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SURREY COUNTY COUNCIL

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

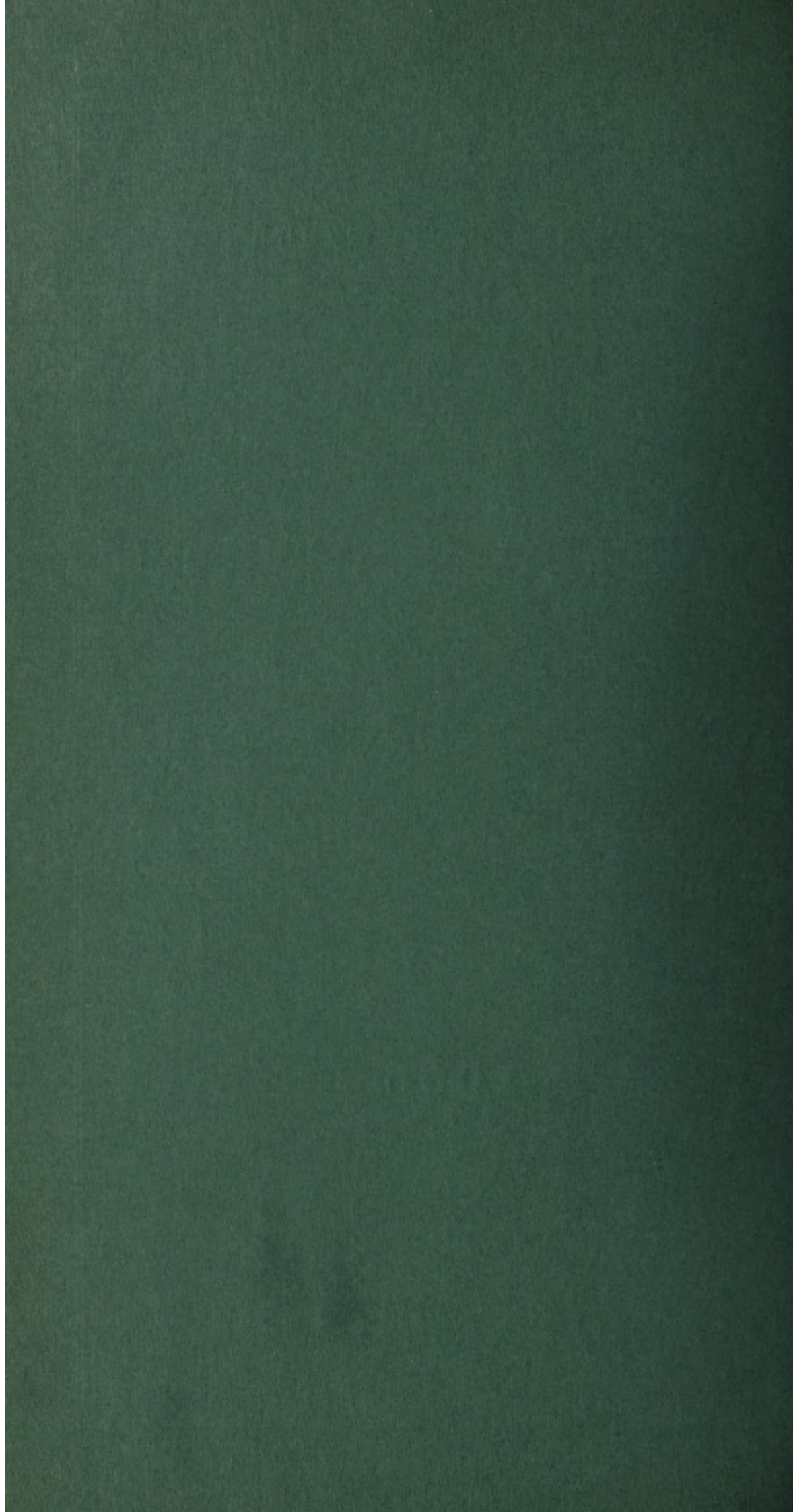
AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1966





Surrey County Council

ANNUAL REPORTS

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COUNTY MEDICAL OFFICER OF HEALTH

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For the Year 1966



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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report for the year 1966: this has been prepared in accordance with Ministry of Health Circular 1/67.

The boundaries of the Administrative County remain unchanged but the population is estimated by the Registrar-General to have increased by mid-year 1966 to 977,330, this being an increase of 9,560 over the population at the same time in 1965.

The total number of live births decreased slightly from 15,960 (a rate of 16.49 per thousand population) to 15,496 (15.86 per thousand population). The number of still births was 197 (i.e. 12.55 per thousand live and still births) and this was an increase both in total and in percentage as against the previous year (187 births and 11.58 per thousand). The number of illegitimate births was 893 or 5.76 per cent of total live births and this represents a slight decrease in total numbers but an almost unchanged percentage as against 1965 (917 and 5.75 per cent). It is interesting to note that the number of unmarried mothers for whom the County Health Committee was asked to provide in its own or voluntary Mother and Baby Homes decreased from 211 in 1965 to 194 in 1966. Previous figures are, unfortunately, invalidated by the altered boundaries of the County in 1965. The number of maternal deaths was four (two in 1965).

In my last report I commented on the predominant part played by prematurity in the loss of infant lives. In 1966 there were 122 neo-natal deaths among the 912 premature live births and 63 neo-natal deaths among the 14,584 non-premature live births. Of the 197 still births, 97 were of premature babies. There are, of course, many different causes of premature delivery, but the biennial survey published by the Ministry of Health strongly suggests that at least a proportion of the premature births could be prevented by better ante-natal care.

I regret to have to report an increase in the total deaths and in the crude death rate over the 1965 figures (1965: 10,124 and 10.46: 1966: 10,339 and 10.58). The largest single increase relates largely to the deaths from cancer; in particular the deaths from cancer of the stomach, and of the lung and bronchus were appreciably more than in the previous year.

Three new welfare centre/school clinics were opened during the year, namely Tattenham Crescent, Banstead, Molesey Road, Hersham, and Walton Lodge, Banstead. In addition, Brooklands Junior Training Centre—a joint project with the South West Regional Hospital Board—commenced during the year and temporary centres were opened at Farnham (all ages), Chertsey (adults) and Leatherhead (annexe to Ewell Training Centre). Building work was also started on an extension of the existing buildings at Waterloo Road, Epsom, and at Guildford Junior Training Centre. Work was also started on the erection of a block of flats for district nurses at Epsom and on the conversion of existing houses to provide flats for nurses at Lightwater and Warlingham. Unfortunately, the W.R.V.S. home at Surbiton for confused elderly was closed during the year. Building work on the Farnham Health Centre (which will, in addition to local health authority services, also provide surgery accommodation for nine general practitioners) and on the Ashstead Welfare Centre started early in 1967. Progress was made in the planning of health centres at Walton, Weybridge, Merstham, Chertsey, Shepperton and St. John's, Woking: these will all provide accommodation for general practitioners. Other projects also came under consideration.

Attention is drawn to the increasing number of attachments of health visitors and district nurses to general practitioners (page 33) and to the work of the Care Committees (page 45).

With the continuing decrease in the number of home confinements—which again dropped from 3,639 in 1965 to 3,147 in 1966—it is becoming increasingly difficult to meet the requirements of the Central Midwives Board to provide places for the domiciliary training of pupil midwives from Part II training schools attached to hospitals in the County.

The Occupational Therapy Unit, whose activities have been expanding in the last few years to provide for the physically handicapped and for the aged, moved to their new premises at Fetcham during the year. These new—and larger—premises will enable a more extensive service to be provided.

The number of persons treated under the Council's chiropody scheme continues to increase. Thus, the total number of treatments given under both the direct and indirect services increased by about 13 per cent, the main increase being in the service to old people.

In addition to the development of training centres and so on under the Mental Health services already mentioned, reference must also be made to the steady increase in recent years in the number of social clubs and day centres both for the ex-mentally ill and for sub-normals. This admirable development, which rests on close association and co-operation between voluntary bodies and officers of the County Council, offers a most valuable service aimed at rehabilitation of the ex-mental patients and at social integration of the sub-normals (see pages 56-57).

The services for those persons "substantially and permanently handicapped" which in Surrey developed late, continue to expand, and in particular, attention is drawn to the survey of patients suffering from progressive neurological disease reported on page 68.

It is gratifying to be able to report that the general health of the school children in Surrey is once again most satisfactory; only 59 out of the 47,000 children routinely examined during the year being

classed as of unsatisfactory physical condition. A slightly smaller percentage of children (16.5) than last year were found to be requiring treatment for diseases or defects. As usual a little over half of these were concerned with the nose and throat and with visual defects. As yet, there is no known method of preventing children developing nasopharyngeal infections in their early years, or of preventing the onset of myopia. As regards other defects few children nowadays require treatment for heart troubles, but on the other hand, figures for foot deformities still stand out as being among the higher individual groups, as do psychological problems of one sort or another. It is in such areas that the school health service can do much useful work.

In this connection you will observe that health education or "design for healthy living" continues to assume greater importance, and the time devoted to activities under this heading increases annually. This is as it should be, for as the school health service becomes gradually less concerned with curative medicine with the passing years; the opportunity is presented for it to place more accent on prevention. I would draw the Council's attention to the devoted and energetic work done by the Health Education staff, including the Health Visitors. This could not, of course, be done without the co-operation of the schools themselves and the lively interest shown by them at the conferences which we have held is noteworthy.

I should like also to draw your attention to the reference on page 79 to the mobile classroom for partially-hearing children which was provided during the year. This is a new approach to the problem of how to help these children, and as you will see from the report of the teacher in charge, it is proving a definite success and is a valuable addition to the Surrey Audiological Service.

Two more schools for the Educationally Subnormal were opening during the year and as the places are taken up in these new establishments, the waiting lists for this type of special education is being considerably reduced. Building was begun on another school for the educationally subnormal and further provision is planned for the future. Increased provision of remedial education centres is also worthy of note.

The Lindens unit for young children suffering from severe behaviour disorders has continued to develop during the year and has been the subject of considerable interest at national level. Although it is still early days, it would appear that this venture on the part of the Committee is proving a success. It has already provided for a considerable number of children who can be classed as educable for whom there was undoubtedly nothing else available, and there is now a considerable waiting list for admission.

Finally, I must record my sincere appreciation firstly to the field staff of the Health Department for their devoted service to those in the community who need their advice and help; and secondly to the administrative and clerical staff, both in the divisions and in the central office who, although they do not so often come in direct contact with the users of the service, have always appreciated that at the end of every problem which comes before them there is a human being who needs their help.

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.

As mentioned in my last report, as a result of the London Government Act, 1963 which came into operation on 1st April, 1965, the area of the Administrative County was reduced to 415,879 acres. There have been no further changes affecting the Administrative County or the boundaries of the County Districts during the past year.

Population.

[The figures mentioned below for the years 1961-64 are purely for the purpose of comparison and express the populations as they would have appeared if the Administrative County during these years consisted of the same area and districts as it does now as a result of the London Government Act, 1963.]

The population of the Administrative County at the 1961 census was 904,287, and the Registrar-General's estimate of the population at mid-year 1966 was 977,330, an increase of 9,560 over the comparable figure for mid-year 1965. The population under 1 year is given by the Registrar-General as 15,400, the population 1-4 years as 66,100, and the population 5-14 years, 144,100.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1962-1966 is shown in the following table:—

	1962	1963	1964	1965	1966
Urban Districts ...	739,990	750,090	764,750	775,470	782,470
Rural Districts ...	181,360	185,720	191,160	192,300	194,860
Administrative County	921,260	935,810	955,910	967,770	977,330
Increase or decrease over previous year ...	+15,400	+14,550	+20,100	+11,860	+9,560

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 1965 and 1966:—

DISTRICTS		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1951	1961	1965	1966
M.B. and Urban.						
1.	Banstead	12,821	33,529	41,573	41,990	42,020
2.	Caterham and Warlingham	8,233	31,293	34,808	36,660	36,930
3.	Chertsey	9,983	30,852	40,376	43,660	44,250
4.	Dorking	9,511	20,252	22,594	23,200	23,100
5.	Egham	9,350	24,690	30,553	31,460	31,350
6.	Epsom and Ewell	8,427	68,055	71,177	71,980	72,150
7.	Esher	14,850	51,432	69,586	62,470	62,650
8.	Farnham	9,039	23,928	26,927	29,510	29,650
9.	Frimley and Camberley	7,768	20,386	30,342	38,610	39,850
10.	Godalming	2,393	14,244	15,771	17,720	17,800
11.	Guildford... ..	7,323	48,048	53,977	54,830	55,200
12.	Haslemere	5,751	12,003	12,528	13,200	13,340
13.	Leatherhead	11,187	27,206	35,554	37,520	37,740
14.	Reigate	10,255	42,248	53,710	55,490	55,930
15.	Staines	8,271	39,995	49,259	53,790	54,430
16.	Sunbury	5,609	23,394	33,493	38,080	38,850
17.	Walton and Weybridge... ..	9,049	38,112	45,497	49,280	50,220
18.	Woking	15,708	47,596	67,485	76,020	77,010
Total ...		165,528	597,263	726,210	775,470	782,470
Rural.						
1.	Bagshot	16,083	14,109	16,744	17,920	18,120
2.	Dorking and Horley	53,943	25,832	31,698	34,000	34,260
3.	Godstone	52,507	32,823	40,068	43,350	43,750
4.	Guildford... ..	59,643	44,936	54,777	60,780	62,140
5.	Hambledon	68,175	31,851	34,790	36,250	36,590
Total ...		250,351	149,551	178,077	192,300	194,860
Administrative County		415,879	746,814	904,287	967,770	977,330

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, 1966, was £51,030,792, and the estimated product of a 1d. rate for general County purposes for the year 1966-67 was £208,645.

VITAL STATISTICS.

The principal vital statistics for the year 1966 are summarised below. Additional information is given in the paragraphs which follow :—

Live births	15,496
Live birth rate per 1,000 population	15.86
Still births	197
Still birth rate per 1,000 live and still births	12.55
Total live and still births	15,693
Infant deaths	255
Infant mortality rate per 1,000 live births	16.46
" " " " " legitimate births	15.96
" " " " " illegitimate births	24.64
Neo-natal mortality rate (first four weeks) per 1,000 live births	11.94
Early neo-natal mortality rate (first week) per 1,000 live births	10.91
Peri-natal mortality rate (still births and deaths under one week) per 1,000 live and still births	23.32
Illegitimate live births per cent of total live births	5.76
Maternal deaths (including abortion)	4
Maternal mortality rate per 1,000 total births	0.25

The following statement compares the County birth and death rates for the year 1966 with the previous year and with the mean of the five years 1961-65.

	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.		
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
1964	16.08	10.99	0.03	2.23	0.16	16.64
1965	16.49	10.46	0.04	2.03	0.12	15.29
Mean of 5 years, 1961-1965	15.77	11.30	0.04	2.15	0.21	16.67
1966	15.86	10.58	0.02	2.09	0.25	16.46
Increase or decrease in 1966 on:						
5 years average	+0.09	-0.72	-0.02	-0.06	+0.04	-0.21
Previous year	-0.63	+0.12	-0.02	+0.06	+0.13	+1.17

Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 15,496, of which 7,939 were males and 7,557 females. The birth rate for the year was 15.86 as compared with 16.49 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 1.00, for the aggregate of Urban Districts 1.00 and for the Rural Districts 1.02. The effect of these factors on the 1966 crude live birth rates is shown below :—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	15.86	15.81	16.04
Adjusted rates	15.86	15.81	16.36

The birth rate for England and Wales for 1966 was 17.7 and for 1965, 18.0.

In addition to the 15,496 live births in Surrey, there were 197 still births and the rate of still births per 1,000 live and still births was 12.55 as compared with an average rate of 12.65 for the quinquennial period of 1961-65.

Of the 15,496 live births, 893 or 5.76 per cent. were illegitimate, as compared with 5.75 per cent. in 1965.

The live birth rate, still birth rate and percentage of illegitimate births in past years were as follows:—

Year.	Live birth rate.	Rate of still births per 1,000 live and still births.	Illegitimate births Percentage of total live births.
1931...	13.92	32.5	4.3
1941...	13.47	28.5	6.55
1942...	16.57	27.7	6.35
1943...	17.34	27.2	6.95
1944...	17.86	24.5	7.76
1945...	16.03	21.0	8.94
1946...	18.19	22.9	5.98
1947...	18.48	21.3	4.58
1948...	15.79	19.3	4.76
1949...	14.71	19.9	4.56
1950...	13.53	19.1	4.23
1951...	13.16	21.0	4.08
1952...	12.91	19.1	3.87
1953...	13.22	18.2	4.12
1954...	13.13	19.0	4.28
1955...	13.14	17.9	4.09
1956...	13.37	16.8	4.09
1957...	13.83	18.65	3.91
1958...	14.24	17.53	4.11
1959...	14.33	15.58	3.99
1960...	14.83	15.27	4.38
1961...	15.18	13.55	4.71
1962...	15.46	13.90	4.95
1963...	15.63	11.49	5.19
1964...	16.08	12.71	5.87
1965...	16.49	11.58	5.75
1966...	15.86	12.55	5.76

Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1966 was 10,339. The crude death rate for 1966 was 10.58, compared with 10.46 for 1965. The death rate for England and Wales in 1966 was 11.7, compared with 11.5 for 1965.

Infant Mortality.

The number of infants under one year who died during 1966 was 255. This represents an infant mortality rate of 16.46 per 1,000 live births as compared with a corresponding rate of 15.29 for the year 1965. The comparable figures for England and Wales were 19.0 in 1966 and 19.0 in 1965.

The following table gives certain figures relating to the infant mortality rates in past 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
1965 ...	19.0	13.0	6.0	15.29	10.84	4.45
1966 ...	19.0	12.9	6.1	16.46	11.94	4.52

Maternal Mortality.

In 1966 4 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.25 per 1,000 live and still births. The corresponding figures for England and Wales in 1966 were 223 and 0.26 : and for Surrey in 1965 were 2 and 0.12.

Causes of Death.

The grouped causes of death arranged in order of frequency in 1966 in the County were as follows :—

	Deaths	Percentage of Total Deaths
Diseases of the heart	3,234	31.28
Malignant disease	2,042	19.75
Vascular lesions of the central nervous system	1,360	13.15
Bronchitis, pneumonia and other diseases of respiratory system... ..	1,333	12.90
Other circulatory diseases	566	5.47
Violent causes	388	3.75
Digestive diseases	115	1.11
Congenital malformations	98	0.95
Diabetes	70	0.68
Leukaemia, Aleukaemia	64	0.62
Nephritis and Nephrosis	52	0.50
Influenza	52	0.50
Hyperplasia of prostate	47	0.46
Tuberculosis (all forms)	29	0.28
All other causes	889	8.60
	10,339	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 1966 :—

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...	257	243	500	11.90	13.45	9	17.68	508	12.09	9.55	—8	7	—	1
Caterham and Warlingham	273	270	543	14.70	14.41	7	12.73	372	10.07	9.87	+171	5	1	3
Chertsey ...	478	465	943	21.31	18.11	16	16.68	385	8.70	10.18	+578	13	1	4
Dorking ...	178	179	357	15.45	14.99	5	13.81	249	10.78	9.59	+108	2	—	3
Egham ...	183	204	387	12.34	11.23	7	17.77	309	9.86	9.56	+78	3	—	—
Epsom and Ewell	496	480	976	13.53	15.29	16	16.13	1,104	15.30	9.49	—128	14	—	5
Esher ...	440	426	866	13.82	15.06	4	4.60	670	10.69	10.05	+196	14	—	5
Farnham...	235	207	442	14.91	16.10	6	13.39	395	13.32	9.59	+47	2	—	2
Frimley and Camberley	449	476	925	23.21	20.19	11	11.75	260	6.52	9.19	+665	5	1	7
Godalming	150	145	295	16.57	14.42	3	10.07	153	8.60	8.34	+142	1	2	1
Guildford	443	401	844	15.29	14.53	11	12.87	616	11.16	10.49	+228	14	1	8
Haslemere	78	87	165	12.37	14.35	—	—	182	13.64	9.55	—17	3	—	2
Leatherhead	262	221	483	12.80	13.82	7	14.29	339	8.98	9.34	+144	7	1	1
Reigate ...	404	389	793	14.18	14.75	6	7.51	662	11.84	9.71	+131	9	1	6
Staines ...	519	471	990	18.19	16.19	11	10.99	449	8.25	10.56	+541	16	—	3
Sunbury-on-Thames	387	368	755	19.43	16.32	10	13.07	399	10.27	10.99	+356	9	—	—
Walton and Weybridge	390	381	771	15.35	16.27	10	12.80	544	10.83	9.31	+227	8	1	1
Woking ...	710	626	1,336	17.35	17.18	19	14.02	794	10.31	8.66	+542	9	4	5
Total ...	6,332	6,039	12,371	15.81	15.81	158	12.61	8,390	10.72	9.65	+3,981	141	13	57
Rural														
Bagshot ...	148	151	299	16.50	16.01	5	16.45	165	9.11	9.29	+134	2	—	3
Dorking and Horley	270	292	562	16.40	16.40	5	8.82	295	8.61	9.30	+267	4	1	1
Godstone...	379	301	680	15.54	15.85	7	10.19	468	10.70	8.88	+212	7	1	5
Guildford	550	490	1,040	16.74	17.07	15	14.22	573	9.22	10.05	+467	10	1	3
Hambledon	260	284	544	14.87	16.06	7	12.70	448	12.24	9.91	+96	5	—	1
Total ...	1,607	1,518	3,125	16.04	16.36	39	12.33	1,949	10.00	9.50	+1,176	28	3	13
Administrative County														
	7,939	7,557	15,496	15.86	15.86	197	12.55	10,339	10.58	9.63	+5,157	169	16	70

* 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 17.06 and 14.08, the neo-natal mortality rates for the urban and the rural districts respectively were 12.45 and 9.92 and the early neo-natal mortality rates for the urban and rural districts respectively were 11.40 and 8.96.

ADMINISTRATIVE COUNTY OF SURREY.

Causes of Death at Different Periods of Life, 1966.

