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SURREY COUNTY COUNCIL

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

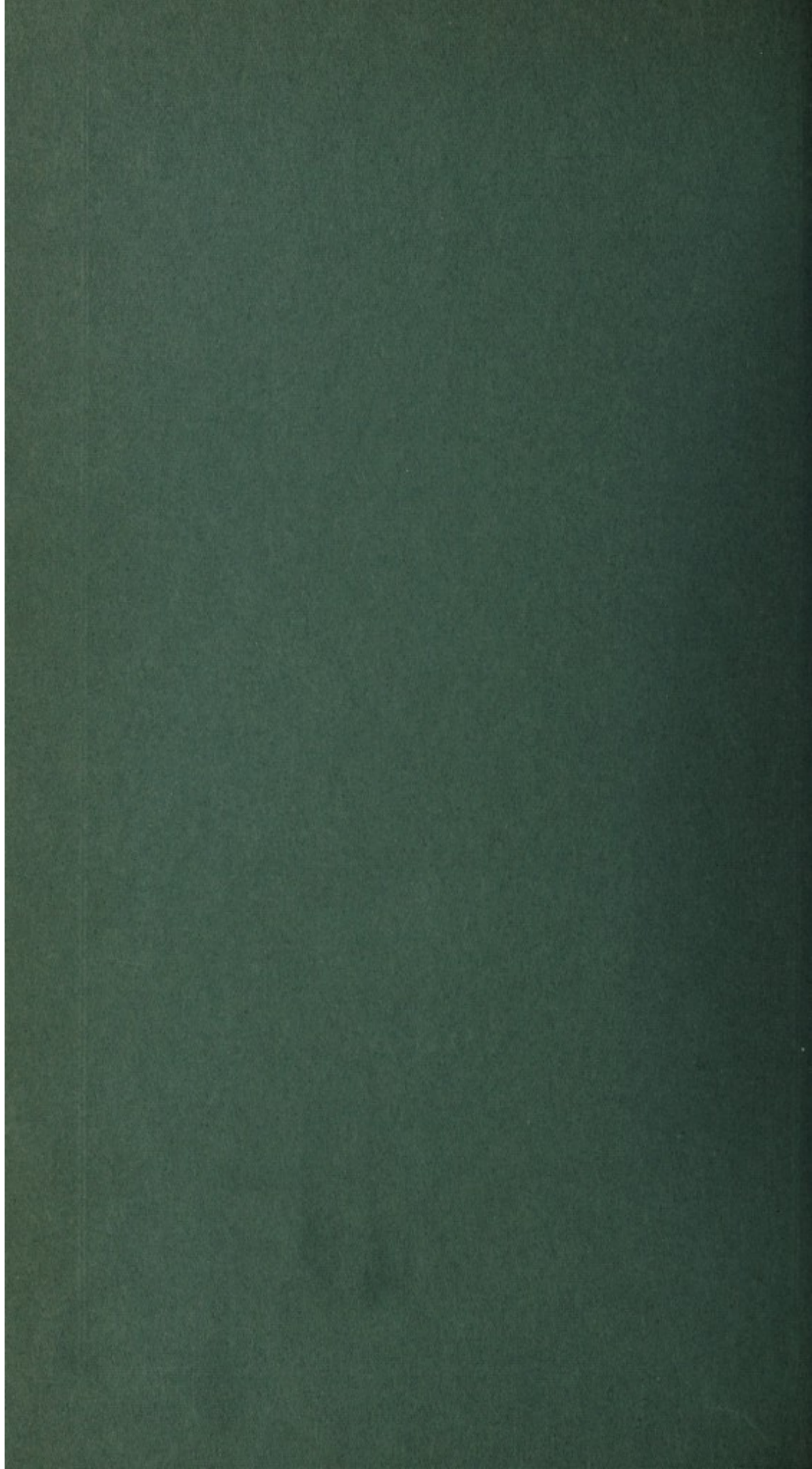
AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1967





Surrey County Council

ANNUAL REPORTS

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COUNTY MEDICAL OFFICER OF HEALTH

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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the annual report for 1967, prepared in accordance with Ministry of Health Circular 1/68.

During the year two major events have taken place within the department.

The first of these was the retirement of Dr. K. A. Soutar on 22nd November, 1967, so that, by and large, the report covers the work of the department during the last year in office of an outstanding County Medical Officer. The content of his report, and its predecessors, is ample testimony of the way the department and the quality of service has developed under the 21 years of his leadership.

The other major event concerns the merging of the Health and Welfare departments on 1st December. Although from this date the two departments became the responsibility of a single Chief Officer, it will be some considerable time before a true amalgamation will have, in fact, taken place and for this reason the two departmental reports will be presented separately—albeit for the last time.

The statistics throughout the report on the health of the school children show no significant changes in comparison with previous years, indicating that the high standard of health mentioned in past reports is being maintained. Much of the report is devoted to the routine work of the School Health Service and requires no special comment. I would, however, like to draw attention to the sections devoted to the specialised services which continue to be developed in order to meet the needs of all the handicapped children within the community. One of the main problems in this connection is the national shortage of qualified staff. I feel that this underlines the importance of the schemes of secondment for training of staff which the Committee has adopted and the intensive advertising and publicity which have been a feature of the past year. It is hoped that by continued use of such methods, present progress will be maintained.

Otherwise I do not wish to comment on particular items which are fully described in the body of the report, but to offer, both on my own and my predecessor's behalf, 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 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, nevertheless in their own sphere, provide an equally devoted service to the community.

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

Your obedient servant,

JAMES DRUMMOND,

County Medical Officer

and

Principal School Medical Officer.

GENERAL STATISTICS AND SOCIAL CONDITIONS.

Area.

There have been no changes affecting the Administrative County or the boundaries of the County Districts during the past year and the area of the Administrative County remains at 415,879 acres.

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 902,078, and the Registrar-General's estimate of the population at mid-year 1967 was 985,930, an increase of 8,600 over the comparable figure for mid-year 1966. The population under 1 year is given by the Registrar-General as 15,100, the population 1-4 years as 66,500, and the population 5-14 years, 147,300.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1963-1967 is shown in the following table :—

	1963	1964	1965	1966	1967
Urban Districts ...	750,090	764,750	775,470	782,470	789,750
Rural Districts ...	185,720	191,160	192,300	194,860	196,180
Administrative County	935,810	955,910	967,770	977,330	985,930
Increase or decrease over previous year ...	+14,550	+20,100	+11,860	+9,560	+8,600

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 1966 and 1967 :—

DISTRICTS		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1951	1961	1966	1967
M.B. and Urban.						
1.	Banstead	12,821	33,529	41,559	42,020	41,950
2.	Caterham and Warlingham	8,233	31,293	34,869	36,930	36,910
3.	Chertsey	9,983	30,852	40,390	44,250	44,710
4.	Dorking	9,511	20,252	22,604	23,100	23,010
5.	Egham	9,350	24,690	30,571	31,350	31,670
6.	Epsom and Ewell	8,427	68,055	71,159	72,150	72,320
7.	Esher	14,850	51,432	60,610	62,650	62,980
8.	Farnham	9,039	23,928	26,934	29,650	29,840
9.	Frimley and Camberley	7,768	20,386	28,552	39,850	40,660
10.	Godalming	2,393	14,244	15,780	17,800	17,810
11.	Guildford... ..	7,323	48,048	53,976	55,200	55,470
12.	Haslemere	5,751	12,003	12,523	13,340	13,450
13.	Leatherhead	11,187	27,206	35,582	37,740	38,090
14.	Reigate	10,255	42,248	53,751	55,930	56,340
15.	Staines	8,271	39,995	49,259	54,430	55,190
16.	Sunbury	5,609	23,394	33,403	38,850	39,320
17.	Walton and Weybridge... ..	9,049	38,112	45,510	50,220	51,190
18.	Woking	15,708	47,596	67,519	77,010	78,840
Total ...		165,528	597,263	724,551	782,470	789,750
Rural.						
1.	Bagshot	16,083	14,109	16,180	18,120	18,410
2.	Dorking and Horley	53,943	25,832	31,710	34,260	34,300
3.	Godstone	52,507	32,823	40,225	43,750	44,360
4.	Guildford... ..	59,643	44,936	54,888	62,140	62,030
5.	Hambledon	68,175	31,851	34,524	36,590	37,080
Total ...		250,351	149,551	177,527	194,860	196,180
Administrative County		415,879	746,814	902,078	977,330	985,930

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, 1967, was £52,558,387, and the estimated product of a 1d. rate for general County purposes for the year 1967-68 was £214,446.

VITAL STATISTICS.

The principal vital statistics for the year 1967 are summarised below. Additional information is given in the paragraphs which follow :—

Live births	...	...	...	...	...	14,951
Live birth rate per 1,000 population	...	...	...	...	...	15.16
Still births	...	...	...	...	...	167
Still birth rate per 1,000 live and still births	...	...	...	...	...	11.05
Total live and still births	...	...	...	...	...	15,118
Infant deaths	...	...	...	...	...	221
Infant mortality rate per 1,000 live births	...	...	...	...	...	14.78
" " " " " legitimate births	...	...	...	...	...	14.60
" " " " " illegitimate births	...	...	...	...	...	17.60
Neo-natal mortality rate (first four weeks) per 1,000 live births	...	...	...	...	...	10.43
Early neo-natal mortality rate (first week) per 1,000 live births	...	...	...	...	...	9.10
Peri-natal mortality rate (still births and deaths under one week) per 1,000 live and still births	...	...	...	...	...	20.04
Illegitimate live births per cent of total live births	...	...	...	...	...	6.08
Maternal deaths (including abortion)	...	...	...	...	...	4
Maternal mortality rate per 1,000 total births	...	...	...	...	...	0.26

The following statement compares the County birth and death rates for the year 1967 with the previous year and with the mean of the five years 1962-66.

	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.		
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
1966	15.86	10.58	0.02	2.09	0.25	16.46
Mean of 5 years, 1962-1966	15.90	11.16	0.04	2.13	0.20	16.41
1967	15.16	10.28	0.02	2.00	0.26	14.78
Increase or decrease in 1967 on:						
5 years average	-0.74	-0.88	-0.02	-0.13	+0.06	-1.63
Previous year	-0.70	-0.30	—	-0.09	+0.01	-1.68

Births and Birth Rate.

The live births occurring in or belonging to the County during the year numbered 14,951, of which 7,695 were males and 7,256 females. The birth rate for the year was 15.16 as compared with 15.86 for the previous year.

The live birth rate is based on the number of live births per 1,000 of the estimated population of the area. The local rates shown in the Table on page 9 are not validly comparable by reason of the fact that the area populations on which they are based may be of widely differing sex-age constitutions. With a view to eliminating this element of variation the Registrar-General has supplied a comparability factor for each area and this when multiplied by the live birth rate of the area produces an adjusted rate which may be regarded as comparable with the adjusted rate of any other area or with the crude live birth rate for England and Wales.

The factor for the Administrative County is 1.03, for the aggregate of Urban Districts 1.03 and for the Rural Districts 1.02. The effect of these factors on the 1967 crude live birth rates is shown below :—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	15.16	15.07	15.56
Adjusted rates	15.61	15.52	15.87

The birth rate for England and Wales for 1967 was 17.2 and for 1966, 17.7.

In addition to the 14,951 live births in Surrey, there were 167 still births and the rate of still births per 1,000 live and still births was 11.05 as compared with an average rate of 12.45 for the quinquennial period of 1962-66.

Of the 14,951 live births, 909 or 6.08 per cent were illegitimate, as compared with 5.76 per cent in 1966.

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
1967...	15.16	11.05	6.08

Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1967 was 10,136. The crude death rate for 1967 was 10.28, compared with 10.58 for 1966. The death rate for England and Wales in 1967 was 11.2, compared with 11.7 for 1966.

Infant Mortality.

The number of infants under one year who died during 1967 was 221. This represents an infant mortality rate of 14.78 per 1,000 live births as compared with a corresponding rate of 16.46 for the year 1966. The comparable figures for England and Wales were 18.3 in 1967 and 19.0 in 1966.

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
1967 ...	18.3	12.5	5.8	14.78	10.43	4.35

Maternal Mortality.

In 1967 4 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.26 per 1,000 live and still births. The corresponding figures for England and Wales in 1967 were 170 and 0.20: and for Surrey in 1966 were 4 and 0.25.

Causes of Death.

The grouped causes of death arranged in order of frequency in 1967 in the County were as follows:—

	Deaths.	Percentage of Total Deaths.
Diseases of the heart	3,237	31.93
Malignant disease	1,964	19.37
Vascular lesions of the central nervous system	1,395	13.76
Bronchitis, pneumonia and other diseases of respiratory system... ..	1,255	12.38
Other circulatory diseases	584	5.76
Violent causes	384	3.79
Digestive diseases	130	1.28
Congenital malformations	87	0.86
Diabetes	75	0.74
Leukaemia, Aleukaemia	61	0.60
Nephritis and Nephrosis	45	0.44
Influenza	28	0.28
Tuberculosis (all forms)	27	0.27
Hyperplasia of prostate	26	0.26
All other causes	838	8.28
	10,136	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 1967 :—

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...	258	274	532	12.68	14.33	3	5.61	544	12.97	9.86	-12	5	—	8
Caterham and Waringham	271	267	538	14.58	14.29	6	11.03	317	8.59	8.68	+221	2	1	3
Chertsey ...	460	429	889	19.88	16.90	11	12.22	402	8.99	10.34	+487	7	—	5
Dorking ...	182	183	365	15.86	15.38	4	10.84	237	10.30	8.96	+128	4	1	—
Egham ...	192	161	353	11.11	10.11	—	—	317	10.01	10.01	+36	3	—	—
Epsom and Ewell	461	383	844	11.67	13.19	7	8.23	1,110	15.35	10.13	-266	4	2	3
Esher ...	416	409	825	13.10	14.28	6	7.22	633	10.05	9.55	+192	6	1	2
Farnham...	241	229	470	15.75	17.01	5	10.53	391	13.10	9.43	+79	1	2	3
Frimley and Camberley	427	391	818	20.12	17.50	8	9.69	269	6.62	9.47	+549	7	1	2
Godalming	147	139	286	16.05	15.73	4	13.79	180	10.11	9.50	+106	3	—	—
Guildford	436	423	859	15.46	14.69	12	13.78	576	10.38	9.76	+283	10	—	5
Haslemere	101	73	174	12.94	15.14	1	5.71	229	17.63	12.09	-55	2	—	—
Leatherhead	256	251	507	13.31	14.37	5	9.77	363	9.53	10.01	+144	5	2	3
Reigate ...	413	381	794	14.09	14.65	5	6.26	655	11.63	9.19	+139	12	1	2
Staines ...	505	473	978	17.73	15.78	11	11.12	450	8.15	10.27	+528	8	4	1
Sunbury-on-Thames	326	332	658	16.73	14.05	6	9.04	352	8.95	9.93	+306	4	1	7
Walton and Weybridge	402	384	786	15.35	16.27	8	10.08	516	10.08	8.16	+270	9	—	2
Woking ...	640	584	1,224	15.53	16.62	18	14.49	727	9.22	8.11	+497	14	—	5
Total ...	6,134	5,766	11,900	15.07	15.52	120	9.98	8,268	10.47	8.90	+3,632	106	16	51
Rural														
Bagshot ...	166	170	336	18.25	17.70	3	8.85	173	9.40	9.78	+163	1	2	—
Dorking and Horley	263	256	519	15.16	15.16	7	13.31	310	9.04	9.85	+209	5	1	3
Godstone...	304	304	608	13.70	13.97	13	20.93	432	9.74	7.89	+176	7	—	2
Guildford	547	483	1,030	16.60	16.93	16	15.30	555	8.95	9.49	+475	14	1	6
Hambleton	281	277	558	15.05	16.25	8	14.13	398	10.73	8.69	+160	3	—	3
Total ...	1,561	1,490	3,051	15.56	15.87	47	15.17	1,868	9.52	9.04	+1,183	30	4	14
Administrative County	7,695	7,256	14,951	15.16	15.61	167	11.05	10,136	10.28	8.94	+4,815	136	20	65

* 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 14.54 and 15.73, the neo-natal mortality rates for the urban and rural districts respectively were 10.25 and 11.14 and the early neo-natal mortality rates for the urban and rural districts respectively were 8.91 and 9.83.

