	4.8	30.9	5.5	32.1

District with Delegated Health Functions

MENTAL HEALTH SECTION.

Building Programme.

The coming into operation of the London Government Act on 1st April, 1965, and the consequent handing over of premises and certain new projects to the new London Boroughs, will mean that the development programme will have to be revised in order to meet the needs of New Surrey.

Whilst this may mean that in total, less building may be needed than was envisaged, the main effect is likely to be a need for re-siting capital projects due to the different catchment areas they will have to serve. Perhaps the best example is provided by the fact that included in New Surrey are the Urban Districts of Staines and Sunbury with a combined population of 90,280 but with no existing mental health hostel or training centre.

It is hoped that this re-siting will result in an easing of the difficulty in the task of securing sites, but as there is still a great deal of prejudice against mental health projects to be overcome, it is too early to be sure about this.

During 1964 the Adult Technical Training Centre at Banstead providing 100 places was opened to replace the Sutton Adult unit which provided 50 places. Also opened was the 93 place Caterham Training Centre which replaced the smaller centres at Purley and Reigate which have been working in very unsatisfactory rented premises.

The new centre at Ham was opened and the Sutton Centre re-opened as Junior Training Centre in January, 1965, but the Wallington Hostel for mentally ill patients was not, unfortunately, ready for opening before 1st April, 1965, when the project was transferred to the London Borough of Sutton.

The Special Care Unit at the Morden Training Centre was opened in March, 1965, shortly before the centre transferred to the Borough of Merton.

The County Architect is progressing with schemes for the new permanent Banstead Adult Technical Training Centre on the Walton Lodge Estate, the Junior Training Centre at Walton-on-Thames, the Hostel for Mentally Subnormal Females at West Molesey and the Hostel for Mentally ill females at York Road, Cheam, which project is being retained by New Surrey notwithstanding that it is situated outside the area. It is hoped that this hostel will open early in 1966.

Residential Care.

Demands for residential care both in County establishments and in homes and hostels run by voluntary organisations increased considerably and there is no doubt that this type of care will become increasingly necessary in the future. Despite constant pressure on places there were at the end of 1964, 141 cases in residential care for whom the County Council accepted responsibility, compared with 96 at the end of 1963.

As regards the County Council's hostels, there is still only one, that at Sendhurst Grange, which provides places for 30 subnormal and severely subnormal children. Experience there has shown that difficulties do not end with the acquisition of sites and building hostels, but that even when this has been achieved there are likely to be prolonged difficulties in recruiting suitable staff.

It is hoped that both the West Molesey and Cheam Hostels will be opened in the not too far distant future. Meanwhile the County Council continues to utilise beds in hostels run by County aided voluntary organisations. At the end of the year the position as regards beds in these hostels was as follows:—

<i>Home.</i>	<i>Organisation.</i>	<i>No. and type of Patient.</i>	<i>County Beds.</i>
Woodbury, Surbiton	Women's Voluntary Services	18 confused elderly	10
Gaywood, Wimbledon	Cheshire Foundation	18 Ex-mentally ill	9
Miraflores, Wimbledon	Cheshire Foundation	15 Ex-mentally ill	8
Lourdes House, Wallington	Society of St. Bernadette	10-11 Subnormal children	6
26, The Drive, Coulsdon	Society of St. Bernadette	6 Subnormal children	
Croft House, East Molesey	Richmond Fellowship	13 male and female adults—ex-mentally ill	6

Mental Nursing Homes.

The five Mental Nursing Homes listed below have been registered by the County Council in accordance with Section 15 of the Mental Health Act 1959. There were no additions or cancellations during 1964, but the five homes were visited regularly by the County Council's authorised officers during the year.

<i>Home.</i>	<i>Organisation or Owner.</i>	<i>Number and Category of Patients.</i>
26, The Drive, Coulsdon	St. Bernadette's Schools Ltd.	12 subnormal or severely subnormal female children.
Lourdes House, Stanley Park Road, Wallington		5 subnormal or severely subnormal female children.
St. Teresa's Convent, Great Holt, Dockenfield	Sisters of the Sacred Heart of Jesus and Mary	127 subnormal female adults.
The Grange, Hindhead	Mrs. A. M. Scudder	25 severely subnormal male and female children under the age of 7 years.
Tyrwhitt House, Oaklawn Road, Leatherhead	Ex-Services Mental Welfare Society	27 mentally ill adults.

Homes for the Mentally Disordered.

By the end of 1964, ten Homes for the Mentally Disordered had been registered by the County Council in accordance with Section 19 of the Mental Health Act 1959. One of these, Croft House, East Molesey, which is run by The Richmond Fellowship Ltd., was registered during 1964. The following is a list of the Homes registered at the end of the year:—

<i>Home</i>	<i>Organisation or Owner.</i>	<i>Number and Category of Patients.</i>
Gaywood, 30, The Downs, Wimbledon, S.W.19	The Cheshire Foundation Homes for the Sick	18 male or female adults ex-mentally ill.
Miraflores, Worple Road, Wimbledon, S.W.19	Ditto	15 male or female adults ex-mentally ill.
The Hill House, Portsmouth Road, Esher	Mental After Care Association	30 male and 5 female ex-mentally ill.
31, York Road, Cheam	Ditto	25 female adults ex-mentally ill.
6, Alcester Road, Wallington	Mr. and Mrs. S. G. Robinson	12 male adults subnormal.
Milner House, Ermyn Way, Leatherhead	Ex-Services Mental Welfare Society	29 male adults ex-mentally ill.
Kingswood Grange, Kingswood	Ditto	20 male adults ex-mentally ill.
Croft House, East Molesey	Richmond Fellowship	13 male and female adults ex-mentally ill.
The Meadows, Betchworth	Mrs. Rhoades	10 female adults subnormal.
Woodbury, Kingsdowne Road, Surbiton	W.V.S.	17 females (confused elderly).

Social Clubs and Day Centres.

Six clubs had been established in the County by the end of the year and the County Council contributed towards the running costs. The last addition was a new social club opened in November by the National Association for Mental Health at Redhill. The following are the clubs and day centres to which the County Council contribute towards running costs:—

<i>Club or Centre.</i>	<i>Organisation.</i>	<i>Type of Patient.</i>
Rendezvous Club, Wimbledon	Wimbledon Guild of Social Welfare	Ex-mentally ill.
Handshake Club, 44, Waterloo Road, Epsom	Epsom League of Friends for Mental Health	Ex-mentally ill and subnormal.
Fortyfoot Road, Leatherhead (Club)	Epsom and Leatherhead District Society for Mentally Handicapped Children	Subnormal and severely subnormal children and adults.
Peter Pan Club, Alexandra Hall, S.W.14	Richmond and Barnes District Society for Mentally Handicapped Children	Both temporary Special Care Units for subnormal and severely subnormal children and adults.
Morden Assembly Hall, Lower Morden	Wimbledon and District Society for Mentally Handicapped Children	
The Friendship Centre, London Road, Redhill	Reigate and District Association for Mental Health	Ex-mentally ill persons.

Training Centres.

As stated above, the Banstead Adult Technical Training Centre and the Caterham Training Centre were opened during 1964 but the new Kingston Training Centre and the Special Care Unit at the Morden Training Centre did not open until early in 1965. Consequently the County Council continued to utilise the valuable services provided by the temporary special care units run by the Richmond and Barnes and the Wimbledon branches of the National Society for Mentally Handicapped Children.

The newly opened Adult Technical Training Centre at Banstead, although still only a temporary centre, is vastly superior and provides considerably more places and facilities than the premises in Sutton. The subnormal and severely subnormal trainees are being taught to operate a variety of machines used in light industrial processes, including toggle and fly presses and power operated lathes and drills. The actual work being carried out includes making components and assembly of fishing reels, dolls, bottle pourers and electrical equipment such as fuse boxes. A good deal of packing is also carried out, some of it for the Export markets. The work is carried out for local factories who pay agreed sums into the Centre industrial account from which it is distributed to the trainees according to their respective merits. Very good relationships exist between the factories and the centre.

Holiday Homes for Mentally Handicapped Children and Adults.

As in the previous year, arrangements were made whereby a group of 32 trainees from training centres spent a holiday at the National Association for Mental Health Holiday Home at Bognor Regis from 4th to 11th June. The trainees consisted of junior and senior girls and junior boys and it had been hoped to arrange for a fortnight's holiday for them, but due to demands upon the home, only a week's holiday was possible.

In addition, and for the first time, a similar holiday was arranged for senior boys. This took place at the National Society for Mentally Handicapped Children Home, Pirates Spring, Dymchurch, from 6th to 20th June and 43 senior boys attended.

Home Teacher.

The Home Teacher resigned in March and was not replaced by another qualified person until 5th October.

Training of Staff.

The severe shortage of suitably trained staff continues to have its adverse effect upon the development of the mental health service and all branches of the service were affected.

As regards training of mental welfare officers and social workers, it has not been possible to recruit suitable persons to any of the three trainee posts on the establishment but one mental welfare officer had been accepted for training for the London University Diploma in Social Studies.