The causes of all deaths during 1966 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.	4,051	125	25	16	60	140	1,092	1,054	1,539		981	23	3	9	10	41	282	235	378	
	F.	4,339	86	19	15	31	106	646	876	2,560		968	21	6	4	5	33	167	188	544	
1. Tuberculosis, Respiratory ..	M.	14	—	—	—	—	1	6	6	1		2	—	—	—	—	1	1	—	—	
	F.	4	—	—	—	—	—	3	1	—		4	—	—	—	—	—	2	2	—	
2. Tuberculosis, Other ..	M.	1	—	—	—	1	—	—	—	—		1	—	—	—	—	—	1	—	—	
	F.	2	—	—	—	—	—	1	—	1		1	—	—	—	—	—	—	—	1	
3. Syphilitic Disease ..	M.	6	—	—	—	—	—	2	3	1		4	—	—	—	—	1	1	2	—	
	F.	9	—	—	—	—	—	3	3	3		1	—	—	—	—	—	1	—	—	
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
5. Whooping Cough ..	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ..	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	—	—	—	1	—	—	—	—		—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis ..	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
8. Measles	M.	1	—	1	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases ..	M.	7	—	—	—	1	1	5	—	—		2	—	—	—	—	—	—	2	—	
	F.	7	—	—	—	—	1	2	2	2		2	—	—	—	—	—	2	—	—	
10. Malignant Neoplasm, Stomach	M.	86	—	—	—	—	2	36	30	18		21	—	—	—	—	—	8	4	9	
	F.	66	—	—	—	—	2	15	17	32		18	—	—	—	—	—	2	5	11	
11. Malignant Neoplasm, Lung, Bronchus	M.	332	—	—	—	—	10	160	112	50		98	—	—	—	—	2	47	32	17	
	F.	84	—	—	—	—	3	42	29	10		17	—	—	—	—	1	10	4	2	
12. Malignant Neoplasm, Breast	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	164	—	—	—	—	9	82	29	44		43	—	—	—	—	3	20	9	11	
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	48	—	—	—	—	3	21	10	14		12	—	—	—	—	1	6	2	3	
14. Other Malignant and Lymphatic Neoplasms	M.	451	—	2	3	—	22	138	112	174		87	—	—	—	—	4	28	24	31	
	F.	403	—	1	—	3	19	120	103	157		112	—	—	—	—	8	41	29	34	
15. Leukaemia, Ateleukaemia ..	M.	28	—	2	1	1	2	8	7	7		5	—	—	—	—	—	2	1	2	
	F.	24	—	2	4	3	3	3	4	5		7	—	—	—	—	2	2	1	2	
16. Diabetes	M.	25	—	—	—	—	3	8	8	6		6	—	—	—	—	1	2	1	2	
	F.	30	—	—	—	—	—	4	11	15		9	—	—	1	—	1	2	3	2	
17. Vascular Lesions of Nervous System	M.	384	—	—	—	2	10	69	108	195		97	—	—	—	—	2	24	21	50	
	F.	710	—	—	—	1	9	70	144	486		169	—	—	—	—	2	17	29	121	
18. Coronary Disease, Angina ..	M.	947	—	—	—	—	27	341	268	311		241	—	—	—	—	7	87	63	84	
	F.	642	—	—	—	—	2	81	181	378		135	—	—	—	—	—	11	42	82	
19. Hypertension with Heart Disease	M.	32	—	—	—	—	—	5	11	16		14	—	—	—	—	—	3	3	8	
	F.	47	—	—	—	—	—	3	8	36		13	—	—	—	—	—	—	4	9	
20. Other Heart Disease ..	M.	322	—	—	—	1	5	32	60	224		71	—	—	—	—	1	11	14	45	
	F.	657	—	—	—	1	4	40	90	522		113	—	—	—	—	3	14	18	78	
21. Other Circulatory Disease ..	M.	180	—	—	—	—	3	40	46	91		56	—	—	—	—	—	10	15	31	
	F.	260	—	1	—	—	2	18	60	179		70	—	—	—	—	—	2	9	59	
22. Influenza	M.	16	—	—	—	—	1	4	6	5		6	—	—	—	—	—	1	1	4	
	F.	27	—	—	—	1	1	2	1	22		3	—	—	—	—	—	—	—	3	

Continued overleaf

The causes of all deaths during 1966 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.	286	8	3	1	7	5	37	68	157	63	2	1	—	—	1	6	14	3		
	F.	393	15	4	2	4	5	16	49	298	57	3	—	—	1	2	6	45			
24. Bronchitis	M.	283	2	1	1	—	1	58	102	118	50	—	1	—	—	1	16	19	13		
	F.	83	2	—	1	—	—	13	20	47	26	1	—	—	—	3	10	12			
25. Other Diseases of Respiratory System	M.	48	3	—	2	—	1	10	16	16	9	—	—	—	—	1	3	1	4		
	F.	26	2	1	—	1	2	4	6	10	9	1	1	—	—	—	1	6			
26. Ulcer of Stomach and Duodenum	M.	31	—	—	—	—	—	9	10	12	7	—	—	—	—	4	2	1			
	F.	24	—	—	—	—	—	2	6	16	10	—	—	—	1	—	1	8			
27. Gastritis, Enteritis and Diarrhoea	M.	13	1	3	—	—	1	3	2	3	2	1	—	—	—	—	1	—			
	F.	24	—	2	1	—	1	2	5	13	4	—	—	—	—	1	—	3			
28. Nephritis and Nephrosis ..	M.	23	—	—	—	—	3	10	5	5	4	—	—	—	—	2	1	1			
	F.	19	—	—	—	—	1	5	6	7	6	—	—	—	2	2	1	—			
29. Hyperplasia of Prostate ..	M.	37	—	—	—	—	—	3	4	39	10	—	—	—	—	—	1	9			
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
30. Pregnancy, Childbirth, Abortion	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	F.	3	—	—	—	2	1	—	—	—	1	—	—	—	—	1	—	—			
31. Congenital Malformations ..	M.	54	29	6	4	4	4	3	1	3	6	5	—	1	—	—	—	—			
	F.	30	14	5	1	1	2	3	1	3	8	6	2	—	—	—	—	—			
32. Other Defined and Ill-defined Diseases	M.	284	77	1	2	6	16	65	43	74	73	14	—	2	1	7	15	10	24		
	F.	405	51	—	4	4	17	52	73	204	80	9	—	2	1	1	17	9	41		
33. Motor Vehicle Accidents ..	M.	77	—	4	1	31	9	12	10	8	19	—	—	4	5	6	2	2	—		
	F.	36	—	—	1	7	2	11	6	9	17	—	1	1	3	1	7	3	1		
34. All Other Accidents ..	M.	50	4	2	1	2	4	15	10	12	18	1	1	2	4	4	2	1	3		
	F.	75	2	3	1	1	5	11	9	43	12	1	2	—	1	1	—	—	7		
35. Suicide	M.	31	—	—	—	4	7	12	6	2	8	—	—	—	—	1	6	—	1		
	F.	36	—	—	—	1	12	17	2	4	9	—	—	—	—	4	3	—	2		
36. Homicide and Operations of War	M.	2	1	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		

Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1966, giving the number of cases of each disease notified and the attack rate :—

Disease.	1966	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	—	—
Post infectious	2	0.002
Acute pneumonia	110	0.11
Acute poliomyelitis—		
Paralytic	1	0.001
Non-paralytic	—	—
Diphtheria	—	—
Dysentery	721	0.72
Enteric or Typhoid fever	3	0.003
Erysipelas	31	0.03
Food poisoning	210	0.21
Measles, excluding Rubella	4,095	4.19
Meningococcal infection	2	0.002
*Ophthalmia neonatorum	2	0.13
Paratyphoid fever	7	0.007
†Puerperal pyrexia	112	7.14
Scarlet fever	208	0.21
Tuberculosis—Pulmonary	152	0.16
Non-pulmonary	19	0.02
Whooping cough	156	0.16

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

The paralytic poliomyelitis case was a schoolboy aged 10. The disease was mild ; he was treated at home and made a complete recovery. The case was not virologically confirmed.

He had been fully vaccinated against poliomyelitis with the Salk vaccine and had received a reinforcing Salk injection some years previously, as had most of his contacts in school.

All his home and school contacts were vaccinated with the Sabin vaccine and no further cases occurred.

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

Measles	1
Whooping Cough	—
Diphtheria	—
Influenza	52
Meningococcal infection	1
Acute Poliomyelitis	—

Tuberculosis.**NOTIFICATIONS.**

The summary of returns for 1966 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 152 cases of pulmonary tuberculosis and 19 cases of non-pulmonary tuberculosis during the year.

The case rates for Surrey, compared with those for England and Wales in 1966, were as follows:—

	Surrey.	England and Wales.
Pulmonary Tuberculosis	0.16 per 1,000	0.26 per 1,000
Non-Pulmonary Tuberculosis	0.02 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	—	1	—	—	1
One and under 2 years	—	1	—	1	2
2 " " 5 "	1	1	—	—	2
5 " " 10 "	—	4	—	—	4
10 " " 15 "	1	1	—	—	2
15 " " 20 "	3	4	—	—	7
20 " " 25 "	5	8	1	2	16
25 " " 35 "	11	12	3	—	26
35 " " 45 "	13	8	1	—	22
45 " " 55 "	22	5	2	5	34
55 " " 65 "	21	7	1	—	29
65 " " 75 "	13	2	2	—	17
75 and upwards	5	3	—	1	9
Totals	95	57	10	9	171

The number of patients on the registers who had a positive sputum at the end of 1966 was 39.

DEATHS.

The numbers of deaths and the death rates for pulmonary tuberculosis and other forms of tuberculosis in 1966 were as follows :—

Pulmonary Tuberculosis.		Other forms of Tuberculosis.	
Deaths.	Death rate per 1,000 population.	Deaths.	Death rate per 1,000 population.
24	0.025	5	0.005

Provisional death rates for England and Wales in 1966 were as follows :—

Pulmonary tuberculosis	... .. 0.043 per 1,000
Non-Pulmonary tuberculosis	... .. 0.005 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 1966, 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 1966, 86 tuberculous patients (of whom 72 were notified cases) died as follows :—

	Pulmonary.	Non-Pulmonary.	Total.
Deaths allocated by the Registrar General (tuberculosis being the sole or underlying cause)	24	5	29
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	14	—	14
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	43	—	43
	<u>81</u>	<u>5</u>	<u>86</u>

There were 14 deaths of unnotified cases of tuberculosis in 1966 as follows :—

<i>In Hospitals.</i>	<i>At Home, etc.</i>	<i>Total.</i>
12	2	14

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, 1966, were as follows :—

						Pulmonary	Non-Pulmonary
Males ...	...	...	...	...	...	2,183	168
Females ...	...	...	...	...	...	1,504	281
Totals ...						3,687	449
Grand Total ...						4,136	



HEALTH EDUCATION

Mothercraft demonstration at one of the Department's exhibitions at the Surrey County Show.



MIDWIFERY

The domiciliary midwife arrives to care for the mother and baby in their own home.



MENTAL HEALTH

A nursery class for the under-fives in one of Surrey's training centres for the mentally handicapped.



BLIND WELFARE

A Surrey Home Teacher giving pottery instruction to a deaf-blind member of the Franciscan Order.

WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the department are given in the subsequent sections of the Report.

Capital Building Programme.

The following capital building project has been completed since my last report :—

Project.	Purpose.	Date Completed.
Walton Lodge, Banstead	Welfare Centre/School Clinic	October, 1966.

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

Project.	Purpose.	Present Position.
1965-66 CAPITAL BUILDING PROGRAMME.		
Epsom... ..	Day Centre and Social Club ...	Building work in progress.
Send, Woking	Home for Sub-normal Children ...	Awaiting Ministry approval to accept tender. Building work to start in 1967.
1966-67 CAPITAL BUILDING PROGRAMME.		
Ashted, Woodfield Lane	Welfare Centre/School Clinic/Nurses' Flats	Building work in progress.
Farnham, Civic area	Health Centre	Building work in progress.
Epsom, Alexandra Road	Flats/Training Home for District Nurses	Building work in progress.
Lightwater	Conversion of existing house to provide two flats for nurses	Work proceeding.
Warlingham	Conversion of existing house to provide two flats for nurses	Work proceeding.
Warlingham, Chelsham Road ...	Ambulance Station	Tender accepted.
Banstead	Ambulance Control, Training School, Store, etc.	Tender accepted.
Leatherhead	Ambulance Sub-Station	Tender accepted.
Walton	Purpose-built Junior Training Centre	Scheme out to tender. Building work to start in 1967.
West Molesey... ..	Purpose-built Hostel for Adult Sub-normal Females	Scheme out to tender. Building work to start in 1967.
Guildford	Junior Training Centre. Adaptations to existing Centre	Work commenced May, 1966.
Banstead	Purpose-built centre to replace temporary accommodation	Out to tender late 1966. Building work to start in 1967.
1967-68 CAPITAL BUILDING PROGRAMME.		
Chobham	Welfare Centre/School Clinic ...	Sketch plans being prepared.
Oxted, Gresham Road	Health Centre	Sketch plans being prepared.
Thames Ditton, Giggs Hill Green ...	Welfare Centre/School Clinic ...	Sketch plans approved.
Woking, St. Johns	Health Centre	Working drawings being prepared.
Shepperton	Health Centre	Sketch plans approved.
Chertsey, Stepgates	Health Centre	Sketch plans approved.
Staines	Welfare Centre/School Clinic ...	Negotiating for a site.
Merstham, Bletchingley Road ...	Health Centre/Nurses' Flats ...	Sketch plans approved.
Addlestone, Crouch Oak Lane ...	Flats for District Nurses	Plans being prepared for conversion into separate flats.
Caterham, Waller Lane	Flats for District Nurses	Building work in progress.
Woking	Flats for District Nurses	Sketch plans being prepared.
Guildford	Main Ambulance Station	Site being sought.
Walton-on-Thames	Ambulance Sub-Station	Site acquired.
Godalming	Hostel for Elderly Confused ...	Working drawings being prepared.
Reigate/Horley	Purpose-built Hostel for Adult Sub-normal Males	Site being sought.
Cheam	Hostel for Mentally Ill Females ...	Adaptations to existing buildings. Scheme being prepared.
Walton-on-Thames	Purpose-built Adult Technical Training Centre	Scheme being prepared.
Shepperton	Purpose-built hostel project transferred from Middlesex County Council	New scheme being prepared.

Fluoridation of Water Supplies.

The Minister of Health has asked Medical Officers of Health of Local Health Authorities to include in their annual reports a statement of the present position regarding fluoridation of the water supplies in their area.

At its meeting in October, 1965, the County Council passed the following resolution:—

"That as a measure for the prevention of illness, pursuant to the provisions of Section 28 of the National Health Service Act, 1946, the Council authorise the making of arrangements with statutory Water Undertakings serving the Council's area for fluoride to be added to the public water supplies to the level appropriate for the prevention of dental decay, i.e. one part per million, expressed as F plus or minus 10 per cent.; provided that, as required by the Ministry of Health Circular 28/62, the technical aspects are first approved by the Ministry of Housing and Local Government and are made subject to such supervision as that Minister may deem necessary."

Since then an approach has been made to all the Water Undertakings in the County. Of the nine Water Undertakings serving parts of Surrey six provide a service also in the areas of other authorities. Of these the following five Undertakings were consulted:—

1. The East Surrey Water Company.
2. The Sutton District Water Company.
3. The South West Suburban Water Company.
4. The Mid Wessex Water Company.
5. The Wey Valley Water Company.

These Undertakings stated either that they are awaiting the views of the other Local Health Authorities which they serve, or that the Authorities in the area they serve were not unanimous.

[The sixth Undertaking, the Metropolitan Water Board, who serve part of Surrey, were not approached because it did not appear that any useful purpose would be served in discussing the matter in view of the small part of the Board's area which falls within the County of Surrey, while at the same time it was known that there was a lack of unanimity among the London Boroughs.]

The three Undertakings serving the County of Surrey only are:—

1. The Woking and District Water Company which at the end of the year were still investigating the terms of the "model agreement" (i.e. the advice issued by the British Waterworks Association), but have since expressed themselves as satisfied with the terms and are at present considering with the Ministry of Housing and Local Government the possibilities of introducing fluoride into their water supply.

2. Epsom and Ewell Borough Council have expressed opposition to fluoridation.

[While the Borough Council have expressed opposition to fluoridation in principle, it is nevertheless true that there would be practical difficulties in the way of fluoridating their water supply because of reciprocal arrangements with the Sutton Water Company which serves several of the London Boroughs, not all of which are in favour of fluoridation.]

3. The West Surrey Water Board who state that they will not agree to fluoridation until all constituent authorities of the Board are agreed.

While the County Council would, I am sure, wish to give every consideration to the views of the County District Authorities, it is as well to bear in mind that responsibility for administering Section 28 of the National Health Service Act—under which provision for fluoridation of the water supply would be made—rests with the Surrey County Council, and it is unfortunate that so many reasons for delay should arise in implementing this valuable and harmless preventive measure.

Prevention of Break-up of Families.

There were 508 families on the lists kept by Divisional Medical Officers and Medical Officers of Health of Delegated Districts at the end of 1966.

These 508 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	212	41.7	Housewifery	121	23.8
			Care of Children ...	202	39.8
2. <i>Material Needs.</i>			5. <i>Desertion.</i>		
Housing	160	31.5	Desertion by one Parent	62	12.2
Employment	96	18.9			
Financial	288	56.7	6. <i>Delinquency.</i>		
3. <i>Physical, Mental and Psychological Disorders.</i>			Adult Delinquency and/or Imprisonment ...	85	16.7
Emotional Immaturity	123	24.2	Juvenile Delinquency (Real or potential) ...	50	9.8
Mental Illness	84	16.5			
Alcoholism and Drug Addiction	19	3.7	7. <i>Other Reasons</i>	15	3.0
Drunkenness	19	3.7			
Mental Subnormality ...	26	5.1			
Low Intelligence	95	18.7			
Physical Illness	74	14.6			

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	212	41.7	4. Housewifery and Child Care	254	50.0
2. Material Needs	370	72.8	5. Desertion	62	12.2
3. Physical, Mental and Psychological Disorders	314	61.8	6. Delinquency	127	25.0
			7. Other reasons	15	3.0

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	224	44.1	Nos. 1, 2 and 3	96	18.9
Nos. 2 and 4	171	33.7	Nos. 1 and 4	91	17.9
Nos. 3 and 4	168	33.1	Nos. 1, 2, 3 and 4	47	9.3
Nos. 1 and 2	153	30.1	Nos. 1, 2, 3, 4 and 5	6	1.2
Nos. 1 and 3	134	26.4	Nos. 1, 2, 3, 4, 5 and 6	2	0.4

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 508 families 286 were known to the Health Visitors for their districts and, in addition, 503 families not registered as problem families were the subject of special surveillance by Health Visitors.

CHILDREN OF PROBLEM FAMILIES.

At the end of 1966 there were 1,896 children of problem families. Some of these children were in care or in Part III accommodation as will be seen from the following table :—

Total No. of Children.	In Care.		In Part III Accommodation.		Total in Care and Part III Accommodation.	
	For reasons of family failure.	Other reasons.	For reasons of family failure.	Other reasons.	For all reasons.	Percentage of total No. of children.
1,896	59	16	30	27	132	7.0

REHOUSING.

52 registered families were rehoused during the year.

SPECIAL HOME HELPS.

During 1966, problem families received the services of special home helps amounting in all to 153 hours. In addition, 1,988 hours of service were given to other problem families by ordinary home helps.

At the end of the year 5 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 social workers for the chest clinics and for the prevention of the break-up of families was seventeen social workers and one welfare assistant—an increase during the year of one social worker for the Northern Division, and half for the North-Western Division and a half to enable the social workers to take part in the training of students on approved courses in social studies. The work of the social workers is reflected in the items on pages 18-19 and 46.

TRAINING HOMES.

Three problem families were admitted to Frimhurst Recuperative Home at Frimley for training and one family was admitted to Brentwood, Cheshire.

Recuperative holidays were arranged for 9 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. Rent guarantees were given to Housing Authorities in 5 cases.

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 3,148.

Cervical Cytology.

Dr. E. M. Lewis, Senior Medical Officer reports as follows :—

"There has been a considerable increase in this service during 1966. In addition to the Caterham Clinic which was providing a cervical smear service during 1965, 'Well women' clinics, were started at eleven centres and in all 175 sessions were held during the year. This figure does not include the sessions held at the Multiple Screening Survey held over the period of two weeks at the Church Road Clinic in Epsom.

"All patients have an examination of the breasts, abdomen and pelvis as well as taking a cervical smear. In addition the urine is checked for albumen and sugar. The service is very much appreciated and the women often take the opportunity, while at the clinic, to discuss family planning and marital problems. Many minor gynaecological abnormalities requiring treatment are picked up in the course of examination. The family doctor is informed immediately of all patients requiring further investigation."

During the year (including those taken at the Multiple Screening Survey at Epsom), 5,441 smears have been taken with the following results :—

Grade 1	...	...	2,400
Grade 2	...	...	2,969
Grade 3	...	...	61
Grade 4	...	...	7
Grade 5	...	...	4

The grading used is as follows :—

- Grade 1 No abnormality in cells.
- Grade 2 Evidence of infection but no abnormality—infection treated by general practitioner and then smear repeated.
- Grade 3 Cells suspicious of malignancy—referred for further investigation. We repeat smears.
- Grade 4 Cells probably malignant—referred for investigation and treatment.
- Grade 5 Cells definitely malignant. Referred for treatment.

Medical Arrangements for Long-Stay Immigrants.

At the beginning of 1965 the Ministry of Health notified the Council of the following steps to be taken to deal with the rather special problems which arise in connection with the health and treatment of long-stay immigrants to this country :—

At ports of arrival long-stay immigrants, both Commonwealth and Alien, who are referred to medical inspectors are given a hand-out printed card in languages which they are likely to understand, the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence so that (if he thinks it desirable) he can arrange for them to go to a mass radiography unit, a chest clinic or a hospital for X-ray.

Long-stay immigrants who are referred to medical inspectors at the ports are also asked to provide their destination addresses and these are sent to the Medical Officer of Health of the county or county borough concerned, with a request that he attempts to persuade the immigrants to act on the advice they have been given in the hand-out. Copies of the hand-out are also required to be held by Medical Officers of Health and local officers of the Ministries of Labour and Pensions and National Insurance, in case they come into contact with immigrants who have not received one or apparently lost it.

These procedures are to help ensure that long-stay immigrants register with general practitioners at an early stage of their life in this country and do not wait until they fall ill. It also helps to make sure that those for whom it is appropriate, have an X-ray at an early stage.

The following table shows the number of advice notes received during the year from ports and airports relating to the arrival of immigrants into the County together with the number of first successful visits paid and the number of pulmonary tuberculosis notifications received in respect of such immigrants.

COUNTRY where passport was issued (as stated by Port Health Authority).	Number of advice notes* received during the year from ports and airports relating to arrival of immigrants.	Number of first† successful visits paid to immigrants during the year.	Number of pulmonary tuberculosis notifications received in respect of immigrants whose advice notes were received during the year.
Commonwealth Countries :—			
Caribbean	41 (44)	36 (34)	— (1)
India	22 (38)	12 (26)	— (—)
Pakistan	26 (43)	15 (32)	— (—)
Other Asian	58 (18)	34 (9)	— (—)
African	27 (26)	18 (14)	— (—)
Other	39 (25)	20 (17)	— (—)
Non-Commonwealth Countries :—			
European	467 (1,118)	400 (843)	— (—)
Other	21 (9)	17 (5)	— (—)
Total	701 (1,321)	552 (980)	— (1)

* Advice of arrival of immigrant.

† First successful visit means the first time the Council's Health Visitor established contact with the immigrant. The figures in brackets relate to the year 1965.

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 1966 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT										Number born elsewhere in Administrative County but normally resident within the County District.			No. of Regis- tered Births (live and still).		
	and normally resident therein.					and normally resident elsewhere in Surrey.										
	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	138	—	—	—	—	—	—	—	—	1	1	221	—	—	128	509
Caterham and Warlingham	147	—	—	—	—	—	—	—	—	—	—	350	—	—	72	550
Chertsey	264	—	—	—	—	—	1	—	—	—	12	668	—	—	92	959
Dorking	55	44	201	—	65	180	1	—	118	—	—	54	—	—	10	362
Egham	85	—	—	—	—	—	—	—	—	—	—	229	—	—	82	394
Epsom and Ewell	198	—	709	—	—	584	—	—	513	—	3	1	—	3	56	992
Fisher	168	—	—	—	—	—	—	—	—	—	—	533	—	—	79	870
Farham	61	—	238	—	—	149	3	—	169	—	23	15	—	—	83	448
Frimley and Camberley	159	—	295	—	—	3	—	—	191	—	24	9	136	—	298	936
Godalming	42	—	—	—	—	—	—	—	—	—	1	210	—	2	4	298
Guildford	130	83	666	—	375	1,009	—	30	170	—	1	3	—	—	12	855
Haslemere	3	—	125	—	—	93	—	—	225	—	1	30	—	—	5	165
Leatherhead	146	—	—	—	—	—	1	—	—	—	6	329	—	1	20	490
Reigate	86	—	662	—	—	848	1	—	267	—	1	12	—	1	17	799
Staines	295	—	—	—	—	—	—	—	1	—	1	57	—	2	565	1,001
Sunbury	304	—	—	—	—	—	—	—	—	—	—	144	—	3	376	765
Walton and Weybridge	113	—	437	—	—	227	1	—	21	—	19	158	—	3	84	781
Woking	305	—	870	—	—	918	2	—	20	—	74	114	—	—	47	1,355
Rural.																
Bagshot	38	—	137	—	—	438	—	—	48	—	4	113	—	4	17	304
Dorking and Horley	89	—	—	—	—	—	1	—	—	—	17	248	—	1	190	567
Godstone	178	—	—	—	—	—	—	—	—	—	—	366	—	—	139	687
Guildford	138	—	—	—	—	—	—	—	—	—	114	481	—	—	330	1,055
Hambleton	69	—	—	—	—	—	—	—	—	—	50	384	—	—	20	551
Totals	3,211	127	4,340	1	440	4,449	12	35	1,743	1	417	4,856	11	30	2,656	15,693

The percentage of confinements taking place in hospitals was 75.73, in private nursing homes 3.67, and at home 20.60.

The number of births to Surrey mothers which took place in the homes, in private nursing homes and in hospitals in 1966 was 3,223, 574 and 11,852 respectively. The total registered live and still births was 15,693.

The number of early discharges from hospital in the County has been as follows :—

Division.	1966
North-Western ...	789
South-Eastern ...	664
Northern ...	274
South-Western ...	974
Epsom & Ewell ...	164
Esher ...	181
Woking ...	166
Total ...	3,212

In previous reports I have commented on the poor selection of patients for hospital confinements.