The number of deaths and the death rates per 1,000 population from certain important causes of death in each of the sanitary districts and in the Administrative County during 1967, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table:—

DISTRICTS.	Heart and Vascular Disease.						Pulmonary Tuberculosis.		Respiratory diseases (Non-Tuberculous).		Malignant Disease.								Violence.			
	Vascular lesions of nervous system.		Coronary disease, angina.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.				Other malignant lymphatic neoplasms.	
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000			No.	Rate per 1,000
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000			No.	Rate per 1,000
M.B. and Urban.																						
Barnstaple...	71	1.60	89	2.12	11	.26	69	1.64	25	.60	8	.19	31	.74	9	.21	46	1.10	16	.38		
Catherham and Warringtonham	40	1.08	76	2.06	5	.14	36	.98	11	.30	6	.16	15	.41	5	.14	28	.76	15	.41		
Chertsey...	50	1.12	55	1.23	4	.09	55	1.23	22	.49	6	.13	23	.51	8	.18	—	—	25	.56		
Dorking...	45	1.06	46	2.00	4	.17	31	1.35	15	.65	6	.26	13	.56	6	.26	2	.09	21	.91		
Eggleston...	39	1.23	64	2.02	1	.03	44	1.39	14	.44	9	.28	17	.54	1	.03	2	.06	40	1.26		
Epsom and Ewell...	148	2.05	203	2.81	12	.17	131	1.81	79	1.09	17	.24	46	.64	16	.22	3	.04	95	1.31		
Essex...	91	1.44	120	1.91	9	.14	83	1.32	37	.59	17	.27	37	.59	12	.19	2	.03	65	1.03		
Farnham...	61	2.04	88	2.55	2	.07	42	1.41	26	.87	8	.27	17	.57	4	.13	2	.07	38	1.27		
Frithley and Camberley	47	1.16	53	1.30	4	.10	21	.52	8	.28	6	.15	15	.37	5	.12	3	.07	30	.74		
Godalming...	18	1.01	53	2.38	1	.06	12	.36	5	.28	1	.06	15	.38	5	.28	1	.06	24	1.35		
Guildford...	78	1.41	120	2.16	10	.18	52	.94	26	.47	11	.20	23	.41	10	.18	5	.09	72	1.30		
Haslemere...	28	2.08	46	3.42	2	.15	23	1.71	14	1.04	4	.30	6	.45	6	.45	1	.07	32	2.38		
Leatherhead...	53	1.30	72	1.89	4	.11	43	1.13	21	.55	9	.16	15	.39	7	.18	3	.08	34	.89		
Reigate...	96	1.70	142	2.52	7	.12	74	1.31	42	.75	7	.12	33	.59	11	.20	3	.05	49	.87		
Staines...	43	.78	99	1.79	6	.11	42	.76	17	.31	12	.22	32	.58	11	.20	4	.07	50	.91		
Sunbury-on-Thames...	46	1.17	56	1.42	2	.05	44	1.12	18	.46	6	.15	23	.58	8	.20	3	.08	36	.92		
Walton and Weybridge	77	1.50	97	1.89	3	.06	43	.84	33	.64	7	.14	29	.37	11	.21	6	.12	40	.78		
Woking...	95	1.20	139	1.76	5	.06	98	1.24	33	.42	15	.19	30	.38	16	.20	3	.04	56	.71		
Total	1,126	1.43	1,618	2.65	92	.12	943	1.19	446	.56	152	.19	420	.53	151	.19	51	.06	795	1.01		
Rural.																						
Bashford...	27	1.47	35	1.90	1	.05	19	1.03	7	.38	3	.16	15	.81	6	.33	1	.05	19	1.03		
Dorking and Horley...	50	1.46	61	1.78	4	.12	30	.87	29	.85	5	.15	18	.52	5	.15	6	.17	29	.85		
Godstone...	55	1.24	96	2.16	4	.09	40	.90	24	.54	6	.14	22	.50	7	.16	6	.14	38	.86		
Guildford...	85	1.37	110	1.77	4	.06	49	.79	41	.66	12	.19	31	.50	11	.18	1	.02	64	1.03		
Hambleton...	52	1.40	75	2.02	10	.27	46	1.24	37	1.00	9	.24	29	.78	6	.16	—	—	46	1.24		
Total	269	1.37	377	1.92	23	.12	184	.94	138	.70	35	.18	115	.59	35	.18	14	.07	196	1.00		
Administrative County 1967																						
Percentage of Total Deaths in 1967	13.76 (13.15)	1.41	1,995	2.02	1.13 (1.03)	1.12 (1.125)	5.76 (5.47)	0.22 (0.23)	12.38 (12.89)	1.84 (1.85)	5.28 (5.14)	1.84 (2.00)	0.64 (0.58)	9.78 (10.18)	1.84 (2.00)	0.64 (0.58)	0.64 (0.58)	0.64 (0.58)	9.78 (10.18)	3.79 (3.75)		

The figures in brackets relate to the year 1966.

ADMINISTRATIVE COUNTY OF SURREY.

Causes of Death at Different Periods of Life, 1967.

The causes of all deaths during 1967 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. F.	3,997 4,271	100 73	27 15	22 10	64 26	142 106	1,090 611	1,084 851	1,468 2,579	944 924	26 22	8 6	8 1	16 4	31 20	233 142	277 165	345 504		
1. Tuberculosis, Respiratory ..	M. F.	11 7	— —	— —	— —	— —	— —	6 2	2 4	3 1	4 —	— —	— —	— —	— —	— —	2 —	1 —	1 —		
2. Tuberculosis, Other	M. F.	— 4	— —	— —	— —	— —	— 1	— 1	— —	— 2	— 1	— —	— —	— —	— —	— —	— —	— —	— 1		
3. Syphilitic Disease	M. F.	10 7	— —	— —	— —	— —	1 —	2 —	5 2	2 5	1 —	— —	— —	— —	— —	— —	— —	1 —	— —		
4. Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
5. Whooping Cough	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
6. Meningococcal Infections ..	M. F.	2 —	1 —	1 —	— —	— —	— —	— —	— —	— —	— 1	— 1	— —	— —	— —	— —	— —	— —	— —		
7. Acute Poliomyelitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
8. Measles	M. F.	— 1	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
9. Other Infective and Para- sitic Diseases	M. F.	9 7	— —	— 1	— —	1 —	2 1	6 2	— —	— 3	2 2	— 1	— —	1 —	— —	— —	— 1	— —	— —		
10. Malignant Neoplasm, Stomach	M. F.	83 69	— —	— —	— —	— —	1 —	20 18	38 22	24 29	21 14	— —	— —	— —	1 —	— —	6 2	8 3	6 9		
11. Malignant Neoplasm, Lung, Bronchus	M. F.	329 91	— —	— —	— —	— —	7 2	142 41	112 20	68 28	89 26	— —	— —	— —	— —	1 1	33 10	41 9	14 6		
12. Malignant Neoplasm, Breast	M. F.	— 151	— —	— —	— —	— —	— 11	— 63	— 42	— 35	— 35	— —	— —	— —	— —	— 3	— 14	— 8	— 10		
13. Malignant Neoplasm, Uterus	F.	51	—	—	—	—	6	19	16	10	14	—	—	—	—	1	7	4	2		
14. Other Malignant and Lymphatic Neoplasms	M. F.	409 386	— —	1 —	3 1	4 2	22 22	143 102	106 101	130 158	103 93	— —	— 2	— —	2 1	6 7	32 28	29 28	34 27		
15. Leukaemia, Aleukaemia ..	M. F.	33 17	— —	1 —	4 —	1 —	5 2	8 3	8 4	6 8	7 4	— —	— 1	— —	— —	— —	4 1	1 1	2 1		
16. Diabetes	M. F.	25 41	— —	— —	— —	— —	3 1	7 9	8 14	7 17	4 5	— —	— —	— —	— —	1 —	— 2	1 1	2 2		
17. Vascular Lesions of Nervous System	M. F.	432 694	— —	1 —	1 —	2 1	6 6	61 70	122 112	239 505	119 159	— —	— —	— —	— —	1 3	20 20	36 30	53 106		
18. Coronary Disease, Angina ..	M. F.	951 667	— —	— —	— —	1 —	25 4	341 71	280 192	304 400	243 134	— —	— —	— —	— —	6 —	78 13	77 28	82 93		
19. Hypertension with Heart Disease	M. F.	31 61	— —	— —	— —	— —	1 —	9 6	13 12	8 43	11 12	— —	— —	— —	— —	— —	1 1	2 2	8 9		
20. Other Heart Disease	M. F.	300 643	— —	— —	— —	1 —	5 3	53 39	58 75	183 526	65 119	— —	— —	— —	— —	— —	9 6	14 10	42 103		
21. Other Circulatory Disease ..	M. F.	192 254	— —	— —	— —	— —	— 2	44 26	69 48	79 178	59 79	— —	— —	— —	— —	1 —	14 8	17 12	27 59		
22. Influenza	M. F.	7 19	— —	— —	— —	— —	— —	2 2	2 3	3 14	— 2	— —	— —	— —	— —	— —	— —	— —	— 2		

Continued overleaf

The causes of all deaths during 1967 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

[illegible]

Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1967, giving the number of cases of each disease notified and the attack rate :—

Disease.	1967.	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	1	0.001
Post infectious	5	0.005
Acute pneumonia	48	0.049
Acute poliomyelitis—		
Paralytic	—	—
Non-paralytic	—	—
Anthrax	1	0.001
Diphtheria	—	—
Dysentery	441	0.45
Enteric or Typhoid fever	—	—
Erysipelas	26	0.026
Food poisoning	121	0.12
Measles, excluding Rubella	13,446	13.65
Meningococcal infection	2	0.002
*Ophthalmia neonatorum	4	0.27
Paratyphoid fever	3	0.003
†Puerperal pyrexia	103	6.81
Scarlet fever	252	0.26
Tuberculosis—Pulmonary	125	0.13
Non-pulmonary	28	0.03
Whooping cough	316	0.32

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

The anthrax case was admitted into hospital with a typical malignant pustule of the upper lip and considerable swelling of the left side of the face. No anthrax bacilli were obtained from the swabs of the lesion but this was thought to be due to the fact that she had antibiotic treatment prior to admission.

The girl concerned worked in a shop which sold bone meal in fairly large quantities which was dispensed from 1 cwt. bags. Three samples of the bone meal were sent to Guildford Public Health Laboratory and in one of these anthrax together with *Salmonella richmond* and *cubana* were isolated. Three samples were also sent to the Greater London Council Laboratory and anthrax was isolated from all three samples.

The patient had a habit of rubbing the left side of her upper lip with her index finger and it is thought the organisms gained entrance in this way as she used no protective gloves when handling the bone meal.

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

Measles	1
Whooping Cough	—
Diphtheria	—
Influenza	28
Meningococcal infection	3
Acute Poliomyelitis	—

Tuberculosis.

NOTIFICATIONS.

The summary of returns for 1967 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 125 cases of pulmonary tuberculosis and 28 cases of non-pulmonary tuberculosis during the year.

The case rates for Surrey, compared with those for England and Wales in 1967 were as follows :—

	Surrey.	England and Wales.
Pulmonary Tuberculosis	0.13 per 1,000	0.23 per 1,000
Non-Pulmonary Tuberculosis	0.03 per 1,000	0.04 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 " " 5 " " " " " " " "	1	—	—	3	4
5 " " 10 " " " " " " " "	—	—	1	—	1
10 " " 15 " " " " " " " "	1	—	1	—	2
15 " " 20 " " " " " " " "	2	5	—	2	9
20 " " 25 " " " " " " " "	3	4	1	2	10
25 " " 35 " " " " " " " "	12	5	2	2	21
35 " " 45 " " " " " " " "	17	10	2	4	33
45 " " 55 " " " " " " " "	15	6	2	1	24
55 " " 65 " " " " " " " "	18	6	1	—	25
65 " " 75 " " " " " " " "	10	5	1	2	18
75 and upwards	4	—	—	—	4
Totals	83	42	12	16	153

The number of patients on the registers who had a positive sputum at the end of 1967 was 41.

DEATHS.

The numbers of deaths and the death rates for pulmonary tuberculosis and other forms of tuberculosis in 1967 were as follows :—

Pulmonary Tuberculosis.		Other forms of Tuberculosis.	
Deaths.	Death rate per 1,000 population.	Deaths.	Death rate per 1,000 population.
22	.02	5	.01

Provisional death rates for England and Wales in 1967 were as follows :—

Pulmonary tuberculosis	0.037 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 10 and tables showing the causes of all deaths in 1967, classified in age groups for the aggregate of urban districts and for the aggregate of rural districts, will be found on pages 11 and 12.

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 1967, 90 tuberculous patients (of whom 78 were notified cases) died as follows :—

	Pulmonary.	Non-Pulmonary.	Total.
Deaths allocated by the Registrar General (tuberculosis being the sole or underlying cause)	22	5	27
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	28	—	28
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	35	—	35
	<u>85</u>	<u>5</u>	<u>90</u>

There were 12 deaths of unnotified cases of tuberculosis in 1967 as follows :—

In Hospitals.	At Home, etc.	Total.
9	3	12

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, 1967, were as follows :—

						Pulmonary	Non-Pulmonary
Males	...	...	...	...	...	2,006	163
Females	...	...	...	...	...	1,365	273
Totals						3,371	436
Grand Total						3,807	

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 projects have been completed during 1967 :—

Project.	Purpose.	Date Completed.
Lightwater	Conversion of existing house to provide two flats for nurses	May, 1967.
Warlingham	Conversion of existing house to provide two flats for nurses	June, 1967.
Epsom	Day Centre and Social Club	January, 1967.
Guildford	Adaptations to existing Special Training School	January, 1967.

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

Project.	Purpose.	Present Position Dec., 1967.
1965-66 CAPITAL BUILDING PROGRAMME.		
Send, Woking	Home for Sub-normal Children (Adaptations)	Building work in progress.
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.
Warlingham, Chelsham Road	Ambulance Station	Building work in progress.
Banstead	Ambulance Control, Training School, Store, etc.	Building work in progress.
Leatherhead	Ambulance Sub-Station	Building work in progress.
Walton	Purpose-built Special Training School	Building work in progress.
West Molesey	Purpose-built Hostel for Adult Sub-normal Females	Building work in progress.
Banstead	Purpose-built centre to replace temporary accommodation	Building work in progress.
1967-68 CAPITAL BUILDING PROGRAMME.		
Chobham	Welfare Centre/School Clinic	Ministry will not grant loan sanction —project would serve less than 7,000 population.
†Oxted, Gresham Road	Health Centre	Sketch plans being prepared.
Thames Ditton, Gigg's Hill Green	Welfare Centre/School Clinic	Tenders expected first quarter of 1968.
†Woking, St. Johns	Health Centre	Working drawings prepared.
Shepperton	Health Centre	Tender received. Work to commence during second quarter of 1968.
*Chertsey, Stepgates	Health Centre	Tenders expected third quarter of 1968.
†Staines	Welfare Centre/School Clinic	Negotiations for a site.
*Mersham, Bletchingley Road	Health Centre/Nurses' Flats	Tenders expected first quarter 1968.
*Addlestone, Crouch Oak Lane	Flats for District Nurses	Plans prepared for conversion into separate flats.
Caterham, Waller Lane	Flats for District Nurses	Building work in progress.
†Woking	Flats for District Nurses	Working drawings completed.
†Guildford	Main Ambulance Station	Site being sought.
†Walton-on-Thames	Ambulance Sub-Station	Sketch plans approved.
*Ewell	Health Centre	Sketch plans being prepared.
†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 Technical Training Centre	Scheme being prepared.
†Woking	Day Centre for the Mentally Ill	Site being sought.
†Leatherhead	Special Training School	Scheme being prepared.
†Leatherhead	Hostel for Elderly Confused	Scheme being prepared.

In February 1968 at the request of the Minister of Housing and Local Government the Council reviewed their building programme and decided to defer a number of projects as under :—

* Deferred to 1968-69.

† Deferred to 1969-70.

‡ Deferred to 1970-71.

§ This scheme subsequently dropped.