There are no nationally recognised training schemes for staff employed in Hostels for the Mentally Disordered, and to overcome this, in-service training is being provided for assistant housemothers at Sendhurst Grange Hostel. The County Council issues certificates to those who complete the course successfully.

Of the training centres staff, two unqualified assistant supervisors were undergoing training for the N.A.M.H. Diploma for teachers of the Mentally Handicapped, but it has since been learned that two of the County Council's six trainee assistant supervisors have been accepted for two year courses due to begin in September, 1965.

Approval of Medical Practitioners.

Thirteen Medical Practitioners were approved during the year for the purposes of Section 28 of the Mental Health Act 1959, compared with only six during the preceding year. At the end of the year a total of 139 approvals had been given by the County Council.

Number of Patients referred to Local Health Authority during year ended 31st December, 1964.

Referred by.	Mentally Ill.						Psychopathic.				Subnormal.				Severely Subnormal.				Totals.				Grand Total.
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)			
(a) General practitioners	1	2	316	597	1	—	—	1	1	—	—	2	1	1	1	—	4	3	317	600	924		
(b) Hospitals, on discharge from in-patient treatment	—	1	274	324	—	—	3	1	—	—	—	—	—	—	—	—	—	1	277	325	603		
(c) Hospitals, after or during out-patient or day treatment	1	1	91	185	—	—	2	5	5	4	3	2	10	3	—	—	16	8	96	102	312		
(d) Local education authorities... ..	1	1	—	7	—	—	—	—	31	9	47	18	7	9	2	2	39	19	49	27	134		
(e) Police and courts	1	—	125	105	—	—	2	—	—	—	4	—	—	—	—	—	1	—	131	105	237		
(f) Other sources	1	—	155	234	—	—	5	—	18	14	14	14	16	12	10	2	35	26	184	250	495		
(g) Total	5	5	961	1,452	1	—	12	7	55	27	68	36	34	25	13	4	95	57	1054	1,499	2,705		

Number of Patients awaiting entry to hospital, or admitted for temporary residential care during 1964

	Mentally Ill.				Psychopathic.				Subnormal.				Severely Subnormal.				Totals.				Grand Total.
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.64—																					
(a) In urgent need of hospital care...																					
(b) Not in urgent need of hospital care...																					
(c) Total ...																					
2. Number of admissions for temporary residential care (e.g. to relieve the family)—																					
(a) To N.H.S. hospitals ...																					
(b) To L.A. residential accommodation ...																					
(c) Elsewhere ...																					
(d) Total ...																					

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 districts 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.

The establishment of smoke control areas called for the employment of extra technical and clerical staff and for increased expenditure on grant aid to householders. Because of these new commitments local authorities were rather slow to formulate programmes for progressive smoke control. However, those authorities in the "black" areas mentioned in the Beaver Committee Report on Atmosphere Pollution, and, as far as Surrey was concerned, including most of "Metropolitan" Surrey, announced their five year programmes in response to an appeal by the Minister of Housing and Local Government. The first Orders began to appear in 1960. Since then progress has been maintained until the position has now been reached whereby about half of the dwellings requiring conversion have been dealt with. It is expected that most of the programmes will be completed by 1972 or thereabouts.

The smooth introduction of smoke control areas was jeopardised towards the end of 1963 because it became necessary to change the basic fuel policy on which the schemes had hitherto been based.

Reliance was formerly placed on the guaranteed supply of "gas coke" to burn in improved open grates. With the rapid technological changes taking place in the gas making industry supplies of this type of fuel could no longer be guaranteed. Fortunately there are ample supplies of "hard coke" which will burn satisfactorily in the new types of "enclosed" stove, although there was some initial reluctance on the part of householders to accept the "fire behind glass." Actual experience has proved them to be economical and attractive. Coupled with the development of vastly improved gas room heaters and electric storage heaters, all attracting higher grants from local authorities, progress towards the complete elimination of smoke from our urban areas should continue without further check.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following applications from Local Authorities for the Council's observations to the Ministry of Housing and Local Government under Section 2(2) of the Act were received during 1964 and reported to the Rivers and Streams Committee:—

Authority.	Scheme.	Estimated Cost.	Committee Decision.
Banstead U.D.C. ...	Sewerage—High Road, Chipstead	£ 17,000	Scheme approved in principle.
Dorking & Horley R.D.C.	Sewerage—Boxhill Extension ...	1,525	Scheme approved in principle.
Dorking & Horley R.D.C.	Water Supply—Cudworth Lane, Newdigate Extension	1,700	Scheme approved in principle.
Egham U.D.C. ...	Sewerage—Thorpe ...	310,000	Scheme approved in principle.
Godstone R.D.C.	Sewerage—Ford Manor Estate, Dormansland Extension	3,700	Scheme approved in principle.
Godstone R.D.C.	Sewerage—Chelsham Common ...	9,530	Scheme approved in principle.
Godstone R.D.C.	Sewerage — Church Lane Extension	2,500	Scheme approved in principle.
Hambleton R.D.C.	Sewerage—Alfold ...	29,650	Scheme approved in principle.
Hambleton R.D.C.	Main Drainage—Dunsfold and Hascombe	143,600	Scheme approved in principle.

REFUSE DISPOSAL.

No new applications under Section 94 of the Surrey County Council Act, 1931, were received during the year.

Six renewals were granted. Three of the existing tips ceased to operate during the course of the year. The total number of approved refuse dumps in the County is fourteen and all are conducted satisfactorily.

MILK AND DAIRIES.

The Milk (Special Designation) Regulations, 1960-63.

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. These licences 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.

Arrangements whereby County District Authorities within the area for which the County Council is the Food and Drugs Authority, allowed their Public Health Inspectors to carry out the inspection and sampling work in connection with the Regulations as agents of the County Council continued throughout the year under existing working and financial arrangements. They have continued to give valuable co-operation and their activities in this respect which are co-ordinated by the County Medical Officer are much appreciated. The number of County District Authorities involved continues to be ten.

One hundred new applications for different types of pre-packed milk licences were received and approved during the year. In addition, thirty-five requests were received for licences of a particular designation to be transferred to a new licensee. A greater number than normal licences were relinquished during the year, mainly because of the operation of the Milk (Special Designation) Regulations, 1963, details of which were given in my report for 1963. As mentioned in that report as from 1st October, 1964, "Untreated" replaced "Tuberculin Tested" as the special designation for raw milk. When licensees holding dealers' licences relating to the designation "Tuberculin Tested" were approached to apply for dealers' licences in respect of the new designation "Untreated" many decided not to make application. No applications were received during the year relating to pasteurising or sterilising establishments. One pasteurising establishment ceased to pasteurise milk and the number of pasteurising establishments operating therefore at the end of 1964 was four.

The following table shows the number of different types of dealers' licences which have been issued from 1st January, 1961 onwards and which were still in force on the 31st December, 1964, in districts for which the Council is the Food and Drugs Authority:—

<i>Type of Licence.</i>	<i>Number in force on 31st December, 1964.</i>
Dealers' (Pasteurised) Licences	4
Dealers' (Untreated) Licences	4
Dealers' (Pre-packed Milk) Licences (Pasteurised)	159
Dealers' (Pre-packed Milk) Licences (Sterilised)	101
Dealers' (Pre-packed Milk) Licences (Untreated)	62
	<hr/> 330 <hr/>

The results of sampling during 1964 in the districts concerned are as follows:—

SAMPLING IN RESPECT OF DEALERS' LICENCES.

	<i>Pasteurised.</i>	<i>Sterilised.</i>	<i>Tuberculin Tested (Pasteurised.)</i>	<i>Untreated.</i>
Number of Milk samples taken	316	108	291	131
Failed phosphatase test	—	—	—	—
Failed methylene blue test	11	—	8	14
Failed turbidity test	—	—	—	—

It will be seen that the total number of all types of milk sample failures is 33 (15 less than the year 1963). Once again the highest proportion of sample failures occurred in respect of "untreated" milk, formerly designated Tuberculin Tested (Raw) Milk. In three cases the cause of failure was found to be due to the age of the milk when sampled, in another the rise in temperature of the milk during transit and in another instance faults in the dairy machinery were detected, but the cause of the other failures could not be determined.

As will be seen from the results of samples shown in the following table, a high standard of performance was maintained at the pasteurising plants in the districts for which the County Council is the Food and Drugs Authority. The two phosphatase test failures were due to the fact that the automatic temperature control mechanism at one establishment required adjustment. The two methylene blue test failures also occurred at the same premises and were attributed to the condition of the milk on arrival for pasteurising. To safeguard against any repetition the licensee of the pasteurising plant is testing the milk supplied to him on arrival. Follow-up samples in respect of the phosphatase and methylene blue test failures all proved to be satisfactory.

SAMPLING AT PASTEURISING ESTABLISHMENTS.

	<i>Pasteurised.</i>
Number of milk samples taken	232
Failed phosphatase test	2
Failed methylene blue test	2

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 of his report are given below.

General.