As I have repeatedly pointed out the proportion of high risk high parity mothers confined at home is still too high while the proportion of low parity mothers confined in hospital is still more than might be expected of this low risk group. I am pleased to report, however, that the proportion of high parity mothers confined at home is gradually falling (18.3 per cent as against 23.08 per cent the previous year) but the proportion of low parity mothers confined in hospital has risen (55.39 per cent as against 53.4 per cent in 1965). These results were achieved by an increase in the number of early discharges which for the first time exceeded the number of domiciliary confinements. As I said in my Annual Report for 1965 :—

“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 when they 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.”

The following table gives detailed information for the year 1965 :—

Live births by age and parity of mother and by place of occurrence. Year 1965.

Age Group.	Parity of Mother.*										Total.
	0			1-3			4 and over.				All.
	N.H.S. Hosp.	Other Hosp.	At Home	N.H.S. Hosp.	Other Hosp.	At Home	N.H.S. Hosp.	Other Hosp.	At Home	Other	
Under 25 ...	3,181	194	124	54	1,122	124	656	21	2	6	75
25-34 ...	2,229	169	101	7	2,960	494	2,175	31	23	85	40
35 and over ...	273	14	12	1	794	95	329	2	25	53	3
Total ...	5,683	377	237	62	4,876	713	3,160	54	50	144	118
											15,949

* 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 ex-amination.	For post-natal ex-amination.	Medical Officers.	Midwives.	G.P.'s employed on a sessional basis.	Hospital medical staff.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
North-Western	660	—	32	204	—	—	236
South-Eastern	890	67	255	378	—	51	684
Northern	229	14	121	31	—	—	152
South-Western	597	170	—	—	—	76	76
Epsom and Ewell	486	72	48	152	—	—	200
Esher	94	8	82	52	6	—	140
Woking	495	83	110	204	—	—	314
Total	3,451	414	648	1,021	6	127	1,802

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... ..	342	13	355	1,436
South-Eastern	482	68	550	2,721
Northern	378	58	436	3,521
South-Western... ..	548	28	576	5,504
Epsom and Ewell	142	45	187	680
Esher	196	29	225	780
Woking	262	82	344	1,176
Total	2,350	323	2,673	15,818

Ante-Natal clinics are provided 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.

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.

Again, as in the previous year, the National Childbirth Trust organised classes on psychoprophylactic training for childbirth. It was felt that midwives and health visitors should be conversant with this teaching, and three study week-ends were arranged in co-operation with the trust, and 59 members of staff attended.

The figures relative to ante-natal sessions and attendances in 1966 were :—

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.
65	85	3,500	6,124	9,856	8,053

The number of women attending the County Council's ante-natal clinics form 39.5 per cent of the total births in the County. However, 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.

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. During the year, 58 Surrey cases were admitted to mother and baby homes situated within the County provided by Voluntary Organisations, while 65 were sent by the Council to other Homes, payment being made *per caput*.

In addition, 71 cases were admitted to the hostel provided by the County Council at Dorincourt, Woking, for the reception of expectant and nursing mothers who are unmarried or who are in need of residential accommodation. Residence in these hostels is normally for two months before and two months after confinement and mothers are assisted to find employment on leaving the hostels and in making arrangements for the care of their babies.

Maternity outfits.

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

Maternal mortality.

The total maternal deaths assigned to the County in 1966 was 4, which gives a maternal mortality rate of 0.25 per thousand live and still births which is less than the rate of 0.26 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 7.

Three of the deaths occurred in hospital: the fourth in a woman of 41 years, who had been booked for hospital confinement but who had not yet gone into labour, occurred at home. The cause of death was certified after post-mortem as amniotic fluid embolism.

Puerperal pyrexia.

During 1966, 112 cases of puerperal pyrexia were notified representing an attack rate of 7.14 per thousand live and still births as compared with 5.10 for England and Wales. Of these cases 10 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 3.1 in domiciliary practice and 8.21 in institutional practice (including hospitals and private nursing homes).

Infant mortality.

The infant mortality rate in the Administrative County of 16.46 compares with 19.0 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 1966—namely 17.06 (211 deaths)—is higher than the rural rate—namely 14.08 (44 deaths).

Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1966 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.			
(a) 2 lb. 3 oz. or less (1,000 gms. or less.)	43	32	5	1	3	3	—	—	1	1	—	—	19	2	
(b) Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ... (1,001-1,500 gms.)	59	17	11	1	—	—	—	—	2	—	—	—	20	—	
(c) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ... (1,501-2,000 gms.)	146	16	5	—	3	—	—	—	4	2	1	—	26	2	
(d) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,001-2,250 gms.)	172	7	3	1	16	1	—	—	1	—	1	—	12	1	
(e) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,251-2,500 gms.)	397	6	3	1	59	1	1	—	6	1	1	—	12	3	
Totals ...	817	78	27	4	81	5	1	—	14	4	3	—	89	8	

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 ...	15,496	14,584	912
Deaths among live births in the first month of life ...	185	63	122
Still births ...	197	100	97

* 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 14,584 non-premature live births produced 63 neo-natal deaths and the 912 premature live births produced 122 neo-natal deaths. In addition approximately 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 1966 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 42 babies and 2 cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

Infant Welfare Centres.

The County Council maintained 161 infant welfare centres in the year. Additional centres were started at (i) St. Francis Hall, Frimley; (ii) S.C.C. Clinic, Molesey Road, Hersham; (iii) Church School Room, Windlesham, and the centres at (i) Congregational Church Hall, Hersham; (ii) Women's Institute, Windlesham; (iii) Scouts Hall, Badshot Lea, Farnham were closed.

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

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 1966.	Born in 1965.	Born in 1961-64.	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 ...	3,005	2,697	3,184	671	128	293	—	1,092	145	950
South-Eastern ...	2,754	2,960	4,225	1,484	435	20	—	1,939	38	3,926
Northern ...	1,627	1,865	1,898	1,279	156	—	—	1,435	127	1,763
South-Western ...	3,226	3,381	5,067	1,882	322	—	—	2,204	389	1,021
Epsom and Ewell ...	898	827	1,765	181	—	218	—	399	15	1,165
Esher ...	628	689	960	358	67	72	—	497	—	1,509
Woking ...	1,252	1,283	2,320	494	—	—	—	494	85	241
Total ...	13,390	13,702	19,419	6,349	1,108	603	—	8,060	799	10,575

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 1966 and who were born in that year formed 86.41 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.	Adapted.	Occupied on a sessional basis.	Total.
	(1)	(2)	(3)	(4)
North-Western... ..	3	5	20	28
South-Eastern	12	1	34	47
Northern	5	2	1	8
South-Western... ..	2	6	43	51
Epsom and Ewell	2	—	4	6
Esher	3	1	3	7
Woking	1	2	11	14
Total	28	17	116	161

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 were as follows :—

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 (%).
15,496	46,511	330,413	86.41

Convalescent Treatment.

Expectant and nursing mothers and children under five recommended for convalescent treatment are sent to convalescent and holiday homes. During the year 14 children under the age of five years and 4 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 5 day nurseries with a total number of 210 places.

Admission is restricted to the following priority classes :—

- Where the mother is the sole wage earner.
- Where there is sickness in the family or where home conditions likely seriously to prejudice the health of the child exist.
- 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 1966 :—

National Dried Milk.			Cod Liver Oil.		A. & D. Tablets.		Orange Juice.	
Free.	2/4	4/-	Free.	1/-	Free.	6d.	Free.	1/6
1,000	38,066	10,964	719	11,453	108	19,378	4,424	323,197

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil.	A. & D. Tablets.	Orange Juice.
Hospitals	1,304	—	—	1,422
Nurseries	2	245	—	720

Congenital Defects at Birth.

Since early 1963, arrangements have been made for particulars of children with congenital abnormalities to be notified to the Divisional Medical Officers at the time of the birth notification. The birth notification form is so worded that doctors and midwives can show whether or not there is an abnormality of the infant.

The Divisional Medical Officer of the area in which the baby lives is responsible for making any inquiries necessary to enable the Registrar General's form to be completed. Returns of information received are made monthly to the Registrar General.

The health visitors receive early notification of the birth of children with congenital abnormalities in their areas and give special attention to these children in their visiting.

Children "At Risk."

The number of children on the "at risk" register was 10,575 in 1966.

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 72.

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

Division/Delegated Authority	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	0-2	2-5
North-Western...	2,504	30	66	60	1	6	27	60	—	2	—	1	—	2	4	7	32	82
South-Eastern ...	3,350	35	72	59	4	4	30	59	—	5	1	—	1	2	7	10	71	98
Northern ...	705	12	85	72	3	1	11	72	—	4	1	1	—	2	3	7	23	93
South-Western...	3,435	45	110	108	8	18	40	108	—	6	1	2	—	—	12	12	59	141
Epsom and Ewell ...	707	12	10	9	1	2	12	9	—	—	—	1	—	1	1	1	14	12
Esher ...	417	16	22	17	2	2	10	17	—	1	—	—	—	1	8	5	24	22
Woking ...	1,191	8	26	21	1	3	7	21	—	2	—	—	—	—	2	6	10	32
Total ...	12,309	158	391	346	20	36	137	346	—	20	3	5	1	8	37	48	233	480

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 646 sessions. The number of new patients attending during the year was 2,000. 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	451	442	350
Children under 5 and not eligible for School Dental Service	2,475	1,558	1,459

(b) Forms of treatment provided.

	Scalings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extractions.	General anaesthetics.	Dentures provided.		Radio-graphs.
							Full upper or lower. (First time.)	Other Dentures.	
Expectant and Nursing Mothers	212	998	—	12	467	38	52	23	44
Children under 5	155	3,679	998	—	790	340	—	—	26

DOMICILIARY MIDWIFERY AND HOME NURSING.

Summary of the work of the District Nurses, Midwives, and District Nurse Midwives, 1966.

Division.	District staff establishment.	Total nursing cases.	Patients 0-5 years.	Patients 65+ years.	Total deliveries.	Number of cases delivered in hospitals, discharged and attended by domiciliary midwives before 10th day.	Total domiciliary visits.	Number of patients suffering from cancer.	Number of patients incontinent.
South-Western ...	63.5	4,274	99	2,828	539	974	124,699	297	277
North-Western ...	39.0	2,393	40	1,523	641	789	79,644	171	184
South-Eastern ...	54.0	3,430	81	2,275	697	664	109,716	298	294
Northern ...	25.4	1,405	26	842	594	274	53,013	123	102
Epsom and Ewell M.B.	15.0	1,015	8	689	199	164	31,068	79	38
Esher U.D.	15.5	1,087	15	589	167	181	38,717	96	58
Woking U.D.	17.0	867	12	539	310	166	30,734	49	92
Total ...	229.4	14,471	281	9,285	3,147	3,212	467,591	1,113	1,045

Attention is drawn to the high proportion of the nurses' time which is spent with the over 65 age group. In 1966 64.05 per cent of the patients visited were in this age group. Moreover the number of home confinements has again fallen (from 3,639 in 1965 to 3,147 in 1966) while for the first time the number of early discharges (3,213) exceeds the number of home confinements.

CO-OPERATION WITH HOSPITAL AND FAMILY DOCTOR SERVICES.

Progress has been made during the past year in bringing about closer co-operation between the family doctor and the local authority nursing services.

At the time of writing this report the position is as follows :—

DIVISION.	No. of Groups of G.P.s.	Numbers Attached.			
		Health Visitors.	District Midwives.	District Nurses.	Nursing Auxiliaries.
Northern	2	—	—	3	—
South-Eastern	3	4	—	—	—
North-Western	6	3	6	—	—
South-Western	19	19	2	3	1
DELEGATED AUTHORITY.					
Epsom and Ewell M.B. ...	2	1	—	—	—
Esher U.D.C.	1	2	—	—	—
Woking U.D.C.	—	—	—	—	—
Total	33	29	8	6	1

Requests have been received for further placements of staff and these will be arranged as soon as the County recruitment figures make it possible. Lack of staff and staff changes hinder progress in this development.

During the year 86 women were delivered by County midwives in Frimley Hospital. This is a satisfactory arrangement and the hospital and domiciliary staff work well together. Similar schemes are being arranged at Haslemere and Crawley Hospitals.

NURSING AUXILIARIES.

The number of auxiliaries has been increased as they have proved themselves to be so useful on the district. No alteration has been made in their initiation course.

MIDWIVES BOOKED CASES TRANSFERRED TO HOSPITAL DURING LABOUR.

During 1966, there were 203 cases booked by the domiciliary midwives which were transferred to hospital during pregnancy or labour representing 6.45 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	9	3	6	—
Mal-presentation	21	5	14	2
Foetal distress	11	4	6	1
Inertia	44	19	22	3
Post-partum haemorrhage	4	2	2	—
Prematurity	11	4	6	1
Retained placenta	14	3	10	1
Breech	5	—	5	—
Miscellaneous	4	2	2	—
	123	42	73	8
(2) IN PREGNANCY.				
Ante-partum haemorrhage	9	1	6	2
Mal-presentation	9	3	4	2
Post-maturity	23	4	17	2
Rhesus factor	4	1	1	2
Pre-eclampsia	20	8	9	3
Breech	4	1	3	—
Twins	4	3	1	—
Social grounds	1	1	—	—
Miscellaneous	6	1	5	—
	80	23	46	11

ANALYSIS OF NURSING CASES.

(i) *Principal Medical and Surgical Conditions.*

Cases.	Total All ages.
Diseases of the heart	1,291
Circulatory	1,410
Diseases of the blood	1,522
Central nervous system	712
Chest conditions, medical and surgical	904
Abdominal, medical and surgical	1,991
Gynaecological, medical and surgical	775
Influenza	75
Rheumatic and arthritic diseases	990
Urinary, medical and surgical	349
Breast conditions, medical and surgical	245
Scalds, burns and other injuries	431

(ii) *Other.*

Varicose ulcers	571
Miscarriages	107
Tuberculosis	80
Pedicures	46
Diabetes	380
Diagnostic preparations	94
Orthopaedic, medical and surgical	560
Skin diseases, medical and surgical	255
Eye conditions	86
Ear, nose and throat, medical and surgical	325
Miscellaneous	1,272

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 23 midwives to courses at Hastings, Oxford, Westcliff, Bristol, London, Birmingham, Exeter. 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.

TRAINING OF STUDENT DISTRICT NURSES AND PUPIL MIDWIVES.

Part II pupil midwives are placed for training with approved teaching midwives by an arrangement with Part II Training Schools in the County.

District Nurse training is organised by the County Council and suitable candidates are sent to the Guildford and Surbiton Training Homes and to individual nurses approved for this training. The theoretical instruction is given at the Brooklands Technical College and the tutorials conducted at the Guildford and Surbiton Training Homes.

During the year 27 candidates were selected to take this course, 16 being sponsored by the County Council, 8 by London Boroughs, 1 by the Hampshire County Council, 1 by the Somerset County Council and 1 student trained as an independent. The sponsoring authority is responsible for the costs whether full training, lectures or tutorials are given.

FACILITIES FOR INCONTINENT PEOPLE.

During the year the County Council considered Circular 14/66 from the Ministry of Health recommending the provision by Local Health Authorities of incontinence pads and waterproof pants or knickers with disposable linings to people who can benefit from them.

The County Council already provide free of cost under Section 25 of the National Health Service Act 1946, incontinence pads to persons receiving domiciliary nursing care and exceptionally in special cases where the Council's Nursing Officers are satisfied that the patients are receiving good care from relatives. There is also at present in operation a scheme for providing protective pants and knickers to handicapped persons under section 29 of the National Assistance Act 1948.

The County Council decided that as from 1st April 1967, incontinence pads and protective pants or knickers with disposable linings should be supplied free of charge to all persons who need them under section 28 of the National Health Service Act 1946.

During the year 1,045 incontinent patients were nursed by the domiciliary nurses.

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 five 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 1966 was 427.

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 ... 630

(b) Others 1

(ii) For cases in Institutions 94

Total 725

NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid 725

Stillbirths 32

Laying out dead body 7

Liability to be a source of infection (including pyrexia) 93

Death of baby... .. 7

Total 864

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) ... 42

Stillbirths 32

Liability to be source of infection (including pyrexia) 93

Death of baby... .. 7

Total 174

Geriatric Visiting and Social Work.

SUPPORTIVE SERVICES AVAILABLE FOR OLD PEOPLE IN THEIR OWN HOMES.

In addition to the work among geriatric patients undertaken by the general health visitors, there are three full-time health visitors and one part-time health visitor attached to the geriatric units in the County and one health visitor is attached to a group of general practitioners.

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.	
Guildford	126	579	201	224	6	148	7
Woking and Chertsey ...	174	452	325	77	11	39	—
Farnham (Surrey cases only)	73	196	133	28	17	18	—
Redhill (all cases) ...	220	1,013	652	338	22	1	24
Total	593	2,240	1,311	667	56	206	31

TYPES OF VISIT.

Geriatric Health Visitor.	Home Visits.					
	First visits.		Revisits to Patients.	Visits to Relatives.	Miscellaneous.	Total.
	H.V.	H.V. and Dr.				
Esher... ..	39	—	25	7	7	78
Guildford	550	—	932	75	225	1,782
Woking and Chertsey ...	498	5	451	117	358	1,429
Farnham (Surrey cases only)	—	1	59	—	38	98
Redhill (Surrey cases only)...	183	—	2,536	102	197	3,018
Total	1,270	6	4,003	301	825	6,405

In addition, the general health visitors visited 2,892 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 or Nursing Home to give relatives a rest.	Day Hospital.
Guildford	47	12	14	86	23
Woking and Chertsey ...	126	62	23	253	52
Farnham (Surrey cases only)	32	—	10	30	—
Redhill	633	—	25	74	—
Total	838	74	72	443	75

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	...	...	...	...	...	...	...	187
Hospital Almoners	...	...	...	...	...	...	...	4
Other sources	...	...	...	...	...	...	...	47
Total	...	...	...	...	...	...	...	238

(b) No. of home visits :—

First visit	...	...	...	...	...	...	...	238
With doctor...	...	...	...	...	...	...	...	3
Re-visits to patients	...	...	...	...	...	...	...	560
Visits to relatives	...	...	...	...	...	...	...	19
Miscellaneous	...	...	...	...	...	...	...	72
Total	...	...	...	...	...	...	...	892

(c) Cases dealt with by admission to :—

Hospital	...	...	...	...	...	...	...	8
Nursing Home	...	...	...	...	...	...	...	4
Welfare Home	...	...	...	...	...	...	...	1
Total	...	...	...	...	...	...	...	13

HEALTH VISITING.

The establishment of Health Visitors is 180.5, and at the end of the year the equivalent of 165 were available for duty. Twenty-four students trained in the Surrey C.C. training course and of those 16 were appointed to the County staff, 3 returned to their sponsoring authorities, and 4 returned to the Greater London Boroughs. The recruitment of trained staff has again proved to be most difficult.

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, 1966		Live births 1966		Case load 0-5 years.	Average No. per H.V.	Cases visited by Health Visitors.					Total No. of children visited.
			Registered and adjusted.	No. of 1966 birth cards.			Expectant mothers.	Children under 1 year of age.	Children age 1 and under 2 years.	Children age 2 and under 5 years.		
	D.H.V.	H.V.										
North-Western ... South-Eastern ... Northern... South-Western ... Epsom and Ewell ... Esher ... Woking ... Relief Staff ...	1	34	3,543	3,407	16,618	489	792	3,201	3,016	8,159	14,376	
	2	34	3,455	3,425	16,122	474	1,407	3,648	3,932	11,721	19,301	
	1	15	1,745	1,671	9,496	633	37	1,731	1,156	2,707	5,594	
	2	36	3,575	3,584	17,178	477	1,590	3,785	4,300	12,417	20,502	
	0.5	8	976	920	4,149	519	558	965	980	2,792	4,737	
	0.5	9	866	827	4,002	445	545	882	934	2,938	4,754	
	0.5	13	1,336	1,361	6,244	480	425	1,446	1,388	3,888	6,722	
	—	9	—	—	—	—	—	—	—	—	—	
	7.5	158	15,496	15,195	73,809	467	5,354	15,658	15,706	44,622	75,986	
	Total

Work Study.

A study of the work of health visitors, district nurse/midwives was carried out during the year with the object of obtaining factual data of the way in which their time was apportioned. A previous study of the health visiting service was made in 1960 and these results were used as a basis on which to judge the changing pattern.

The present study showed a marked increase in the time spent in the office, a decrease in the time spent on home visiting, and an increase in the proportion of fixed appointments. Analysis of the findings of the study is continuing. The study of the work of district nurses and midwives shows a similar picture to that of the National survey which has been published.

The analysis of major undertakings is time consuming and the results will be reported to the appropriate committee during the current year. It is hoped to give a full report in the Annual Report of 1967.

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.

Twenty-two students were selected to take the course, of these 15 were students sponsored by the Council, 1 sponsored by the Berkshire County Council, 5 sponsored by London Boroughs and 1 sponsored by Reading C.B.C.

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

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 71.

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.

Figures for the year are shown below :—

Division.	No. of Persons over 65 years of age.	No. of subnormal patients.		No. suffering from mental illness.	No. of educationally sub-normal.	No. of handicapped persons.	Total No. of families visited.
		Under 16 years.	Over 16 years.				
N.	422	56	41	28	82	35	6,617
N.W.	320	100	65	75	172	76	12,174
S.E.	594	99	93	35	135	45	12,400
S.W.	323	100	91	95	187	144	13,394
Epsom and Ewell M.B. ...	342	13	20	9	33	8	3,394
Esher U.D.	672	38	19	35	33	64	3,698
Woking U.D.	219	18	32	40	61	20	5,077
Total	2,892	424	361	317	703	392	56,754

NURSING HOMES.

During the year, the Committee approved the registration of 6 nursing homes. On the 31st December, 1966, there were 28 registered nursing homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

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

	Number registered.	Number of children provided for.
Premises	193	4,251
Daily Minders	148	1,120

The increasing popularity of play groups for children is indicated by the considerable increase in the number of premises registered during the year, the comparable figure for 1965 being 126. The number of children provided for has increased by 1,512.

Following the receipt of Circular 5/65 all registered minders and keepers of day nurseries were reminded of the need to maintain the highest standards of child care and at the time of writing this report (July 1967) a series of in-service courses on the day care of children is in progress for the health visiting staff.

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 the year.

District.	A. Number of children who completed a full course of primary immunisation during the year ended 31st December, 1966.							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, 1966.						
	Year of birth.					Others under 16.	Total.	Year of birth.					Others under 16.	Total.
	1966.	1965.	1964.	1963.	1959-62.			1966.	1965.	1964.	1963.	1959-62.		
M.B. and Urban.														
Banstead	196	220	9	1	4	5	435	—	91	171	30	260	74	626
Caterham and Warlingham...	245	259	16	8	19	5	552	—	44	85	20	498	250	897
Chertsey	281	503	54	18	35	15	906	—	83	262	74	552	650	1,621
Dorking	383	610	76	29	36	10	1,144	—	57	86	10	118	31	302
Egham	134	206	28	6	17	13	404	—	40	170	36	302	296	844
Epsom and Ewell	359	384	14	6	7	2	772	—	167	245	26	716	500	1,654
Esher	354	361	16	6	13	5	755	13	76	377	65	730	304	1,565
Farnham	45	89	45	1	27	21	228	—	21	47	1	235	288	592
Frimley and Camberley ...	327	454	32	13	36	41	903	—	134	309	79	455	609	1,586
Godalming	11	116	75	6	6	18	232	—	46	101	19	201	120	487
Guildford M.B.	127	346	185	63	67	36	824	1	16	55	22	470	488	1,052
Haslemere	49	92	16	5	14	8	184	—	18	62	17	155	259	511
Leatherhead	278	306	20	3	25	7	639	2	60	219	33	181	51	546
Reigate	315	346	15	7	12	8	703	—	173	280	34	609	390	1,486
Staines	455	376	23	17	24	28	923	2	191	291	46	688	525	1,743
Sunbury	393	344	15	3	19	33	807	2	210	302	39	637	593	1,774
Walton and Weybridge ...	335	415	44	9	37	57	897	—	103	208	47	457	534	1,349
Woking	329	546	68	15	33	5	996	—	88	486	82	590	105	1,351
Rural.														
Bagshot	114	221	30	—	12	7	384	—	17	65	32	208	114	436
Dorking and Horley	398	554	52	10	30	3	1,047	—	64	134	16	173	20	407
Godstone	183	257	20	4	19	62	545	—	83	127	22	212	36	480
Guildford R.D.	114	345	202	45	65	27	798	1	111	358	70	511	466	1,517
Hambledon	55	157	98	26	15	36	387	—	63	171	40	429	375	1,078
Total	5,480	7,507	1,153	301	572	452	15,465	21	1,956	4,611	851	9,387	7,078	23,904

There was no case 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.