AMBULANCE SERVICE

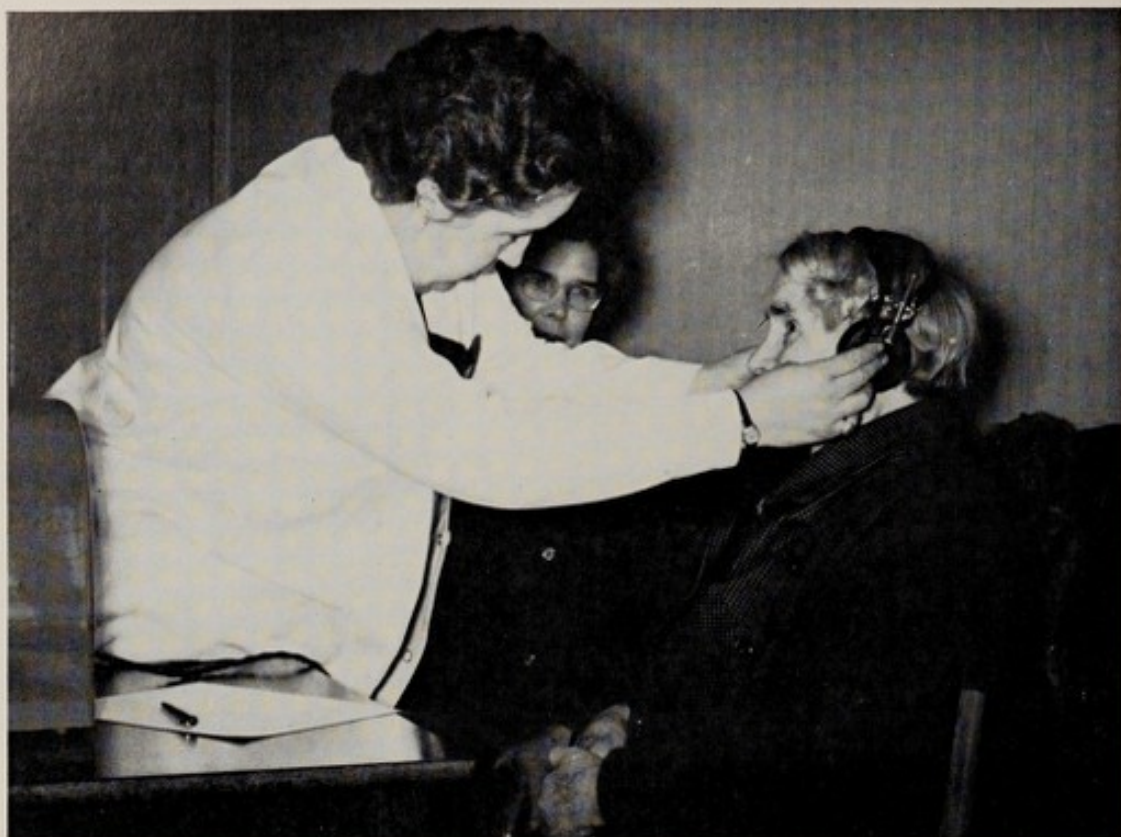
The Surrey Ambulance Service answers one of the many thousand emergency calls during the year.

(Photograph by courtesy of Syndication International)



DAY NURSERY

Play with a purpose at a Surrey day nursery.



AUDIOLOGY SERVICE

A full-time audiology technician carries out routine testing of the hearing of elderly people in County and voluntary homes and at other centres.



OCCUPATIONAL THERAPY

A specially adapted ambulance with hydraulic lift brings physically handicapped people to a Surrey occupational therapy class.

Fluoridation of Water Supplies.

At the request of the Minister of Health information regarding the action taken by the County Council on the fluoridation of the public water supplies was included in the Annual Reports for 1965 and 1966.

The first report referred to the Ministry of Health Circulars 28/62, 12/63 and 15/65 and covered the period to October 1965 when the County Council approved in principle the addition of fluoride to water supplies.

The report for 1966 described the approaches made to the individual Water Undertakings serving the County, six of whom supplied areas of other local health authorities and were unable to take action because there was a lack of unanimity among the other Authorities.

Of the three Undertakings serving the County of Surrey only, subsequent progress was made in discussions with the Woking and District Water Company after the Company had expressed themselves satisfied with the terms of the "model agreement," i.e. the advice issued by the British Waterworks Association.

The Company had discussions with Advisers of the Ministries of Housing and Local Government and Health on technical aspects of fluoridation. Although the Company were in agreement with the County Council in principle that fluoride should be added to the public water supply they were not in a position to implement a scheme in the near future due to other major engineering operations.

Prevention of the Break-up of Families.

There were 554 families on the lists kept by Divisional Medical Officers and Medical Officers of Health of Delegated Districts at the end of 1967.

These 554 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	256	46.2	Housewifery	113	20.4
2. <i>Material Needs.</i>			Care of Children ...	207	37.4
Housing	187	33.8	5. <i>Desertion.</i>		
Employment	95	17.1	Desertion by one Parent	83	15.0
Financial	313	56.5	6. <i>Delinquency.</i>		
3. <i>Physical, Mental and Psychological Disorders.</i>			Adult Delinquency and/or Imprisonment ...	64	11.6
Emotional Immaturity	146	26.4	Juvenile Delinquency (Real or potential) ...	43	7.8
Mental Illness	93	16.8	7. <i>Other Reasons</i>	13	2.3
Alcoholism and Drug Addiction	17	3.1			
Drunkenness	18	3.2			
Mental Subnormality ...	25	4.5			
Low Intelligence	116	20.9			
Physical Illness	81	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	256	46.2	4. Housewifery and Child Care	257	46.4
2. Material Needs	415	74.9	5. Desertion	83	15.0
3. Physical, Mental and Psychological Disorders	331	59.7	6. Delinquency	100	18.1
			7. Other reasons	13	2.3

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	240	43.3	Nos. 1 and 4	113	20.4
Nos. 1 and 2	185	33.4	Nos. 1, 2 and 3	110	19.9
Nos. 2 and 4	180	32.5	Nos. 1, 2, 3 and 4	61	11.0
Nos. 3 and 4	178	32.1	Nos. 1, 2, 3, 4 and 5 ...	11	2.0
Nos. 1 and 3	152	27.4	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 554 families 401 were known to the Health Visitors for their districts and, in addition, 508 families not registered as problem families were the subject of special surveillance by Health Visitors.

CHILDREN OF PROBLEM FAMILIES.

At the end of 1967 there were 2,066 children of problem families. Some of these children were in care or in Part III accommodation as will be seen from the following table :—

Total No. of Children.	In Care.		In Part III Accommodation.		Total in Care and Part III Accommodation.	
	For reasons of family failure.	Other reasons.	For reasons of family failure.	Other reasons.	For all reasons.	Percentage of total No. of children.
2,066	37	12	19	21	89	4.3

REHOUSING.

81 registered families were rehoused during the year.

SPECIAL HOME HELPS.

During 1967, problem families received the services of special home helps amounting in all to 474 hours. In addition, 2,243 hours of service were given to other problem families by ordinary home helps.

There are a few special home helps available for duty with problem and failing families. When working with these families they receive an extra 6d. 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. Difficulty was experienced in filling vacancies as they occurred and the service was under-manned by an average of one and a half social workers throughout the year. The work of the social workers is reflected in the items on pages 17-18 and 45-46.

The Education Committee again extended the facilities for children's holidays at Sheephatch School (see also The Work of the Chest Clinics, page 45) to children from multi-problem families and 57 children selected by the social workers enjoyed a fortnight's summer holiday in the open air in the care of selected volunteers who were mainly teachers and students from the training colleges.

The scheme was organised by the social workers and the Education Committee met the full cost for the 57 children.

TRAINING HOMES.

No problem families were admitted to homes for training during the year.

Recurative holidays were arranged for 3 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 9 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 3,557.

National Health Service (Family Planning) Act, 1967.

The purpose of this Act, which received Royal Assent in June, 1967, is to secure the provision by Local Health Authorities of services in connection with family planning.

Powers are given to local authorities to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice, the supply of contraceptive substances and appliances and the recovery of such charges as they consider reasonable having regard to the means of the persons charged.

The County Council have previously given a grant to the Surrey branch of the Family Planning Association to enable them to provide advice and contraceptive substances and appliances free of charge to women for whom pregnancy would be detrimental to health.

In considering the provision of wider facilities now permitted under the new Act the County Council decided that they wished the Surrey Branch of the Family Planning Association to continue to act as agents of the Council.

It has been agreed that the County Council will provide free office accommodation and the free use of clinic premises to the Association and that the clinics may be used in connection with the provision of advice and supplies to unmarried persons.

In view of the economic situation the Council deferred for a year any other extensions of the existing arrangements likely to involve any additional expenditure.

Cervical Cytology.

Well Woman Clinics have been held throughout the County during the year and have been well attended. The service has been expanded in the eastern half of the County by the opening of new clinics in Dorking and Redhill. Most of the waiting lists are now shorter than they were in 1966 and in some areas there has been some falling off in demand following the introduction of a cervical smear service for the general practitioners, but the local authority clinic would still appear to be meeting a need throughout most of the County.

Of a total of 6,414 smears examined during the year, 102 were of cells suspicious of malignancy and referred for further investigation, 14 were cells probably malignant and referred for investigation and 7 were definitely malignant and 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 Ministry of Social Security, 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.

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.
Commonwealth Countries :—		
Caribbean	92 (41)	66 (36)
India	29 (22)	21 (12)
Pakistan	25 (26)	11 (15)
Other Asian	89 (58)	59 (34)
African	53 (27)	26 (18)
Other	63 (39)	44 (20)
Non-Commonwealth Countries :—		
European	393 (467)	250 (400)
Other	24 (21)	19 (17)
Total	768 (701)	496 (552)

* 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 1966.

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 1967 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT											
	and normally resident therein.			and normally resident elsewhere in Surrey.			and normally resident outside County of Surrey.			Number born elsewhere in Administrative County but normally resident within the County District.		
	At Home.	Private Nursing Home.	Hospital/Maternity Home.	At Home.	Private Nursing Home.	Hospital/Maternity Home.	At Home.	Private Nursing Home.	Hospital/Maternity Home.	At Home.	Private Nursing Home.	Hospital/Maternity Home.
M.B. and Urban												
Banstead	133	—	—	—	—	—	2	—	—	—	—	—
Caterham and Warlingham	147	—	—	—	—	—	—	—	—	—	—	—
Chertsey	218	—	—	—	—	—	—	—	—	—	—	—
Dorking	74	40	166	—	54	166	—	—	130	—	—	—
Egham	80	—	—	—	—	—	—	—	—	—	—	—
Epsom and Ewell	138	—	646	2	—	669	2	—	564	—	—	—
Esher	126	—	—	—	—	—	—	—	—	—	—	—
Farnham	41	—	266	—	1	126	—	—	119	—	—	—
Frimley and Cumberley	77	—	311	—	—	6	—	—	201	—	—	—
Godalming	23	—	—	—	—	—	—	—	—	—	—	—
Guildford	102	60	613	—	414	973	—	46	158	—	—	—
Haslemere	9	—	123	—	—	71	—	—	282	—	—	—
Leatherhead	132	—	—	—	—	—	—	—	—	—	—	—
Reigate	65	—	686	—	—	835	1	—	290	—	—	—
Staines	295	—	—	1	—	—	—	—	—	—	—	—
Sunbury	200	—	—	2	—	—	—	—	—	—	—	—
Walton and Weybridge	74	—	454	—	—	273	—	—	167	—	—	—
Woking	228	—	929	—	—	953	—	—	102	—	—	—
Rural.												
Bagshot	29	—	159	—	—	365	—	—	30	—	—	—
Dorking and Horley	54	—	—	—	—	—	—	—	—	—	—	—
Godstone	114	—	—	—	—	—	—	—	—	—	—	—
Guildford	103	—	—	1	—	—	—	—	—	—	—	—
Hambledon	54	—	—	—	—	—	—	—	—	—	—	—
Totals	2,516	100	4,353	6	469	4,438	8	49	1,807	2	427	4,025
										9	28	3,007
												15,118

The percentage of confinements taking place in hospitals was 78.62, in private nursing homes 3.83, and at home 17.55.

The number of births to Surrey mothers which took place in the homes, in private nursing homes and in hospitals in 1967 was 2,527, 555 and 11,385 respectively. The total live and still births was 15,118.

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

Division.	1967.
Northern ...	260
North-Western ...	815
South-Western ...	1,027
South-Eastern ...	607
Epsom & Ewell ...	173
Esher ...	217
Woking ...	270
Total ...	3,369

The selection of patients for hospital confinements shows that the number of low parity mothers confined in hospital has risen to 58.3 per cent as against 55.39 per cent in 1966, and the proportion of low parity mothers confined at home is still falling, 16.32 per cent as compared with 18.3 per cent for 1966.

The steady drop in the proportion of Surrey mothers confined at home is shown in the figures below and this, if continued, together with the falling Surrey birth rate, will influence the future pattern of domiciliary midwifery in the County.

Year.	Live Birth Rate.		Births to Surrey Mothers.		
	E. & W.	Surrey.	At Home. %	In Private Nursing Home. %	In N.H.S. Hospitals. %
1963 ...	18.2	15.63	24.69	4.74	70.57
1964 ...	18.4	16.08	23.98	5.31	70.71
1965 ...	18.0	16.49	22.35	3.33	74.32
1966 ...	17.7	15.86	20.60	3.67	75.73
1967 ...	17.2	15.16	17.55	3.83	78.62

The following table gives detailed information :—

Live births by age and parity of mother and by place of occurrence.																		
Age Group.		Parity of Mother.*										All.					Total.	
		0					1-3											4 and over.
		N.H.S. Hosp.	Other Hosp.	At Home	Other	N.H.S. Hosp.	Other Hosp.	At Home	Other	N.H.S. Hosp.	Other Hosp.	At Home	Other	N.H.S. Hosp.	Other Hosp.	At Home		Other
Under 25	... 1965 1966	3,181 3,257	194 184	124 99	54 45	1,122 1,184	124 137	656 687	21 16	15 13	2 —	6 4	—	4,318 4,454	320 321	786 790	75 61	5,499 5,626
25-34	... 1965 1966	2,229 2,214	169 166	101 85	7 9	2,960 2,984	494 450	2,175 1,875	31 9	301 283	23 31	85 64	2 —	5,490 5,481	686 647	2,361 2,024	40 18	8,577 8,170
35 and over	... 1965 1966	273 265	14 17	12 9	1 1	794 800	95 109	329 268	2 2	275 248	25 20	53 48	— —	1,342 1,313	134 146	394 325	3 3	1,873 1,787
Total	... 1965 1966	5,683 5,736	377 367	237 193	62 55	4,876 4,968	713 696	3,160 2,830	54 27	591 544	50 51	144 116	2 —	11,150 11,248	1,140 1,114	3,541 3,139	118 82	15,949 15,583

* Number of previous live-born children.

Expectant and Nursing Mothers.

The following table shows the work undertaken at the ante- and post-natal clinics during the year.

Ante-Natal and Post-Natal Clinics.

Division.	Number of Women in attendance.		Number of sessions held by				Total number of sessions in columns 3-6.
	For ante-natal examination.	For post-natal examination.	Medical Officers.	Midwives.	G.P.'s employed on a sessional basis.	Hospital medical staff.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Northern	148	2	94	78	—	—	172
North-Western	259	—	—	268	—	—	268
South-Western	489	94	24	—	—	76	100
South-Eastern	711	19	198	397	—	52	647
Epsom and Ewell	370	89	48	153	—	—	201
Esher	195	21	64	94	—	—	158
Woking	422	97	127	157	—	—	284
Total	2,594	322	555	1,147	—	128	1,830

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.	
Northern	321	87	408	2,506
North-Western	427	102	529	2,287
South-Western	522	46	568	5,279
South-Eastern	544	73	617	3,939
Epsom and Ewell	192	22	214	898
Esher	132	7	139	837
Woking	195	33	228	951
Total	2,333	370	2,703	16,697

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 30 members of staff attended.

The figures relative to ante-natal sessions and attendances in 1967 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.
57	87	2,536	5,297	7,462	6,808

The number of women attending the County Council's ante-natal clinics form 35.04 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, 63 Surrey cases were admitted to mother and baby homes situated within the County provided by Voluntary Organisations, while 46 were sent by the Council to other Homes, payment being made *per caput*.