The County Council is the Food and Drugs Authority for ten of the thirty-three County Districts in the Administrative County and the following table gives particulars of samples taken during 1964 within the Council's Food and Drugs Area for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1962 and 1963 are also given:—

	Milk.			Food other than milk.			Drugs.			Totals.		
	1964	1963	1962	1964	1963	1962	1964	1963	1962	1964	1963	1962
Examined	612	620	591	213	217	229	40	24	7	865	861	827
Adulterated or Irregular ...	17	9	4	17	15	20	1	2	—	35	26	24
Percentage Adulterated or Irregular	2.77	1.45	0.67	7.98	5.55	8.73	2.5	8.33	—	4.04	3.02	2.90
Samples per 1,000 of average annual population ...	1.88	1.96	1.90	0.65	0.69	0.73	0.12	0.07	0.02	2.66	2.72	2.66

Estimated Population.

Mid-Year, 1964	324,850
Mid-Year, 1963	316,590
Mid-Year, 1962	310,890

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 93 varieties of food and 34 different drugs formed the total of 865 samples taken, which fell just short of the target figure of 3 samples per 1,000 of the estimated population in the Council's Food and Drugs area.

Milk.

Of the total of 612 samples that were taken seventeen were found to be adulterated or irregular. Two of these adulterated samples were serious enough to warrant the institution of legal proceedings.

During the year 93 samples of milk were tested for the presence of antibiotics, and of these three were found to contain 0.05 (two samples) and 0.03 international units per million of penicillin.

Of the remaining twelve irregular samples, one of Channel Islands milk was found to be below the standard of 4 per cent milk fat, nine were deficient of the presumptive minimum standard of 3 per cent milk fat and 8.5 per cent solids other than milk fat (in either or both respects) and two samples contained foreign bodies.

In one case this was a small piece of plastic material like a tea leaf, and in the other a metal foil bottle cap.

Sausages.

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

Unsound or Otherwise Irregular Food.

Five incidents were reported involving various foodstuffs during the year.

False or Misleading Labels.

Six incidents were dealt with under this heading.

Food Contaminated by Pesticides.

Twelve samples of various fresh fruits and vegetables, both home-grown and imported, were submitted to the Public Analyst to discover if there had been any contamination by the use of pesticides. All the samples submitted were reported to be free from pesticide residue or contamination.

New Legislation.

THE MEAT (TREATMENT) REGULATIONS, 1964.

In January, 1964, regulations were made, and came into immediate effect, prohibiting the addition to raw and unprocessed meat intended for sale for human consumption of any of the following substances :—

Ascorbic Acid,
Erythorbic Acid,
Nicotinic Acid,
Nicotinamide,

and any salt or any other derivative of these substances, and the sale of any such meat so treated.

Mineral Hydrocarbons in Food Regulations, 1964.

In July last new regulations were made governing the use of mineral hydrocarbons in food and came into operation on the 15th August, 1964.

The regulations re-enact with amendments the Mineral Oil in Food Orders and Regulations, 1949-1955 and among other things (a) prohibit with certain exceptions, the use of mineral hydrocarbons in the composition or preparation of food ; (b) lay down specifications of purity for mineral hydrocarbons used in food.

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 1964 was 2,761 compared with 2,652 at the end of 1963.

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, 1964.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1...	—	—	—	—	—	—
2...	—	—	—	—	1	1
3...	—	—	—	—	—	—
4...	—	—	—	1	—	1
5—10	—	1	1	11	6	17
11—15	2	2	4	19	11	30
16—20	1	—	1	17	18	35
21—29	1	1	2	24	19	43
30—39	4	—	4	60	36	96
40—49	5	7	12	101	75	176
50—59	9	14	23	137	132	269
60—64	4	10	14	64	101	165
65—69	7	17	24	86	147	233
70—79	40	76	116	230	444	674
80—84	27	71	98	117	317	434
85—89	19	48	67	87	269	356
90 and over	9	18	27	41	190	231
Unknown	—	—	—	—	—	—
	128	265	393	995	1,766	2,761

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 591 as compared with 543 at the end of 1963.

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 552 forms were received relating to new cases and re-examinations as compared with 502 during 1963.

HOME TEACHERS FOR THE BLIND.

The complement of sixteen Home Teachers was increased to twenty-one.

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, 25,719 such visits were made this year. Fourteen handicraft classes functioned during the year and Social Clubs now number twenty-four. 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, REHABILITATION, TRAINING AND EMPLOYMENT.

Education.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. The 2 blind children of under school age remained at home. Of the 47 blind children of school age, 25 attended schools for the blind, 5 were not at school and 17 were ineducable.

Capitation fees are paid by the County Council to the National Library for the Blind in respect of 216 blind persons who are supplied with Braille or Moon Type Books.

Rehabilitation.

Rehabilitation for the purposes of employment is the responsibility of the Ministry of Labour, but the County Council assists blind persons to obtain social rehabilitation at the residential centres maintained by the Royal National Institute for the Blind.

A new service, domiciliary rehabilitation, for those who for domestic or personal reasons are unable to attend the residential centres, commenced in January 1964. One specially trained home teacher is occupied full time in rehabilitating blind persons in their own homes. During the year she worked with 30 blind persons and so far as can be assessed at this stage 10 of these have received very considerable and lasting benefit, 10 have received benefit to a lesser degree and 10 appear to have received little or no benefit.

Training and Employment.

The Ministry of Labour is responsible for the training and the placement of blind persons in employment. The Royal National Institute for the Blind continues to help and advise on commercial and professional work.

Of 377 blind persons available for employment 344 were employed and 33 were unemployed.

Workshops for the Blind and Home Workers' Scheme.

There are at present 18 blind persons employed in Workshops for the Blind, and the County Council continues to pay augmentation 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 outside the County.

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.

The Council continued to give a direct service to deaf persons (i.e. those who are "deaf without speech" and "deaf with speech") during 1964. The two Welfare Officers to the Deaf were more than fully occupied and, in November 1964, the County Welfare Committee recommended an increase of the establishment to three.

1,288 home visits were paid by the Welfare Officers during the year. Their activities also included the organising of socials, sports and youth clubs and clubs for the elderly deaf.

An important new feature has been the development of social activities for deaf persons in mental hospitals and the Welfare Officers have assisted on many of these occasions. Deaf persons in the

community have joined patients in mental hospitals for some of these socials and conversely, some deaf mental patients have been allowed to attend outside clubs. Combined socials for two hospitals have been held and deaf patients have been taken for outings.

The Welfare Officers are available for interpreting and their services have been required in the Courts, at police stations, and at evening classes in addition to places of work and in the homes of the deaf.

The County Librarian arranged for a mobile library of books suitable for deaf readers to be available from September onwards.

The duties of a Welfare Officer to the Deaf are multifarious as shown by the following examples:—

A deaf man asked the Welfare Officer to find out if he owned his house. The Welfare Officer established that the patient did own the property; he also took him to a solicitor to prepare his will.

A Welfare Officer helped a deaf man to change his job as building labourer which owing to ill-health he could no longer manage. Patient was placed with the Parks Department of a County District Authority where his work was satisfactory.

A young deaf man had become anti-social due to an unhappy home life. The Welfare Officer found lodgings for the patient and work where a deaf man of excellent character was already employed. It was hoped that these changes, together with a fuller social life at a club for the deaf, would modify the young man's attitude.

A Welfare Officer assisted a deaf married couple in getting their landlord to carry out overdue repairs to their home.

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

In April 1964 an Audiometrician/Hearing Aid Technician was appointed to visit homes for old people provided by the Council and voluntary organisations. Residents are tested by the Audiometrician for loss of hearing and those who show a significant loss are referred for examination to the general practitioner to the home. On his recommendation they may be sent to an Ear, Nose and Throat Consultant at a Hearing Aid Centre and, if necessary, are provided with a hearing aid. The Audiometrician inspects aids already in the possession of old people for defects and arranges for any necessary repairs or replacements. She also visits a selected number of centres and clinics for the elderly.

During the period April-December 1964 the Audiometrician tested the hearing of 2,512 old people of whom 170 were referred for further investigation. Repairs and replacements to hearing aids and exchanges of aids were effected for 304 elderly persons.

On 31st December, 1964 the register of deaf persons was made up as follows:—

		<i>Male.</i>	<i>Female.</i>	<i>Totals.</i>
Deaf without Speech	... ..	267	191	458
Deaf with Speech	... ..	69	55	124
Hard of Hearing	... ..	196	451	647
*Totals	... ..	532	697	1,229

* See also particulars of handicapped pupils on page 83.

Other Handicapped Persons.

The Council's scheme for handicapped persons, other than the blind, partially sighted and deaf, continued to be administered during 1964 by the Council and by the Voluntary Association for Surrey Disabled who are the Council's agents.

During 1964 the Council's field staff of three social workers was increased by one and a senior social worker was also appointed. This latter officer leads the team of social workers and is responsible for in-service training and the integration of the work of the field staff with that of the Voluntary Association for Surrey Disabled. She also undertakes field work.

Despite the increases in staff, the pressure on this comparatively new service continued unabated and in November 1964, the County Welfare Committee recommended an increased establishment, consisting of 1 Senior social worker, 9½ social workers, 5 welfare assistants and 5 clerk/shorthand typists. The aim is that one full time welfare assistant shall work with two social workers and, when all the established posts are filled, it is hoped that the case load per social worker and half time welfare assistant will be approximately 180. However, due to the national shortage of suitably qualified social workers, the development of a satisfactory service to all the physically handicapped is at the moment delayed. Within these limitations the social workers offer help and personal support to handicapped persons and their families over the many difficulties which arise through disablement.