District.	Vaccinated.								Re-Vaccinated.							
	Age—Months.				Years.				Age—Months.				Years.			
	—3.	3-6.	6-9.	9-12.	1.	2-4.	5-15.	Total.	—3.	3-6.	6-9.	9-12.	1.	2-4.	5-15.	Total.
Banstead ...	—	2	5	8	278	76	28	397	—	—	—	—	—	4	73	77
Caterham and Warling-	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ham ...	2	6	3	13	355	65	12	456	—	—	—	—	—	6	—	6
Chertsey ...	9	12	2	3	501	148	21	696	—	—	—	—	—	8	59	67
Dorking ...	1	1	2	2	53	102	22	183	—	—	—	—	—	2	38	40
Egham ...	3	3	3	12	194	86	36	337	—	—	—	—	—	—	5	5
Epson and Ewell ...	—	—	—	—	463	76	30	569	—	—	—	—	—	13	119	132
Essex ...	6	2	8	14	473	116	25	644	—	—	—	—	1	14	61	76
Farnham ...	2	2	—	4	80	52	24	164	—	—	—	—	9	19	136	164
Frimley and Camberley	8	3	19	34	501	151	46	762	—	—	—	—	—	16	143	159
Godalming ...	1	6	4	10	131	18	12	182	—	—	—	—	—	1	16	17
Guildford M.B. ...	1	3	3	1	183	290	138	619	—	—	—	—	—	1	187	188
Haslemere ...	1	1	—	—	69	76	22	169	—	—	—	—	1	1	47	49
Leatherhead ...	—	2	4	—	141	168	35	350	—	—	—	—	—	7	148	155
Reigate ...	4	6	33	35	303	61	62	504	—	—	—	—	—	4	157	161
Staines ...	5	—	2	4	428	174	65	678	—	—	—	—	1	10	177	188
Sunbury ...	6	2	3	4	515	101	43	674	—	—	—	—	8	22	235	265
Walton and Weybridge	7	5	1	—	349	156	51	569	—	—	—	—	—	9	87	96
Woking ...	—	—	—	10	436	272	58	776	—	—	—	—	4	13	16	33
Bagshot ...	—	2	—	5	156	62	4	229	—	—	—	—	—	1	21	22
Dorking and Horley ...	—	—	8	4	139	104	10	265	—	—	—	—	—	—	5	5
Godstone ...	—	6	7	15	207	82	19	336	—	—	—	—	—	5	100	105
Guildford R.D. ...	3	2	—	—	249	417	70	741	—	—	—	—	1	11	174	186
Hambledon ...	8	6	—	—	90	186	29	319	—	—	—	—	—	7	62	69
Total ...	67	72	107	178	6,294	3,039	862	10,619	—	—	—	—	25	174	2,066	2,265

There were two cases of generalised vaccinia in children aged 1-2 years.

The following table, prepared by the Ministry of Health, shows the percentages of Surrey children immunised together with the equivalent national figures :—

	Children born in 1965.			Smallpox (Children under 2). (4)
	Whooping Cough. (1)	Diphtheria. (2)	Polio- myelitis. (3)	
England and Wales	72	73	68	38
Surrey ...	80	86	81	42

The figures in columns 1-3 are calculated to show the percentage of children born in 1965 who have been vaccinated at any time. Column 4 includes only children who were vaccinated during 1966 and were under 2 years old at the time and is calculated as a percentage of children born during 1965. This is considered by the Ministry of Health to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Whooping Cough Immunisation.

The following table shows the number of children immunised during the year. In interpreting these figures it should be borne in mind that many children are inoculated with a combined diphtheria-pertussis prophylactic.

District.	Number of children who completed a primary course of inoculation during 1966.							Reinforcing doses.						
	Year of birth.					Others under age 16.	Total.	Year of birth.					Others under age 16.	Total.
	1966.	1965.	1964.	1963.	1959-62			1966.	1965.	1964.	1963.	1959-62		
M.B. and Urban.														
Banstead	195	219	9	2	3	1	429	—	91	159	25	40	5	320
Caterham and Warlingham ...	243	258	16	8	8	—	533	—	38	71	9	16	—	134
Chertsey	278	503	52	18	16	6	873	—	76	237	70	128	13	524
Dorking	271	408	39	18	10	1	747	—	51	75	8	34	11	179
Egham	134	205	26	4	13	8	390	—	35	119	28	53	9	244
Epsom and Ewell	359	384	14	5	3	2	767	—	164	225	23	96	11	519
Esher	351	352	12	6	7	3	731	6	6	50	9	60	24	155
Farnham	44	88	45	1	6	4	188	—	20	46	1	18	4	89
Frimley and Camberley ...	320	449	31	7	16	19	842	—	130	278	72	76	25	581
Godalming	11	115	73	6	2	—	207	—	46	89	16	8	—	159
Guildford	126	345	181	57	19	1	729	1	15	55	19	48	16	154
Haslemere	49	92	16	5	—	1	163	—	11	47	15	13	4	90
Leatherhead	186	203	12	2	12	4	419	2	56	213	31	83	14	399
Reigate	314	343	15	4	3	—	679	—	166	269	25	136	16	612
Staines	453	373	20	17	11	4	878	2	188	280	40	159	23	692
Sunbury	393	341	14	3	3	2	756	2	206	291	29	71	21	620
Walton and Weybridge ...	334	412	40	9	27	33	855	—	102	192	45	207	32	578
Woking	327	537	65	11	20	5	965	—	88	468	74	206	26	862
Rural														
Bagshot	113	220	29	—	17	2	371	—	17	65	28	72	10	192
Dorking and Horley ...	268	367	32	6	16	2	691	—	64	121	13	46	3	257
Godstone	182	256	19	3	16	1	477	—	82	113	19	95	5	314
Guildford	113	340	200	41	47	6	747	1	107	337	60	104	36	645
Hambleton	55	157	98	26	5	2	343	—	59	146	36	41	13	295
Total	5,119	6,967	1,058	259	270	107	13,780	14	1,818	3,956	695	1,810	321	8,614

B.C.G. Vaccination.

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

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

Statistics for all categories for the year are shown below.

Division.	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.
North-Western...	2,040	115	1,925	1,783
South-Eastern ...	2,810	111	2,699	2,695
Northern	1,313	108	1,205	1,161
South-Western...	2,953	172	2,781	2,778
Epsom and Ewell ...	642	21	621	614
Esher	490	58	432	425
Woking	55	9	46	46
Total	10,303	594	9,709	9,502

Anti-tetanus Vaccination.

During the year 17,493 children under 16 years of age completed a primary course of three injections with either single or combined vaccine and 24,800 children in the same age group received a reinforcing dose.

Poliomyelitis Vaccination.

The following table shows the number of persons under age 16 completing primary immunisation and receiving reinforcing doses in period 1st January to 31st December, 1966 :—

	Number of Persons.	
	Completed primary course.	Received reinforcing dose.
Children born 1966	3,105	13
Children born 1965	10,013	350
Children born 1964	1,663	344
Children born 1963	546	165
Children and Young Persons born 1959-1962 ...	1,342	13,394
Others under age 16	669	1,991
Total	17,338	16,257

Measles Vaccination

During the year Circular 6/66 was received from the Ministry of Health indicating that the vaccination schedules used in the controlled trials of measles vaccines conducted by the Medical Research Council were regarded as effective and acceptable procedures. Although it was felt to be premature to embark on any programme of general measles vaccination, vaccines should be made available to doctors who wished to use them for any of their patients.

The County Council after consultation with the Local Medical Committee, submitted proposals to the Minister which were approved, to introduce a scheme for the vaccination of children at the request of their parents.

PORT HEALTH UNIT, GATWICK AIRPORT.

The Unit is situated at the south end of the Immigration Lounge and consists of a general office, vaccination room, consulting room, two inspection rooms and a staff room.

Gatwick is regularly served by planes from airports in Europe, the Middle East, West Africa, East Africa and South America. An increasing number of charter flights from North America and North Africa also use Gatwick Airport.

Health control is carried out under the Aliens Order, 1953, the Commonwealth Immigration Act, 1962 and the Ships and Aircraft Regulations, 1966.

During the period 1st January to 31st December, 1966, excluding training flights, there were 31,004 aircraft arrivals and 31,038 departures involving 1,632,142 passengers. During this period the Unit examined 98 commonwealth immigrants. Of these 16 were classified as likely to require major medical treatment.

336 aliens were examined and of these, 68 were classified as unfit or requiring medical treatment.

893 vaccinations were carried out and first aid treatment was given to 458 persons during the year.

The Port Health Staff continued to consist of two Medical Officers with eight part-time General Practitioners operating a duty rota. The number of clerks/receptionists was increased from 5.5 to 6 during the year owing to the increase in air traffic.

AMBULANCE SERVICE.

Organisation and Administration.

The organisation and administration of the Service continued as in the previous year. The replacement of the service provided by the Voluntary Organisations was completed and the only full Agency Service is now provided by the British Red Cross Society at Godalming and a supplementary service is provided at weekends and during some evenings by the stations formerly operated by the St. John Ambulance Brigade.

Communications.

Increased efficiency in the Central Control has resulted from the replacement of local telephone lines by a block provided by the G.P.O. in the new Burgh Heath Exchange at Banstead which is now fully automatic.

Operational Strength.

During the year the operational fleet was increased by one ambulance and two sitting case vehicles.

Personnel.

The establishment of operational personnel was increased by 7. The full establishment however was never reached during the year and the average under-establishment fluctuated around 10 per cent.

The employment of female driver/attendants has proved extremely satisfactory and they have proved very efficient both on Ambulance Control duties and in operational ambulance duties throughout the County.

Premises.

During the year construction of the new Headquarters building at Banstead was commenced and planning for new stations at Warlingham and Leatherhead were completed. It is still necessary to rent temporary premises at Guildford and Cranleigh pending the construction of new stations there.

Hospital Car Service.

The directly administered Hospital Car Service continued to increase. The number of patients for which transport is provided by private car drivers totalled 131,312.

Work of the Service.

During the year the number of patients carried continued to increase steadily as did the emergency calls. The time from receipt of call to the arrival at the incident during 1966 was 6.3 minutes. The Service continues to make the maximum use of railway facilities and during the year arrangements were made for 463 patients to travel by train, a total of 45,159 miles.

The number of aircraft and passengers using the airports at Gatwick and Heathrow continues to increase and during the year emergency turnout at Gatwick was required on 21 occasions and to Heathrow on 56 occasions.

Handicapped Persons.

The Service operated four specially designed vehicles on behalf of the County Welfare Committee and transported 12,160 patients 51,055 miles during the year.

Safe Driving Competition.

260 drivers were entered for the competition organised by the Royal Society for the Prevention of Accidents, 42 were disqualified and 24 were ineligible for awards because of sickness, changes of duty, resignation, etc. Of the drivers remaining 194 received awards as follows :—

- 2 Bars to 15 year brooches.
- 3 15 year brooches.
- 16 11-14 years oak leaf bars to 10 year medals.
- 5 10 year medals.
- 37 6-9 years bars to 5 year medals.
- 9 5 year medals.
- 122 Diplomas 1-4 years.

Training.

Training of ambulance personnel continued throughout the year. Emphasis was made in the training of new recruits to the Service and altogether 14 courses of two weeks' duration were held and 65 personnel attended. These courses consisted of a general introduction to the duties of an ambulance driver/attendant, including first aid, driving and general ambulance work.

A Working Party set up by the Ministry of Health to study the whole question of training reported and it was recommended that at least six weeks should be allocated to train new recruits to the Service.

As an experiment the Ministry of Health has asked a number of authorities to carry out a course on the lines recommended by the Working Party on training, and it is expected that this authority will undertake a course on behalf of the Ministry during 1967.

The Training School continued to be attended by other Services including Cadets from Leatherhead who are training under the Duke of Edinburgh Award Scheme, also District Nurses, Midwives and other bodies. Altogether 123 people were instructed in mouth to mouth resuscitation, demonstration of equipment carried in an ambulance, inspection of vehicles and the organisation of the Service.

Ambulance officers continued to visit and instruct various organisations in all aspects of the Service, 198 people received this instruction.

Advice was also given to a number of organisations on types of equipment required to fulfil their obligations to provide first aid equipment in factories and building sites.

Annual Regional Competition.

A number of teams entered for the Annual Competition, the final held at Sandown Park Race Course. The team from Banstead Main Station won the event and was presented with the "Stuart Horner Shield."

This team represented Surrey at the Regional Final held at Battersea Park, London, obtaining second place and became the holder of the "Lomas Trophy" for twelve months. They failed by only two marks to win the event.

Civil Defence.

The training of the Ambulance and First Aid Section of the Civil Defence Corps continued during the year. 1,409 classes were held with an average attendance of 8. 23 Senior, 58 Junior and 129 Sub Officers were appointed to the Section.

Up to the end of 1966, 530 volunteers passed the standard test and 139 the advanced test.

Home Nursing and First Aid.

The instruction to members of the public and organisations continued. A total of 41 courses were held and 592 people received instruction.

A start was made to include this type of instruction in Evening Institute programmes and six courses were arranged. It is expected that during the coming year the number of courses will increase.

WORK DONE BY THE UNIFIED AMBULANCE SERVICE DURING 1966.

EMERGENCY.							MATERNITY.	
Accident.		Illness.		False Alarms.	Totals.		Totals.	
Patients.	Miles.	Patients.	Miles.	Miles.	Patients.	Miles.	Patients.	Miles.
9,920	81,122	2,859	25,988	11,954	12,779	119,064	2,952	41,115

GENERAL.									
Hospital.		Out-Patients.		Infectious Diseases.		Private.		Non-Patient (Misc. Mileage).	Abortive Miles.
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Miles.	Miles.
42,552	568,858	360,441	2,584,992	383	7,093	304	2,864	73,868	22,553

TOTALS.							
Emergency.		Maternity.		General.		Grand Totals.	
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
12,779	119,064	2,952	41,115	403,680	3,260,228	419,411	3,420,407

DIVISION OF WORK BETWEEN THE COUNTY'S DIRECT SERVICE AND VOLUNTARY ORGANISATIONS DURING 1966.

County Service.		VOLUNTARY ORGANISATIONS.				Hospital Car Service.	
		S.J.A.B.		B.R.C.S.			
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
273,135	1,901,414	9,040	106,939	5,924	61,446	131,312	1,350,608

GRAND TOTALS.	
Patients.	Miles.
419,411	3,420,407

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 Hospital Boards for the South West Metropolitan and North West Metropolitan areas. The Council are responsible for prevention, care and after-care, the Hospital Boards for diagnosis and treatment. Close liaison is maintained between officers of the Council and the Hospital Boards and many of the medical staff are jointly appointed.

CHEST CLINIC ORGANISATION.

Tuberculosis visiting throughout the County is undertaken by 39 health visitors and 1 part-time tuberculosis visitor. Of the 39 health visitors, there are 11 employed wholly on tuberculosis duties (10 full time and 1 part time) and 28 general health visitors who spend part of their time visiting the tuberculous. During 1966 these health visitors paid a total of 4,501 visits to tuberculous households and attended 1,066 chest clinic sessions. 787 visits were paid to households where other chest diseases were involved.

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 examination and supervision of contacts and B.C.G. vaccination.

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 80).

B.C.G. Vaccination.

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

During 1966 the Chest Physicians carried out about 650 contact vaccinations. The areas of some of the Chest Physicians are partly within and partly outside the County and it has not always been possible accurately to subdivide the vaccinations according to whether the patients are or are not now Surrey residents. This figure does 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 (see Vaccination and Immunisation, page 41.)

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 (reported on page 19), in so far as the same team of social workers covered both sets of duties. The demands upon the time of the chest clinic social workers 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 168 (185 the previous year).

Care Committees for Tuberculosis and Chest Diseases.

The thirteen 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 £3,170 by their own efforts, and received £1,141 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 £4,379 covered a wide range of items to meet individual needs, but the main items were food (£1,190), clothing, bedding and household items (£700), rehabilitation (£200), holidays (£900) and fares, outings and Christmas gifts (£480).

The Standing Conference of Surrey Care Committees for Tuberculosis and Chest Diseases which co-ordinates the work of the thirteen district Care Committees and which consists of representatives of the Care Committees and the County Health Committee received a grant of £250 from the County Council. The Conference continues for the time being to include, in addition to the thirteen Surrey

district Care Committees, those seven Care Committees which were under its aegis before the London Government re-organisation. 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 (£58), loans and grants where substantial amounts are required for resettlement after treatment (£373), and summer holidays for families at the country and seaside (£1,189).

The beach chalets which were hired by the Conference provided a fortnight's holiday each for some 20 Surrey families comprising approximately 37 adults and 45 children who were selected by the chest physicians. The County Education Committee again granted the use of Sheephatch School for a fortnight's holiday for 75 child "contacts" and contributed 25 per cent of the cost for the 54 Surrey children who attended.

REHABILITATION AND COLONISATION.

During 1966 there were no tuberculous patients under training for whom the County Council were financially responsible.

Selected patients are referred by the Chest Physicians to Government Training Centres, principally those at Wadham and Egham.

Occupational Therapy.

The establishment of the Occupational Therapy Unit on 31st December 1966 consisted of 1 Head Occupational Therapist, and a Deputy Head Occupational Therapist, 8 Assistant Occupational Therapists, 1 Senior Technical Instructor, 7 Technical Instructors, 1 Handyman, 1 Supplies and Marketing Officer, 2 Clerk/Storekeepers, 1 Telephonist/Clerk, 1 Caretaker/Groundsman. In addition, a number of students have attended for practical experience during the year.

The Unit moved from New Malden to permanent headquarters at School Lane, Fetcham, near Leatherhead, on 1st April, 1966.

Besides home visiting, occupational therapists provide services for handicapped people at eleven classes in different parts of the County, namely, at Esher, Camberley, Guildford, Ewell, Leatherhead, Ottershaw, Woking, Walton-on-Thames, Dorking, Redhill and Warlingham.

Two Occupational Therapists were appointed during the year to carry out a pilot scheme for elderly persons in conjunction with the Surrey Association for the Elderly, to whom tribute must be paid for the help and co-operation received during the year. The scheme has been directed along three channels, namely, domiciliary visiting, day centres and clubs; regular classes are held at Shepperton, Woking, Staines, Epsom, Addlestone, Reigate, Weston Green, Caterham and Whiteley Village.

The Standing Conference of Surrey Care Committees for Tuberculosis and Chest Diseases arrange for a voluntary art teacher to give art instruction at Ewell and Walton classes and limited instruction at persons' homes. The travelling expenses and the cost of some of the materials of this valuable service are met by the Standing Conference.

There has been a further expansion in the number of aids constructed and fixed or delivered by technical instructors. The Occupational Therapists have given instruction in the use of such aids. The demand for mechanical aids of various types has increased. The number of persons recommended for aids during the year was 1,539 involving 3,104 aids as compared with 684 persons and 1,679 aids in 1965. The increase was due to some extent to the introduction of the scheme for supplying aids to elderly persons.

Steady progress has been made with regard to remunerative occupations. Printing and chair caning have become well established. Several handicapped persons have been engaged in producing aids such as fracture boards, dressing and eating aids, etc.

The scheme for buying in completed articles continues to grow and is proving very worth while. Exhibitions and Sales were held throughout the year both with, and without, the Mobile Shop. The County Show was again visited and articles were sold from the Mobile Shop with very satisfactory results. Horticultural Shows and firms were also visited and in every case full support and co-operation was received.

In conjunction with the Voluntary Association for Surrey Disabled and by kind permission of Fogwills Limited, North Street, Guildford, a complete display of occupational therapy was staged during "Help the Disabled Week" showing aids, craftwork and remunerative occupations. The Exhibition was staffed throughout the week for advice and demonstration purposes. There was an excellent attendance of both professional workers and the general public.

The Voluntary Association for Surrey Disabled has given considerable help during the year, particularly in the organisation of classes.

During the year 27 chest patients, 135 other handicapped and 16 elderly persons were registered for occupational therapy. The standard of work remains high and overall development very satisfactory.

The table below shows the number of persons receiving occupational therapy on 31st December, 1966 :—

Category.	Domiciliary.	Classes.	Postal.	Total.
Chest	86	Nil	9	95
Other handicapped	271	213	17	501
Elderly	13	118	3	134
Total	370	331	29	730

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, as well as the Administrative County of Surrey, the London Boroughs of Croydon, Kingston, Merton, Richmond and Sutton and parts of North Sussex and North East Hampshire. It does not cover the Urban Districts of Sunbury and Staines which come within the area of the North West Metropolitan Regional Hospital Board. The statistics quoted below relate to the whole area covered by the Surrey Units.

In 1966 the Surrey Mass Radiography Service X-rayed 132,388 persons. These examinations were carried out by two separate services as follows :—

General Practitioner Chest X-Ray Service	16,931
Normal Mass Radiography Service	115,457

PULMONARY TUBERCULOSIS.

The Medical Director points out that the number of cases of pulmonary tuberculosis found continues to fall, but at a slow rate. More cases are found by the "mass examination technique" than by "selective radiography" but the pattern is changing gradually.

In 1961, 74 per cent of cases were found by Normal Mass Radiography and 26 per cent by the General Practitioner Chest X-ray Service. In 1966, the figures were Normal Mass Radiography—66 per cent and General Practitioner Service—34 per cent.

One eighth of those cases found by the Normal Mass Radiography Service were infectious ; the corresponding proportion of cases found by the General Practitioner Service was one-third.

PULMONARY TUBERCULOSIS IN IMMIGRANTS.

During 1966 records of examinations of 2,733 immigrants (2 per cent of the total examinations made) showed that 8 cases of significant pulmonary tuberculosis were diagnosed. None of these cases was infectious. In the opinion of the Medical Director, immigrants do not constitute a serious tuberculosis health risk in this area.

LUNG CANCER.

The total figures for lung cancer and the incidence rate in men over the age of 45 have not changed significantly.

MULTIPLE SCREENING CLINIC.

In 1966 the Mass Radiography Service joined the Multiple Screening Clinic organised by the Medical Officer of Health for the Borough of Epsom and Ewell. The examinations took place during two weeks and 3,926 people were examined. (See also p. 20).

STATISTICS.

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 ...	9,012	7,919	16,931	32	3.6	13	1.6	45	2.1

Normal Mass Radiography Service.

General Public attending open sessions ...	13,140	22,750	35,890	11	0.8	7	0.3	18	0.5
General Public attending regular weekly sites ...	7,972	9,583	17,555	9	1.1	7	0.7	16	0.9
Industrial Groups ...	32,128	19,284	51,412	30	0.9	9	0.5	39	0.8
School Children ...	1,254	507	1,761	—	—	—	—	—	—
Mental Hospitals and Institutions	2,120	2,419	4,539	6	2.8	3	1.2	9	1.9
Contacts at work ...	1,219	625	1,844	—	—	1	1.6	1	0.6
Referred by Medical Officers of Health ...	726	1,730	2,456	3	4.1	2	1.1	5	2.0
Totals ...	67,571	64,817	132,388	59	0.9	29	0.4	88	0.6

Abnormal Findings.

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	Male.	Female.	Total.	Male.	Female.	Total.
Pulmonary Tuberculosis ...	58	23	81	99	56	155
Non-Tuberculous conditions ...	729	409	1,138	400	251	651

STATISTICS FOR LAST THREE YEARS.

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	1964	1965	1966	1964	1965	1966
Total number X-rayed ...	14,482	15,221	16,931	116,649	120,703	115,457
Significant Pulmonary Tuberculosis*	51	38	45	127	99	88
Primary Lung Cancer in men aged 45 and over ...	84	66	83	42	59	41
Incidence rate per 1,000 examinations ...	23.4	16.8	17.9	1.9	2.5	2.0
Primary Lung Cancer in women aged 45 and over ...	8	16	20	13	14	15
Incidence rate per 1,000 examinations ...	2.9	5.1	5.6	0.8	0.7	0.7

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

Recuperative Holidays.