In addition, 69 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 1967 was 4, which gives a maternal mortality rate of 0.26 per thousand live and still births which is more than the rate of 0.20 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 6.

All of the deaths occurred in hospital.

Puerperal pyrexia.

During 1967 103 cases of puerperal pyrexia were notified representing an attack rate of 6.81 per thousand live and still births as compared with 4.94 for England and Wales. Of these cases 2 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 0.8 in domiciliary practice and 8.46 in institutional practice (including hospitals and private nursing homes).

Infant mortality.

The infant mortality rate in the Administrative County of 14.78 compares with 18.3 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 1967—namely 14.54 (173 deaths)—is lower than the rural rate—namely 15.73 (48 deaths).

Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1967 as adjusted by transferred notifications :—

Weight at birth.	PREMATURE LIVE BIRTHS.												Premature still births.	
	Born in hospital.				Born at home or in a nursing home.									
					Nursed entirely at home or in a nursing home.				Transferred to hospital on or before 28th day.					
	Total Births.	Died.			Total births.	Died.			Total births.	Died.				Born.
Within 24 hours of birth.		In 1 and under 7 days.	In 7 and under 28 days.	Within 24 hours of birth.		In 1 and under 7 days.	In 7 and under 28 days.	Within 24 hours of birth.		In 1 and under 7 days.	In 7 and under 28 days.	In hospital.	At home or in a Nursing Home.	
(a) 2 lb. 3 oz. or less (1,000 gms. or less.)	24	19	2	—	1	1	—	—	2	2	—	—	16	—
(b) Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ... (1,001-1,500 gms.)	66	18	2	1	3	1	—	—	2	2	—	—	23	1
(c) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,501-2,000 gms.) ...	161	10	2	1	5	—	—	—	—	—	—	—	26	2
(d) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,001-2,250 gms.) ...	160	7	5	1	2	—	—	—	1	1	—	—	13	—
(e) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,251-2,500 gms.) ...	362	8	3	3	44	—	—	—	5	2	—	—	17	1
Totals ...	773	62	14	6	55	2	—	—	10	7	—	—	95	4

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	14,951	14,113	838
Deaths among live births in the first month of life	156	65	91
Still births	167	68	99

* 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 14,113 non-premature live births produced 65 neo-natal deaths and the 838 premature live births produced 91 neo-natal deaths. In addition approximately half the still births are associated with prematurity.

Ophthalmia Neonatorum.

In 1967 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 22 babies and 4 cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

Infant Welfare Centres.

The County Council maintained 162 infant welfare centres in the year. Additional centres were started at (i) Methodist Church Hall, Ripley; (ii) Village Hall, Felbridge. The centre at British Legion Hall, Ripley was 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 1967.	Born in 1966.	Born in 1962-65.	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)
Northern ...	1,485	1,606	2,179	1,271	115	—	—	1,386	112	2,671
North-Western ...	2,790	2,573	3,336	687	134	457	—	1,278	253	998
South-Western ...	3,371	3,439	5,038	1,828	311	—	—	2,139	365	840
South-Eastern ...	2,786	2,789	4,515	1,680	218	18	—	1,916	9	4,570
Epsom and Ewell ...	817	924	1,804	249	—	154	—	403	7	1,372
Esher ...	710	774	1,287	512	557	—	—	1,069	—	422
Woking ...	1,138	1,327	2,286	491	—	—	—	491	93	244
Total ...	13,097	13,432	20,445	6,718	1,335	629	—	8,682	839	11,117

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 1967 and who were born in that year formed 87.6 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)
Northern ...	5	2	1	8
North-Western ...	3	5	20	28
South-Western ...	2	6	43	51
South-Eastern ...	12	1	35	48
Epsom and Ewell ...	2	—	4	6
Esher ...	3	1	3	7
Woking ...	1	2	11	14
Total ...	28	17	117	162

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 (%).
14,951	46,974	321,472	87.6

Convalescent Treatment.

Expectant and nursing mothers and children under five recommended for convalescent treatment are sent to convalescent and holiday homes. During the year 8 children under the age of five years and 3 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 1967 :—

National Dried Milk.			Cod Liver Oil.		A. & D. Tablets.		Orange Juice.	
Free.	2/4	4/-	Free.	1/-	Free.	6d.	Free.	1/6
824	22,084	11,757	970	11,188	107	18,023	5,061	345,225

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil.	A. & D. Tablets.	Orange Juice.
Hospitals	1,293	4	36	1,668
Nurseries	—	162	—	708

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 11,117 in 1967.

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 71.

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

Division/Delegated Authority	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	
Northern	16	65		3	7		11	56		—	2		1	1		—	2		5	5		18	77	
North-Western	39	95		4	7		36	88		—	2		—	1		—	3		6	7		46	102	
South-Western	59	102		1	23		51	90		—	7		1	2		—	—		8	26		68	138	
South-Eastern	41	72		7	10		18	52		1	2		—	—		—	1		22	17		49	95	
Essex and Ewell	2	14		1	1		1	11		—	2		1	—		—	1		1	1		6	15	
Essex	11	23		8	5		18	17		1	2		—	—		—	1		—	8		19	26	
Woking	11	46		—	6		11	43		—	—		—	—		—	—		—	8		13	57	
Total	179	417		24	59		146	357		2	17		3	4		—	8		42	72		219	510	

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 697 sessions. The number of new patients attending during the year was 2,061. 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	341	385	229
Children under 5 and not eligible for School Dental Service	2,354	1,676	1,420

(b) Forms of treatment provided.

	Scallings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extrac- tions.	General anaes- thetics.	Patients supplied with Dentures.		Radio- graphs.
							Full upper or lower. (First time.)	Other Dentures.	
Expectant and Nursing Mothers	157	829	—	10	218	28	20	39	52
Children under 5	186	3,338	883	—	753	303	—	—	27

DOMICILIARY MIDWIFERY AND HOME NURSING.

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

Division.	District staff establishment.	Total nursing cases.	Patients 0—5 years.	Patients 65+ years.	Total deliveries.	Number of cases delivered in hospitals, attended by domiciliary midwives before 10th day.	Total domiciliary visits.	Number of patients suffering from cancer.	Number of patients incontinent.
Northern ...	25.4	1,366	34	859	498	260	60,642	110	103
North-Western ...	39	2,623	52	1,657	573	815	76,630	176	197
South-Western ...	63.5	4,479	75	2,911	464	1,027	137,390	326	337
South-Eastern ...	54	3,380	85	2,271	579	607	108,080	268	296
Epsom and Ewell M.B.	15	1,168	5	782	144	173	33,548	79	148
Esher U.D. ...	15.5	1,028	7	663	125	217	31,510	88	37
Woking U.D. ...	17	948	5	426	228	270	23,249	60	64
Total ...	229.4	14,992	263	9,569	2,611	3,369	470,949	1,107	1,182

Attention is drawn to the high proportion of the nurses' time which is spent with the over 65 age group. In 1967 57.94 per cent of the patients visited were in this age group. Moreover the number of home confinements has again fallen (from 3,147 in 1966 to 2,560 in 1967) and the number of early discharges (3,369) 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.

Division.	No. of Groups of G.P.s.	Numbers Attached.				
		Health Visitors.	District Nurse Midwives.	District Nurses.	Nursing Auxiliaries.	S.E.N.
Northern	2	—	—	3.5	—	—
North-Western	6	3	5	—	—	1
South-Western	25	22.5	4	6.5	2	1
South-Eastern	7	9.5	1.5	—	—	—
Epsom and Ewell M.B. ...	1	2	—	—	—	—
Esher U.D.	1	2	—	—	—	—
Woking U.D.	—	—	—	—	—	—
Total	42	39	10.5	10	2	2

Requests have been received for further placements of 9 Health Visitors and 1.5 District Nurses/Midwives 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 46 women were delivered by County midwives in Frimley Hospital. Similar schemes have now been arranged at Haslemere and Crawley Hospitals and the Jarvis Maternity Home at Guildford.

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 1967, 257 cases booked by the Domiciliary Midwives were transferred to hospital either during pregnancy or labour. Although these figures are higher than last year (203), this increase is during pregnancy, rather than labour, perhaps indicating an earlier recognition of possible complications and improved availability of beds.

Reason.	Total.	Pregnancies			Over 4th.
		1st	2nd and 3rd.	4th	
(1) IN PREGNANCY.					
Ante-partum haemorrhage	12	1	11	—	—
Mal-presentation	12	2	7	3	—
Post-maturity	47	18	23	6	—
Rhesus factor	1	—	1	—	—
Pre-eclampsia	35	11	21	2	1
Breech	11	2	5	4	—
Twins	5	—	4	—	1
Social grounds	5	—	4	1	—
Intra uterine death	3	—	3	—	—
Prematurity	4	—	4	—	—
Miscellaneous	12	1	8	2	1
Total	147	35	91	18	3
(2) IN LABOUR.					
Ante-partum haemorrhage	10	2	7	—	1
Mal-presentation	13	4	6	3	—
Foetal distress	8	1	6	1	—
Inertia	43	17	19	6	1
Post-partum haemorrhage	7	—	7	—	—
Prematurity	6	1	3	—	2
Retained placenta	8	—	7	—	1
Breech	5	—	4	—	1
Maternal distress	1	—	1	—	—
Post Maturity	2	1	1	—	—
Still Births	1	—	—	—	1
Twins	2	—	1	1	—
Miscellaneous	4	2	2	—	—
Total	110	28	64	11	7

ANALYSIS OF NURSING CASES.

(i) *Principal Medical and Surgical Conditions.*

Cases.	Total All ages.
Diseases of the heart	1,174
Circulatory	1,453
Diseases of the blood	1,592
Central nervous system	782
Chest conditions, medical and surgical	888
Abdominal, medical and surgical	2,015
Gynaecological, medical and surgical	671
Influenza	72
Rheumatic and arthritic diseases	967
Urinary, medical and surgical	465
Breast conditions, medical and surgical	250
Scalds, burns and other injuries	465

(ii) *Other.*

Varicose ulcers	675
Miscarriages and Threatened Miscarriages	121
Tuberculosis... ..	62
Pediculars	55
Diabetes	354
Diagnostic preparations	116
Orthopaedic, medical and surgical	648
Skin diseases, medical and surgical	293
Eye conditions	71
Ear, nose and throat, medical and surgical	317
Miscellaneous	1,486

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 28 midwives to courses at Hastings, Oxford, London, Southampton. 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. Two Non-medical Supervisors of Midwives attended a special course at Wimbledon.

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 Ewell Technical College and the tutorials conducted at the Guildford and Surbiton Training Homes.

During the year 34 candidates were selected to take this course, 19 being sponsored by the County Council, 12 by London Boroughs and 3 students trained as independents. The sponsoring authority is responsible for the costs whether full training, lectures or tutorials are given.

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 1967 was 498.

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 ...	462
(b) Others	—

(ii) For cases in Institutions 80

Total 542

NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	...	...	...	...	...	...	...	...	546
Stillbirths	...	...	...	...	...	...	...	...	24
Laying out dead body	...	...	...	...	...	...	...	...	5
Liability to be a source of infection (including pyrexia)	...	...	...	...	...	...	...	...	70
Death of baby...	...	...	...	...	...	...	...	...	6
Total	...	...	...	...	...	...	...	...	651

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)	...	22
Stillbirths	...	24
Liability to be source of infection (including pyrexia)	...	70
Death of baby...	...	6
Total	...	122

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	560	183	202	8	167	4
Woking and Chertsey ...	184	482	346	66	14	56	—
Farnham (Surrey cases only)	73	219	140	26	25	28	—
Redhill (all cases) ...	219	1,136	647	442	43	4	20
Total	602	2,397	1,316	736	90	255	24

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... ..	68	—	72	10	16	166
Guildford	814	—	673	82	198	1,767
Woking and Chertsey ...	508	—	575	182	535	1,800
Farnham (Surrey cases only)	60	—	78	7	43	188
Redhill (Surrey cases only)...	360	—	2,588	106	147	3,201
Total	1,810	—	3,986	387	939	7,122

In addition, the general health visitors visited 2,945 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	57	13	18	53	24
Woking and Chertsey ...	129	55	29	209	43
Farnham (Surrey cases only)	48	—	13	46	—
Redhill	656	—	17	65	—
Total	890	68	77	373	67

The health visitor appointed in 1962 and an additional part-time health visitor appointed during the year continued to work with the general practitioners in the Epsom area. Details of the work are given below :—

(a) No. of cases referred :—

General practitioners	...	...	...	...	...	...	...	286
Hospital Almoners	...	...	...	...	...	...	...	1
Other sources	...	...	...	...	...	...	...	69
Total	...	...	...	...	...	...	...	356

(b) No. of home visits :—

First visit	...	...	...	...	...	...	...	356
With doctor...	...	...	...	...	...	...	...	4
Re-visits to patients	...	...	...	...	...	...	...	1,469
Visits to relatives	...	...	...	...	...	...	...	27
Miscellaneous	...	...	...	...	...	...	...	21
Total	...	...	...	...	...	...	...	1,877

(c) Cases dealt with by admission to :—

Hospital	...	...	...	...	...	...	...	20
Nursing Home	...	...	...	...	...	...	...	1
Welfare Home	...	...	...	...	...	...	...	2
Total	...	...	...	...	...	...	...	23

HEALTH VISITING.

The establishment of Health Visitors is 191, and at the end of the year the equivalent of 166 were available for duty. There were 22 students trained in the Surrey C.C. training course of whom 12 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, there being no less than 25 vacancies at the end of the year.

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, 1967		Live births 1967		Case load 0.5 years.	Average No. per H.V.	Cases visited by Health Visitors.					Total No. of children visited.
	D.H.V.	H.V.	Registered and adjusted.	No. of 1967 birth cards.			Expectant mothers.	Children under 1 year of age.	Children age 1 and under 2 years.	Children age 2 and under 5 years.		
Northern...	1	15	1,636	1,094	8,806	587	82	1,859	1,330	3,004	6,103	
North-Western ...	1.5	34	3,392	3,399	16,897	497	769	3,314	3,644	8,555	15,513	
South-Western ...	1.5	36	3,634	3,625	17,512	486	1,326	3,826	4,075	12,441	20,342	
South-Eastern ...	2	34	3,376	3,378	16,002	471	1,250	3,446	3,598	11,474	18,518	
Epsom and Ewell ...	0.5	10	844	846	4,262	426	556	894	1,077	2,811	4,782	
Esher ...	0.5	10.9	825	996	4,146	380	464	795	839	2,537	4,171	
Woking ...	0.5	14	1,224	1,169	6,225	445	345	1,253	1,396	3,778	6,427	
Relief Staff ...	—	12	—	—	—	—	—	—	—	—	—	
Total	7.5	165.9	14,951	14,907	73,850	445	4,792	15,387	15,959	44,600	75,946	

Work Study.

In the report for 1966 reference was made to a study of the work of the health visitors, district nurses and midwives. The data obtained has now been analysed and the main conclusions and recommendations are as follows.

So far as the health visiting staff is concerned the most pressing need is to provide them with further clerical assistance. The number of clerks already engaged specially for attendance at audiology, immunisation and eye clinics, should be increased to include sessions held at cytology, geriatric and family planning clinics, directly provided by the Council. In all, a total of 22.75 clerks is recommended for all these purposes of whom 8 are at present employed and at the time of writing this report (May 1968), the Council have authorised an additional 6.5 clerks.

With regard to home nurses and midwives, the hours of duty, on call time, duty rotas, etc. are being reviewed, and Divisional Medical Officers have been asked to make adjustments and improvements within the existing conditions of service, particularly with a view to reducing the present long periods of "on call" duty which has been found to militate against recruitment and retention of staff.

The nursing needs in each district will be reviewed as vacancies occur and thereafter the appointment of different categories of staff will be made as necessary, but within the present overall establishment of home nurses, midwives and nursing auxiliaries.

With a view to improving communications, a pilot scheme of radio telephones for midwives in a selected area has already commenced.

Use of Ancillary Help in the Local Authority Nursing Services.

In June, 1965, the Ministry of Health issued a circular (12/65) enclosing a report of a Sub-Committee appointed by the Standing Nursing Advisory Committee to consider the use of ancillary help in the Local Authority Nursing Services. This lengthy report stresses the importance of ensuring that the best use is made of the skills of qualified nurses and health visitors by the provision of adequate ancillary help.