To meet the difficulties of recruitment of staff it is hoped that, after in-service training and experience in the department, some welfare assistants may be seconded to one of the 2-year courses for the Certificate in Social Work.

An ever increasing demand continues to be made for aids and equipment and adaptations to homes of handicapped people. The numbers of applications approved were as follows:—

Aids and Equipment	...	...	...	...	366
Adaptations costing under £25	...	...	...	...	10
" " " £25-£100	...	...	...	...	11
" " over £100	...	...	...	...	6

The provision of welfare services to the physically handicapped necessitates co-operation with a great many other services and agencies including hospitals, general practitioners, the Ministries of Health, Labour, Pensions and National Insurance, other Local Authority services, training and rehabilitation centres and voluntary organisations. With all these agencies the social workers are in constant touch.

The services of the Council's team of qualified Occupational Therapists are available for disabled persons. The Head Occupational Therapist has also under his control technical instructors, craftsmen and storekeepers and this team handles the supply of aids and appliances and, in some cases devises and constructs them.

During 1964, 23 disabled persons were sponsored by the Council in centres for training and rehabilitation or in sheltered workshops.

The ambulance-type vehicles mentioned in my report for 1963 started to come into operation late in 1964. It was soon obvious, despite initial difficulties, that these vehicles will greatly reduce the problem of getting the severely disabled (and their wheelchairs) from their homes to clubs and classes. Contractors were also hired to transport the handicapped but it is hoped that, with the introduction of further county-owned special ambulances, reliance on hired vehicles will be reduced to a minimum. Much valuable assistance is rendered by volunteer drivers in transporting the less severely disabled.

During 1964, a further 105 disabled persons were provided with car badges designed to ease their difficulties in finding suitable places for parking. Since the inception of this scheme in 1961, 729 drivers have received badges.

The Voluntary Association for Surrey Disabled continued to organise, on behalf of the Council, handicraft classes, holidays and the transport of the handicapped.

On 31st December, 1964, the register of "Other Handicapped" persons was made up as follows :—

		<i>Male.</i>	<i>Female.</i>	<i>Totals.</i>
*Under 16	...	14	9	23
16-64	...	1,130	1,437	2,567
65 and over	...	284	594	878
Totals	...	1,428	2,040	3,468

* See also particulars of handicapped pupils on page 83.

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 1964 was 1,521,510 which includes 206,800 children between the ages of 5-14 years inclusive. In January, 1965 there were 187,883 children on the registers of 661 county and voluntary schools, an increase of 1,498 in the number of children on the school registers compared with January, 1964.

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	Eye test only.
	(iv) During year in which age 13 is reached (if more than a year from last routine inspection)	
Secondary	(v) During year in which age 15 is reached	Complete medical examination.
	(vi) During year prior to leaving school (if more than one year after last routine inspection)	

The number of children examined in primary and secondary schools was 72,972 and 31,717 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 I.

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 72,972 pupils examined at periodic medical inspections 11,531 (or 15.8 per cent) were found to be in need of treatment for 13,145 diseases and defects. Table IIA shows these diseases and defects from which it will be seen that 7,228 or 54.9 per cent of them were defects of the nose and throat and of vision and squint. During the year 483 cases of chronic tonsillitis and adenoids were recommended for treatment and 2,682 placed under observation.

There were 19,070 defects found to be in need of treatment in the course of periodic and special inspections in 1964, and 20,972 defects, a proportion of which were found in previous years, were actually treated during the year.

Medical re-examination and following-up.

During 1964 school medical officers carried out 12,647 special inspections and 10,092 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" (99.8 per cent) and "unsatisfactory" (0.2 per cent).

Personal hygiene.

The policy of selective hygiene inspection in schools was continued during the year. Whereas during 1963 a slight increase in the number of children found to be infected was reported the figure of 616 children for the current year is a slight reduction.



OPHTHALMIC SERVICE

The County Ophthalmic Surgeon examines a young Surrey patient for visual defects.



SPEECH THERAPY

A Senior Speech Therapist treats a child in one of the Surrey schools.



DENTAL HEALTH EDUCATION

*Surrey Primary schoolchildren enjoying milk and raw carrots following a talk by a dental health education lecturer.
(Photograph by courtesy of Donald E. F. Eldridge, Guildford)*



DENTAL SERVICES

Dental technician constructing orthodontic appliance at the County Dental Laboratory.

Figures for the five years 1960-1964 are given below :—

	1960	1961	1962	1963	1964
Number of visits to Schools by nurses for all purposes	9,969	8,305	7,129	6,074	6,948
Cases with nits in the hair	820	577	531	824	711
Cases with lice in the hair	64	54	75	97	63
Cases with verminous bodies... ..	—	5	—	—	3

It was not necessary to refer any cases of dirty or verminous conditions to the National Society for the Prevention of Cruelty to Children.

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 1964 was 5,556 ; the corresponding figure in 1963 was 5,721.

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 attended at 42 clinics throughout the County for the purpose of carrying out refractions and, where necessary, prescribing glasses.

Orthopaedic and postural defects.

Clinics staffed by sessionally employed orthopaedic surgeons were held in Guildford and Wimbledon. 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 1964.	Number of attendances.	Number of new cases admitted.	Number of cases discharged.
Guildford, Stoke Road	6	97	114	40	36
Wimbledon, Pelham Road	11	97	125	35	48
Total	17	194	239	75	84

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 1964.	Number of attendances.	Number of new cases admitted.	Number discharged.
North-Western	379	234	3,267	118	132
Central	411	349	1,442	228	152
North-Central	229	118	3,189	86	84
Southern	428	258	1,866	190	149
South-Eastern	547	528	5,614	237	300
Northern	243	262	1,952	205	119
South-Western	210	92	830	58	74
North-Eastern	237	223	2,934	126	105
Mid-Eastern	849	254	3,531	171	161
Woking U.D.C.	—	—	—	—	—
Total	3,533	2,318	24,625	1,419	1,276

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. 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 1964, 138 children made 1,213 attendances for artificial sunlight treatment at school clinics.

Health visitors.

As in previous years state registered and enrolled nurses were employed on a part-time basis to relieve health visitors of routine medical inspection duties in secondary schools and at school clinics operated independently of infant welfare centres. This enables the health visitors to devote more time to health education in schools, and to making better contacts with head teachers to discuss health problems, while following-up in the home of children found to have defects at medical and hygiene inspections still remains an important part of their duties.

The following tables show an increase over the previous year of 974 sessions worked by part-time school nurses reflected by a comparable reduction of health visitors' fixed appointments.

A. PART-TIME SCHOOL NURSES. SESSIONS WORKED IN 1964.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinics.	Immunisation	Other.	Total.
N.W. ...	21	202	309	227	68	827
C. ...	—	151	—	141	45	337
N.C. ...	83	347	265	459	11	1,165
S. ...	—	179	173	70	—	422
S.E. ...	44	138	109	49	262	602
N. ...	15	113	201	121	19	469
S.W. ...	—	265	164	205	90	724
N.E. ...	—	331	491	198	30	1,050
M.E. ...	27	76	420	71	15	609
Woking U.D. ...	95	94	83	42	18	332
Total ...	285	1,896	2,215	1,583	558	6,357

B. HEALTH VISITORS' FIXED APPOINTMENTS IN 1964.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinic.	Hygiene.	Teaching Sessions.	Other.	Total.
N.W. ...	238	326	39	53	19	182	857
C. ...	91	232	86	16	26	39	490
N.C. ...	159	239	92	93	35	90	708
S. ...	96	240	106	43½	8	533	1,027
S.E. ...	129	181	—	26	12	133	481
N. ...	39	123	26	12	23	3	226
S.W. ...	109	400	13	58½	50	—	632
N.E. ...	59	259	21	92	82	73	586
M.E. ...	92	191	20	54	4	42	403
Woking U.D. ...	100	141	42	14	22	143	462
TOTAL ...	1,112	2,332	445	462	281	1,238	5,872

SPECIAL FORMS OF TREATMENT.

Speech and hearing service.

Audiology.

As was mentioned in last year's report the audiology and speech therapy services were integrated into one in 1963. This arrangement has continued to work most satisfactorily. Liaison between teachers of the deaf and speech therapists can only result in advantage to the child handicapped by some degree of deafness associated with a speech defect. More children wearing hearing aids are being seen by speech therapists at the request of teachers of the deaf.

The audiology clinics are held in general clinic premises in the quietest room available. The exclusion of all extraneous noise is an ideal to be aimed at and the provision of the sound insulated room at Kingston has proved to be very satisfactory.

	NORTH WEST										CENTRAL										NORTH CENTRAL										SOUTHERN										SOUTH EASTERN										NORTHERN										SOUTH WESTERN										NORTH EASTERN										MID EASTERN										WORKING U.D.										GRAND TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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During the year audiology clinics have been held as follows :—

<i>Division.</i>	<i>Locality.</i>	<i>Frequency.</i>
N.W. and Woking U.D.C.	Woking, Egham or Camberley ...	Weekly.
C	Cheam, Leatherhead, Ewell or Banstead	Weekly.
N.C.	Kingston... ..	Fortnightly.
S.	Redhill	Fortnightly.
S.E.	Purley	Fortnightly.
N.	Richmond	Fortnightly.
S.W.	Guildford, Ash or Farnham ...	Fortnightly.
N.E.	Wimbledon	Fortnightly.
M.E.	Carshalton	Monthly.