The County Council's Recuperative Holidays Scheme continued on the same lines as set out in my Report for the year 1965.

Particulars of the cases dealt with during the year ended 31st December, 1966, 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	26	49	117	192
Lengths of stay : 1 week	—	1	5	6
2 weeks	26	45	102	173
3 weeks	—	3	8	11
4 weeks	—	—	1	1
over 4 weeks	—	—	1	1

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 41.

The extent of the loans of nursing equipment during the year ended 31st December, 1966, was as follows :—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	15	Bed cradles	426
„ bellows	1	Crutches	151
„ rings	495	Douche cans... ..	1
Bed rests	549	Feeding cups	76
„ pans	710	Inhalers	13
„ tables	112	Mackintosh sheets	601
Invalid chairs	892	Steam kettles	7
Commodore	828	Urinals	345

MEDICAL COMFORTS SCHEME.

Articles of nursing equipment required permanently by patients are supplied by the Council under this scheme, the terms of which are similar to those applying to the schemes for the provision of aids to the physically handicapped and the elderly.

Venereal Diseases.

The clinics at Guildford, Woking and Redhill situated in the Administrative County of Surrey 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 continues to be exercised by the Council's Special Services Visitor.

In addition to the details of Surrey residents having been treated at Guildford, Woking and Redhill clinics which is obtained from the annual return which is made by the Medical Officer of the Clinic to the Ministry of Health, details have also been obtained from the Carshalton and Croydon clinics and clinics at surrounding hospitals relating to the number of Surrey residents treated at these clinics. The following summarises the information received :—

1966.	Guildford Clinic.	Redhill Clinic.	Woking Clinic.	Other Clinics.	Total.
New Cases (Surrey).					
Syphilis	1 (2)	— (—)	— (1)	26 (34)	27 (37)
Gonorrhoea	46 (56)	5 (6)	7 (13)	247 (254)	305 (329)
Other conditions	277 (298)	54 (43)	52 (51)	1,299 (1,500)	1,682 (1,892)
Totals	324 (356)	59 (49)	59 (65)	1,415 (1,788)	2,014 (2,258)

The figures in brackets relate to the year 1965.

Health Education.

The opportunity of educating the public in health matters is open to all who are concerned with education, or with the promotion of health and the control and cure of disease, and a large part of the activities of the health education section of the department is devoted to giving instruction on health education at the training courses for health visitors and district nurses, at special in-service training to selected health visitors, and at the annual staff refresher course.

Of special interest in the field of community health education this year were the exhibitions promoted to secure a reduction in the number of accidental poisonings. Every year in Britain more than 500 die needlessly because they have not taken sufficient care with their medicines. In collaboration with the Pharmaceutical Society of Great Britain and the County district authorities, a new exhibition was mounted in Kingston, Guildford, Staines, Reigate and Epsom in an attempt to reduce these casualties by urging members of the public to use their drugs and medicines with care and respect. The exhibition, which occupied an area of about 1,200 sq. ft., dealt with the home safety aspects of drugs and medicines, the safety precautions observed throughout the manufacture and supply of drugs, and the official controls on purity and toxicity. Throughout the 25 open days a colour film on the subject "Medicines with Care" was provided at intervals. Ancillary displays included the comparison of commercial tablets, capsules and pessaries with common sweets, together with a selection of common British poisonous plants. Children are more vulnerable to these dangers and a number of schools sent conducted parties to visit the exhibitions. Staffing duties at the exhibitions were undertaken by local pharmacists. Arrangements were put in hand to despatch a portion of the exhibition to schools in the following year. As a result of visiting the exhibition some schools devised and mounted their own exhibition which covered not only the field of accidental poisoning but also the wider aspects of safety in the home. Copies of the film and transparencies have been made available on loan to schools, local home safety committees and other organisations.

Work on the prevention of accidents is not confined to the large exhibitions. Throughout the year displays and talks on home safety, illustrated by film, filmstrip, tape recorder and poster, have reinforced the need for a proper attitude to safety at home for the very young and for the elderly—the two age groups most "at risk." The teaching of mouth-to-mouth resuscitation to many groups in the community, but especially to staff and senior pupils in schools having swimming pools, has been a notable feature. Much of this work has been carried out by the training staff of the Surrey Ambulance Service.

The educational campaign on Smoking and Health continued unremittingly, coinciding with a new issue of publicity material from the Ministry of Health. A special effort was made at one of the County technical colleges where a large-scale display, enhanced by movement and colour, strikingly portrayed for a whole week the hazards to health of cigarette smoking. In addition, over 250 students and staff, in small groups, received lectures illustrated by films from the health education staff. Medical and nursing officers and health education staff have continued to emphasise the hazards to health involved in cigarette smoking, especially to the younger age groups. For the older, habitual smoker wishing to give up the practice, a smokers' advisory clinic was set up in the Divisional Health Offices at Ashford in collaboration with the British Temperance Society. The invitation to the general public to attend was oversubscribed and many inquiries had to be retained on a waiting list for a future clinic. The five-day plan to stop smoking consisted of consecutive group therapy sessions usually held for one hour each evening. The sessions included lectures and discussions by a minister-physician team on the physiological as well as psychological aspects of the smoking problem; films on smoking and its harmful effects on the body and mind, demonstrations of procedures helpful to overcoming the smoking habit and exchange of experiences by participants. A personal control programme was provided to reach into every minute of the individual's waking life. This was contained in a special booklet entitled: "Your Five-Day Plan." A partner system similar to that used by Alcoholics Anonymous was a vital part of the programme and follow-up after the course closed.

Another successful venture in co-operation between the County Council and the district councils took the form of a health exhibition entitled: "Good Health for Horley." The Dorking and Horley Rural District Council health department provided two exhibits on environmental health in the exhibition room of the Horley Library for a week, and four exhibits on personal health were provided by this department. Subjects covered were: smoking and health, dental health, foot health and immunisation. All the exhibits were provided with animated displays under floodlight and members of the health visiting, nursing and dental staff were in attendance each day to answer questions and to enlarge on the material at the exhibition. Conducted parties of school children with their teachers visited the exhibition and received practical lessons in health from the staff. Total attendances were in excess of 1,400.

Illustrative material dealing with the personal health services was also provided for the civic exhibition to mark the royal opening of the Walton and Weybridge Council Offices. Exhibition material was also provided for displays on the health services at Banstead, food hygiene at Cranleigh and careers at Guildford.

The field work in dental health education was taken over by a County dental hygienist whose time was allocated largely to schools. Such work is described later in the Report. In addition, however, this officer has participated to great effect in exhibitions on dental health and in talks given to groups in health clinics and elsewhere. During the school holidays opportunity was taken to visit all the main dental clinics to discuss a programme of dental health education with the dental staff, and in particular to ensure that sufficient teaching and display material was available. Day nurseries were also visited and matrons have co-operated readily in promoting the dental health of the pre-school children and of their parents. Preparations were made for a third follow-up of the dental health education campaign first held in Guildford in 1961-62.

During September an immunisation publicity campaign was conducted in conjunction with other local health authorities in London and the Home Counties. The activities extended over a period of two weeks and consisted of local press advertising in 17 County newspaper groups, the distribution of over 1,000 crown posters with the campaign theme: "Immunisation protects your

child against five deadly diseases," and over 15,000 leaflets addressed to parents incorporating advice on symptoms of the diseases were circulated through health clinics, libraries, council offices and similar establishments throughout the County. During this period of the campaign a television filmlet flash was provided for the B.B.C. and I.T.V. channels during public service time throughout the area. A good deal of editorial support was obtained by medical officers of health and special displays were featured in many of the health clinics. An attempt is being made to assess the effectiveness of the campaign in improving acceptance-rates of persons under sixteen years of age.

Throughout the year courses were arranged or assisted to maintain or improve the standard of efficiency of staff, particularly health visitors, district nurses, home helps, and mental health social workers. Eleven trainee general medical practitioners were attached to the Department under the British Medical Association training scheme. These courses are especially important in view of the increased number of health visitor and district nurse attachments to general practices and the establishment of consulting rooms in health centres.

The work in health education throughout the year has increased significantly not only in quantity but in variety. Topics such as family planning, cervical cytology, drug addiction, pre-school play groups, health and religion, are examples of the ever-widening field of interest.

Chiropody.

The Council's chiropody scheme continued as in the previous year.

The number of full-time chiropodists employed within the Council's service to cover domiciliary treatments, patients at private and voluntary homes for the aged and a small number of direct scheme clinics was increased from 4 to 7.5 during the year.

A number of surgery and domiciliary treatments was being given through some of the local old people's committees under the indirect scheme in addition to those being given at chiropody clinics on a sessional basis. After consultations with the Surrey Association for the Elderly and the British Red Cross Society it was agreed that it would be to the advantage of the service if these were brought under the jurisdiction of divisional medical officers under the direct scheme so that treatments could be subject to the same control as the other surgery and domiciliary treatments under the direct scheme. The transfer of these cases was effected on 1st August, 1966.

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

Indirect Service—

Number of elderly persons treated	4,389	(4,887)
Number of treatments given	16,594	(20,025)

Direct Service—

Number of elderly persons treated	8,201	(6,550)
Number of expectant mothers treated	17	(25)
Number of handicapped persons treated	171	(146)
Number of registered or partially sighted treated	120	(99)
Number of school children treated	26†	(27†)
Total number of treatments given by private chiropodists ...	33,382	(29,674)
Total number of treatments given by County Council chiropodists	11,781	(4,945)

Total number of treatments under direct service	45,163	(34,619)
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† Staines and Sunbury area only—continuation of cases under Ex-Middlesex scheme. (The figures in brackets relate to the year 1965.)

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, 1967, was 282. The average number of equivalent full-time helps employed weekly throughout the calendar year was 248.8. In addition, the equivalent of 24.5 full time helps per week were employed under the neighbourly help scheme.

Supervision.

During the year the Home Help Supervisors paid 4,124 first visits, 8,145 revisits and 4,037 miscellaneous visits, a total of 16,306.

To cover the extra work occasioned by the reorganisation of the South Eastern and South Western divisions the appointment of an additional assistant was made in each division during 1966.

The Scope of the Scheme.

The total number of cases helped during 1966 was 5,031.

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 1966.	Hours of service given during 1966.	Average total hours of service per case.	Average No. of hours service per case per week.	Average duration of service per case in weeks.	Average No. of cases being helped per week.
Maternity	1,143 (24.1%)	44,399 (10.2%)	38	17.5	2.3	49 (2.7%)
Acute	656 (13.9%)	25,678 (5.8%)	39	6.1	6.4	80 (4.6%)
Chronic	2,913 (61.9%)	360,583 (83.8%)	123	4.2	29.3	1,653 (92.0%)
Tuberculosis ...	24 (0.5%)	2,991 (0.6%)	124	5.2	23.4	11 (0.7%)
County 1966 ...	4,736 (100%)	435,660 (100%)	99	4.7	21.0	1,793 (100%)

(The figures given in this table and the tables on pages 53 and 54 do not include service given under the neighbourly help scheme which is shown below.)

The table on page 53 shows Divisionally and for the County as a whole the average number of equivalent full-time helps employed weekly throughout the year, the number of cases helped in each of the four categories and the percentage of time spent on (a) service to patients; (b) travelling; (c) sickness; and (d) holidays.

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

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

Whiteley Village Homes, Walton-on-Thames.

In the year, assistance was provided to 82 elderly persons in their homes in Whiteley Village who could not afford to pay the full cost of the service.

In all 6,730 hours were so provided.

Neighbourly Help Scheme.

This scheme continues to form a most valuable supplement to the home help service. During 1966, 293 cases received the services of a neighbourly help at a total cost of £12,605 for the year which is equivalent to 24.9 whole-time helps each week.

Special Payments.

The County Council continued to make special payment 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, at the discretion of the Divisional Medical Officer.

During 1966, 16 cases were given an "initial cleaning up," and in 33 cases a continuing payment of 6d. per hour was given where conditions were below normal standard.

Recruitment and Training of Home Helps.

The effect of the measures taken to improve recruitment and retain staff as described in my last Annual Report were as follows:—

(1) The excess rate of 3d. per hour to Surrey home helps was considered to be beneficial in one division and three "delegated authorities" but appeared to have little or no effect in the other three divisions.

(2) Courses of training for home helps in three divisions and two "delegated authorities" were of considerable benefit. Home helps felt that they had gained some useful knowledge and were enthusiastic about the course generally.

(3) Publicity campaigns consisting of evening meetings of home helps, door to door distribution of handbills, display of posters and special features in the local press varied in their measure of success. Publicity of any type serves an important part in bringing to the notice of the general public the shortage of Home Helps.

(4) The increase in the payment to home helps willing to undertake the task of cleaning up particularly unpleasant households has helped to make this unwelcome task somewhat more acceptable.

(5) The increase in the maximum paid to neighbourly helps helped recruitment for those cases requiring regular daily help early in the morning and late in the evening and also proved to be effective in retaining present help.

Night Attendance Scheme.

The Council as in previous years, continued to guarantee any losses up to a maximum of £100 per annum, sustained by Guildford Old People's Welfare Committee and up to £50 per annum by the Farnham Women's Voluntary Services, Borough of Reigate Old People's Welfare Committee and Wonerh Old People's 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.

During 1966, claims for reimbursement were received from the Guildford Old People's Welfare Committee and the Borough of Reigate Old People's Welfare Committee. No claims were received from the Wonerh Old People's Welfare Committee or the Farnham Women's Voluntary Services.

No cases were admitted to nursing homes during the year under a scheme approved by the Council as an 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.

MENTAL HEALTH SERVICES.

Building Programme.

During the year "Brooklands" the South West Metropolitan Regional Hospital Board junior training centre at Reigate was opened. Surrey paid 15/40 of the capital cost and in return have a lien on 15 of the 40 places.

Other capital building projects started during the year or projected in 1967 are set out in the list under the heading Capital Building Programme on page 17.

The following temporary schemes were put into operation during the year to meet urgent needs until permanent premises are available :—

Farnham All Age Training Centre.
Leatherhead Annexe to Ewell Training Centre.
Chertsey Adult Training Centre.

Residential Care.

The demands for residential care continue to increase and at the end of the year there were 125 cases for whom the County Council accepted responsibility. This showed an increase of 22 over the previous year. In addition temporary admissions were arranged to meet family emergencies and to enable the relatives to have holidays. One noticeable trend during the year was the increasing need to find residential placements for the disturbed adolescent.

The numbers in the County Council's hostel for subnormal children had to reduce during the summer months owing to staffing difficulties, but by the end of the year these difficulties had been overcome and numbers had returned to normal.

The County Council have a lien on beds in homes run by voluntary organisations as follows :—

<i>Home.</i>	<i>Organisation.</i>	<i>No. and type of Resident.</i>
Gaywood, Wimbledon	Cheshire Foundation	} 4 ex-mentally ill.
Miraflores, Wimbledon	Cheshire Foundation	
Lourdes House, Wallington	Society of St. Bernadette	} 4 subnormal children.
26, The Drive, Coulsdon	Society of St. Bernadette	
Croft House, East Molesey	Richmond Fellowship	10 ex-mentally ill.

Woodbury, Surbiton, the Women's Voluntary Services Home for the Confused Elderly was closed in April 1966, and as a result the County Council lost the 6 beds on which they had a lien.

Training Centres.

In addition to their training centres, the County Council continue to send children and trainees from Staines and Sunbury to the centres administered by the London Boroughs of Hillingdon and Hounslow, and children and trainees from the London Boroughs of Croydon and Sutton continue to attend Surrey training centres.

During the last two years there has been developed in Surrey a further extension of the service provided at Junior Training Centres. First at Caterham, then at Farnham and Ewell, additional classes catering for children aged 3-5 years of age have been opened. This provision was well publicised beforehand and in consequence the demand for these Nursery places has grown rapidly and shows no signs of diminishing. In Guildford a class will open shortly and in Weybridge the purpose-built Centre due to be built in the current year will incorporate a full Nursery Unit.

Attendance at a pre-school class in a Junior Training Centre in no way settles the future education available for the child. Routine assessment of intelligence will be done at regular intervals so that any child found able to benefit from E.S.N. schooling or other special educational provision will automatically progress from the Training Centre when he is ready to do so.

In fact, Nursery Pupils fall into four main categories :—

- (1) Mentally handicapped toddlers, e.g. mongols, who will go forward to benefit from the full range of Training Centre activities up to the Adult Industrial Unit.
- (2) Emotionally disturbed dull children, whose behaviour if unchecked would be a bar to their educational development but who will require education in an E.S.N. school when the social training of the Nursery Class has had full effect.
- (3) Withdrawn children, often non-communicating and functioning at a subnormal level. Some of these children will require further Training Centre help, some may proceed to E.S.N. schooling, some may require placement as maladjusted pupils. All seem to benefit from the happy relaxed atmosphere of the class.
- (4) A few problem children who are regarded as "slow to develop" or are suspected of mental handicap. Relief of emotional tension, gentle but firm social training, and the therapeutic effect of mixing with other small children under careful supervision have combined to bring to light true potential ability in these puzzling cases. Some may have a slight physical handicap—cerebral palsy, deafness, etc., others may require neurological and psychiatric investigation for brain-damage, others may prove to be ready at 5-6 years for normal schooling.

Some interesting facts are emerging as a result of experience in the past two years.

First and foremost, it has been proved to staff and parents alike that initial social training over toilet, meals, etc., is a much quicker process with a child of 3½ years than with the same type of child if he first attends the Centre at age 7 years as was often the way in the past. Even children of severely subnormal intelligence are becoming clean and dry, able to sit at table and feed themselves by the age of 5 years. Further training is off to a flying start in this way and final results will be watched with interest.

Secondly, the withdrawn children, several of whom have been diagnosed as "autistic" by specialists, have fitted in amazingly well to the daily routine of the class which is controlled yet permissive. A firm framework of discipline allows free expression within secure limits. These children have begun in some cases to speak, to play with others, and to express interest and pleasure in the activities of the class. Parents report that these little ones are unhappy during any enforced absence and brighten up when told they are "going to school."

Finally it is becoming clear that the doctors and others who must advise on future education and training of these children have now a unique opportunity for observation and assessment over a period of time. Reliable evidence of ability and a reasoned estimate of emotional and social development are available when the time comes for a decision to be made as to what is in the best interests of the individual child.

The benefit to parents needs no underlining. Without exception mothers and fathers too, have been quick to appreciate the immediate relief of tension and strain throughout the whole family when the awkward child begins to go daily "to school." As he progresses and improves, the parents are more able to cope with his demands at home. He takes his place with other children in the family instead of dominating the home as previously.

The admission of under fives to Training Centres is not entirely new. In many centres up and down the country young children have been accepted from time to time for a variety of reasons, normally mainly social. Local authority day nurseries have always had their quota of backward or difficult toddlers. However, the establishment of regular Nursery Classes as a permanent adjunct to each Training Centre in Surrey represents a considered step forward in the field of mental health.

Social Clubs and Day Centres.

During the year one new club for ex-mentally ill persons was opened at East Molesey and is run by social workers from the Epsom Area Mental Health Office with the assistance of voluntary workers. The County Council also make a grant towards the running expenses of a creche set up by the Guildford and District Society for Mentally Handicapped Children. It is expected to open two day centres for mentally ill persons early in 1967; one in Epsom and one in Woking.

The following are the clubs and day centres which are either run entirely by the County Council's officers or to which the County Council contributes towards the running costs :—

<i>Club or Centre.</i>	<i>Organisation.</i>	<i>Type of Patient.</i>
Handshake Club, 44, Waterloo Road, Epsom	Epsom League of Friends for Mental Health	Ex-mentally ill and subnormal.
The Friendship Centre, London Road, Redhill	Reigate and District Association for Mental Health	Ex-mentally ill persons.
The Social Centre, Board School Road, Woking	Woking and District Society for Mentally Handicapped Children	Subnormal and severely subnormal children.
Fortyfoot Road, Leatherhead	Epsom and Leatherhead District Society for Mentally Handicapped Children	Subnormal and severely subnormal adults.

<i>Club or Centre.</i>	<i>Organisation.</i>	<i>Type of Patient.</i>
W.V.S. Centre, East Street, Farnham	Surrey County Council (in conjunction with Hampshire C.C.)	Ex-mentally ill persons.
St. Peter's Hall, Laleham Road, Staines	Surrey County Council	Ex-mentally ill persons.
The Forum Club, Walton Road, East Molesey	Surrey County Council	Ex-mentally ill persons.
Methodist Church Hall, Guildford	Guildford and District Society for Mentally Handicapped Children	Subnormal and severely subnormal children.

Holiday Homes for Mentally Handicapped Children and Adults.

As in previous years provision was made for groups of children and adults to enjoy organised holidays at camps or centres during the summer. 45 Surrey children and 48 adults benefited from these holidays during 1966, 63 being accommodated at Dymchurch, 18 at Bognor, and 12 at the British Red Cross Society's holiday centre at Ashted. In addition, a total of 9 children and trainees from Staines and Sunbury attended holidays organised by the Hounslow and Hillingdon Borough Councils.

Staff Recruitment and Training.

There has been a general slight improvement in the staff position during the year. Acute shortages of mental welfare officers and hostel staff for certain periods, and in particular the grave shortage of psychiatric social workers created serious difficulties during the year.

The shortage of coach guides at training centres has meant frequent and considerable re-organisation of some coach routes in order to commence the journey within reach of a guide willing to undertake the work, and it has frequently been necessary to ask other staff to perform the guiding duties before and after their normal duties.

During the year two mental welfare officers attended full-time training courses for Diplomas in Social Work, and three training centre staff for Certificates of Teachers of the Mentally Subnormal. Two of the latter complete their courses in 1967 and the remaining staff in 1968.

Four trainee assistant housemothers in the Council's hostel for the subnormal (Sendhurst Grange) are undergoing in-service training and studies to lead to the Surrey County Council's Certificate of Training. There is not a nationally accepted qualification for this work and the Surrey experiment is attracting interest from other professional bodies.

Mental Nursing Homes.

The following new registration has been effected during the year :—

<i>Home.</i>	<i>Organisation or Owner.</i>	<i>Number and Category of Patients.</i>
Harewoods House, Outwood	Mr. Molyneux Baron	25 subnormal males aged 14 years and over.

The newly registered home was not ready for an initial inspection during 1966.

The three mental nursing homes listed in my annual report for 1965 continued without change.

Homes for Mentally Disordered.

No new homes were registered during the year and the five homes listed in my annual report for 1965 continued to function.

Co-ordination and Co-operation with Hospital and Family Doctor Services.

Several requests were received from general practitioner group practices to provide psychiatric social worker or mental welfare officer coverage at their surgeries. Unfortunately this was not possible because of the other demands on the services of these officers and because of the shortage of staff.

However, the general practitioners co-operate fully with the Council's mental welfare officers on a personal basis, and administrative links are assisted by the Joint Liaison Committee on which the Executive Council, Regional Hospital Board and County Council are represented.

Co-operation with the psychiatric hospitals receiving Surrey patients is excellent. Meetings are held between the County Council's medical and administrative staff and the Physician Superintendents and their administrative staffs to improve the co-ordination of both services, and the Council's officers benefit by the advice and help of the specialist medical staff at the hospitals.

Approval of Medical Practitioners.

9 medical officers were approved for the first time during the year for the purpose of Section 28 of the Mental Health Act 1959, compared with 8 during 1965.

The original approvals of 4 others which had expired were renewed for a further period of 5 years.

At the end of the year a total of 89 doctors were listed as approved by the County Council.

PREVENTION OF AIR POLLUTION.

Clean Air Act, 1956.

SECTIONS 11-15, SMOKE CONTROL AREAS.

Responsibility for the control of air pollution rests with the County District authorities. The Minister of Housing and Local Government has indicated what are considered to be the "black areas," where the introduction of Smoke Control Areas is considered essential. With possibly one small exception—which is still undecided—no part of the County of Surrey is regarded as being included in the Greater London "black area." However, certain of the District Councils have considered whether some of the older areas of congested properties should be included in Smoke Control Schemes since, where domestic properties are numerous and dense then pollution, in winter, can be sufficient to warrant attention.

Staines Urban Council decided, as long ago as 1960, to introduce a phased Smoke Control Order programme. When the Eighth Smoke Control Order was made, in October 1966, about three-quarters of the Urban District, involving two-thirds of the total dwellings, had been brought under smoke control provisions. All fuel burning appliances in domestic premises will have been converted to smokeless operation with the aid of 70 per cent grants.