The nursing service will be considerably affected by the growth of the domiciliary services as a whole, which is needed to enable all who do not need the types of care, and treatment which only a hospital can give to be cared for in the community. Changes in the structure of society—such as the increasing number of elderly and the still greater increase in the numbers over 75; the growth of new towns and housing estates peopled by young families who cannot rely on help from nearby relatives or, in their turn, help elderly parents; the increasing number of women who go out to work; and improved means of communication affect the need for the nursing services. If the recommendation in "The Field of Work of the Family Doctor" that local authority nursing staff should be attached to the practices of general practitioners is widely adopted it will result in fundamental changes in the structure of the domiciliary services.

The report may be summarised as follows:—

It is recommended that the first step in considering the use of ancillary help for nursing staff should be for authorities to undertake a study of the time spent by different kinds of nursing staff on different activities.

Available information about the time spent by health visitors and home nurses on different activities, of the treatments given by home nurses and of the numbers of ancillary staff employed suggests that there is scope for more ancillary staff to be employed.

Ancillary staff should be employed in the nursing services so that the best use is made of the skills of qualified nurses and undue demands are not made by the local authority services on the limited number of women capable of training as nurses, teachers, etc.

It is not thought that the use of ancillary help need result in any lowering of the quality of the care given provided the work is properly allocated and that ancillary staff are adequately prepared for the work and receive sufficient supervision; nor that patients will fear that they are getting the best care, provided the senior member is seen to retain ultimate responsibility and if necessary, explains why certain duties are being delegated.

The feasibility of employing ancillary staff depends on the amount of work proper to each grade, on the way the work is organised, on the kind of area and on the suitability of the premises used. These are all local factors. It is not possible therefore to recommend any universally applicable division of duties but suggestions as to the duties that can be delegated are made below.

The nursing team should be organised under the principal nursing officer, who should be an administrator, assisted by the superintendents of the individual services; and should include S.R.N.s, S.E.N.s, nursing auxiliaries and lay assistants to help the senior members. Considerable assistance can be given to nurses by the use of modern techniques and the time they spend on clerical work and travel should be reduced to the minimum. Studies indicate, for example, that in some areas home nurses spend on an average 10 per cent of their working hours on clerical work and 25 per cent on travelling.

Ancillary help for the nurse who works from her own home is particularly difficult to provide but much may be done by grouping districts, employing part time staff and using mechanical equipment.

Health Visitors should continue to do most of the home visiting and all health education, and should maintain contacts with other services. There is scope for saving, however, in the time

she spends on clerical work, travelling and in clinics. Studies here have shown that in some areas they spend on an average 20 per cent of their working hours on clerical work and 12 per cent on travelling.

The employment of nursing auxiliaries in clinics is not envisaged although there would be work for all other grades of nursing staff in them. A general purpose worker who could do some routine duties and also clerical work would be very useful.

Health Visitors should not distribute welfare foods, nutrients and medicaments, handle cash or weigh babies.

The home nurse must retain responsibility for all her patients and should delegate duties only after assessing the individual patient's needs and conditions. Perhaps as much as 50 per cent of the home nurse's work might be delegated to S.E.N.s or nursing auxiliaries. Most nursing auxiliaries are likely to need a course of preparation for district work.

Some voluntary workers might be employed as nursing auxiliaries but it is expected that they will mostly be employed as lay assistants. Voluntary workers can undertake such duties equally as well as employees of the local authorities except where a knowledge of procedure in the health office is required or where access to confidential information is involved.

The Health Visitors' Training Course.

On the recommendation of the Council for the Training of Health Visitors, the responsibility for this Course was transferred to the Education Committee with effect from September, 1967.

The County Health Committee sponsored 24 students for the 1967-68 Course, all of whom undertake to work for one year as a health visitor for the County Council after completion of training if required to do so.

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 70.

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 under 16 years.	No. suffering from mental illness.	No. of educa- tionally sub- normal.	No. of handi- capped persons.	Total No. of families visited.
Northern	539	54	60	52	81	6,582
North-Western	218	85	91	232	93	12,662
South-Western	443	117	127	221	155	13,505
South-Eastern	632	100	57	162	100	12,776
Epsom and Ewell M.B. ...	353	17	10	26	24	3,610
Esher U.D.	612	28	23	44	88	4,248
Woking U.D.	148	25	30	91	32	5,011
Total	2,945	426	398	828	573	58,394

NURSING HOMES.

During the year, the Committee approved the registration of 6 nursing homes. On the 31st December, 1967, there were 33 registered nursing homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

There has again been a marked increase in the number of premises and of daily minders registered. The total number of children provided for at the end of the year was 6,758, the comparable figure for 1966 being 5,371, an increase of 25.82 per cent.

The numbers at the end of the year are shown below.

Division.	Premises.		Daily Minders.	
	Number registered.	Number of Children provided for.	Number registered.	Number of Children provided for.
Northern	16	443	31	283
North-Western	37	907	41	329
South-Western { Factory	1 53	40 1,199	25	240
South-Eastern	51	1,220	44	355
Epsom and Ewell	14	428	15	116
Esher	15	443	18	131
Woking	21	423	28	201
Total { Factory	1 207	40 5,063	202	1,655

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.

Division.	A. Number of children who completed a full course of primary immunisation during the year ended 31st December, 1967.							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, 1967.						
	Year of birth.						Others under 16.	Year of birth.						Others under 16.
	1967.	1966.	1965.	1964.	1960-63.			1967.	1966.	1965.	1964.	1960-63.		
Northern	811	712	52	30	74	64	1,743	—	406	658	116	1,438	1,494	4,112
North-Western	1,277	1,779	160	70	51	35	3,372	—	588	1,309	386	1,953	1,335	5,371
South-Western	640	1,540	958	215	183	112	3,648	4	334	1,066	229	2,382	2,193	6,208
South-Eastern	1,140	1,286	92	26	109	117	2,770	18	450	1,011	134	2,602	1,477	5,692
Epsom and Ewell	312	428	7	1	5	2	755	—	189	281	19	550	634	1,673
Esher	335	376	3	3	29	—	746	8	68	363	129	1,399	—	1,967
Woking	378	602	116	14	22	8	1,140	—	151	318	64	716	615	1,864
Total	4,893	6,723	1,388	359	473	338	14,174	30	2,186	4,806	1,077	11,040	7,748	26,887

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.

Division.	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.
Northern	5	5	8	8	958	226	71	1,281	—	—	—	—	—	15	356	371
North-Western	22	19	16	54	1,585	497	80	2,273	—	—	—	—	3	55	253	311
South-Western	21	27	16	21	1,006	1,554	252	2,897	—	—	—	—	20	37	656	713
South-Eastern	13	15	21	83	1,521	423	138	2,214	—	—	—	—	—	34	438	472
Epsom and Ewell	—	—	4	—	460	56	40	560	—	—	—	—	—	8	144	152
Essex	25	6	3	10	511	95	49	699	4	3	—	—	3	12	151	173
Woking	—	3	—	—	377	382	50	812	—	—	—	—	—	13	134	147
Total	86	75	68	176	6,418	3,233	680	10,736	4	3	—	—	26	174	2,132	2,339

There was one case of generalised vaccinia in a child aged 1 year.

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.

Division.	Number of children who completed a primary course of inoculation.							Reinforcing doses.						
	Year of birth.					Others under age 16.	Total.	Year of birth.					Others under age 16.	Total.
	1967.	1966.	1965.	1964.	1960-63			1967.	1966.	1965.	1964.	1960-63		
Northern	810	704	51	25	38	—	1,028	—	402	638	90	333	33	1,496
North-Western	1,272	1,576	142	58	25	5	3,078	—	558	1,004	224	457	122	2,365
South-Western	637	1,470	949	208	74	8	3,346	4	315	988	195	313	103	1,918
South-Eastern	1,149	1,272	82	17	39	5	2,555	17	427	928	101	467	94	2,034
Epsom and Ewell	312	428	7	1	5	2	755	—	167	265	16	58	8	514
Essex	319	370	1	1	5	—	696	3	34	52	38	64	—	191
Woking	378	588	116	13	11	2	1,108	—	131	304	49	241	13	738
Total	4,877	6,408	1,348	323	188	22	13,166	24	2,034	4,179	713	1,933	373	9,256

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 vacci- nated.
Northern	1,554	87	1,467	1,467
North-Western	2,124	196	1,928	1,843
South-Western... ..	2,858	99	2,759	2,750
South-Eastern	1,246	61	1,185	1,177
Epsom and Ewell	601	35	566	559
Esher	572	78	494	491
Woking	847	47	800	758
Total	9,802	603	9,199	9,045

Anti-tetanus Vaccination.

During the year 16,735 children under 16 years of age completed a primary course of three injections with either single or combined vaccine and 25,955 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, 1967 :—

	Number of Persons.	
	Completed primary course.	Received reinforcing dose.
Children born 1967	3,686	12
Children born 1966	8,176	830
Children born 1965	1,869	1,402
Children born 1964	763	449
Children and Young Persons born 1960-1963	919	11,047
Others under age 16	433	2,604
Total	15,846	16,344

PORT HEALTH UNIT, GATWICK AIRPORT.

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

Gatwick is regularly served by planes from airports in Europe, North Africa, North America, Canada, the Middle East, Central Africa and South America.

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, 1967, there were 35,264 aircraft arrivals and 35,283 departures—an increase of 4,260 and 4,245 respectively over 1966. These flights involved 1,964,036 passengers compared with 1,632,142 passengers in 1966—an increase of approximately 20 per cent. During this period the Unit examined 416 commonwealth immigrants. Of these 15 were classified as likely to require major medical treatment.

438 aliens were examined and of these, 122 were classified as requiring medical treatment.

304 smallpox vaccinations were carried out and first aid treatment was given to 370 persons during the year.

The Port Health Staff continued to consist of two Medical Officers with six part-time General Practitioners operating a duty rota and six clerk/receptionists.

AMBULANCE SERVICE.

Organisation and Administration.

There were no major changes in the organisation or administration of the Service during the year.

Control and Communication.

The operational control of the Service continues from the temporary accommodation at Banstead despite the difficult working conditions. However, the staff are now able to see work in progress on the new building which undoubtedly improves their morale.

The Control, in addition to its Ambulance Service responsibilities, provide a telephone answering service outside normal hours to other sections of the Health and Welfare Department, i.e., District Nurses in the Epsom and Ewell area and the Mental Welfare officers throughout the County. They are also responsible for maintaining a register of notifications received under The Construction (Health and Welfare) Regulations, 1966, Regulation 8. Under this Regulation builders or contractors are required to notify the Local Health Authority if they employ at any one time more than 25 personnel, in which case the Ambulance Service must be satisfied that proper arrangements are available for calling an ambulance in an emergency or if communications are not practicable a suitable vehicle capable of carrying a stretcher is available. During the year we received 19 such notifications.

Premises.

No new premises were completed during the year. Work on the Banstead Headquarters, Leatherhead and Warlingham Ambulance Stations is expected to be completed during 1968.

Work of the Service.

The work of the Service continued to expand by

*Emergency Calls	...	...	...	2 per cent.
General Calls	...	...	...	2.4 per cent.

* These are 999 calls received direct from members of the public or the Police.

In addition to 999 calls from the Police and general public there are a considerable number of urgent calls from hospitals and doctors which must be given the same priority.

It is with credit to all operational personnel that I am able to report there is a further improvement in the time taken to deal with emergency calls despite increased pressure of work and more difficult road conditions. Time taken from receipt of calls to arrival at incidents averaged 6.1 minutes compared with 6.3 in 1966.

During the year the Service attended full emergency stand by at Gatwick on 27 occasions (21 in 1966) and were alerted for London Airport (Heathrow) on 56 occasions. The Ambulance Service major incident procedure was put into operation on 25 occasions. It was, however, found that in all cases the normal initial attendance of six or less ambulances could deal with the incident. I would like to record my appreciation of the Hospital Services, Doctors, Police and Fire Brigade for their continued co-operation essential to the efficiency of these Services.

The Service continues to make use of railway facilities and, when economical, air transport, and during the year 498 patients were conveyed 48,191 miles by rail and 5 patients 1,850 miles by air.

It is interesting to note that in addition to the first aid given to casualties, resuscitation in various forms was administered on 143 occasions, being completely successful 38 times. The County Council awarded a Certificate of Merit to two personnel, Assistant Superintendent Bastone and Leading Driver Smith, for the recovery of a child from Earlswood Lakes and their efforts at resuscitation.

Personnel.

During the year the establishment of driver/attendants was increased by 1.2 per cent. There was no increase in Control or administrative staff. The full establishment was never reached during the year and the under-establishment was 9 per cent reducing to 6 per cent.

Safe Driving Competition.

304 drivers were entered for the competition organised by the Royal Society for the Prevention of Accidents, 50 were disqualified and 47 were ineligible for awards because of sickness, changes of duty, resignation, etc. 207 received awards as follows:—

4 Bars to 15 year brooches.
1 15 year brooch.
24 11-14 years oak leaf bars to 10 year medals.
6 10 year medals.
32 6-9 year bars to 5 year medals.
8 5 year medals.
132 Diplomas 1-4 years.

Hospital Car Service.

The directly administered Hospital Car Service continues to play an important part in the conveyance of patients. These private car drivers volunteer their services and receive a nominal mileage rate to cover their expenses. During the year this Service conveyed 146,510 patients, 1,476,328 miles.

Handicapped Persons.

The Service continued to operate five specially designed vehicles on behalf of the County Welfare Committee and during the year 15,482 patients were transported 61,066 miles.

Training.

Because of the continuing difficulty in recruiting suitable ambulance driver/attendants the resources of the Ambulance Training School at Banstead continue to concentrate on induction courses and it was not possible to hold any refresher courses for experienced personnel. During the year 15 courses of two weeks and one course of three weeks were held and 78 recruits received their initial training. As was anticipated in the 1966 report this authority was invited by the Ministry of Health to organise experimental six week training courses with a view ultimately to setting up a Regional Ambulance Training School. The first such course, which was residential, was undertaken in October/November, 1967, when four Surrey recruits and twelve trainees from other Ambulance Services attended. The course extended over the full range of ambulance work including night and day exercises and was visited by officers of the Ministry of Health for a day of tests, inspection and discussion. Further similar courses are planned.

In addition to duties directly related to ambulance staff, officers of the Training Section continue to give instruction to young people and various voluntary associations in connection with the Duke of Edinburgh Award Scheme, first aid, oral resuscitation and other specialities. In all 25 visits were paid and approximately 400 people received instruction.

A team was again entered for the Regional Competition organised by the National Association of Ambulance Officers and held at Battersea Park on the 24th June.

Civil Defence.

As a consequence of the Civil Defence (Casualty) Regulations, 1967, arrangements were put in hand during the year for the running down of the Civil Defence Ambulance and First Aid Section and for planning to put into operation with effect from 1st September, 1967, the newly formed Ambulance Reserve as a means of augmenting the peacetime Ambulance Service in the event of war. Preliminary arrangements were in hand at the end of the year but detailed planning and recruitment had not commenced before the Government's decision to put Civil Defence on a "Care and Maintenance" basis was received.

Home Nursing and First Aid

The interest of the general public in these courses of instruction on Care in the Home continued during the year and 620 people attended 40 courses. Progress was made in the inclusion of this type of training in Evening Institute programmes but this training was also affected shortly after the end of the year by the Government's decision on Civil Defence.

WORK CARRIED OUT BY THE AMBULANCE SERVICE DURING 1967.

EMERGENCY.				MATERNITY.			
Accident.		Illness.		False Alarms.		Totals.	
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
9,860	81,406	3,414	30,871	14,202	126,479	2,776	37,150

GENERAL.

Hospital.		Out-Patient.		Infectious Diseases.		Private.		Non-Patient.		Totals.	
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Misc. Miles.	Abortive Miles.	Patients.	Miles.
45,470	588,991	367,030	2,680,469	404	7,203	494	3,433	71,308	21,612	413,398	3,373,076

DIVISION OF WORK BETWEEN THE COUNTY'S DIRECT SERVICE AND VOLUNTARY ORGANISATIONS DURING 1967.