In the N.W. and S.W. Divisions morning or afternoon sessions have not been sufficient to deal with the number of children and so all day clinics are often necessary.

Of the 97 children in the County born in the years 1958-1963 known to be deaf 51 were first diagnosed to be deaf at a Surrey County Council audiology clinic; of the remainder some had already been diagnosed by the time the families moved into Surrey and others had attended hospital for associated conditions which lead to the diagnosis being made. It has been suggested that tests for hearing acuity in young children should only be performed in fully equipped audiology clinics. Our figures show that this is an erroneous concept and will only lead to a late diagnosis in a condition in which early diagnosis is imperative if the afflicted child is to benefit to the full from modern educational techniques. In a county area, it is possible with good organisation for the audiology team to pick up the great majority of deaf children provided that diagnostic facilities are made available throughout the area. In this way the problem of long journeys for children and parents attending diagnostic centres is avoided.

Every year a two-day course on deafness in the young child is held for the health visitors in training and for those health visitors who have joined the county staff since the previous course. In this way the ascertainment of deafness in children is stressed as an important part of a health visitor's duties. Continued awareness of the significance of a hearing loss in a child and a reminder to parents that hearing tests are available for children of all ages during home visits and at infant welfare clinic sessions, backed by judicious use of posters in clinic waiting and weighing rooms help a lot towards our aim of easy detection of a hearing loss, however slight, in our child population.

Routine hearing screening tests by health visitors of all children at the age of 7-9 months, whether they are "at risk" or not, has continued to be the policy throughout the County during the year; children who fail this test are referred to the nearest audiology clinic. The majority of children who fail the test are found to have normal hearing, although it may take many months to establish this. The fact that four children who have "passed" a screening test have been shown at a later date to be deaf, makes one wonder if routine testing of *all* children is justified particularly as the expected incidence of congenital perceptive deafness is in the region of 1:1,500 live births. Perhaps it would be better if a policy of selective testing by Health Visitors was adopted for those children in whom there is reason to suspect a hearing loss rather than universal testing.

The great advantage of testing all children, however, is that the possibility of deafness is always being brought to the notice of the Health Visitors. They are therefore, continually being reminded of its importance. If routine testing was abandoned this would not be the case and the diagnosis of deafness might for this reason be delayed.

One of the big problems to be faced is the child with a hearing aid who is attending an ordinary school. There are 158 such children under supervision by the audiology service: 18 attending infants schools, 58 attending junior schools and 82 attending secondary schools. The peripatetic teachers of the deaf visit them as often as possible but as the children are from all parts of the County and in many instances there is only one child with a hearing aid in an individual school the problem of visiting them all frequently is not easily overcome.

Audiometry.

14,426 school children in the 6-7 years age group were given routine hearing tests in school with the pure tone audiometer. 971 (6.7 per cent) failed to give a satisfactory response and were referred to school medical officers for examination. By the end of the year 843 had been seen and of these 288 (34 per cent) were found to have normal hearing. The remaining 555 were considered to have hearing problems as shown in the accompanying table. It can be seen that routine audiometry, although a time consuming and repetitive task for the audiometricians, does reveal a significant number of children with a hearing loss which has not been suspected by either the teachers or the parents and who are in consequence "at risk" for backwardness in school work. Furthermore the examinations drew attention to eighteen children with normal hearing who appeared to be mentally retarded.

Apart from the routine work the three audiometricians are also available to carry out special examinations of children referred to them from various sources such as medical officers, head teachers and general practitioners. These children include not only those suspected of having a hearing problem but also those in whom it is important to establish whether the hearing is normal, as in the case of backward children, the emotionally disturbed or those requiring speech therapy. 1,295 children were so examined and 463 (36 per cent) failed to give a satisfactory response. By the end of the year 395 had been examined by school medical officers of whom 109 (28 per cent) were found to have normal hearing. The remaining 286 were considered to have a hearing problem.

The contrasting results obtained from the examination of these two groups of 14,426 and 1,295 children respectively are an interesting comment on the two aspects of a comprehensive audiology service but at the same time show clearly that both methods of approach are productive.

CHILDREN RECEIVING AUDITORY TRAINING DURING 1964.

Age.	Cases Carried over from 1963.	New Cases.	Discharged to		Left District.	Remaining Dec., 1964.	Total.
			Special School.	Supervision.			
0-2 years	2	11	—	1	—	12	13
2-5 "	28	18	8	3	2	33	46
5-7 "	8	7	2	8	—	5	15
7-11 "	5	2	—	2	—	5	7
11+ "	2	1	—	1	1	1	3
Total	45	39	10	15	3	56	84

CHILDREN UNDER SUPERVISION DURING 1964.

Age.	Cases Carried over from Previous Year.	New Cases.	Discharged.		Left District.	Remaining Dec., 1964.	Total.
			Special School.	No longer needing help or no longer at School.			
0-2 years	—	2	—	—	1	1	2
2-5 "	—	5	—	—	—	5	5
5-7 "	12	13	—	3	—	22	25
7-11 "	58	46	2	2	—	100	104
11+ "	94	23	—	15	—	102	117
Total	164	89	2	20	1	230	253

Speech therapy.

There were 58 speech Clinics in operation at the end of the year at which a total of 154 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. A new clinic was opened at Oxted and additional sessions were provided at Addlestone, Camberley, Dorking, Horley, Reigate and New Malden. There were 2,426 individual children treated during the year compared with 2,258 in 1963, these were mainly for stammer, lisp and underdeveloped speech. Of these 398 were discharged as cured, 205 discharged as greatly improved, 141 discharged as showing some improvement and 63 as showing little or no improvement. A table showing the work of the Speech Therapists in 1964 is given at the end of this report.

The duties of the four senior speech therapists appointed in 1962 and 1963 were consolidated in 1964. Each senior has a full-time clinical appointment. In addition, each has her own area of interest and responsibility where the therapists know that she is available to be called upon for advice with any particularly difficult case or problem. The seniors also assist therapists newly appointed to clinics in effecting a smooth handover of cases and introducing them to their colleagues working in the area. This avoids any feeling of working in isolation in clinics where the therapist is inevitably the only member of her profession. This is further overcome by regular informal meetings of therapists and seniors held within the areas. At these meetings colleagues discuss together problems arising from cases, and generally exchange items of information. The meetings also allow the senior therapists to act as a valuable link between the administrative staff and the staff in the field.

The integration of the speech therapy and audiology services referred to on page 78 has been enthusiastically received by the speech therapists. The fact that they can call directly on the expert knowledge and advice of the audiology service is considered to be a great asset to their work and is much appreciated.

One of the problems in the rural areas of the County has always been the travelling difficulties experienced by children attending clinics regularly for treatment. To overcome this an increasing number of therapists have been authorised to use their motor cars in their work thus enabling them to travel to rural schools where there are groups of children in need of speech therapy. Much time is saved both for the therapist and for the child who does not have to undertake long journeys to the clinic and thus misses less school. Furthermore, both teachers and speech therapists have an opportunity to meet regularly in school to discuss problems and ways of helping the speech handicapped child without the therapist having to make special journeys for this purpose.

Students from the four speech therapy training schools in London continued to make a vital contribution to clinical activities during 1964. These students give excellent assistance to the County whilst gaining practical experience in the work of the school health service.

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 suitably qualified staff continued to present difficulties 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	0.4	1.0
Godalming	0.4	1.0	0.5	0.4	1.0
Guildford	1.0	2.2	2.0	1.4	2.0
Chipstead	0.6	1.0	1.0	0.4	1.0
Reigate	0.6	1.0	1.0	0.6	1.0
Richmond	0.6	0.8	1.5	0.2	1.0
Malden	1.0	1.5	1.5	0.6	1.0
Sutton and Leatherhead ...	1.1	2.5	3.0	1.6	2.0
Wimbledon	0.6	1.0	1.0	0.5	1.0
Mitcham	0.6	1.0	1.0	0.4	1.0
Woking	0.6	2.0	2.0	0.5	2.0
Total equivalent full-time ...	7.5	15.0	15.0	7.0	14.0

The educational psychologists devote half their time to work in the child guidance clinics and half to the school psychological service.