No other district authorities in Surrey have, as yet, introduced Smoke Control Areas but several have set up monitoring apparatus to record levels of pollution. Epsom and Ewell Borough Council have two of these stations. Whilst this Council does not consider that compulsory action, to secure Smoke Control, is necessary, they have, nevertheless, actively encouraged local residents to convert their appliances to smokeless operation and surveys have shown that already 70 per cent to 75 per cent of householders burn only smokeless fuels. This no doubt is due to the large proportion of owner/occupiers and commuters in the area, both categories of which appreciate the extra convenience, economy and efficiency of modern heating appliances.

In the Chertsey Urban area the results of the monitoring stations show that the atmosphere in that area compares favourably with that of some of the large seaside resorts. With the operation of the byelaw which requires all new dwellings to have only approved appliances for heating, even such low levels of pollution as exist will be gradually reduced.

At Guildford the Borough Council have considered the results of a pilot survey of premises in a small section of the older part of the town, involving some 750 dwellings, and have decided to introduce a smoke control scheme. This has, however, had to be deferred because of the financial "squeeze" but will go ahead as soon as possible.

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 1966 and reported to the Highways and Bridges Committee:—

Authority.	Scheme.	Estimated Cost.
Banstead U.D.C.	Main Drainage—Mugswell, Chipstead	£ 11,219
Hambledon R.D.C.	Sewerage—Trunk Sewers, Cranleigh ...	58,300
Staines U.D.C.	Sewerage—Moor Lane—Extension ...	30,000
Hambledon R.D.C.	Sewerage—Cox Green and Ellens Green	58,489
Guildford R.D.C.	Water Mains—West Flexford Mains Extension	2,311
West Surrey Water Board	Water Mains—Down Lane, Compton—Extension	2,606

All these schemes were approved in principle by the County Council.

There still remain substantial areas in the Rural Districts which are not covered by adequate water supplies or main drainage facilities. Fortunately these areas are sparsely populated but the time is now approaching when the question of the cost of future schemes may be considered prohibitive. (In some of the above schemes the cost of providing main drainage has worked out at almost £1,000 per dwelling.) However, it can be reported also that recent developments in the design of plants for treating sewage from isolated units means that this aspect of rural living can be approached with less apprehension than was formerly the case.

REFUSE DISPOSAL.

At the beginning of the year consents were in force in respect of 33 refuse tips granted under the provisions of Section 94 of the Surrey County Council Act, 1931, or under Section 222 of the Middlesex County Council Act 1944.

Six applications for new consents were received during the year and all were granted subject to conditions which secure adequate control of tipping operations. The conditions imposed, although uniform in nature, are varied to suit each particular location and type of operation.

Two tips were completed leaving a total of 37 tips in operation, or subject to consents, at the close of the year.

All the tips are regularly inspected, both by the County Officers and by officers of the District Councils. Most operators maintain a reasonable standard of control but there has been some difficulty in connection with the disposal of household refuse, mainly on account of inadequate supplies of covering materials. It is hoped that the new developments in the field of refuse transport and disposal, especially the extension of the pulverisation of refuse, will help to reduce some of the problems connected with disposal at present, so making available a wider choice of suitable sites.

MILK AND DAIRIES.

The Milk (Special Designation) Regulations, 1963-65.

The County Council continue to be responsible for granting dealers' licences (except for a few categories 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. These licences permit sales outside as well as inside the area of the licensing authority, supplementary licences having been discontinued.

The 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 in connection with the Milk (Special Designation) Regulations, 1963-65 as agents, 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 Districts involved was reduced to ten as from 1st April, 1966, when Walton and Weybridge Urban District Council assumed their full obligations for Food and Drugs administration.

Under the Regulations every dealer's licence granted (unless suspended or revoked) operates for a five year period. The first five year period ended on 31st December, 1965, and on 1st January, 1966, three hundred and fourteen of all types of licences were renewed for a further five year period ending on 31st December, 1970. In addition, one hundred and six new applications for different types of pre-packed milk were received and approved during the year and twenty-six requests received for licences of a particular designation to be transferred to a new licensee. Seventy-five different types of pre-packed milk licences were relinquished during the year. Sixty-three of these, however, related to licences transferred to Walton and Weybridge Urban District Council on 31st March, 1966 (see paragraph 2 above). No applications were received during the year relating to sterilising or pasteurising establishments, but one Dealers' (Pasteurisers') Licence in respect of a pasteurising establishment situated in Walton was transferred to the Walton and Weybridge Urban District Council on 31st March, 1966. This resulted in the number of pasteurising establishments operating at the end of 1966, being reduced to two.

As mentioned in my annual report last year, the Milk (Special Designation) Amendment Regulations, 1965, that came into operation on 1st October, 1965, were made to facilitate the sale of milk treated by the ultra-high temperature process. In the three month period 1st October-31st December, 1965, no applications for "Ultra Heat Treated" licences had been received. Thirty-two of the one hundred and six new applications for different types of pre-packed milk licences received during 1966 however, were for the "Ultra Heat Treated" designation.

The following table shows the number of different types of dealers' licences which were still in force on the 31st December, 1966 in districts for which the County Council is the Food and Drugs Authority:—

<i>Type of Licence.</i>	<i>Number in force on 31st December, 1966.</i>
Dealers' (Pasteurisers') Licences	2
Dealers' (Untreated) Licences	3
Dealers' (Pre-packed Milk) Licences (Pasteurised)	165
Dealers' (Pre-packed Milk) Licences (Sterilised)	94
Dealers' (Pre-packed Milk) Licences (Ultra-Heat Treated)	28
Dealers' (Pre-packed Milk) Licences (Untreated)	52
	<hr/> 344 <hr/>

The results of sampling in 1966 in the districts concerned are as follows:—

SAMPLING IN RESPECT OF DEALERS' LICENCES.

	<i>Pasteurised.</i>	<i>Sterilised.</i>	<i>Ultra-Heat Treated.</i>	<i>Untreated.</i>
Number of milk samples taken	609	115	4	165
Failed phosphatase test	1	—	—	—
Failed methylene blue test	17	—	—	25
Failed turbidity test	—	—	—	—
Failed colony count test	—	—	—	—

It will be noticed that the total of all types of milk sample failures is 43 (6 more than the year 1965). The total number of samples taken (893) is 27 less than last year when 920 were taken. As is to be expected the highest proportion of sample failures occurred in respect of "Untreated" milk. Milk with this designation accounted for 4 of the extra 6 sample failures during the year, there being 25 samples failing the methylene blue test as against 21 during 1965. In 11 of these sample failures, conditions at the dairy were found to be suspect and the possible cause. The licensees concerned were advised with regard to improvements needed in the method of cleaning utensils and storing facilities. In one instance, the sample failure appeared to be due to the sale of milk left over from the previous day and in another the fault was traced to the producer. In the latter case the Divisional Milk Officer was informed so that conditions at the farm could be investigated. 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 which operated in the districts for which the County Council is the Food and Drugs Authority, there being no failures either in respect of phosphatase or the methylene blue tests :—

SAMPLING AT PASTEURISING ESTABLISHMENTS.

								<i>Pasteurised.</i>
Number of milk samples taken ...	...	...	...	...	...	...	...	111
Failed phosphatase test ...	...	...	...	...	...	...	...	—
Failed methylene blue test ...	...	...	...	...	...	...	...	—

Brucella Abortus.

Circular 17/66, issued by the Ministry of Health in October 1966, clarified certain aspects of the administration of the Milk and Dairies Regulations which had tended to discourage local authorities from implementing fully the provisions relating to the detection and control of infections, especially Brucellosis, which may be introduced through the consumption of "Untreated" milk. Whilst a certain amount of sampling has been carried out in past years for this purpose, there has been no really comprehensive scheme of routine sampling of milk from herds producing milk for sale as "Untreated."

Towards the end of the year active steps were taken to co-ordinate the efforts of Medical Officers of Health, Public Health Inspectors and the Directors of the Public Health Laboratories in arranging a scheme for covering all the herds in the County which are producing milk which is not subsequently heat treated.

The change in the designation of raw milk being sold to the public, from the former "Tuberculin Tested" to the more realistic "Untreated" was expected to result in a decline in the demand for this type of milk, but so far there has been little indication of any reduction. From results so far obtained however, there are no grounds for believing that Brucellosis presents any undue risk in Surrey but more effective sampling, together with the successful operation of the Brucellosis Eradication Scheme, shortly to be introduced by the Ministry of Agriculture, Fisheries and Food, will go a long way to the virtual disappearance of yet another disabling disease.

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.

At the commencement of the period under review the County Council was the Food and Drugs Authority for eleven of the twenty-three County Districts in Surrey, but as from 1st April, 1966, the Council of the Urban District of Walton and Weybridge assumed its powers as an autonomous authority for the purposes of the Act on the expiry of agency arrangements. The estimated population of the area of the County for which the County Council is the Food and Drugs Authority was 319,300 at mid year 1966.

The following table gives particulars of samples taken during the year 1966, together with the figures for the two previous years, and includes the 34 samples which were taken in Walton and Weybridge Urban District during the first quarter of the year :—

	Milk.			Food other than milk.			Drugs.			Totals.		
	1966	1965	1964	1966	1965	1964	1966	1965	1964	1966	1965	1964
Examined ...	644	662	612	309	307	213	15	34	40	968	1,003	865
Adulterated or Irregular ...	24	2	17	37	44	17	—	—	1	61	46	35
Percentage Adulterated or Irregular ...	3.72	0.30	2.77	11.97	14.33	7.98	—	—	2.5	6.30	4.58	4.04
Samples per 1,000 of average annual population ...	2.01	1.81	1.88	0.96	0.84	0.65	0.05	0.09	0.12	3.03	2.74	2.66

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, 99 varieties of food and 12 different drugs formed the total of 968 samples taken, which reached the target figure of 3 samples per 1,000 of the estimated population in the Council's Food and Drugs area.

In recent years, with the growth of pre-packaging of foods and the concentration of distribution in the hands of large concerns, crude adulteration has almost been eliminated, but some instances of labelling of products in such a way as to mislead the purchaser as to the nutritive value of the article or the effects on diet have been observed.

Another source of trouble concerns complaints from purchasers regarding contamination of or foreign bodies found in foodstuffs. Although there were eighteen complaints which were dealt with during the year this must be a very insignificant figure compared with the millions of items of food consumed in the County. Most packers of food have a high standard of food hygiene and take all possible precautions to prevent foreign bodies getting into their products.

Milk.

Of the total of 644 milk samples taken, 24 were found to be either adulterated or irregular. Two of these infringements were serious enough to warrant the institution of legal proceedings. The first of these concerned a producer who sold milk containing 7 per cent added water. He was convicted but was given a conditional discharge on payment of £6 6s. 0d. costs. The other case concerned a Dairy Company who sold a bottle of milk containing a large piece of glass. On conviction they were fined £20 with £5 5s. 0d. costs.

A milk producer was advised to contact the National Agricultural Advisory Service when a sample and the subsequent seven appeal-to-cow samples were all found to be seriously deficient in milk fat, ranging from 19 per cent to 25 per cent. The deficiencies were due to improper feeding of the cows and the case was referred to the Milk Marketing Board.

In five cases samples of milk were found to be below the presumptive standard of 8.5 per cent solids other than milk fat or were below the standard of 3 per cent milk fat.

In order to sell milk as "Channel Islands" milk it must have been produced by cows of the Channel Islands breed and have a minimum standard of 4 per cent butter fat. Five samples of this grade of milk were found to be below the standard ranging from 1 to 10 per cent deficient and the producers were informed that they must cease to sell this milk as "Channel Islands" milk unless they could comply with the necessary standard.

During the year, 137 samples of milk were tested for the presence of antibiotics, none of which was found to contain penicillin.

Sausages.

Although there is still no prescribed standard for the meat content of pork and beef sausages, the 14 samples procured conformed to the recommended standard of 65 per cent and 50 per cent for pork and beef sausages, respectively.

Pesticide Residues in Foodstuffs.

During the months of August to December a total of twelve samples were taken as the proportion of Surrey samples in a systematic two-year inquiry being undertaken in England and Wales into the extent of contamination of foodstuffs by toxic chemicals. These samples consisted of the following articles :—

Bread	Milk Food
Brussels Sprouts	Potatoes
Custard Powder	Poultry
Frozen Peas	Steak
Milk	Turnips

In all samples the biological test was reported negative and no organo-phosphorus insecticides were detected. In eight samples only minute traces of organo-chlorine insecticides were detected.

Drugs.

All the 15 samples of drugs taken and analysed were found to be satisfactory.

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. Towards the end of the year the County Council started considering whether the two committees, i.e. Health and Welfare and the two departments should be amalgamated and the decision to do so was reached in the early months of 1967.

Blind Welfare.**REGISTRATION OF THE BLIND.**

The number of blind persons whose names were on the Register at the end of 1966 was 1,716.

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, 1966.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	1	—	1	1	—	1
1... ..	—	—	—	—	—	—
2... ..	—	—	—	1	—	1
3... ..	—	1	1	—	2	2
4... ..	—	—	—	1	1	2
5—10	—	—	—	2	3	5
11—15	1	2	3	7	6	13
16—20	—	2	2	9	19	28
21—29	1	2	3	19	13	32
30—39	1	1	2	31	29	60
40—49	2	2	4	56	42	98
50—59	6	6	12	81	70	151
60—64	4	6	10	46	65	111
65—69	6	7	13	51	79	130
70—79	23	42	65	137	263	400
80—84	16	40	56	64	198	262
85—89	13	34	47	70	189	259
90 and over	4	10	14	30	130	160
Unknown	1	1	2	1	—	1
	79	156	235	607	1,109	1,716

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 411.

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 the Ministry of Social Security, Health Visitors, Welfare Officers, Medical Social Workers, 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 315 forms were received relating to new cases and re-examinations.

HOME TEACHERS FOR THE BLIND.

There is an establishment of sixteen Home Teachers whose 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. Eight handicraft classes functioned during the year and Social Clubs now number twelve. 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 6 blind children of under school age remained at home. Of the 18 blind children of school age, 13 attended schools for the blind, 3 were not at school and 2 were ineducable.

Rehabilitation.

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

Domiciliary rehabilitation, for those who for domestic or personal reasons are unable to attend the residential centres, continues. One specially trained home teacher is occupied part time in rehabilitating blind persons in their own homes.

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 223 blind persons available for employment 211 were employed and 12 were unemployed.

Workshops for the Blind and Home Workers' Scheme.

There are at present 8 blind persons employed in Workshops for the Blind, and the County Council continue 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 22 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.

LIBRARY FACILITIES.

Capitation fees are paid by the County Council to the National Library for the Blind in respect of 96 blind persons who are supplied with Braille or Moon Type Books.

56 applications were made for the Council to pay the rental on Talking Books. This is a new service which is expected to increase in popularity.

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 1966. Four Welfare Officers gave domiciliary and other services to the deaf including interpreting in the police courts, at hospitals, doctors' surgeries, the offices of the Ministry of Social Security and other places.

Home Visiting.

The most important aspect of the service is home visiting which enables the Welfare Officer to the Deaf to keep in close personal touch with deaf patients. Home visiting has brought to light personal problems of deaf patients and has enabled the Welfare Officers to assist patients in many different ways.

Mental Hospitals.

The deaf in mental hospitals have regular "socials" organised by the Welfare Officers to the Deaf. Some deaf patients receive regular personal visits to create a friendship which may alleviate their mental distress.

There is an art class for the deaf at Botleys Park which is held once monthly.

Clubs.

Clubs for the deaf are a very important aspect of Deaf Welfare. Most deaf people go out to work, so the Club is a convenient place for them to see the Welfare Officers to the Deaf to discuss any personal need which may arise. Also, the Welfare Officers to the Deaf see the social needs of the deaf community as a whole and can help to form Club sections to meet group interests. Initially, it is nearly always the Welfare Officers who start any new section, but the objective is always to encourage the deaf to run the section themselves, as they gain experience. They are quite capable of running their own affairs, but it is comparatively rare for them to take the initiative. Generally speaking, deaf people will not join local clubs for hearing people because of the communication problem. The value of social, recreational, and educational facilities for deaf people is very great. A deaf person with a contented mind is less likely to feel frustrated or to bear a grudge against hearing people. Satisfactory social, recreational, and educational facilities for them will contribute considerably to such peace of mind, and also give them an outlet for personal development of mind and character.

There are social clubs at Guildford, Woking and Redhill. Sports activities for the deaf are arranged in Guildford and Redhill. Guildford Deaf Club also have a Physical Education Class.

The Woking Deaf Club have a combined social once monthly with patients at Brookwood Hospital.

Services for the Hard of Hearing.

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

The services of an Audiology Technician continued to be given to old people in homes provided by the Council and voluntary organisations. She also paid regular visits to 20 clinics and centres for the elderly during 1966. The Audiology Technician tested the hearing of 1,953 old people of whom 238 were referred for further investigation. Repairs and replacements to hearing aids and exchanges of aids were effected for 475 elderly persons.

Register.

On 31st December, 1966, the register of deaf persons was made up as follows :—

			<i>Male.</i>	<i>Female.</i>	<i>Totals.</i>
Deaf without Speech	...	...	164	132	296
Deaf with Speech	...	...	60	62	122
Hard of Hearing	...	...	62	169	231
*Totals	...	...	286	363	649

* See also particulars of handicapped pupils on page 78.

Other Handicapped Persons.

The Council's scheme for handicapped persons other than the blind, partially-sighted and deaf, continued to be administered during 1966 by the Council and by the Voluntary Association for Surrey Disabled who are the Council's agents for certain parts of the service.

Staffing.

The establishment of Social Workers and other officers was increased as from 1st April 1966, to—

- 1 Senior Social Worker.
- 12½ Social Workers.
- 6½ Welfare Assistants.
- 6½ Clerk/Shorthand Typists.

and a number of professionally qualified Social Workers was appointed during the year. It was not possible, however, to recruit enough staff to bring the team up to the established strength. The Social Workers are now all based at divisional health offices or at social work centres and they have clerical assistance.

It is an important part of the Social Worker's duties to keep closely in touch with general practitioners, with workers in hospitals, statutory and voluntary organisations and other agencies. Although the major part of her time is spent in visiting disabled people in their homes, the Social Worker also visits clubs, classes, work centres, etc. in her own area and, occasionally, special centres and Homes at a distance in order to have a wide personal knowledge of services available for her patients.

The Social Worker will frequently find, after her first visit to a patient when his immediate needs are discussed, that there are other problems (such as personal and family difficulties) where her advice and guidance will be needed. Indeed, the main weight of the Social Worker's case load is with the many long-term patients where, through disablement, complex problems have arisen causing strain on both the disabled person and his family.

The number of handicapped persons on the Register increased substantially in the year (see page 68) and the pressure on Social Workers was very great.

Aids and Equipment and Adaptations.

The demand for aids and equipment and adaptations to homes of handicapped persons continues to increase as shown in the following table :—

			1965	1966
Aids and Equipment	...	...	638	1,065
Adaptations costing under £25	...	...	11	9
Adaptations costing £25-£100	...	...	14	18
Adaptations costing over £100	...	...	7	10

Occupational Therapy.

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.

Training and Rehabilitation.

During 1966, 26 disabled persons were sponsored by the Council in centres for training and rehabilitation or in sheltered workshops.

Transport.

The transport of handicapped persons continues to be a major problem. At the end of 1966 it was estimated that about 250 severely disabled persons were being transported by the ambulance service to 27 clubs and classes, mainly at weekly intervals. A further 100 were taken by contractors hired by the Council, and about 500 less severely disabled were conveyed by voluntary drivers. About 70 travelled by other means, including their own transport. The general increase in demand for services by handicapped persons is reflected in pressure on the transport facilities and the fleet of 3 special ambulances and one sitting case vehicle was increased by one ambulance delivered early in 1967.

It is estimated that the demand for transport will have risen steeply by the end of 1967. The fleet of County-owned ambulances is to be increased by one special coach, designed to transport handicapped persons to a new Work Centre at Fetcham and some of the mentally handicapped children attending the Training Centre at Ewell.

During 1966 a further 174 disabled persons were provided with car badges designed to ease their difficulties in finding suitable places for parking.

Speech Therapy.

A speech therapy service for disabled persons confined to their homes was started in 1965 with the appointment of an additional speech therapist. In practice, several speech therapists are employed part-time on this service and mainly in the school health service. The aim of treatment is the restoration of communication and the advice of the speech therapist is invaluable to relatives, and other workers having the care of the patient, in showing the ways in which they can best help him. The number of patients receiving speech therapy during 1966 was 33.

Voluntary Association for Surrey Disabled.

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

Survey of Patients Suffering from Progressive Neurological Diseases.

During the year a survey of Surrey patients suffering from progressive neurological diseases was carried out. The survey was made only of patients known to the Social Workers for the Handicapped; there were obviously many neurological cases unknown to these officers for one reason or another.

308 patients came under the survey from which the following statistics are taken :—

Age Groups.		Disease.		Domicile.	
Under 15	11	Disseminated Sclerosis	181	Occupying an acute hospital bed	11
15—25	15	Motor Neurone Disease	7		
26—35	19	Cervical Spondylosis	1		
36—45	69	Cerebrovascular Disease	26	In an institution	10
46—55	84	Parkinson's Disease	35		
56—65	68	Cortical Atrophy	8	At home	287
Over 65	42	Muscular Dystrophy	25		
		Cerebral Tumour	5		
		Other progressive neurological diseases	20		
	308		308		308

Patients were further classified as follows :—

In a wheelchair	110
Needing night attention	54
Incontinent or having marked frequency and urgency	84
Needing help with toilet	104
Needing help with washing or dressing	159
Needing help with feeding	64
Hands and arms affected	154

Many patients came under more than one of the above categories.

The principal conclusion drawn from the survey was that the great majority of cases who live at home are dependent on relatives for care and attention, frequently involving heavy nursing and night attention. Although, in a large number of these cases, the Council's District Nurses are giving a service this still leaves a heavy burden to be borne by wives, husbands and parents.

Register.

On 31st December, 1966, the register of "Other Handicapped" persons was made up as follows :—

	Male.	Female.	Totals.
*Under 16	29 (19)	17 (12)	46 (31)
16-64	785 (697)	998 (817)	1,783 (1,514)
65 and over	325 (283)	830 (619)	1,155 (902)
Totals	1,139 (999)	1,845 (1,448)	2,984 (2,447)

Figures in brackets represent the corresponding numbers for last year.

* See also particulars of handicapped pupils on page 78.

Services for the Elderly.

Health Centres for the Elderly.

During 1966 centres were opened at West Molesey and Sunbury, and there were 12 centres in operation at the end of the year.

The object of these centres is to help elderly people to remain well and active for as long as possible. Health centres, which are not social clubs, have a predominantly medical aspect. Simple medical particulars of old people attending are kept; these usually include height, weight, temperature, urine and blood pressure. An important feature is discussion of the patient's diet; advice is also given on social problems. In selected cases, physiotherapy is provided after the general practitioner's permission has been obtained. Close contact is maintained with general practitioners generally and when it is observed that the elderly person is not well or is deteriorating his doctor is informed.

Occupational Therapy.

The scheme for the provision of occupational therapy for the elderly was started in 1966.

One full time Occupational Therapist commenced duties on 8th August 1966, one part time Occupational Therapist on 12th October 1966 and another part time Occupational Therapist on 7th November 1966.

Regular consultations were held with the Surrey Association for the Elderly. Talks by the Head and Deputy Head Occupational Therapists were given at field days, executive meetings, local committee meetings, clubs for the elderly, etc. throughout the year. An exhibition showing aids, crafts, remunerative occupations, etc. was staged at Whiteley Village in conjunction with the Annual Hobbies Show organised by the Surrey Association for the Elderly.

The number of persons registered for home visiting was 16. The following table shows the number of elderly persons receiving Occupational Therapy on 31st December 1966.

<i>Domiciliary.</i>	<i>Classes.</i>	<i>Postal.</i>	<i>Total.</i>
13	118	3	134

Aids and Equipment.

A scheme for the provision of aids and equipment to elderly persons was approved in 1965 and it commenced on 1st April 1966. Geriatric Health Visitors and a wide range of other field officers who come into contact with elderly people have made recommendations for aids needed for bathing, toilet, walking, etc. and 229 applications were received by the end of the year.

Audiometric Service.

Details of the audiometric service for elderly persons will be found on page 66.

THE SCHOOL HEALTH SERVICE

AREA AND POPULATION.