County Service.		VOLUNTARY ORGANISATIONS.				Hospital Car Service.	
		S.J.A.B.		B.R.C.S.			
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
274,872	1,971,670	1,815	31,605	6,251	57,201	146,510	1,476,328

GRAND TOTALS.

Patients.	Miles.
429,448	3,536,705

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 was undertaken by 39 health visitors and 1 part-time tuberculosis visitor. Of the 39 health visitors, there were 11 employed wholly on tuberculosis duties (10 full time and 1 part time) and 28 general health visitors who spent part of their time visiting the tuberculous. Some of the general health visitors were attached to general practitioners. During 1967 these health visitors paid a total of 4,948 visits to tuberculous households and attended 1,263 chest clinic sessions. 995 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 79).

B.C.G. Vaccination.

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

During 1967 the Chest Physicians carried out about 600 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 40.)

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 18), 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 Assistant 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 155 (168 the previous year).

Care Committees for Tuberculosis and Chest Diseases.

The voluntary Care Committees continued to give excellent service to patients attending the chest clinics. A new Care Committee for the Urban District of Banstead was formed during the year, making a total of fourteen for the whole County. 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 £4,359 by their own efforts, and received £1,087 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 £4,777 covered a wide range of items to meet individual needs, but the main items were food (£1,420), clothing, bedding and household items (£644), rehabilitation (£60), holidays (£986) and fares, outings and Christmas gifts (£600).

The Standing Conference of Surrey Care Committees for Tuberculosis and Chest Diseases which co-ordinates the work of the fourteen 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 fourteen 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, loans and grants where substantial amounts are required for resettlement after treatment (£707), and summer holidays for families at the country and seaside (£1,094).

The beach chalets which were hired by the Conference provided a fortnight's holiday each for some 15 Surrey families comprising approximately 27 adults and 35 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 49 Surrey children who attended.

REHABILITATION AND COLONISATION.

During 1967 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 Waddon and Egham.

Occupational Therapy.

The establishment of the Occupational Therapy Unit on 31st December consisted of 1 Head Occupational Therapist, and a Deputy Head Occupational Therapist, 9 Assistant Occupational Therapists, 1 Senior Technical Instructor, 1 Workshop Supervisor, 10 Technical Instructors, 1 Handyman, 1 Supplies and Marketing Officer, 1 Senior Clerical Assistant, 2½ Clerk/Storekeepers, 1 Telephonist/Clerk, 1 Caretaker/Groundsman. Students have attended for practical experience during the year.

At the Headquarters of the Unit adaptations were commenced in December to provide a thirty place work centre.

Occupational Therapists visit handicapped persons in their own homes and also hold handicraft classes for these patients in fourteen centres throughout the County at Camberley, Dorking, Esher, Ewell, Godalming, Guildford, Leatherhead (2), Ottershaw, Redhill, Staines, Walton-on-Thames, Warmingham and Woking.

A scheme is also operated in co-operation with the Surrey Association for the Elderly to provide occupational therapy for elderly persons. The service is provided by visiting old people in their own homes and by holding classes at existing day centres and clubs for the elderly. During the year regular classes were held in Addlestone, Caterham, Epsom, Godstone, Hersham, Reigate, Staines, Shepperton, Whiteley Village, Woking and Womersley.

The first craft training course for voluntary workers with the elderly was held at Rentwood in Fetcham, the headquarters of the Occupational Therapy Unit. This was of 7 weeks duration in Toymaking and Basketry. Further courses are planned and it is anticipated that persons attaining a specified standard will assist, and in some cases take over the craft instruction at suitable classes for the elderly, thus relieving the Occupational Therapists for further expansion of the service. In this and all aspects of work with the elderly, tribute must again be paid for the co-operation and help given by the Surrey Association for the Elderly.

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 in persons' homes. The travelling expenses and the cost of material of this valuable service are met by the Standing Conference.

On 31st March The Surrey Voluntary Association for the Blind relinquished control of consumable craft materials used by the blind, and from this date the Home Teachers for the Blind and individual blind persons obtain materials from occupational therapy stores at Rentwood.

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 aids.

The number of persons recommended for aids during the year was 2,508 involving 4,845 aids as compared with 1,539 persons and 3,104 aids in 1966.

Progress has been made in the provision of remunerative occupations. Printing, Chair Caning, and a shuttle repair service for Badminton Clubs are rapidly expanding. Two Technical Instructors were appointed during the year to provide factory outwork. Handicapped persons are engaged in producing aids such as fracture boards, bed blocks, dressing and eating aids, etc.

The Scheme for buying in of completed articles is 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 the sales result was very satisfactory. Horticultural shows and firms were visited and in every case the co-operation given was excellent.

In conjunction with the Voluntary Association for Surrey Disabled a complete display of occupational therapy was staged in Woking during "Help the Disabled Week" showing an extensive range of aids, craftwork and remunerative occupations. The Exhibition was staffed throughout the week for advice and demonstration purposes. The attendance by both general public and professional workers was excellent.

The Voluntary Association for Surrey Disabled has again given considerable help during the year, both to individual Handicapped Persons and in the organisation of classes—particularly during the formation of new classes.

During the year 24 chest patients, 209 other handicapped and 41 elderly persons were registered for occupational therapy. The standard of work generally is of a high order and overall development very satisfactory.

The table below shows the number of persons receiving occupational therapy on 31st December, 1967.

Category.	Domiciliary.	Classes.	Postal.	Total.
Chest	60	8	6	74
Other handicapped	286	248	22	556
Elderly	24	160	2	186
Total	370	416	30	816

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 1967 the Surrey Mass Radiography Service X-rayed 143,747 persons. These examinations were carried out by two separate services as follows :—

General Practitioner Chest X-Ray Service (people referred by their own doctors)	17,214
Normal Mass Radiography Service	126,533

The Medical Director reports that fewer cases of tuberculosis were diagnosed in 1967 (124) than in 1966 (133) but more infectious disease was found—1967, 33 cases—1966, 25 cases. The total number of cases of lung cancer found is less than in the previous two years but the incidence rate has not altered appreciably in the last five years.

Dr. Walters states that by the end of January 1967, 100,000 people had been referred by their own doctors for examination and 8 per cent of these patients had abnormal chest x-rays. The results of these examinations have been analysed and a brief summary of the findings is given below :—

Tuberculosis.

Active disease requiring treatment	268
Incidence rate	2.7 per 1,000

Primary Lung Cancer.

No. of cases	590
Incidence rate in males over 45 years of age	19 per 1,000
Incidence rate in females over 45 years of age	4 per 1,000

Acute Lower Respiratory Tract Infections.

No. of cases	5,671
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Cardio-Vascular Abnormalities.

No. of cases	577
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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 ...	8,816	8,398	17,214	27	3.1	9	1.1	36	2.1

Normal Mass Radiography Service.

General Public attending open sessions ...	16,540	23,370	39,910	10	0.6	9	0.4	19	0.5
General Public attending regular weekly sites ...	9,273	11,901	21,174	13	1.4	14	1.2	27	1.3
Industrial Groups ...	37,400	20,517	57,917	28	0.8	8	0.4	36	0.6
School Children ...	952	292	1,244	—	—	—	—	—	—
Mental Hospitals and Institutions	1,000	680	1,680	1	1.0	1	1.5	2	1.2
Contacts at work ...	742	746	1,488	—	—	—	—	—	—
Referred by Medical Officers of Health ...	798	2,322	3,120	1	1.3	3	1.3	4	1.3
Totals ...	66,705	59,828	126,533	53	0.8	35	0.6	88	0.7

Abnormal Findings.

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	Male.	Female.	Total.	Male.	Female.	Total.
Pulmonary Tuberculosis ...	71	27	98	88	55	143
Non-Tuberculous conditions ...	689	478	1,167	434	352	786

STATISTICS FOR LAST THREE YEARS.

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	1965	1966	1967	1965	1966	1967
Total number X-rayed ...	15,221	16,931	17,214	120,703	115,457	126,533
Significant Pulmonary Tuberculosis*	38	45	36	99	88	88
Primary Lung Cancer in men aged 45 and over ...	66	83	73	59	41	44
Incidence rate per 1,000 examinations ...	16.8	17.9	17.1	2.5	2.0	1.8
Primary Lung Cancer in women aged 45 and over ...	16	20	14	14	15	16
Incidence rate per 1,000 examinations ...	5.1	5.6	3.5	0.7	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 the Report for the year 1965.

Particulars of the cases dealt with during the year ended 31st December, 1967, 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	28	44	156	228
Lengths of stay : 1 week	1	1	7	9
2 weeks	25	41	144	210
3 weeks	2	2	5	9
4 weeks	—	—	—	—
over 4 weeks	—	—	—	—

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 40.

The extent of the loans of nursing equipment during the year ended 31st December, 1967, was as follows :—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	13	Bed cradles	508
„ bellows	4	Crutches	184
„ rings	484	Douche cans... ..	3
Bed rests	612	Feeding cups	82
„ pans	737	Inhalers	10
„ tables	97	Mackintosh sheets	514
Invalid chairs	919	Steam kettles	5
Commodore	968	Urinals	382

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 :—

1967.	Guildford Clinic.	Redhill Clinic.	Woking Clinic.	Other Clinics.	Total.
New Cases (Surrey).					
Syphilis	1 (1)	1 (—)	2 (—)	21 (26)	25 (27)
Gonorrhoea	41 (46)	7 (5)	8 (7)	175 (247)	231 (305)
Other conditions	305 (277)	37 (54)	136 (52)	799 (1,299)	1,277 (1,682)
Totals	347 (324)	45 (59)	146 (59)	999 (1,415)	1,533 (2,014)

The figures in brackets relate to the year 1966.

Health Education.

It has been emphasized repeatedly that all who are concerned with education at all levels, or with the promotion of health and the control and cure of disease, can contribute to health education. The day-to-day advice on physical or mental health provided by the medical, dental, nursing and social welfare staff of the department continued to provide a firm basis for health education. Most of this work is unobtrusive and its praises unsung but the countless hours of individual guidance and counselling are of basic importance to the health of the community.

Increasingly, however, the use of group work based on discussion methods is being used to reinforce individual teaching, to enlarge the influence of the staff and to harness the effect of group influence in the field of human behaviour in matters of health and welfare. Moreover, as no subject is teachable by a single lesson, courses or linked lessons are becoming an increasing feature. The work with schools is described later in the Report. A list of topics dealt with in other community groups illustrates the extent of this work beyond this age range: maternal and child care, nutrition, foot health, use of leisure, accident prevention, social and health aspects of life in other lands, drug dependence, the work of the health and welfare services, smoking and health, venereal diseases, home nursing and first aid, infectious diseases, family planning, cervical cytology and dental health.

To sustain and strengthen the work a wide programme of training courses was conducted where consideration of health education is a main or contributory interest. Thus, health visitors, district nurses and midwives, heads and deputy heads of schools, doctors, public health inspectors, home helps, child minders and leaders of pre-school play groups were all involved. Two ventures of special interest were the lectures to ambulance personnel in the new Regional Ambulance Training School situated at Banstead and the one-day conferences on Health Education in Rural Communities provided for the members and staff of County district councils.

Six district councils were represented at the Ewell conference and nine district councils at a centre in Guildford. The programme comprised illustrated lectures on the principles and practice of health education with particular reference to the rural environment. Twenty-five councillors, four medical officers of health, five public health inspectors and two other staff attended. The chairmen of Guildford R.D.C. and Dorking and Horley R.D.C. presided. Extended educational visits to the department were paid by a Senior Medical Officer studying for the Diploma in Public Health and also graduates and undergraduates of the Universities of London, Manchester and Oxford.

The campaign to reduce the number of accidental poisonings referred to in my previous Report was completed by the mounting of a large exhibition entitled "Medicines—with Care" at the Chertsey U.D. Council Offices. The exhibition, staffed by local pharmacists, was open for one week and attended by representatives of local organisations, the schools and the general public. Public exhibitions extending over several weeks were mounted also on food hygiene and home safety, while smaller displays were provided for health clinics on accident prevention, hypothermia, smoking, dental health, foot health, use of reins, play material, personal hygiene, cervical cytology and nutrition.

Special campaigns have been carried out in the following fields:—

Mental Health.

The growing awareness of the need to involve the whole community in the care of the mentally disordered was the basis of the second mental health week supported by the Council's Mental Health Services. The theme: "Mental Health—work to be done" was portrayed to stimulate interest in mental health careers, to increase recruitment and to encourage voluntary work in the mental health field. Area offices, training and day centres were open to the public and exhibitions of work, displays of photographs and other information were made available in the centres. Posters, leaflets and other information were distributed to libraries, schools and other buildings. Film shows were a feature of the work during the day and at evening functions. A special booklet entitled "Careers in Community Care" was issued for the occasion while several of the centres published their own handbooks. The response from the general public was not good but those who attended were impressed by the quality of the handwork and hobbies and showed great interest in the education of the mentally handicapped. Preparations were put in hand for the holding of a third mental health week on research, education, prevention, treatment and care.

Dental Health.

In addition to the work in schools detailed later in my Report the County dental hygienist continued to provide a lecture service for other community groups. Valuable work was also carried out in this field by dental officers, health visitors and health education officers. The main emphasis this year, however, was given to encouraging mothers of three-year-old children to bring them to see the dentist. In this way it was felt that not only would an inspection ensure the dental health of the young child, but also that the child would get used to visiting the dentist without fear. The opportunity would also be taken to carry out chair-side dental health education. To this end some 20,000 third-year birthday cards were designed and printed in three colours by the patients at the County Occupational Therapy Unit. The greeting card, containing the words: "Now that you are three please go to see your local family dentist or your local clinic dentist" was distributed by health visitors as near as possible to every child's third birthday. In one area this was reinforced by having a dental officer present at child health clinics so that mothers could present their youngsters for inspection and advice. The use of films and enlarged models at these sessions gave impact to this aspect of dental health education.

Smoking and Health.

Lectures, films, posters and other information continued to be made available to a wide public. Following the statement by the Minister of Health in January instructions were given to exhibit "No Smoking" notices in all clinics and similar establishments. Co-operation was secured in displaying a new poster used in conjunction with the national 16-sheet advertising campaign during the period September to December. Three further group therapy sessions were held at Esher, Epsom and Reigate where some 200 people attended the five-day plan to stop smoking described in my previous Report. Arrangements were put in hand to follow up the successful short-term results by an assessment twelve months later.

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 7.5 to 9.5 during the year.

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	...	...	...	...	...	3,590	(4,389)*
Number of treatments given	...	...	...	...	...	15,922	(16,594)*

Direct Service—

Number of elderly persons treated	...	...	...	...	...	9,263	(8,201)
Number of expectant mothers treated	...	...	...	...	...	15	(17)
Number of handicapped persons treated	...	...	...	...	...	138	(171)
Number of registered or partially sighted treated	...	...	...	...	...	110	(120)
Number of school children treated	...	...	...	...	...	—	(26)†
Total number of treatments given by private chiropodists	...	...	...	...	...	35,852	(33,382)
Total number of treatments given by County Council chiropodists	15,096	(11,781)

Total number of treatments under direct service	50,948	(45,163)
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* Includes surgery and domiciliary treatments for a period of seven months until these were transferred to the Direct Service on 1st August, 1966.

† Staines and Sunbury area only—continuation of cases under ex-Middlesex scheme.

(The figures in brackets relate to the year 1966.)

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, 1968, was 276. The average number of equivalent full-time helps employed weekly throughout the calendar year was 250.1. In addition, the equivalent of 34.0 full time helps per week were employed under the Neighbourly Help Scheme.

Supervision.

During the year the Home Help Supervisors paid 3,919 first visits, 9,903 revisits and 4,757 miscellaneous visits, a total of 18,579.

The Scope of the Scheme.

The total number of cases assisted by Home Helps and Neighbourly Helps during 1967 was 5,079.

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 1967.	Hours of service given during 1967.	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	901 (19.1%)	33,096 (7.8%)	36	16.8	2.2	38 (2.0%)
Acute	811 (17.1%)	24,760 (5.6%)	30	5.7	5.3	84 (4.6%)
Chronic	2,995 (63.3%)	372,352 (85.7%)	157	4.1	30.3	1,717 (92.6%)
Tuberculosis ...	24 (0.5%)	3,782 (0.9%)	157	5.5	28.6	14 (0.8%)
County 1967 ...	4,731 (100%)	433,990 (100%)	91	4.5	20.4	1,853 (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 7,483 hours were so provided.