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	91	57	50	173	42	170	48	122	75	113	121	114	1,176
No. of new cases seen	66	52	38	163	24	87	33	88	54	102	98	81	886
No. of cases discharged	36	52	38	286	15	55	26	38	83	63	90	39	821
Analysis :—													
(a) Treatment completed	20	25	17	129	12	4	18	26	37	33	26	20	367
(b) No treatment required	6	8	1	114	3	27	3	5	22	27	27	7	250
(c) Non-co-operation of parents ...	4	2	6	11	—	4	2	5	14	2	5	7	62
(d) Other arrangements made ...	6	17	14	32	—	20	3	2	10	1	32	5	142
No. of cases under treatment at end of year	26	31	21	35	6	14	23	100	21	37	25	22	361
No. of cases under supervision at end of year	44	35	28	111	18	282	11	143	31	38	155	45	941
No. of cases withdrawn from waiting list during year	21	9	15	16	22	67	18	79	16	34	21	46	364
No. of cases remaining on waiting list at end of year	26	9	9	18	6	91	35	18	12	16	20	23	283
No. of interviews by psychiatrists...	966	348	220	1,616	77	803	659	561	762	1,058	690	905	8,665
Analysis :—													
(a) With children for examination	100	39	34	267	32	177	33	82	129	164	156	107	1,320
(b) With children for treatment ...	799	145	120	484	—	284	551	245	291	473	498	610	4,500
(c) With parents	39	137	47	735	33	227	44	195	176	274	7	137	2,051
(d) With others	28	27	19	130	12	115	31	39	166	147	29	51	794
No. of sessions held :—													
(a) Psychiatrists	310	189	99	469	29	413	288	251	284	438	289	302	3,361
(b) Educational psychologists ...	242	401	360	537	24	743	190	216	414	449	472	390	4,438
(c) Psychotherapists	42	92	92	287	153	159	14	—	68	462	65	—	1,434
(d) Psychiatric social workers ...	230	55	192	489	137	854	23	210	629	1,251	493	305	4,868

The Reigate child guidance clinic was transferred to larger and more suitable premises at Redhill during the year. The problem of accommodation still remains acute in some areas but this will be partly alleviated when new clinic premises already planned come into use. Nevertheless the policy of expanding and improving the service is being continued. This is exemplified in the following extract from the report of the psychiatrist at the Woking Clinic.

"An interesting innovation was made this year when we started holding Clinics at Egham and Camberley from October 1st. These were held on the second and fourth Tuesday in the month at the Drill Hall, Egham, and on the first and third Tuesday in the month at The Poplars, Camberley. This was for diagnostic purposes only, with an occasional older child in for therapy where there was a very special difficulty with regard to travelling for the parents.

This has been very rewarding in that we made more contact with the Health Visitors in these two areas and it has also been helpful for mothers not to have to travel into Woking for the first appointment, as the time factor is considerable if they do not have a car.

We received the kindest welcome and help from the Staff of both the Clinics. Although conditions are far from ideal so far as Child Guidance clinic work is concerned, it has been a very useful move and appreciated by the parents and I think the Health Visitors too.

In November and December we held 3 meetings with the A.M.O.s and Health Visitors working in Egham and Camberley area and the intervening areas, Chertsey, Addlestone, etc. At these meetings, films were shown depicting phases of development in children also a film on parental difficulties. These were followed by discussion in each case.

The meetings were very interesting and stimulating and were very well attended.

Throughout the year, the Staff were asked to lecture to various groups such as Young Wives' Groups and Parent-Teacher Associations, etc. These all provide a useful point of union with the population and the lectures or talks were followed by very useful discussion, in which many took part."

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 Department of Education and Science 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 1964, 2,063 Surrey pupils were attending special schools compared with 1,963 at the end of 1963.

The following table shows the number of Surrey children as at 31st December, 1964, who were ascertained as handicapped pupils and the provision made for their education:—

Category.	Total Handi- capped Pupils.		Recommended for Special School or Hostel.										To continue under observation at Ordinary School.		Home Tuition.		Tuition in Hospital or Special Units.		Pending Recommendation			
			In Special School or Hostel.						Parents refuse consent.		On waiting list.								In Ordinary School.		At home or in hospitals or in Private School.	
			Pro- vided by Surrey.		Other.		Total.															
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G		
Blind ...	23	16	—	—	17	11	17	11	—	—	3	2	—	—	—	1	—	—	3	1	—	1
Partially sighted ...	47	23	—	—	21	14	21	14	—	—	3	1	16	4	1	—	—	—	3	1	3	3
Deaf ...	52	38	23	24	24	13	47	37	1	—	3	—	—	1	—	—	—	—	—	1	—	
Partially hearing ...	124	100	—	—	16	9	16	9	2	—	2	—	89	80	1	—	—	—	7	6	7	5
Educationally sub-normal ...	1,210	670	615	356	37	21	652	377	31	17	151	84	276	153	3	1	—	—	75	37	22	1
Epileptic ...	45	30	—	—	17	7	17	7	—	—	—	—	1	3	2	1	—	—	22	16	3	3
Maladjusted ...	246	89	121	16	65	53	186	69	3	—	27	3	11	6	5	4	—	—	9	1	5	6
Physically handicapped ...	425	263	39	28	219	133	258	161	2	—	9	2	59	38	20	12	34	14	27	18	16	18
Delicate ...	189	113	49	21	56	33	105	54	11	5	2	5	18	11	4	1	8	10	39	26	2	1
Speech defect ...	9	4	—	—	3	2	3	2	—	—	6	2	—	—	—	—	—	—	—	—	—	—
Totals ...	2,370	1,346	847	445	475	296	1,322	741	50	22	206	99	470	296	36	20	42	24	185	106	59	38

Special schools and hostels.

The following are provided by the Education Committee :—

Handicap.	Name and Address of School/Hostel.	Accommodation.	Age Range.
Educationally Sub-normal	Barnes, St. Hilda's	50 M. Day	7-12
	Beddington, Carew Manor	140 M. Day	7-16
	Bramley, Gosden House	80 G. } Boarding	} G. 7-16 B. 7-10
		20 B. }	
	Camberley, Carwarden House, (temporary) ...	20 M. Day	7-12
	Chessington, St. Philip's	60 M. Day	7-16
	Guildford, Temple Court (temporary) ...	130 M. Day	7-16
	Leatherhead, West Hill	40 M. Day	7-12
	Mitcham, St. Christopher's	120 M. Day	7-16
	Redhill, St. Nicholas	155 M. Day	7-16
Delicate and physically handicapped	Redhill, St. Nicholas	100 B. Boarding	} 10-16
		20 B. Day	
	Woking, Park	170 M. Day	7-16
	Guildford, Sunnydown	40 B. Boarding	10-16
	Kingston-upon-Thames, Bedelsford	72 M. Day	5-16
		(including spastic unit)	
	Oxted, Limsfield Grange	38 M. Boarding	G. 5-16 B. 5-10
Deaf	Caterham, Portley House	40 M. Boarding	3-12
	Redhill, Nutfield Priory	80 M. Boarding	12-16
Partially hearing	Ewell, Riverview County Primary	20 M. Day	5-11
	Woking, Woodlands County Primary	10 M. Day	5-11
Maladjusted	Camberley, Wishmore Cross	40 B.	11-16
	Dorking, Starhurst	30 B.	11-16
	Guildford, Thornchase, Merrow (Hostel) ...	18 M.	G. 5-12 B. 5-11
	Guildford, Grove Class, Merrow (day class) ...	15 M.	7-12
	Sutton, North Downs (day class)	15 M.	7-12
	Wimbledon, Hollymount (day class) ...	30 M.	7-12
Retarded	Epsom, Clayhill Centre (Remedial Class) ...	32 M.	Primary

During the year 1964 three additional day schools for educationally sub-normal children were provided. St. Hilda's, Barnes opened in January with accommodation for 50 primary children, Carwarden House, Camberley in September for 60 primary children and Temple Court, Guildford in November for 40 primary children. All three schools are temporary and it is intended to provide purpose built schools accommodating 120 children of primary and secondary age in each case. St. Hilda's and Temple Court schools are already included in major building programmes.

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, Long Grove Hospital School.
 Tadworth, Tadworth Court Hospital School.

In addition there were 66 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 56 children being educated in this way.

Mental health.

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. Four children were reported to the Mental Health Committee in 1964 as unsuitable for education at school. The comparable figure for 1963 was 7.

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. 55 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 271 children admitted to convalescent homes during the year. The figure for the previous year was 272. The normal period of stay varies from two to four weeks.

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 1964 :—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	213	7	10	230
Enteric fever	—	4	—	4
Measles	1,842	10	21	1,873
Whooping cough	362	17	8	387
German measles	456	7	2	465
Chicken-pox	3,463	17	23	3,503
Mumps	5,256	12	43	5,311
Jaundice	22	—	1	23
Other	1,000	277	17	1,294
Totals	12,614	351	125	13,090

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	3	—	3
Impetigo	20	2	22
Scabies	14	4	18
Other	13	1	14
Totals	50	7	57

Tuberculosis in schools.

During the year fourteen school children and three teachers were notified as suffering from tuberculosis and in consultation with the chest physician concerned it was decided that special investigations should be carried out at six of the schools involved (four in County and two in Independent Schools). The results of these investigations, all of which were completed in 1964, and of two similar investigations in respect of 1963 notifications not completed in 1963 were as follows.

In six of the eight investigations, 1,780 children were Mantoux tested and, excluding 212 children known to have had B.C.G. vaccination, 88 or 5.6 per cent were found to be Mantoux positive. These positive reactors were given chest X-ray examinations. In the remaining two investigations X-raying only was felt to be sufficient; in all 882 children were X-rayed. The results of these examinations were satisfactory except in two incidents where in each case one of the positive reactors to the Mantoux test was found to be suffering from tuberculosis. In one of these incidents it was believed that the child in respect of whom the investigation was being carried out had been infected by his mother and the investigation revealed that she had apparently also infected the child of a neighbour.