The County 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 in 1962 and to the Borough of Epsom and Ewell and the Urban District of Esher, in 1965.

The Registrar-General's estimated population of the Administrative County at mid-year 1966 was 977,330 which includes 144,100 children between the ages of 5-14 years inclusive. In January, 1967 there were 131,236 children on the registers of 457 county and voluntary schools.

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)	Eye test only.

A survey of routine examinations under (vi) above showed that apart from defects of vision the significant defects noted were of the type which receive immediate treatment by the family doctor. For this reason routine medical examination has been discontinued for this group and a selective approach substituted. Routine vision testing alone is being continued.

The number of children examined in primary and secondary schools was 47,079 and 21,288 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 47,079 pupils examined at periodic medical inspections 7,788 (or 16.5 per cent) were found to be in need of treatment for 8,768 diseases and defects. Table IIA shows the diseases and defects from which it will be seen that 4,774 or 54.4 per cent of them were defects of the nose and throat and of vision and squint. During the year 345 cases of chronic tonsillitis and adenoids were recommended for treatment and 2,387 placed under observation.

There were 10,813 defects found to be in need of treatment in the course of periodic and special inspections in 1966, and 13,081 defects, a proportion of which were found in previous years, were actually treated during the year.

Medical re-examination and following-up.

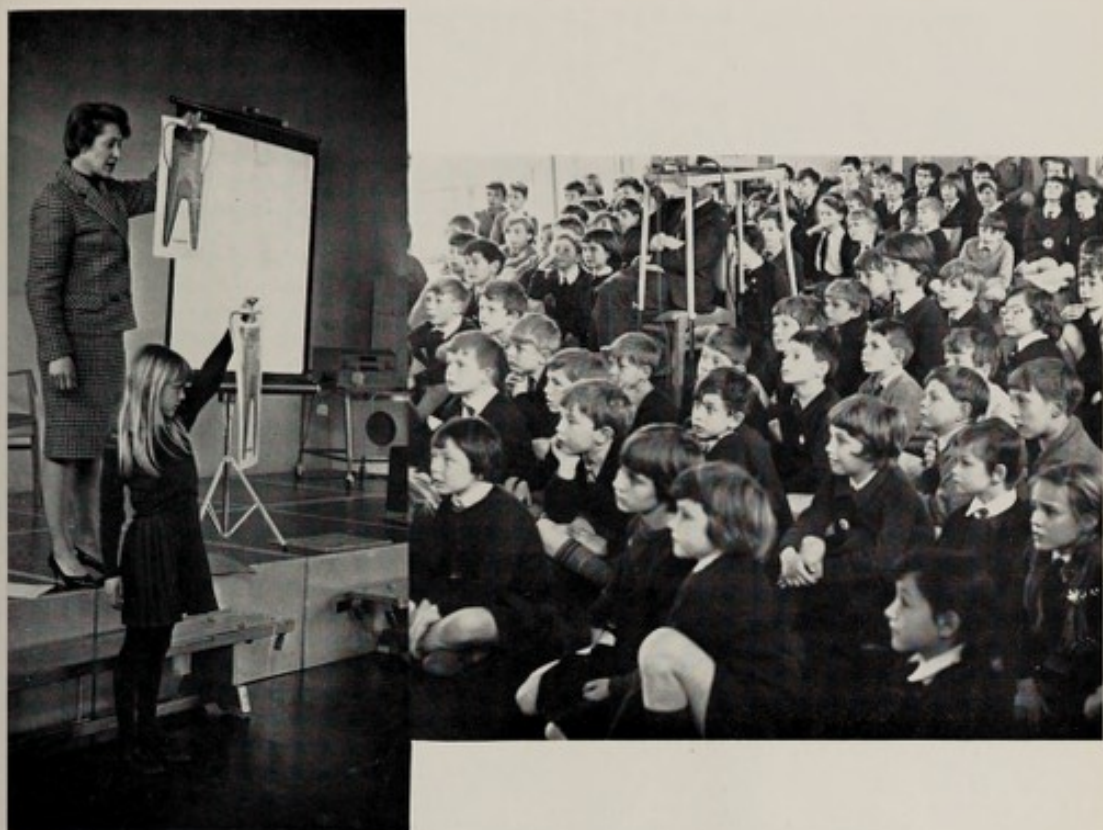
During 1966 school medical officers carried out 6,624 special inspections and 5,163 re-inspections of children.

Physical condition.

Table IA shows the classification of the physical condition of pupils inspected in the periodic age groups under two categories—"satisfactory" (99.9 per cent) and "unsatisfactory" (0.1 per cent).

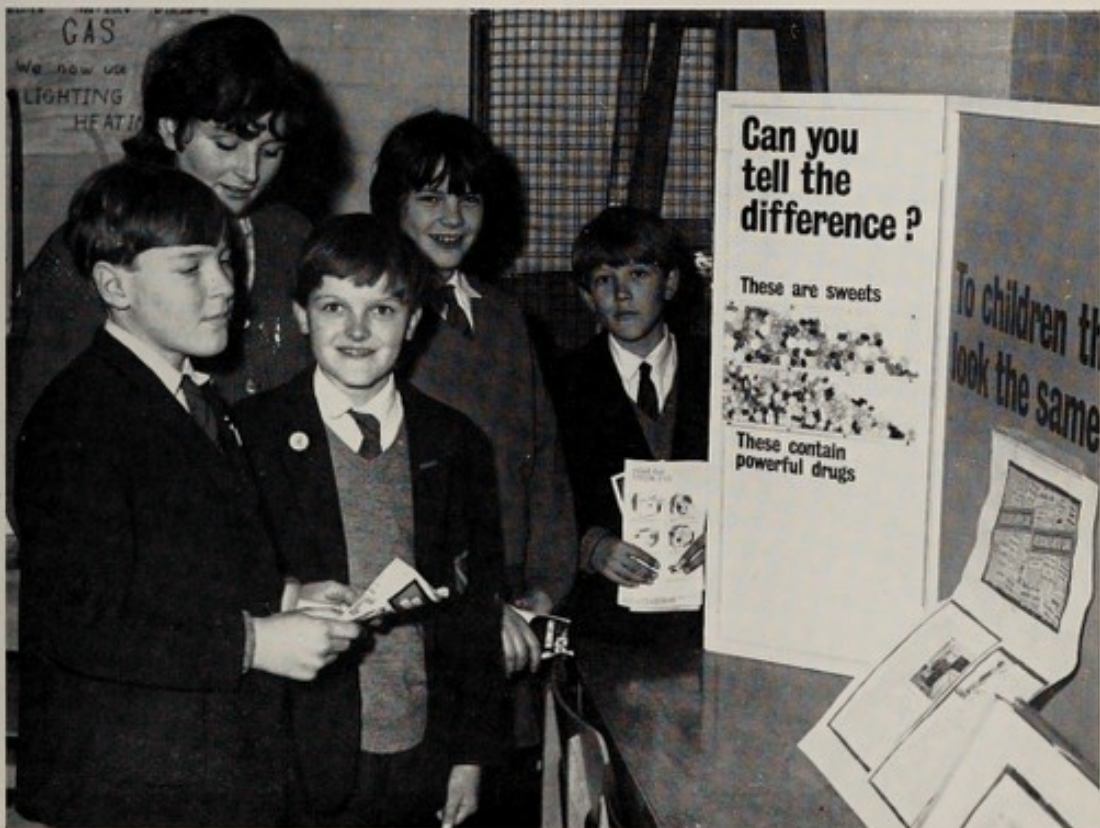
Personal hygiene.

In the course of selective hygiene inspection in schools 489 pupils were found to be infested. Health Visitors who paid 3,299 visits to schools for all purposes reported 444 cases with nits in the hair, 39 cases with lice in the hair and 2 verminous bodies. It was not necessary to refer any of these cases to the National Society for the Prevention of Cruelty to Children.



DENTAL HEALTH

Keen interest shown by pupils in a Surrey Primary school during an illustrated talk on dental health.



HEALTH EDUCATION

Pupils in a County Secondary school arrange and demonstrate their own display on the prevention of accidents.

[Photograph by courtesy of the Dorking Advertiser]



AUDIOLOGY

The interior of the new Surrey mobile audiology unit with the teacher and pupils.



SPEECH THERAPY

Following treatment by a speech therapist these Primary School children receive further instruction from their class teacher.

Plantar Warts.

During the school year lasting from the autumn term 1965 to the summer term 1966, all children examined at routine medical inspections in secondary schools in the South Western Division were noted by the school medical officers as to whether or not there was evidence of plantar warts. The purpose of the exercise was to try to discover the incidence of this condition and whether any conclusion could be drawn from the geographical distribution of recorded cases.

Preliminary results show that of 3,324 children who were examined (1,743 boys and 1,581 girls) 124 were found to have plantar warts. Examination of these figures is continuing to see whether any firm conclusions can be drawn.

MEDICAL TREATMENT.

Minor ailments.

3,548 minor ailments were treated at the clinics during 1966.

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

Orthopaedic and postural defects.

An orthopaedic clinic staffed by a sessionally employed orthopaedic surgeon is held in Guildford at Buryfields Clinic. The following table shows the work carried out during the year.

Number of sessions during year.	Number of children treated during 1966.	Number of attendances.	Number of new cases admitted.	Number of cases discharged.
6	92	110	45	26

In addition 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 1966.	Number of attendances.	Number of new cases admitted.	Number discharged.
N.	138	91	596	58	40
N.W.	301	246	1,612	126	151
S.E.	786	580	4,562	274	252
S.W.	372	239	1,713	162	126
Epsom and Ewell M.B.	117	141	713	82	62
Esher U.D.	87	46	239	31	22
Woking U.D.	—	—	—	—	—
Total	1,801	1,343	9,435	673	653

Diseases and defects of ear, nose and throat.

Minor Ailment clinics still play a small part in the treatment of lesser diseases of the ear, nose and throat. The majority of cases, however, are referred to General Practitioners and thence as necessary to hospital. Details of such treatment are given in Table IIIB.

Health visitors.

State registered and enrolled nurses are 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 the sessions worked by part-time school nurses and the health visitors' fixed appointments.

A. PART-TIME SCHOOL NURSES. SESSIONS WORKED IN 1966.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinics.	Immunisation.	Other.	Total.
N.	—	133	310	64	75	582
N.W.	129	259	450	516	21	1,375
S.E.	5	281	273	318	240	1,117
S.W.	—	266	153	149	34	602
Epsom and Ewell						
M.B.	13	74	12	65	88	252
Esher U.D. ...	—	59	—	63	—	122
Woking U.D. ...	—	114	48	15	71	248
Total	147	1,186	1,246	1,190	529	4,298

B. HEALTH VISITORS' FIXED APPOINTMENTS IN 1966.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinic.	Hygiene.	Teaching Sessions.	Other.	Total.
N.	15	90	196	28	122	65	516
N.W.	193	243	18	69	60	170	753
S.E.	166	305	48	58	36	433	1,046
S.W.	180	371	26	61	74	—	712
Epsom and Ewell							
M.B.	31	57	31	3	10	14	146
Esher U.D. ...	50	86	62	25	48	—	271
Woking U.D. ...	97	150	34	22	47	49	399
Total	732	1,302	415	266	397	731	3,843

SPECIAL FORMS OF TREATMENT.

Audiology.

I am indebted to Dr. E. Beet, Senior Medical Officer for the following report on the audiology service.

Attendance at Audiology Clinics continues to increase, partly because Speech Therapists stress to parents the importance of hearing tests in all children with defective speech. Provision of sound insulated rooms in the new purpose built clinics at Horley, Banstead, Epsom and Guildford, is making hearing tests much more satisfactory and accurate in the areas served by these clinics. There is a great need for similar facilities in the Woking U.D., N.W. Division and N. Division either in new clinics or treatment of a room in existing clinics; in particular conditions are bad in the Ashford, Staines and Egham districts owing to the flight paths to and from London Airport.

There are two Partially Hearing Units in the County, each with two classes, in primary schools in the Borough of Epsom and Ewell and the Woking U.D., both of which are excepted districts. Thirty-six children, all of whom wear hearing aids, attend these units with considerable benefit. They integrate well with hearing children as they learn to cope with their handicap and become able to communicate through spoken language. Expansion of the Epsom P.H.U. would appear to be necessary very soon owing to the number of children attending (20) and the waiting list which is building up.

Unfortunately, for most of the year there has only been one teacher of the deaf at the Woking P.H.U. who has been responsible for 16 children in two classes. Recruitment of a second teacher has not been possible owing to lack of applicants for the post.

As in 1965 three audiometricians are responsible for routine audiometry of six-year-old children in primary schools. They also attend audiology clinics. Two of these technicians make acrylic ear inserts for hearing aids from impressions taken by all three. Impressions are taken as necessary from any children who need them, whether they are pre-school, pupils at ordinary schools, P.H.U.s, Schools for the Deaf at Caterham and Redhill or schools outside Surrey (during the holidays). Often children are visited at home. After a few days the parents receive by post the finished product instead of having to wait for some weeks if earmoulds are made through the National Health Service from inserts taken by our staff. Through the courtesy of the Epsom M.O.H. a room has been put at the disposal of our audiometricians in the new Epsom Clinic which is used by them as a working laboratory. This service is much appreciated by the parents of deaf children and the staff at the units and special schools. It does entail a lot of extra work by the audiometricians; however, this is willingly undertaken as the benefit to the children is so great.

A comprehensive register has been kept of all children resident in Surrey born since 1st January, 1958, with a hearing defect sufficient to warrant the use of a hearing aid. As the years pass more children are added to the list and it is possible to assess the progress of those who have been known

to us for some time. At the end of the year over 150 children were in this category and so we are becoming experienced in dealing with the problems of deafness in the very young. One rather striking fact is emerging from our data and that is the apparent increase in the degree of deafness in some children born with a hearing loss during the first 3-4 years of life. One explanation would be that testing techniques for very young children are inexact and this gives an inaccurate and too optimistic picture of what is heard. However, I believe that there is a true increase of deafness in these children. In some this could be accounted for by an added conductive loss due to upper respiratory infections, which are so common at this age, on top of the congenital perceptive deafness but in others there does appear to be an increase of the perceptive deafness with which they were born. This has been seen in rubella children but is not confined to them. The practical point here is that one has to be careful not to dismiss children who have been suspected of having a hearing loss following good results from testing when they are small.

It is gratifying to record that in every case where the teachers of the deaf and myself have asked for the purchase of a commercial hearing aid as an N.H.S. Medresco aid, for one reason or another, was not satisfactory this has been approved by the Education Committee.

AUDIOMETRY, 1966.

	NORTHERN				N. WESTERN				S. EASTERN				S. WESTERN				EPSOM AND SURREY M.B.				Esher U.D.				WORKING U.D.				GRAND TOTAL			
	Routine Examinations	Speech Clinics	E.S.N. Schools	TOTAL	Routine Examinations	Speech Clinics	E.S.N. Schools	TOTAL	Routine Examinations	Speech Clinics	E.S.N. Schools	TOTAL	Routine Examinations	Speech Clinics	E.S.N. Schools	TOTAL	Routine Examinations	Speech Clinics	E.S.N. Schools	TOTAL	Routine Examinations	Speech Clinics	E.S.N. Schools	TOTAL	Retests	Examinations						
(1) No. of children tested ...	1,316,286	24	89	1,025,478	86	224	76	1,171,152	2,568	61	8	2,632,466	2,763	634	39	76	3,512	363	694	103	41	838	36	1,592	38	15	8	1,720	11,941	1,506		
(2) No. of children who failed ...	24	89	8	116	83	11	75	9	185	10	8	203	85	192	109	920	330	169	46	17	3	66	11	511	5	16	17	123	40	994	419	
(3) Result of investigations by school medical officers :—																																
(a) No significant hearing loss...	9	18	—	27	30	5	17	5	22	15	29	1	30	21	76	34	3	113	81	22	8	32	4	1	4	36	5	—	41	21	157	
(b) No significant hearing loss but child appears mentally retarded ...	1	1	—	2	1	—	—	1	1	—	—	1	1	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	20	2
(c) Catarrhal condition with or without inflammation of ear ...	9	28	4	39	27	3	20	24	44	20	42	2	44	20	57	33	4	94	39	11	62	13	9	1	27	18	1	—	41	260	76	
(d) Old otitis media ...	2	4	—	6	16	11	12	38	12	8	12	8	12	8	8	1	1	18	16	1	4	5	—	—	6	3	—	—	8	67	41	
(e) Injury ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
(f) Other causes ...	3	18	1	22	6	1	7	—	8	8	18	—	18	8	20	15	5	40	13	4	4	1	—	—	14	2	—	—	16	110	42	
(g) Undetermined cause ...	—	—	—	—	7	—	5	1	6	3	59	6	62	21	10	7	—	17	10	1	—	1	—	—	5	3	1	—	8	95	43	
(h) Untraced or left district ...	—	—	—	—	2	3	7	1	8	2	12	1	15	2	3	—	3	1	1	1	2	1	—	—	—	—	—	—	—	30	12	—
(i) Already supplied with hearing aids ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—
(j) Investigations remaining to be carried out ...	1	18	—	19	22	1	6	—	20	2	20	—	20	2	18	11	1	30	7	5	2	7	1	1	34	16	—	52	139	43	—	
TOTAL ...	24	89	8	116	83	11	75	9	203	85	185	10	192	109	920	330	169	46	17	3	66	11	511	5	16	17	123	40	3	168	994	419
(4) Recommendations :—																																
(a) No action required ...	6	11	—	17	38	1	2	1	13	7	13	7	5	6	3	14	42	17	6	1	24	3	—	—	10	3	—	—	13	88	106	
(b) For observation only ...	14	39	3	56	12	6	20	4	89	42	83	6	66	36	3	7	112	25	9	8	17	2	2	—	43	18	1	—	60	368	118	
(c) Referred to Audiology Clinic ...	4	8	—	12	7	1	2	—	9	3	70	47	8	14	139	77	4	2	6	1	1	1	—	3	—	—	—	—	3	174	92	—
(d) Referred to G.P. ...	—	4	—	4	3	1	7	1	9	12	14	2	21	1	15	8	26	11	2	1	3	1	—	2	9	1	—	10	75	30	—	
(e) Referred to E.N.T. Consultant ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(f) Special position in class ...	4	16	—	20	5	2	22	—	14	5	18	27	1	46	15	8	2	10	1	1	—	—	—	4	3	1	—	8	130	74	—	
(g) Hearing aid and supervision by teacher of deaf ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	134	54	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	—

CHILDREN RECEIVING AUDITORY TRAINING DURING 1966.

Age.	Cases Carried over from 1965.	New Cases.	Discharged to		Left District.	Remaining Dec., 1966.
			Special School.	Supervision.		
0-2 years	1	1	—	—	—	2
2-5 "	33	20	15	2	6	30
5-7 "	4	8	3	2	1	6
7-11 "	10	6	2	8	1	5
11+ "	1	5	—	—	—	6
Total	49	40	20	12	8	49

CHILDREN UNDER SUPERVISION DURING 1966.

Age.	Cases Carried over from Previous Year.	New Cases.	Discharged.		Left District.	Remaining Dec., 1966.
			Special School.	No longer needing help or no longer at School.		
0-2 years	—	—	—	—	—	—
2-5 "	2	2	—	—	—	4
5-7 "	15	5	—	2	1	17
7-11 "	63	32	—	2	2	91
11+ "	47	8	4	7	3	41
Total	127	47	4	11	6	153

Speech therapy.

There were 40 speech clinics in operation at the end of the year at which a total of 129 treatment sessions each week are authorised. Regular sessions are also provided at Carwarden House, Gosden House, The Park, St. Nicholas', Temple Court and West Hill special schools. Additional sessions were authorised at Cranleigh, Egham and Guildford. There were 2,110 individual children treated during the year. These were mainly for stammer, lisp and underdeveloped speech. Of these 421 were discharged as cured, 157 discharged as greatly improved, 120 discharged as showing some improvement and 54 as showing little or no improvement. A table showing the work of the Speech Therapists in 1966 is given at the end of this report.

The national shortage of qualified speech therapists has presented problems of staffing in this service for several years. The situation has been remedied to a certain extent by the appointment of several married therapists who are able to work a few sessions each week. The position in the south western part of the County, however, still remains acute and the clinics at Ash and Farnham have been without therapists throughout the year. A meeting with the Principals of the London training schools was arranged to discuss the general problem and pamphlets setting out the opportunities in Surrey were sent to the schools for issue to the final year students.

Regular area meetings of speech therapists have been arranged by the three senior therapists. These meetings offer excellent opportunities for therapists to make personal contacts and exchange views with their colleagues.

One interesting experiment which has been made throughout the year has been the holding of a pre-school diagnostic/therapeutic speech group at Spelthorne Clinic in the Northern Division.

The speech therapist in charge of the group reports that it has proved very successful and has shown various advantages viz. earlier diagnosis of specific difficulties; earlier treatment of dyslalia in suitable cases; earlier referrals for special schooling; greater liaison between doctor, health visitors, speech therapists and parents; far more opportunity to advise and generally reassure mothers.

Twenty children attended during the year and analysis of the results shows that not only were speech difficulties uncovered, but various other problems. For example, one child was found to be unsuitable for education in school and placed in a training centre, and one child was found to be autistic and was also brought to the notice of the appropriate department.

Child guidance service.

Clinic, School or Hostel.	Professional and clerical staff employed expressed as a proportion of full-time.				
	Psychiatrists.	Educational Psychologists.	Social Workers.	Psycho-therapists.	Clerical.
Farnham	0.4	1.0	0.5	0.4	1.0
Godalming	0.4	1.0	0.5	0.4	1.0
Guildford	0.9	2.0	2.0	1.4	2.0
Chipstead	0.6	1.0	1.0	0.4	1.0
Redhill	0.6	1.0	1.0	0.6	1.0
Epsom	0.5	1.0	1.0	0.4	1.0
Leatherhead	0.1	1.0	0.2	0.4	—
Hersham	0.6	1.0	1.0	0.4	1.0
Woking	1.0	2.0	2.0	0.5	2.0
Staines	0.6	1.0	1.0	0.4	1.0
The Lindens	0.2	—	—	—	—
Thornhatch	0.1	—	—	—	—
Starhurst	0.1	—	—	—	—
Wishmore Cross	0.1	—	—	—	—
Total equivalent full-time ...	6.2	12.0	10.2	5.3	11.0

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	Epsom	Farnham	Godalming	Guildford	Leatherhead	Redhill	Staines	Woking	Hersham	Total
No. of cases referred during year	55	70	64	40	104	29	174	144	128	164	972
No. of new cases seen	37	31	50	33	97	29	110	127	108	119	741
No. of cases discharged	24	14	76	34	105	6	23	70	40	39	431
Analysis:—											
(a) Treatment completed ...	13	6	42	16	31	2	14	22	18	7	171
(b) No treatment required ...	3	3	9	1	49	1	6	25	14	17	128
(c) Non-co-operation of parents	8	2	12	1	9	3	—	8	4	6	53
(d) Other arrangements made	—	3	13	16	16	—	3	15	4	9	79
No. of cases under treatment at end of year	30	18	7	19	36	8	71	23	25	42	279
No. of cases under supervision at end of year	78	27	31	32	140	17	128	91	79	39	662
No. of cases withdrawn from waiting list during year	5	28	24	9	11	3	19	10	22	34	165
No. of cases remaining on waiting list at end of year	13	20	6	16	9	5	88	17	17	11	202
No. of interviews by psychiatrists...	1,054	371	448	302	1,135	108	774	401	862	717	6,172
Analysis:—											
(a) With children for examination	132	56	73	52	129	30	116	172	114	139	1,013
(b) With children for treatment	729	87	256	69	597	13	250	156	540	292	2,989
(c) With parents	129	92	81	155	312	26	309	35	131	231	1,501
(d) With others	64	136	38	26	97	39	97	38	77	55	669
No. of sessions held											
(a) Psychiatrists	319	277	202	120	448	34	331	221	329	197	2,478
(b) Educational psychologists	52	132	237	476	466	41	292	316	516	365	2,893
(c) Psychotherapists	138	429	43	163	280	201	121	—	30	34	1,439
(d) Social workers	442	798	209	144	465	123	272	252	238	61	3,004

The staffing of the child guidance and school psychological services has been greatly improved by the introduction of the scheme for seconding suitable candidates on the approved courses for educational psychologists. Four candidates recruited under this scheme completed their training and commenced their duties as full-time educational psychologists in 1966. Three more commenced on their courses in September 1966 and will become fully qualified in 1967.