Neighbourly Help Scheme.

This scheme continues to form a most valuable supplement to the home help service. During 1967, 348 cases received the services of a neighbourly help at a total cost of £17,765 for the year which is equivalent to 34.0 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 1967, 11 cases were given an "initial cleaning up," and in 30 cases a continuing payment of 6d. per hour was given where conditions were below normal standard.

Division/Delegated Area	Population mid-1967.	Acreage.	Average equivalent F/T Helps employed weekly during 1967.	Total number of cases helped during the year.				Percentage of Home Helps' time spent on.				
				Maternity.	Acute.	Chronic.	T.B.	Total.	Service to patients.	Travelling Time.	Sickness.	Holidays.
Northern	94,510	—	33.3	100	82	412	1	595	82.4	4.9	5.3	7.4
North-Western	197,287	—	47.4	167	81	490	2	740	84.5	5.9	3.4	6.2
South-Western	242,057	—	61.2	174	223	603	9	1,009	85.0	5.2	3.7	6.1
South-Eastern	237,936	—	55.5	214	199	729	3	1,145	85.8	4.8	2.9	6.5
Epsom and Ewell M.B. ...	72,320	—	18.7	99	73	344	3	519	83.1	9.0	1.4	6.5
Esher U.D.	62,980	—	10.3	60	83	173	3	319	86.1	4.9	3.5	5.5
Woking U.D.	78,840	—	23.7	87	70	244	3	404	79.4	4.3	10.2	6.1
County	985,930	—	250.1	901 19.1%	811 17.1%	2,995 63.3%	24 0.5%	4,731 100%	84.1	5.3	4.2	6.4

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 Wonerish 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 1967, claims for reimbursement were received from the Farnham Women's Voluntary Services and the Borough of Reigate Old People's Welfare Committee. No claims were received from the Wonerish Old People's Welfare Committee or the Guildford Old People's Welfare Committee.

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 adaptations to the Pond Meadow Training School, Guildford, were completed providing additional accommodation for nursery and special care children. An extension to the former clinic premises at 44, Waterloo Road, Epsom, enabled the establishment of the first of the County Day Centres for the mentally ill. A second Day Centre has been opened at Woking for 2 days per week, and a suitable property is being sought to develop this into a whole-time centre. Adaptation and modernisation works were commenced at the hostel for subnormal children, Sendhurst Grange, to provide an oil-fired heating and hot water system, a modernised kitchen department and improved accommodation both for children and staff and should be completed in the early months of 1968.

A full list of capital building projects started during the year or projected in the years 1968-69 are set out in the list under the heading Capital Building Programme on page 16.

The search for suitable sites for mental health projects continues and it is hoped that the future will see more success due to the growing public acceptance of the problem of caring for the mentally disordered in the community.

Residential Care.

Apart from their one hostel for subnormal children the County Council continue to accept responsibility for patients in homes or hostels provided by voluntary organisations and other local authorities. The upward trend continues as the emphasis moves from hospital care to community care. Negotiations are in progress for the first Council hostel for the mentally ill, "Woodbury," Surbiton, for 20 patients. This hostel will have a special link with local hospitals and with the Industrial Therapy Organisation.

Training Centres.

During the year the junior and adult departments were re-organised as separate establishments and their descriptions together with those of the staff changed as follows:—

<i>Old Description.</i>	<i>New Description.</i>
Junior Training Centre.	Special Training School.
Supervisor.	Head Teacher.
Senior Assistant Supervisor.	Deputy Head Teacher (new post).
Assistant Supervisor.	Assistant Teacher.
Adult Training Centre.	Technical Training Centre.
Supervisor/Senior Workshop Supervisor.	Manager.
—	Deputy Manager (new post).
Workshop Supervisor.	No change.

This is in accordance with current trends to bring the junior training centres nearer to the daily life of a normal school child, and the Adult Centres in line with industry.

The nursery classes mentioned in the 1966 report continue to be of great value and the County have been fortunate in recruiting admirable staff not only for this work but also for the special care units which cater for trainees with dual handicaps and those with behaviour problems.

With the acceptance of trainees with severe physical handicaps the County Ambulance Service have assisted with special transport and in anticipation of this extended service the Council have approved the purchase of a special vehicle for use in conjunction with services for the physically handicapped.

The technical training centres continue to carry out a variety of tasks of an industrial nature obtained from various manufacturing firms and the monies earned are distributed amongst the trainees on a points earned system according to capabilities, productivity, behaviour, etc.

In addition to their own establishments the County Council continue to send children and adults from the Staines and Sunbury areas to Centres administered by the London Boroughs of Hillingdon and Hounslow but provision for these children has been made in the 1968-69 building programme for the erection of a special training school in the Shepperton area. Children and adults from the London Boroughs of Croydon and Sutton continue to attend Surrey Special Training Schools and Technical Training Centres.

Social Clubs and Day Centres.

During the year one new club for ex-mentally ill persons was opened at Camberley and is run by social workers from the Chertsey Area Mental Health Office. Early in the year the first of the day centres for mentally ill persons was opened in Epsom on a full-time basis together with a part-time one in Woking. The Epsom Centre provides for group discussions led by a hospital consultant on one day per week and by the Council's Senior Medical Officer for Mental Health on another day per week.

The following are the clubs and day centres, some run entirely by the County Council's officers and others by voluntary societies to which the County Council contribute towards the running costs:—

<i>Club or Centre.</i>	<i>Organisation.</i>	<i>Type of Patient.</i>
Day Centre, 44, Waterloo Road, Epsom	Surrey County Council	Mentally ill.
Day Centre, Mount Hermon Road, Woking	Surrey County Council	Mentally ill.
Handshake Club, 44, Waterloo Road, Epsom	Epsom League of Friends for Mental Health	Ex-mentally ill and sub-normal.
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.
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.
Congregational Church Hall, Camberley	Surrey County Council	Ex-mentally ill persons.

The role of the voluntary society is of considerable support to patients and to the County services in this field.

Holiday Homes for Mentally Handicapped Children and Adults.

The Council continued their practice of arranging for groups of children and adults to enjoy organised holidays at camps or homes during the summer.

39 Surrey children and 73 adults benefited from these holidays during 1967, 38 being accommodated at Dymchurch, 15 at Weston-super-Mare, 39 at Winterton-on-Sea, Norfolk, and 20 at Bognor. In addition 5 adults from Staines and Sunbury attended a holiday at Dymchurch organised by the London Borough of Hillingdon.

Staff Recruitment and Training.

MENTAL WELFARE OFFICERS.

During the year three Mental Welfare Officers attended full-time courses for Certificates in Social Work—two completing their studies in 1968 and one in 1969. The County Council also sponsored one other officer on a part-time course to complete preparation for a Diploma in Social Studies. The necessity for fully qualified social workers becomes more apparent as the needs of the community grow but there is a national shortage of places on courses for recognised qualifications with a subsequent dearth of qualified officers to fill vacancies. However, the proportion of qualified staff is steadily growing and any suitable trainees recruited, after a period of in-service training, will be encouraged to take courses with sponsorship by the Council. Towards the end of the year an intensive development programme of in-service training was planned and lectures and discussions commenced. This programme, envisaged in three consecutive series of lectures, one designed for new entrants, one for existing staff having experience in the mental health field, and one for senior mental health officers, is intended not only to bridge the gap between entry into the County service and entry into college but to keep all officers in touch with modern techniques in the field of psychiatry and social work.

Staffs of Special Training Schools and Technical Training Centres.

During the year two trainee assistant teachers gained their certificates as Teachers of the Mentally Handicapped whilst two trainee assistant teachers and two unqualified assistant teachers commenced courses for this certificate. One Workshop Supervisor was sponsored on a course leading to the Certificate for Teachers of Subnormal Adults.

Mental Nursing Homes.

The three mental nursing homes listed in the annual report for 1965 continue to function but the one home first registered in 1966 closed during the year.

Homes for the Mentally Disordered.

No new homes were registered during the year. One home closed during the year leaving four in operation.

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

The Council's mental health staff continue to maintain excellent contact with general practitioners and full co-operation with the hospital psychiatric social workers, and the County's mental welfare officers attend psychiatric out-patient clinics and also conferences at the hospitals on patients prior to their discharge.

Approval of Medical Practitioners.

Eight 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 9 during 1966.

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 95 doctors were listed as approved by the County Council.

Number of Persons under Local Health Authority care at 31st December, 1967.

	Mentally Ill.				Elderly Mentally Infirm.		Psychopathic.				Subnormal.				Severely Subnormal.				Total.
	Under age 16		16 and over		M.	F.	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
1	Total number	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2,699
2	Attending day centres/special training schools/technical training centres	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	639
3	Awaiting entry to day centres/special training schools/technical training centres	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	74
4	Receiving home training	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
5	Awaiting home training	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—
6	Resident in L.A. home/hostel	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	23
7	Awaiting residence in L.A. home/hostel	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18
8	Resident at L.A. expense in other homes/hostels	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	81
9	Resident at L.A. expense by boarding out in private household	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	22
10	Attending day hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7
11	Receiving home visits and not included in lines 2-10 :—																		
	(a) Suitable to attend day centre/special training school/technical training centre	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	120
	(b) Others	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1,757

PREVENTION OF AIR POLLUTION.

Clean Air Act, 1956.

SECTIONS 11-15, SMOKE CONTROL AREAS.

Responsibility for the prevention and control of air pollution rests with the County District authorities.

Generally speaking Surrey is favoured as a County where there is very little atmospheric pollution. There are a few isolated cases where industrial chimneys cause local concern but the general levels of pollution are quite low. Certain local authorities have set up monitoring stations which provide continuous sampling of the atmosphere and from which measurements of the presence of smoke and of sulphur dioxide may be taken. Epsom and Ewell is one authority where it was suggested by the Ministry of Housing and Local Government that consideration should be given to the establishment of Smoke Control Areas. However, measurements taken by this authority clearly demonstrate that air pollution here is less than in comparable districts elsewhere. The policy of the Borough Council, in encouraging the conversion of coal-burning appliances rather than the compulsory introduction of Smoke Control, has thus been vindicated and current records show that a steady improvement has been effected and is being maintained. Epsom and Ewell has little industry and it is of interest to record that the majority of this has now been grouped on the Longmead Industrial Estate, where all factories are smokeless. Similar circumstances apply in the Chertsey Urban Area where measurements also show a satisfactorily low level of pollution and this is improving, especially with the requirement, in the Building Regulations, that the many new dwellings being erected in the district must have modern, smoke free, heating installations, and no further action is considered to be necessary.

In the Staines Urban District the Ninth Smoke Control Order was made in 1967 (and subsequently confirmed by the Minister). When this Order comes into operation approximately three-quarters of the dwellings in the Urban District will be covered by Smoke Control Orders and it is confidently expected that the whole programme will be completed by 1970.

At Guildford the pilot scheme, mentioned last year, for a Smoke Control Area, to include 750 houses in a densely populated central area, was again deferred on account of the national economic situation. Woking have also considered the question of establishing a Smoke Control Area programme and have agreed in principle to a start being made with a pilot scheme involving about 500 houses. Implementation of this has been held up by shortage of staff and economic considerations but it is hoped to push 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 1967 and reported to the Highways and Bridges Committee by the County Engineer, supported by the observations of the County Medical Officer :—

Authority.	Scheme.	Estimated Cost.
Dorking and Horley R.D.C. ...	Main Drainage—Holmwood, Newdigate and Leigh	£ 550,000
Dorking and Horley R.D.C. ...	Main Drainage—Abinger Dene ...	19,000
Hambleton R.D.C.	Main Drainage—Snowdenham Lane, Bramley	37,949
Hambleton R.D.C.	Sewerage—Winkworth Hall, Hascombe—Extension	1,703
Godstone R.D.C.	Sewerage — Fickleshole, Chelsham — Extension	10,000
Dorking and Horley R.D.C. ...	Holmbury St. Mary—Main Water Supply	8,145

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

Wherever the density of dwellings in an area warrants it the Rural District Councils have carefully prepared schemes in preparation for bringing modern standards of water supply and sewage disposal to those isolated rural communities at present lacking them. Whilst most recently erected dwellings have relatively satisfactory provision, many of the older properties have only primitive facilities. Modernisation and new building works are often held up because of fears of overloading existing services. However, the ever increasing cost of extending water supplies and sewers, often across difficult terrain, to scattered groups of buildings, tends to daunt even the most enthusiastic Councils.

REFUSE DISPOSAL.

At the beginning of the year consents were in force in respect of 37 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 generally uniform in nature, are varied to suit each particular location and type of operation.

Two tips were completed leaving a total of 41 tips in operation, and subject to consents, at the close of the year.

Close liaison is maintained with the District Councils in whose areas the tips are situated and the approval of both authorities is necessary for these tipping operations. The tips are regularly inspected by the officers of both the County and District authorities and a reasonable standard of control is achieved. With operations of this nature untoward incidents seem bound to occur but the operators usually respond quickly to remedy matters brought to their attention. In only one case was it necessary to cancel a consent, granted some years ago, for the tipping of household refuse. This was a commercially operated tip and one which had proved unsatisfactory over a period of several months. Tipping has now been resumed but inert and inoffensive materials only are allowed under the terms of the new consent.

No consent is necessary under the provisions of the Surrey County Council Act, 1931, where the refuse being tipped on a site comes only from within the boundaries of the local district authority.

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 continues to be ten.

Under the Regulations every dealer's licence granted (unless suspended or revoked) on or before 31st December, 1970, will remain in force until that date, thereafter licences are renewable for a further five-year period.

Sixty-one new applications for different types of pre-packed milk licences were received and approved during the year. In addition, twenty requests were received for licences of a particular designation to be transferred to a new licensee. Twelve different types of pre-packed milk licences were relinquished during the year. No applications were received during the year to operate sterilising or pasteurising establishments and the number of pasteurising establishments operating, therefore, at the end of 1967 was two.

It is interesting to note that of the sixty-one new applications for different types of pre-packed milk, twenty-one were in respect of the designation "Ultra Heat Treated." Regulations to facilitate the sale of this milk treated by the Ultra-High temperature process did not come into operation until 1st October, 1965. The number of licences in force in respect of this milk at 31st December, 1966, was twenty-eight. As expected, the public demand for milk with this designation appears to be increasing.

The following table shows the number of different types of dealers' licences which were still in force on the 31st December, 1967 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, 1967.</i>
Dealers' (Pasteurisers') Licences	2
Dealers' (Untreated) Licences	3
Dealers' (Pre-packed Milk) Licences (Pasteurised)	187
Dealers' (Pre-packed Milk) Licences (Sterilised)	93
Dealers' (Pre-packed Milk) Licences (Ultra-Heat Treated)	49
Dealers' (Pre-packed Milk) Licences (Untreated)	59
	<hr/>
	393
	<hr/>

The results of sampling in 1967 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	629	92	20	115
Failed phosphatase test	2	—	—	—
Failed methylene blue test	15	—	—	7
Failed turbidity test	—	—	—	—
Failed colony count test	—	—	—	—

The total number of samples taken (856) is 37 less than in 1966 when 893 were taken. The total sample failures (24) is 19 less than those occurring in 1966. Of the two phosphatase test failures, one failure was found to be due to faulty procedure at the pasteurising plant and the sequence of operations at the plant was changed to avoid the possibility of any repetition. The cause of the other phosphatase failure could not be ascertained. Four of the methylene blue test failures relating to pasteurised milk involved the same retailer and there was evidence that the failures were caused by delay in delivery. The local Chief Public Health Inspector was asked to ensure that this retailer paid particular attention to speed in delivery in future and subsequent repeat samples proved satisfactory. One other methylene blue test failure was due to a similar cause and action was taken to remedy the delay. In three instances the methylene blue test failures were due to poor stock rotation and the retailers concerned were told to give closer attention to this. The cause of the other seven methylene blue test failures relating to pasteurised milk could not be determined.

As far as Untreated milk was concerned, one of the seven methylene blue test failures was possibly due to the condition of the bottles that were being supplied washed and sealed by the dairy to the producer. This matter was investigated by the Ministry of Agriculture, Fisheries and Food at the request of the producer. Another methylene blue test failure of Untreated milk was also due to delay in delivery and improvements have since been effected. The cause of the other five methylene blue test failures could not be determined.