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 1964 are described in the County Medical Officer's annual report.

PROMOTION OF HEALTH.

Health education.

While the provision of literature on health matters has continued to be provided to schools throughout the County, far more emphasis has been laid on the personal approach to staff and students.

The third of a series of study days on health education in schools was held for heads of secondary schools, giving opportunity for considering policy and practice on this topic. Speakers were drawn from a wide field of educational and medical experience, and in addition representatives of the following interests were present: Department of Education and Science, County Inspectorate, Divisional Education Officers, Divisional Medical Officers, nursing and dental officers and representatives from the Marriage Guidance Council and the Diocesan Council for Social Welfare. Subsequently the Education Department organised a workshop course for homecraft teachers to consider the ways of introducing health education in a homecraft course. As a consequence of this greater interest in health education health visitors have been invited to take a larger part in the planning and execution of aspects of the curriculum dealing with growth and development, normally related to homecraft or biology syllabuses. They have been able to assist the staff of the schools in dealing with child care, personal health, anatomy and physiology, personal relationships, first aid and kindred subjects. The teaching work of the health visitors has been augmented from time to time by that of dental officers and the staff of the Ambulance Service. Heads of schools have co-operated in this work by making provision for health visitor students to receive teaching practice, under supervision, in the schools.

Experienced health visitors have received in-service training to improve their teaching methods. Opportunities have been afforded pupils to visit clinics and day nurseries where they have been able to render service to the community in the spirit of the *Newsom Report* (1963). It is hoped to provide for further support to the schools on this basis in the future and to extend the work into the primary schools. Talks on health topics were given to many youth organisations by request.

Dental health education.

In July one of the dental surgery assistants was seconded in a part-time capacity to visit schools, especially primary schools, in order to give illustrated talks on dental health. During the period September to December she visited 74 schools and spoke to over 3,000 pupils mainly in the south-eastern division. She has also spoken to parents of schoolchildren at several clinics. The lecturer was well-equipped with modern visual aids and distributed a large amount of literature on dental health. The talks evoked considerable interest which was demonstrated in the pupils' subsequent work. The lecturer is in great demand but it is hoped to extend the work to other areas if more teaching sessions are made available.

A dental health education programme was also commenced in the Urban District of Woking in collaboration with the Medical Officer of Health, the District Education Officer and a Senior Dental Surgeon. Each primary school in the district was to be visited by a school dental officer or by one of the surgery assistants and health visitors. Talks were given on oral hygiene illustrated by films, filmstrips, posters and leaflets in order to emphasise correct cleaning of the teeth. The importance of brushing, rinsing and the use of fruit as cleansers would be stressed. The intention was to extend the work to the secondary schools, although here it was thought better for the dental officers to discuss with the teaching staff suitable lines of approach in dental health. It was also hoped that the opportunity would be given to speak at meetings of the parent-teacher associations. Heads of two primary schools had agreed to inaugurate supervised tooth-brush drill in the reception classes as part of a practical health education programme. If this were successful it was hoped to extend the practice throughout the schools concerned.

Talks also took place with officers of the School Meals Service with a view to substituting cheese and biscuits for the usual sweet and including a portion of apple per person to cleanse the mouth after the meal.

Arrangements were made to give special attention to the pre-school child. Health visitors presented children with a special birthday card when they reached the age of three years and persuaded mothers of these children to take them either to their private dentist or to the dental clinic where special sessions were arranged for them. Contact was made with the Dental Executive Council and the local British Dental Association so that dentists practising in the area were acquainted with the programme. Leaflets and posters were made available to them and they were invited to participate in the scheme by giving talks to local groups and societies.

Smoking and health.

A second campaign for schools and youth organisations was held from 20th April to 3rd July, a total of 51 working days, each day comprising two sessions of about three hours.

The mobile unit, provided through the Central Council for Health Education, staffed by two graduate lecturers, carried out visits to 75 secondary schools, 21 youth organisations and one teacher training college. Audiences varied in number from a mere handful to over 100. The total attendances were 13,384.

During its tour it was under the supervision of divisional medical officers, and there were present from time to time medical, nursing and teaching members of the staff of the education and health departments.

Press releases were circulated to some 50 local newspapers. In addition many columns of news, with photographs, were secured. The campaign was supported by the distribution of posters to schools, youth clubs and district council notice-boards. The Surrey Executive Council arranged for a distribution of literature to the surgeries of local medical practitioners. Many thousands of leaflets were purchased and sent to schools, clinics and offices.

While the campaign progressed 150,000 copies of a letter from the Principal School Medical Officer were printed and distributed to parents of all school children asking for their active co-operation in the health campaign against smoking.

Teaching notes were provided for teachers and health visitors.

In one or two divisions special displays on the medical aspects of smoking were mounted in public libraries and clinics and talks at ante-natal and welfare clinics frequently included reference to the health hazards of smoking.

No short-term results can possibly be achieved by occasional campaigns. The work requires constant repetition. Heads of schools were advised of ways and means by which this could be done. There is evidence to show that the talks made considerable impact in the schools, and that they are best directed to the younger age groups.

An evaluation of the campaign undertaken was made by the Professor of Health Education, University of Alberta, Canada, using 18 schools in Surrey and 8 in the north of England. Extracts from the 150 page report are interesting.

Percentage of Scholars Smoking.

Does not smoke	...	...	...	74.9
Smokes occasionally	...	...	...	12.6
Smokes 1-9 cigarettes a week	...	...	...	9.1
Smokes 10 or more cigarettes a week	...	...	...	3.0
No answer	...	...	...	0.4

Generally there was an increase in the number of smokers from age 11 to age 12. Cigarettes were bought illegally by 71 per cent of the students. Ten per cent of the children were given cigarettes, an illegal practice. Pupils indicated that 17 per cent would hope to smoke after they leave school, but 82 per cent hoped they would not. About two-thirds of the pupils had received instruction about the effects of smoking and one-third had not.

In the children's opinion, father and mother, then television, followed by poster and newspaper had been the greatest influence on them against smoking. The children were asked what effect they thought the talk and film would have in keeping boys and girls from starting smoking or giving it up. The vast majority of the replies (87 per cent) suggested that the presentation was of value.

During the year details of the Junior League of Non-Smokers, sponsored by the British Medical Association, were sent to all secondary schools. Members of this League are given a badge and organise talks and discussions on the subject of smoking.

Report on physical education.

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

The year has been remarkable for the greatest progress in physical education for a very long time. In the first instance the Education Committee agreed to strengthen the organising staff of the County by the appointment of two teacher/advisers and in October, 1964, Mrs. E. N. Bromfield and Mr. D. G. Buckland were appointed; both are on the staff of De Burgh County Secondary School, Tadworth, and both are devoting two days per week to visiting schools to demonstrate or advise on physical education. They are also giving valuable assistance in organising and conducting teachers' courses in a variety of activities.

De Burgh School has been used on Tuesday evenings throughout the year as a "physical education workshop" where all types of physical education have been demonstrated throughout the whole range of ages from infants to top secondary pupils. As many as 350 head teachers, physical education specialists, lecturers, etc., have attended regularly and contributed actively to discussions.

Primary schools.

The Education Committee has agreed to equip all new primary school halls with a wide range of fixed and portable gymnastic apparatus and to improve, wherever possible, the provision for gymnastic work in older primary schools. Considerable interest is being shown by primary teachers in the new methods and techniques which have been demonstrated and discussed by the County's inspectors and advisers.

Secondary schools.

The progress noted last year is being maintained and the scope of secondary physical education widened still further. The staffing position continues to improve, though too frequent changes of women specialists make steady progress difficult to achieve in some schools.

During the year a Surrey Schools Amateur Gymnastic Association has been formed to encourage interest and promote competition in "olympic" gymnastics and trampolining; 25 schools affiliated immediately and the number is steadily growing.

The sport of orienteering, so popular in Scandinavian countries, has been introduced by the County's organiser of outdoor activities and is proving extremely popular at weekends.

Efforts are being made to acquire an outdoor activities centre in Wales to accommodate school parties, both for outdoor physical activities and field studies, and it is probable that during the coming year a suitable property will be purchased and equipped.

The Surrey Physical Education Association continues to flourish and enlarge its membership; many meetings, demonstrations and courses have been arranged by this association and attendance has been very satisfactory.

It is a pleasure to record that never has so much time and energy been given by officers of the many schools sports associations and teachers of physical education than during the past year. The standard of work in schools reflects this keenness.

Swimming.

The number of courses on the teaching of swimming has been increased and many more teachers have now qualified to teach both beginners and advanced pupils in the basic strokes and in diving, life-saving and personal survival. The Education Committee has continued to make grants to schools to build new pools or to improve existing ones.

Open air education.

Summer camp.

The season at Henley Fort camp commenced on the 2nd May and continued for fifteen weeks. During this period no serious illness occurred. The following statistics are given for 1964 together with those for the preceding year:—

	1963 (42nd season)	1964 (43rd season)
Number of children	405	472
Number of teachers	36	43
Number of schools	6	10
Average cost of food per head per week ...	£1/10/9d.	£1/10/10d.
Number of weeks	12	15

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 maintained schools on a day in September, 1964.