In view of the success of this scheme the Committee has authorised similar training facilities for social workers in the child guidance service and one candidate appointed is hoping to obtain a place on an approved course for psychiatric social workers in 1967.

One new activity in the Child Guidance Service which is worthy of note and which took place during the year was associated with the Epsom Child Guidance Clinic. In view of the increasing number of pre-school play groups, and the increasing interest which is being shown in ensuring that such groups give the maximum benefit to the children who attend, one of the child psychotherapists devoted herself to a study of the quality of play group facilities in the area. She followed up her visits to receptive play groups with the showing of suitable films as a basis for discussion. These meetings which were held both at Epsom and Leatherhead were extremely well attended and appear to underline the need for formal training for play group organisers.

Resulting from this preliminary work a syllabus for a course of evening study was submitted to the Education Department and a course of ten lectures was commenced on the 7th February, 1967, under the auspices of the Epsom and Ewell Institute for Further Education.

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 and 1962, 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 may require special educational treatment if 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 following table shows the number of Surrey children as at 31st December, 1966, 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 hospital or in Private School.			
			Pro- vided by Surrey.		Other.		Total.													
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Blind ...	10	7	—	—	8	5	8	5	—	—	—	—	—	—	1	—	—	—	2	1
Partially sighted ...	20	20	—	—	10	12	10	12	—	1	—	—	9	4	—	—	—	1	1	2
Deaf ...	24	20	9	12	11	6	20	18	—	—	—	—	1	1	—	—	—	3	1	—
Partially hearing ...	135	103	16	10	28	8	44	18	—	—	5	4	82	71	—	1	—	2	1	2
Educationally sub-normal ...	765	477	361	201	98	53	459	254	2	15	135	99	102	72	3	—	—	59	30	5
Epileptic ...	29	12	—	—	14	4	14	4	—	—	—	—	11	8	—	—	—	2	—	2
Maladjusted ...	231	88	78	17	95	50	173	67	3	4	10	5	12	1	4	—	18	7	9	4
Physically handicapped ...	220	156	—	—	125	84	125	84	1	2	4	—	26	21	16	9	23	21	8	11
Delicate ...	142	70	36	20	44	14	80	34	10	7	3	—	14	8	—	1	—	33	18	2
Speech defect ...	12	6	—	—	6	5	6	5	—	—	3	—	2	1	—	—	—	1	—	—
Totals ...	1,588	959	500	260	439	241	939	501	16	29	160	108	259	187	23	12	41	28	117	66

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	Bramley, Gosden House	80 G. } Boarding 20 B. } 20 M. }	} G. 7-16 } B. 7-10
	Redhill, St. Nicholas	100 B. Boarding 20 B. Day	
	Addlestone, Claybourne	120 M. Day	10-16
	Camberley, Carwarden House (temporary) ...	60 M. Day	7-16
	Guildford, Temple Court (temporary) ...	40 M. Day	7-12
	Leatherhead, West Hill	120 M. Day	7-12
	Merstham, Greystone	120 M. Day	7-16
	Woking, The Park	170 M. Day	7-16
Delicate and physically handicapped	Guildford, Sunnydown	40 B. Boarding	10-16
	Oxted, Lingsfield Grange	30 G. } Boarding 8 B. }	} G. 5-16 } B. 5-10
Deaf	Caterham, Portley House	40 M. Boarding	
	Redhill, Nutfield Priory	80 M. Boarding	3-11½ 11½-16
Partially hearing	Ewell, Riverview County Primary	20 M. Day	5-11
	Woking, Woodlands County Primary	15 M. Day	5-11
Maladjusted	Camberley, Wishmore Cross	40 B. Boarding	11-16
	Dorking, Starhurst	30 B. Boarding	11-16
	Guildford, Thornchace, Merrow (Hostel) ...	18 M. Boarding	G. 5-12 B. 5-11
	Guildford, Grove Class, Merrow (day class) ...	15 M. Day	7-12
Special Unit for severely disturbed children	Epsom, The Lindens, c/o St. Ebba's Hospital	25 M. Day	2-11
Retarded	Epsom, Clayhill Centre (remedial class) ...	32 M. Day	5-11
	Redhill, Ardmore Centre (remedial class) ...	32 M. Day	5-11

No new Special Schools or Units opened in 1966 although the Committee provided a mobile classroom for partially-hearing children attending secondary schools in the western part of the County. The teacher in charge of the Unit reports as follows :—

"As you may imagine, a great deal of interest has been shown in the Unit by outside sources. The number of pupils in need of this service has far exceeded expectations and, through a pilot scheme of testing children in the less able classes in Glebelands, Woolmer Hill, Badshot Lea and St. Thomas the Apostle, County Secondary Schools, the number continues to increase.

In the area at present covered, the western half of the County, I am presently seeing children as follows :—

Weekly	... ..	1 child
Fortnightly	... ..	15 children
Monthly	... ..	34 children
Termly	... ..	28 children
Annually	... ..	1 child

The range of attainment of these children covers all levels from backward to a number who are studying for their "O" and "A" level examinations. As a footnote I can add with some personal pleasure that at least four pupils are remaining at school for an extra year as a direct result of the improvement they have shown due to the help given by this service."

In January 1967 the Claybourne and Greystone Schools for educationally subnormal children opened. It is anticipated that each school will be in a position to accept 120 pupils in about twelve months' time. The Committee have plans for opening three centres for remedial education at Bisley, Caterham Hill and Ottershaw in the autumn of 1967. These centres will be on similar lines to those already open at Clay Hill, Epsom, and Ardmore, Reigate.

The purpose-built premises for the Temple Court (temporary) School, Guildford, will be ready during 1968 and work will shortly commence on the rebuilding of the Park School, Woking. The Committee hope also that work to provide the residential school for maladjusted secondary girls will start before long. The Department of Education and Science have agreed that a day school for 130 educationally subnormal pupils shall be included in the Major Building Programme for 1968-69.

Hospital schools.

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

- Pyrford, The Rowley Bristow Orthopaedic Hospital School.
- Epsom, Long Grove Hospital School.
- Tadworth, Tadworth Court Hospital School.

In addition there were 54 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 35 children being educated in this way.

Mental health.

The Mental Health Act, 1959, gives power to the Local Education 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 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 consistently reduced and no children were formally reported to the County Health Committee in 1966 as unsuitable for education at school. There were, however, sixteen children referred to the Mental Health Service for attendance at training centres.

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. However, local education authorities pass to local health authorities information on school leavers who they think will require care or guidance. 80 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 123 children admitted to convalescent homes during the year. 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 1966 :—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	2	2
Scarlet fever	156	2	17	175
Enteric fever	—	—	—	—
Measles	1,386	25	12	1,423
Whooping cough	69	—	—	69
German measles	818	2	14	834
Chicken-pox	2,007	4	42	2,053
Mumps	1,789	9	9	1,807
Jaundice	31	1	4	36
Other	189	54	—	243
Totals	6,445	97	100	6,642

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	6	—	6
Impetigo	23	—	23
Scabies	7	—	7
Other	61	2	63
Totals	97	2	99

Tuberculosis in schools.

During the year 4 school children, 2 teachers and 1 matron were notified as suffering from tuberculosis as follows :—

Category.	Maintained Schools.	Independent Schools.	Totals.
School children	3	1	4
Teachers	1	1	2
Matron	—	1	1
Totals	4	3	7

Investigations were carried out at all seven schools and 1,150 pupils were Mantoux tested. Of these, 27 were known to have had earlier B.C.G. vaccination; 90 of the remainder (1,123) or 8.01 per cent, were found to be Mantoux positive.

All positive reactors were X-rayed with satisfactory results except in one instance, at an independent school where the index case was a teacher, and where, on further examination, a school child was notified as a case of tuberculosis. Arising out of the same incident, another teacher was subsequently notified after being recalled for investigation following an unsatisfactory X-ray.

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 1966 are described in the County Medical Officer's annual report.

PROMOTION OF HEALTH.

Health Education.

"Of all stages of human life the time spent at school is the single most important period from the point of view of systematic health education."

This extract from *Health Education* (Pamphlet No. 31) published by the Department of Education and Science was the theme of three conferences for heads of primary schools held during the year. These represented the last of a total of seven conferences which commenced the previous year. In all, some 257 heads and deputy heads have now considered anew the opportunities and possibilities for health education in the primary school. Although it is necessary that the pupil should acquire a certain basis of accurate knowledge, the real object must be to develop an attitude of mind that will lead the child to behave in such a way that he will live to his full potential. These conferences, therefore, considered how health education could be carried out in the day-to-day life of the school; to what extent it could be carried out through the medium of other subjects; to what extent it could be regarded as a subject in its own right and included in the school timetable, and how it could be orientated to the needs and interests of the growing child. Lectures and discussions were provided by the staff of the department and of local colleges of education.

As a result of these discussions there was an increased interest in health education at the primary stage in particular. Further individual discussions were held with the health education officers and in a few cases health visitors were asked to take part in talking to the younger children on health matters. This was a new departure, for hitherto health visitors have been involved only at the Secondary and Further education levels. The health visitors have a great deal to contribute in this way in view of their extensive knowledge of the homes and families of the school children. Individual difficulties in respect of the pupils' health and welfare can be readily attended to by the health visitor or one of her professional colleagues on the lines indicated in the *Plowden Report*.

Beyond the primary stage there was also an increase in the number of health visitors who were taking an active part in discussing health education with pupils in secondary schools. Moreover, the range of topics dealt with was enlarged to encompass the wider interpretation of health education.

Basically, the work is centred on the growth and development of the individual and the topics include personal hygiene, simple anatomy, "the miracle that is you," mouth-to-mouth resuscitation, first aid, foot health, good grooming, smoking and health, nutrition, the health and welfare services in this country and abroad through the work of the World Health Organisation, UNESCO and so on. Other important subjects are mothercraft, education for parenthood or family life, child welfare and home nursing. In one or two cases extensive assistance is given in the case of secondary girls' schools. (In one notable case 16 separate courses involving a total of 143 lessons were given during the year thus providing the school with substantial help in health education.) The health education officers participated in occasional programmes in schools throughout the County and a number of invited speakers were obtained from the health and welfare staffs of the County and the County districts as well as from voluntary organisations such as the St. John Ambulance Association, the British Red Cross Society, the NSPCC, the National Childbirth Trust and so on.

Throughout the year reinforcement of this work has taken many forms. Close liaison has been continued with marriage guidance councils, youth organisations and other voluntary organisations to ensure close harmony in working with schools. Other work included training of staff and main-

taining high standard of teaching ability through basic, in-service and refresher courses; provision of accurate and constructive resource material for teachers; close liaison with the education supervisory staff on questions of urgent concern in community health; provision of a lecture service for schools and colleges on a wide range of health interest including the harnessing of medical, dental, nursing, child guidance, home economics and ambulance (training) staff to this work; provision of schemes of work serving as suggestions for teachers, and the provision of display material on specific health topics. In secondary schools of the Woking area a health topic was chosen for special attention each term and the schools were supplied with display stands, posters, wall-charts, slides, film strips and films. The topics were (spring term) Immunisation, (summer term) Food Hygiene and (autumn term) Home Safety.

A large number of school children were also involved outside school hours by being concerned with talks given to youth clubs, scout and guide groups and other uniformed organisations. Many more will have visited the exhibitions promoted by the Department dealing with the use and misuse of drugs and medicines, smoking and health, dental health and the School Health Service, all of which are described more fully in my report on the County Health Services.

Dental health education.

A short dental health education campaign was arranged for certain schools in the South-Eastern Division. The basis of the campaign was a dental health education trailer provided by the General Dental Council. The vehicle was virtually a self-contained exhibition stand with displays around the walls illustrating a continuous theme. A rear-projector containing sound loop-films was provided as well as a viewer with slides on various ways to clean the teeth. In addition there were acrylic models showing the spread of decay, malocclusion and the normal eruption of teeth. A total of three weeks were spent on the project which was conducted by a dental hygienist. Over 2,000 children attended and suitable reading matter was provided for each age group. The children were very attentive and interested and joined in the discussions on many dental matters which included such topics as dental charting, fasting before a general anaesthetic, fluoridation, as well as all aspects of good oral hygiene. Some classes devised dental health education pamphlets, the best of which were rewarded with prizes of tooth-brushes and toothpaste. The unit was visited by medical and dental officers, health visitors, heads of schools, teachers and members of the County inspectorate. Arrangements are being made to secure a return visit of the dental health education trailer.

Exhibition.

The most ambitious exercise in public relations with regard to the School Health Service was carried out on Whit Monday at the Surrey County Agricultural Show. In a joint effort by the education and health departments, some 20,000 visitors were conducted through a tour of a "live" exhibition of the services devoted to the health and education of the Surrey schoolchildren. The School Health Service was represented by six full-size exhibits showing many of the actual rooms and equipment used to maintain this service. Each exhibit was continuously manned by staff of the department. The following were selected for display: health education, medical inspection, health visiting and the work of the district nurse, child guidance, audiometry, the school dental service and the work of the County dental laboratory. Other services were illustrated in a static display area by means of enlarged photographs and captions and also by means of a rear-projection screen. Children from local schools acted as "patients." The staff included school medical officers, school dental officers, health visitors, district nurses, district midwives, psychotherapists, audiometricians, dental laboratory technicians, dental surgery assistants and health education officers. Opportunity was taken by the staff to discuss with visitors the work of the various services and how they promoted the health and education of the school children.

Smoking and health.

Talks on the hazards of cigarette smoking, illustrated by film, filmstrip or flannelgraph, were given by the health education officers and the health visitors. New posters appealing specifically to the secondary school child were distributed to all maintained schools in connection with the Ministry of Health campaign in the autumn term. The advisory work for teachers and others was continued on a personal basis and schools were provided with a wide variety of teaching aid on this subject.

Parent/teacher associations.

Talks on many aspects of the health of school children were given to associations of teachers and parents by members of the staff of the department.

Report on Physical Education.

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

It has been difficult to consolidate the progress made in previous years because of constant staffing changes, especially in primary schools. In spite of this the work is generally sound, progressive and interesting and the majority of teachers have accepted and are using modern ideas and techniques. At the same time there has been a demand from schools for some help in the skills of Olympic gymnastics and a centre for this purpose was started at the Howard of Effingham County Secondary

School where two twenty-session courses were held with reasonable success. The first "Sports Gymnastics" was for primary schools and the second "Olympic Gymnastics" for secondary schools. Further courses on trampolining were well attended and the quality of work seen at the annual schools' championships showed how much the schools had benefited.

Other aspects of physical education in schools were covered in a full programme of refresher courses including :—

Modern Educational Gymnastics, Swimming, Rugby, Lawn Tennis, Badminton, Basketball, Volleyball, Orienteering, Rock Climbing, Sailing and Canoeing.

In addition the Surrey P.E. Association organised a successful course at St. John's, Leatherhead, which included squash, table tennis and archery for Vth and VIth form pupils.

The Surrey Schools' F.A. arranged a German tour for a representative team of Surrey boys and this proved to be an unqualified success. The team was unbeaten in a series of ten matches and firm friendships were established at all centres of the tour.

The County's advisory staff was strengthened by the appointment of Mr. J. Davies and Miss J. Secretan as teacher/advisers.

The most constant problem during the year has been the shortage of groundsmen and maintenance staff for school playing fields. This has resulted in a lowering of standards for games and athletics, and schools are increasingly concerned for the future if some solution is not quickly found.

Close contact has been maintained throughout the year with all the national sports bodies through the Central Council of Physical Recreation whose representatives have been most helpful in arranging classes and courses for school leavers, members of youth groups and adults.

Provision of meals and milk.

The following table gives statistics (based on the annual October returns) as to the number of pupils taking milk and meals at maintained schools.

Number in Attendance.	Number taking milk.	Percentage taking Milk.	Number taking meals.	Percentage taking meals.	Cost of meal.	Percentage taking meals at	
						Full cost.	Free.
121,512	91,418	75	94,688	80	1/-	97	2.9

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

The Education Committee was responsible for the maintenance and training at residential institutions of 8 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.

EMPLOYMENT OF CHILDREN.

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

1,525 children were medically examined during the year as to their fitness to take part-time employment and all were found to be fit. The examinations are undertaken by the school medical officers at the clinic nearest to the homes of the applicants and in all 1,618 examinations and re-examinations were carried out for this purpose.

There were 23 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 1966.

Staff.

The staff at the 31st December, 1966 consisted of 20 full-time dental officers including two orthodontists and 19 part-time dental officers equivalent to 6.17 additional full-time officers. This was a slight reduction in comparison with the position at the end of 1965 when the staff consisted of 20 full-time and 22 part-time officers. There were, however, fluctuations in the number of staff during the course of the year which were mainly confined to sessionally employed officers.

Recruitment of full-time officers presents difficulties and this is a matter of concern as 50 per cent of the existing full-time staff are over 55 years of age.

County Dental Laboratory.

At the end of the year the staff consisted of a Chief Dental Technician assisted by three technicians and one apprentice.

The following table shows the record of the work of the Laboratory in connection with the School Dental Services. The figures in brackets give the total work including that for the Maternity and Child Welfare Services.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns and Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,188 (2,188)	119 (272)	239 (263)	146 (153)	3,031 (3,031)	66 (267)	5,789 (6,174)

Orthodontic Service.

Orthodontic treatment was carried out by two full-time and two part-time officers specially engaged for this purpose. Most of the cases were treated by removable appliances (1,458) and in addition 62 fixed appliances were fitted.

Dental Inspection and Treatment.

87,952 children were examined at routine school inspections and a further 13,175 were inspected or re-inspected at various clinics making a total of 101,127. Fillings in permanent teeth numbered 37,172 and in deciduous teeth 16,269, a total of 53,441. The number of permanent teeth extracted was 3,045 and deciduous teeth 7,212. Statistical information is given in Table IV.

Dental Health Education.

Details of dental health education are given in the chapter on 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)
1962 and later ...	293	293	100	—	—
1961 ...	8,038	8,018	99.75	20	0.25
1960 ...	4,542	4,539	99.93	3	0.06
1959 ...	782	778	99.5	4	0.5
1958 ...	7,627	7,616	99.86	11	0.14
1957 ...	1,379	1,377	99.85	2	0.15
1956 ...	406	405	99.75	1	0.25
1955 ...	3,084	3,078	99.8	6	0.2
1954 ...	4,747	4,745	99.96	2	0.04
1953 ...	2,433	2,432	99.96	1	0.04
1952 ...	3,413	3,411	99.96	2	0.04
1951 and earlier ...	10,335	10,328	99.93	7	0.07
TOTAL ...	47,079	47,020	99.87	59	0.13

**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.
1962 and later ...	5	38	40
1961 ...	289	880	1,059
1960 ...	189	563	675
1959 ...	39	88	113
1958 ...	460	691	1,059
1957 ...	108	156	243
1956 ...	37	51	80
1955 ...	283	248	500
1954 ...	438	414	786
1953 ...	305	216	472
1952 ...	458	297	729
1951 and earlier ...	1,370	915	2,032
TOTAL ...	3,981	4,557	7,788

C.—OTHER INSPECTIONS

Number of Special Inspections ...	6,624
Number of re-inspections ...	5,163
Total ...	11,787

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	44,574
(b) Total number of individual pupils found to be infested ...	489
(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 of Disease.	PERIODIC INSPECTIONS.							
	Entrants.		Leavers.		Others.		Total.	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	125	404	370	529	391	681	886	1,614
Eyes—								
(a) Vision	472	1,115	1,722	926	1,788	1,549	3,982	3,590
(b) Squint	121	175	48	67	157	212	326	454
(c) Other	29	65	22	147	24	163	75	375
Ears—								
(a) Hearing	66	491	62	152	140	560	268	1,203
(b) Otitis Media	46	378	6	75	31	290	83	743
(c) Other	20	168	33	52	37	161	90	381
Nose and Throat	245	1,263	72	304	149	1,185	466	2,752
Speech	223	392	16	43	90	310	329	745
Lymphatic Glands	36	567	4	77	10	304	50	948
Heart	23	235	5	158	13	253	41	646
Lungs	82	419	22	212	76	451	180	1,082
Developmental—								
(a) Hernia	23	73	5	14	14	100	42	187
(b) Other	35	405	18	133	69	551	122	1,089
Orthopaedic—								
(a) Posture	26	127	56	274	66	365	148	766
(b) Feet	126	513	72	340	223	669	421	1,522
(c) Other	73	469	79	401	104	506	256	1,376
Nervous System—								
(a) Epilepsy	9	43	19	21	20	41	48	105
(b) Other	12	102	9	50	24	133	45	285
Psychological—								
(a) Development	16	121	44	35	77	165	137	321
(b) Stability	21	347	21	113	86	451	128	911
Abdomen	22	106	20	71	17	160	59	337
Other	190	355	96	331	300	691	586	1,377
Total	2,041	8,333	2,821	4,525	3,906	9,951	8,768	22,809

T=Treatment. O=Observation.

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections.	
	requiring treatment.	requiring observation.
Skin	93	80
Eyes—		
(a) Vision	412	536
(b) Squint	89	25
(c) Other... ..	31	39
Ears—		
(a) Hearing	165	727
(b) Otitis Media	13	35
(c) Other... ..	41	48
Nose and Throat	51	135
Speech... ..	324	84
Lymphatic Glands	3	27
Heart	19	29
Lungs	42	40
Developmental—		
(a) Hernia	16	10
(b) Other	26	73
Orthopaedic—		
(a) Posture	16	55
(b) Feet	91	101
(c) Other... ..	85	90
Nervous System—		
(a) Epilepsy	5	8
(b) Other... ..	3	14
Psychological—		
(a) Development	252	115
(b) Stability	109	96
Abdomen	32	16
Other	127	272
Total	2,045	2,655

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	476
Errors of refraction (including squint)	7,537
Total	8,013
Number of pupils for whom spectacles were prescribed	3,037

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	37
(b) for adenoids and chronic tonsillitis	649
(c) for other nose and throat conditions	43
Received other forms of treatment	524
Total	1,253
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1966	27
(b) in previous years	161

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	1,579
(b) Pupils treated at school for postural defects	96
Total	1,675

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	1
(b) Body	2
Scabies	3
Impetigo	12
Other skin diseases	1,339
Total	1,357

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	1,161

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	2,010

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	1,193
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	123
(c) Pupils who received B.C.G. vaccination ...	8,762
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	32
Abdomen	222
Heart and Circulation	39
Lungs	169
Development	103
Nervous System	46
Psychological	48
Other	126
Total (a) to (d)	10,863

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

3. Attendances and Treatment.	Ages	5 to 9	10 to 14	15 and over	Total
First visit		9,418	8,744	2,308	20,470
Subsequent visits		13,578	19,975	5,303	38,856
Total visits		22,996	28,719	7,611	59,326
Additional courses of treatment commenced		1,649	1,343	363	3,355
Fillings in permanent teeth		8,775	21,194	7,203	37,172
Fillings in deciduous teeth		14,819	1,450	—	16,269
Permanent teeth filled		8,033	17,714	6,099	31,846
Deciduous teeth filled		13,391	1,252	—	14,643
Permanent teeth extracted		364	2,086	595	3,045
Deciduous teeth extracted		5,297	1,915	—	7,212
General anaesthetics		2,019	1,127	121	3,267
Emergencies		765	389	89	1,243
Number of pupils X-rayed					1,479
Prophylaxis					2,776
Teeth otherwise conserved					5,273
Number of teeth root filled					127
Inlays					30
Crowns					127
Courses of treatment completed... ..					18,134
4. Orthodontics.					
Cases remaining from previous year					1,275
New cases commenced during year					637
Cases completed during year					422
Cases discontinued during year					127
Number of removable appliances fitted					1,458
Number of fixed appliances fitted					62
Pupils referred to hospital consultant					20
5. Prosthetics.	Ages	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)		2	1	12	15
Pupils supplied with other dentures (first time)		5	36	49	90
Number of dentures supplied		8	42	84	134
6. Anaesthetics.					
General anaesthetics administered by dental officers					98
7. Inspections.					
(a) First inspection at school. Number of pupils					87,952
(b) First inspection at clinic. Number of pupils					8,142
Number of a and b found to require treatment					42,795
Number of a and b offered treatment					38,082
(c) Pupils reinspected at school clinic					5,033
Number of c found to require treatment					2,299
8. Sessions.					
Sessions devoted to treatment					10,420
Sessions devoted to inspection					736
Sessions devoted to dental health education					509