No. in Attendance.	Number taking meals.	Percentage taking meals at		
		Full-cost.	Half-cost.	Free.
173,209	127,635	97.4	—	2.6

The total number of pupils, both day and boarding, who were receiving milk free of cost was 140,187 in maintained schools and 44,134 in non-maintained schools.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1964, the Education Committee was responsible for the maintenance and training at residential institutions of 16 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.

All of the 2,905 children who were medically examined during the year as to their fitness to take part-time employment were found to be fit. The examinations are undertaken by the school medical officers at the clinic nearest to the homes of the applicants and in all 3,112 examinations and re-examinations were carried out for this purpose.

There were 26 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 1964.

Staff.

At 31st December, 1964, the dental officer staff consisted of 31 full-time and 3 part-time salaried officers and 34 sessionally employed officers equivalent to 12.4 additional full-time officers. At the end of 1963 there were 30 full-time and 3 part-time salaried officers and 33 sessionally employed officers equivalent to 12.5 additional full-time officers. The total number of sessions undertaken in 1964 has exceeded the 1963 figures by 315. Approximately 90 per cent of the time of dental officers is devoted to the treatment of school children and approximately 10 per cent to the treatment of Expectant and Nursing Mothers and Children under five years of age.

Accommodation and Equipment.

New clinics came into operation during the year at Walton Road, West Molesey and at Manor Drive, Worcester Park. Each clinic includes a modern well equipped dental suite on the first floor. Adaptations which considerably improved the dental facilities at Shawfields Road Clinic, Ash were completed.

County Dental Laboratory.

The construction of orthodontic appliances and dentures is carried out at the County Dental Laboratory, Kingston-upon-Thames, which was opened last year. During the greater part of the year the staff consisted of a Chief Technician assisted by six technicians and two apprentices, but considerable difficulties are experienced in the recruitment of technicians.

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 Maternity and Child Welfare Service.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns and Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,132 (2,132)	147 (307)	185 (221)	105 (128)	3,072 (3,072)	106 (314)	5,747 (6,174)

Orthodontic Service.

Orthodontic treatment was carried out by three full-time and three-part-time officers specially engaged for this purpose. In addition most dental officers undertake a limited amount of orthodontic treatment either on their own initiative or in consultation with an orthodontist. Cases carried forward from the previous year numbered 2,321 and 1,014 additional children commenced a course of orthodontic treatment during the year. 2,040 removable appliances were fitted and 78 fixed appliances were provided.

Dental Inspection and Treatment.

The number of pupils examined at routine school inspections was 154,164 and a further 10,937 children were inspected at the various clinics making a total of 165,101. Fillings in permanent teeth numbered 60,591 and in temporary teeth 25,736, a total of 86,327. The number of permanent teeth extracted was 5,259 and temporary teeth 13,301. Statistical information is given in Table IV.

Dental Health Education.

Further progress was made in the field of dental health education and details of the work undertaken is given under Promotion of Health.

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)
1960 and later ...	1,295	1,294	99.92	1	.08
1959 ...	12,898	12,866	99.75	32	.25
1958 ...	4,687	4,663	99.49	24	.51
1957 ...	934	929	99.46	5	.54
1956 ...	13,252	13,211	99.69	41	.31
1955 ...	1,960	1,959	99.95	1	.05
1954 ...	751	750	99.87	1	.13
1953 ...	7,624	7,613	99.86	11	.14
1952 ...	6,412	6,401	99.83	11	.17
1951 ...	3,657	3,656	99.97	1	.03
1950 ...	2,213	2,211	99.91	2	.09
1949 and earlier ...	17,286	17,255	99.83	31	.17
TOTAL ...	72,972	72,811	99.78	161	.22

**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.
1960 and later ...	12	116	126
1959 ...	396	1,425	1,694
1958 ...	140	493	592
1957 ...	48	110	146
1956 ...	725	1,086	1,691
1955 ...	119	174	267
1954 ...	65	97	148
1953 ...	883	687	1,561
1952 ...	663	560	1,150
1951 ...	528	206	398
1950 ...	271	157	402
1949 and earlier ...	2,345	1,222	3,356
TOTAL ...	6,195	6,333	11,531

C.—OTHER INSPECTIONS.

Number of Special Inspections ...	12,647
Number of re-inspections ...	10,092
Total ...	<u>22,739</u>

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	76,974
(b) Total number of individual pupils found to be infested ...	616
(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	137	475	399	519	441	782	977	1,776
Eyes—								
(a) Vision	498	1,221	2,397	1,251	3,108	2,618	6,003	5,090
(b) Squint	236	184	67	63	294	258	597	505
(c) Other	36	89	26	186	64	270	126	545
Ears—								
(a) Hearing	106	444	44	110	199	800	349	1,354
(b) Otitis Media	66	462	19	71	64	383	149	916
(c) Other	29	147	42	57	54	173	125	377
Nose and Throat	270	2,063	51	311	307	1,967	628	4,281
Speech	179	460	20	116	154	353	353	929
Lymphatic Glands	37	711	3	54	30	431	70	1,196
Heart	15	362	21	257	38	367	74	986
Lungs	99	516	51	248	154	663	304	1,427
Developmental—								
(a) Hernia	36	100	12	20	25	111	73	231
(b) Other	30	508	22	177	97	801	149	1,486
Orthopaedic—								
(a) Posture	40	168	114	383	196	500	350	1,051
(b) Feet	305	781	112	324	437	997	854	2,102
(c) Other	125	520	109	522	199	764	433	1,806
Nervous System—								
(a) Epilepsy	20	45	18	40	27	100	65	185
(b) Other	15	137	7	62	35	141	57	340
Psychological—								
(a) Development	10	173	55	49	235	279	300	501
(b) Stability	24	399	10	137	87	591	121	1,127
Abdomen	10	144	9	52	41	231	60	427
Other	252	496	177	468	499	1,074	928	2,038
Total	2,575	10,605	3,785	5,477	6,785	14,594	13,145	30,676

T = Treatment. O = Observation.

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections	
	requiring treatment.	requiring observation.
Skin	1,247	238
Eyes—		
(a) Vision	1,271	1,051
(b) Squint	105	14
(c) Other	111	45
Ears—		
(a) Hearing	490	664
(b) Otitis Media	30	60
(c) Other	87	48
Nose and Throat	513	416
Speech	280	147
Lymphatic Glands	19	68
Heart	33	103
Lungs	120	157
Developmental—		
(a) Hernia	9	12
(b) Other	64	121
Orthopaedic—		
(a) Posture	53	119
(b) Feet	163	242
(c) Other	197	189
Nervous System—		
(a) Epilepsy	20	14
(b) Other	33	41
Psychological—		
(a) Development	92	100
(b) Stability	158	188
Abdomen	48	30
Other	782	413
Total	5,925	6,480

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	364
Errors of refraction (including squint)	12,617
Total	12,981
Number of pupils for whom spectacles were prescribed	5,276

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	56
(b) for adenoids and chronic tonsillitis	924
(c) for other nose and throat conditions	94
Received other forms of treatment	727
Total	1,803
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1964	37
(b) in previous years	249

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	2,459
(b) Pupils treated at school for postural defects	553
Total	3,012

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	—
(b) Body	4
Scabies	15
Impetigo	31
Other skin diseases	1,940
Total	1,990

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	995

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	2,114

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	2,475
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	271
(c) Pupils who received B.C.G. vaccination	14,114
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	21
Abdomen	98
Heart and Circulation	81
Lungs	316
Development	159
Nervous System	178
Psychological	28
Other	305
Total (a) to (d)	18,046

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—	
(a) At periodic inspections	154,164
(b) As specials	10,937
Total (1)	165,101
(2) Number found to require treatment	77,026
(3) Number offered treatment	68,122
(4) Number actually treated	34,385
(5) Number of attendances made by pupils for treatment, excluding those recorded at 11 (h)	90,723
(6) Half-days devoted to :—	
(a) Periodic (school) inspection	1,622
(b) Treatment	16,133
Total (6)	17,755
(7) Fillings :—	
(a) Permanent teeth	60,591
(b) Temporary teeth	25,736
Total (7)	86,327
(8) Number of teeth filled :—	
(a) Permanent teeth	50,985
(b) Temporary teeth	22,350
Total (8)	73,335
(9) Extractions :—	
(a) Permanent teeth	5,259
(b) Temporary teeth	13,301
Total (9)	18,560
(10) Administration of general anaesthetics for extraction	8,200
(11) Orthodontics :—	
(a) Cases commenced during the year	1,014
(b) Cases carried forward from previous year	2,321
(c) Cases completed during the year	619
(d) Cases discontinued during the year	251
(e) Pupils treated with appliances	2,283
(f) Removable appliances fitted	2,040
(g) Fixed appliances fitted	78
(h) Total attendances... ..	20,361
(12) Number of pupils supplied with artificial teeth	134
(13) Other operations—	
(i) Crowns	59
(ii) Inlays	51
(iii) Other treatment	43,935
	44,045