SAMPLING AT PASTEURISING ESTABLISHMENTS.

							Pasteurised.
Number of milk samples taken	...	...	...	...	...	...	90
Failed phosphatase test	...	...	...	...	...	...	—
Failed methylene blue test	...	...	...	...	...	...	—

Brucella Abortus.

The work of routine sampling of "Untreated" milk for examination to ascertain the presence of *Brucella Abortus* is now well established in the County. Regular samples are procured by the local Public Health Inspectors and these are examined at the Public Health Laboratories at Guildford, Epsom and Brighton, to the Directors of which we are indebted for the following information:—

Raw milk from 62 herds was sampled during 1967 and 632 samples were submitted for examination by the Milk Ring Test. 76 samples gave a positive result. This test, however, is only a "screening" test and does not necessarily mean that infection by *Brucella Abortus* is present. Misleading positives may be produced by cows who have had vaccine injections. As a result of the positive Milk Ring Tests, however, 63 further milk samples were taken, involving 11 different herds. In only one case, after samples had been cultured, did further examination reveal infection by *Brucella Abortus*. This case arose out of a reference from Sussex to the Dorking and Horley Rural District Council concerning the sale of raw cream produced by a farm in Surrey. Although the bulk of the milk from this farm is sent for pasteurisation the cream is not heat treated but sold raw. Sampling at the farm revealed that three cows were infected. The Medical Officer of Health stopped the sale of cream by notice under Regulation 20 of the Milk and Dairies (General) Regulations, 1959. The infected animals were eradicated from the herd by the Ministry of Agriculture, Fisheries and Food. Arrangements are in hand for future supplies of cream to be pasteurised before sale to the public. This incident highlights the position on many farms where, although the bulk of the milk produced is intended for pasteurisation, a small quantity is retained, for domestic use by the farm workers' families, which is not heat treated. In addition there are a few farms which are run by private organisations such as Schools, Convents, etc., where the whole of the milk produced is consumed within the organisation again without heat treatment. These cases are gradually being brought into the sampling scheme and results already indicate that many people who still cling to the idea that "fresh warm milk direct from the cow" is beneficial are now having second thoughts on the subject.

FOOD AND DRUGS ACT, 1955.

I am indebted to the Chief Officer of the Public Control Department for his report on the work of his department in respect of the above Act. Extracts of his report are given below.

General.

The taking of samples for analysis of a wide range of articles checks the standard and quality of food on retail sale in the County Council's Food and Drug area, which covers ten of the twenty-three county districts in Surrey. The estimated population in the area for 1967 was 314,880 and the number of samples to be taken is based on a figure of 3 samples per 1,000 of the population.

In the course of the year under review Sampling Officers took 936 samples for examination by the Public Analyst who, in classifying the samples as either genuine, adulterated or irregular, takes into consideration all relevant Regulations and Orders made under the Food and Drugs Act, 1955. There are now 27 Orders or Regulations defining minimum standards to which a food must comply and 14 Regulations controlling the use of additives in the form of preservatives, emulsifiers or stabilisers, solvents, colouring agents and minerals which may be used in the preparation of food. The samples

taken consisted of 104 varieties of food and 12 drugs and of the 936 samples examined only 28 were found to be unsatisfactory. The percentage (2.99 per cent) compares very favourably with the figures for the previous two years, namely 61 unsatisfactory samples (6.30 per cent) in 1966 and 46 samples (4.58 per cent) in 1965. The following table gives particulars of the samples taken :—

Articles.	Number of Samples Taken.	Results of Analyses.	
		Satisfactory.	Adulterated or Irregular.
Milk, cream and yoghurt	633	625	8
Beer, wines and spirits	25	24	1
Biscuits, bread and cereals	17	15	2
Butter, cheese, cheese spread, cooking oils and margarine... ..	36	36	—
Chicken and chicken liver pâté	4	3	1
Chocolate products, confectionery—flour and sugar	38	34	4
Condiments, pickles and vinegar	10	10	—
Drugs, medicines	12	10	2
Fish, tinned and smoked, fish cakes	12	12	—
Fruit, dried and tinned, nuts, vegetables tinned	27	25	2
Fruit drinks, cordials, juices, coffee and tea	26	26	—
Ice-Cream and iced lollies	6	6	—
Jams, jellies and honey	12	11	1
Meat cooked and prepared, meat minced, meat pasties and pies... ..	57	55	2
Potato crisps and scallops, curry, pies, puddings and soups	15	12	3
Miscellaneous	6	4	2
Totals	936	908	28

Milk.

Of the total of 620 samples examined only seven were found to be unsatisfactory. Three of these samples were not up to the presumptive minimum standard of 3 per cent milk fat and 8.5 per cent solids other than fat as required by the Regulations, and the other four were milk of a special quality namely "Channel Islands" milk in which there must be an absolute minimum standard of 4 per cent milk fat. The deficiency in milk fat in these samples varied from 3 per cent to 8 per cent. In all the cases mentioned the sellers of the milk were notified and warned to take the necessary steps to improve the quality of their product.

During the year 146 samples of milk were tested for the presence of antibiotics and all were found to be satisfactory.

In two cases milk bottles used in the delivery of milk to schools, were the subject of adverse reports. One bottle had a fine deposit of dust adhering to the inside of the bottle but this had not affected the milk in any way. The local health authority was notified. In the other instance the bottle contained a piece of glass which, owing to its shape and size, had probably been deliberately introduced by a mischievous schoolboy.

Sausages.

Although the prescribed standard for the meat content of sausages does not come into force until 31st May, 1969, the 30 samples taken conformed to this standard of 65 per cent and 50 per cent for pork and beef sausages, respectively. Two samples, however, contained a permitted preservative (sulphur dioxide) which was not declared, as is required and the sellers were cautioned.

Pesticide Residues in Foodstuffs.

During the second year of the systematic two-year enquiry being undertaken in England and Wales into the extent of contamination of foodstuffs by toxic chemicals, the County's quota of 30 samples were taken and consisted of the following articles :—

Bread	Fresh Vegetables	Milk	Strawberries
Cheese	Lard	Oatmeal	Tinned Meat
Cornflakes	Margarine	Pears	Tinned Vegetables
Eggs	Meat	Sausages	Tomatoes
Fish			

With one exception, in all samples the biological test was reported to be negative and no organo-phosphorus insecticides were detected. One sample was found to contain less than 0.1 p.p.m. of mercury whilst another contained organo-phosphorous pesticides equivalent to 0.1 p.p.m. elemental phosphorous. In 19 samples minute traces of organo-chlorine insecticides were detected.

WELFARE SERVICES.

Blind Welfare.*Register.*

The number of persons whose names were on the Register of the Blind at the end of 1967 was 1,779 and there were 450 persons whose names were on the Partially-Sighted Register. These registers were made up as follows :—

	Register of the Blind.		
	Male.	Female.	Totals.
*Under 16	15 (12)	9 (12)	24 (24)
16-64	245 (242)	247 (238)	492 (480)
65 and over	364 (353)	899 (859)	1,263 (1,212)
Totals	624 (607)	1,155 (1,109)	1,779 (1,716)
	Register of the Partially Sighted.		
	Male.	Female.	Totals.
*Under 16	22 (19)	17 (13)	39 (32)
16-64	66 (61)	57 (63)	123 (124)
65 and over	72 (53)	216 (202)	288 (255)
Totals	160 (133)	290 (278)	450 (411)

Figures in brackets represent the corresponding numbers last year.

* See also particulars of handicapped pupils on page 77.

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 266 new blind cases were registered together with 110 new registrations of partially-sighted persons.

Staffing.

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.

Clubs and Classes.

Seven 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.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. Of the 6 blind children of under school age 4 remained at home, one was in a Sunshine Home and one was in a mental hospital. Of the 18 blind children of school age, 10 attended schools for the blind, 5 were not at school and 3 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 233 blind persons available for employment 209 were employed and 24 were unemployed.

Workshops for the Blind and Home Workers' Scheme.

There are at present employed in Workshops for the Blind 7 blind persons who are engaged in basket making, brush making and similar occupations. During 1967, agreement was reached by the National Joint Council for Workshops for the Blind under which all payments to workers were to be treated as wages in place of the division of pay into wages and augmentation. The new basis of payment had not been settled by the end of the year.

Capitation fees are 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 these 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 that at Leatherhead, are situated outside the County.

Library Facilities.

Fees were paid by the County Council to the National Library for the Blind in respect of 134 blind persons who are supplied with Braille or Moon Type Books.

Fees were also paid by the Council to the British Talking Book Service in respect of 104 blind or partially-sighted persons who were supplied with talking book machines.

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 also the Senior Social Worker for the Blind.

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 1967.

Staffing.

There is an establishment of 4 Welfare Officers to the Deaf but there was one vacancy during much of the year.

Visiting and Interpreting.

The Welfare Officers give a very wide range of services which include home visiting, giving advice and help with personal problems, assistance in finding suitable employment, acquiring special domestic aids for the deaf and free television sets for necessitous deaf persons from the Royal National Institute for the Deaf Television Fund.

An important part of the Welfare Officers' duties is interpreting for deaf persons in police courts, solicitors' offices, hospitals, doctors' surgeries, offices of the Ministry of Social Security and many other places.

Mental Hospitals.

The Welfare Officers continued to give their services to the deaf in mental hospitals.

Clubs.

Social Clubs for the deaf in Guildford, Redhill and Woking continued to flourish during the year. A new club for deaf persons in the Staines, Ashford, Egham and Sunbury areas was established in Staines and meetings have been well attended.

Children.

Welfare Officers have been able, during 1967, to give their services to a number of deaf children of school age. The parents of deaf children welcome the visits of Welfare Officers who can help with social problems and also the employment prospects of the deaf child. Visits have also been made to special schools for deaf children and to meetings of the Surrey Branch of the National Deaf Children's Society.

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 23 clinics and centres for the elderly during 1967. The Audiology Technician tested the hearing of 2,056 old people of whom 167 were referred for further investigation. Repairs and replacements to hearing aids and exchanges of aids were effected for 716 elderly persons.

Register.

On 31st December, 1967, the register of deaf persons was made up as follows :—

	Under 16.*		16-64.		65 and over.		Totals.
	M.	F.	M.	F.	M.	F.	
Deaf without Speech	23 (5)	10 (4)	50 (47)	58 (52)	9 (8)	10 (6)	160 (122)
Deaf with Speech	35 (4)	17 (2)	145 (144)	107 (105)	18 (16)	27 (25)	349 (296)
Hard of Hearing	2 (2)	1 (—)	37 (45)	95 (92)	21 (15)	78 (77)	234 (231)
Totals	60 (11)	28 (6)	232 (236)	260 (249)	48 (39)	115 (108)	743 (649)

Figures in brackets represent the corresponding numbers last year.

* See also particulars of handicapped pupils on page 77.

Other Handicapped Persons.

The Council's scheme for handicapped persons other than the blind, partially-sighted and deaf, continued to be administered during 1967 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 (one Senior Social Worker and 12½ Social Workers) was up to strength by the middle of the year but the pressure on these field workers intensified during this period. The total number of cases on the register increased by 423 during the year despite the removal of 503 cases by death and transfer out of the County.

The Social Workers made a great effort to visit the many cases not already seen by them and at the end of the year the number of patients remaining unknown to Social Workers was 448 as compared with 912 at the close of 1966.

It is interesting to note that of the 2,730 handicapped persons who were seen by Social Workers for the Handicapped or Welfare Assistants during the year, it is considered that 2,022 were receiving sufficient attention and that 708 could have benefited from further visits. It was impossible to increase the visiting service and consequently it was decided to request an increase in the establishment of Social Workers and Welfare Assistants for 1968-69.

Aids and Equipment and Adaptations.

The Council have available a very wide range of aids and equipment designed to help handicapped persons when walking, at their toilet, washing and bathing, dressing, eating and catering, in bed and in other circumstances. The aids are supplied free on permanent loan if the total cost is £10 or less, unless the patient wishes to buy. If the cost exceeds £10 the patient must either pay or give a statement of his financial circumstances so that it may be decided whether he should make any contribution towards the expenditure.

Adaptations to homes range from small alterations such as the provision of a fixed ramp, repositioning an electric switch, lowering a sink, widening a passage or doorway to larger additions to or conversions of property. This latter category includes the provision of ground floor W.C.s, bathrooms and bedrooms, the installation of shower units, baths and washbasins, the fitting of stair-lifts and the construction of run-ins to garages for cars and invalid tricycles.

Applicants for assistance towards the cost of adaptations to their homes are required to give statements of their financial circumstances and where the alterations constitute an improvement to the property, the patient, if he is the owner, must give an undertaking that should he dispose of his house within a specified period, the value of the improvements shall be repaid to the Council. Where the property is owned by a Housing Authority the latter is expected, where possible, to allocate the house to another handicapped person when the tenancy changes.

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

	No. of applications approved and dealt with.		
	1965	1966	1967
Aids and Equipment	638	1,065	1,753
Adaptations costing under £25	11	9	11
Adaptations costing £25-£100	14	18	29
Adaptations costing over £100	7	10	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 1967, 29 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 1967 it was estimated that about 300 severely disabled persons were being transported by the ambulance service to 31 clubs and classes, mainly at weekly intervals. A further 80 were taken by contractors hired by the Council, and about 450 less severely disabled were conveyed by voluntary drivers. About 100 travelled by other means including their own transport. The pressure on the transport facilities continues to increase and the Council have approved the purchase of three additional ambulances during 1968. When these vehicles have been delivered the fleet will consist of:—

- 7 Special Ambulances.
- 1 Sitting Case Vehicle.
- 1 Special Coach.

During 1967 a further 93 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 1967 was 38.

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.

Register.

On 31st December, 1967, the register of "Other Handicapped" persons was made up as follows:—

			<i>Male.</i>		<i>Female.</i>		<i>Totals.</i>	
*Under 16	...	...	60	(29)	46	(17)	106	(46)
16-64	...	...	814	(785)	1,087	(998)	1,901	(1,783)
65 and over	...	...	401	(325)	999	(830)	1,400	(1,155)
Totals	...	...	1,275	(1,139)	2,132	(1,845)	3,407	(2,984)

Figures in brackets represent the corresponding numbers for last year.

* See also particulars of handicapped pupils on page 77.

Services for the Elderly.

Health Clinics for the Elderly.

During 1967 a clinic was opened at Tattenham Crescent, and there were 13 clinics in operation at the end of the year.

The object of these clinics is to help elderly people to remain well and active for as long as possible. Health clinics, 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.

Details of the occupational therapy service for the elderly will be found on page 46.

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 587 applications were dealt with by the end of the year.

Audiometric Service.

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



DENTAL HEALTH EDUCATION

A famous clown impresses upon Surrey Primary schoolchildren the need for good dental health.



SMOKING AND HEALTH

Students at a County technical college consider the health hazards of cigarette smoking.



DENTAL SERVICE

A dental officer and her assistant carry out inspection and treatment in one of the County dental surgeries.



HEALTH EDUCATION

Surrey pupils visit a public exhibition on food hygiene devised and erected by the health education staff.

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 1967 was 985,930 which includes 147,300 children between the ages of 5-14 years inclusive. In January, 1968 there were 135,963 children on the registers of 464 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 46,630 and 23,635 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 46,630 pupils examined at periodic medical inspections 8,068 (or 17.3 per cent) were found to be in need of treatment for 9,350 diseases and defects. Table IIA shows the diseases and defects from which it will be seen that 4,612 or 49.3 per cent of them were defects of the nose and throat and of vision and squint. During the year 331 cases of chronic tonsillitis and adenoids were recommended for treatment and 1,750 placed under observation.

There were 11,341 defects found to be in need of treatment in the course of periodic and special inspections in 1967, and 12,501 defects, a proportion of which were found in previous years, were actually treated during the year.

Medical re-examination and following-up.

During 1967 school medical officers carried out 5,407 special inspections and 5,984 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" (99.74 per cent) and "unsatisfactory" (0.26 per cent).

Personal hygiene.

In the course of selective hygiene inspection in schools 421 pupils were found to be infested. Health Visitors who paid 2,728 visits to schools for all purposes reported 397 cases with nits in the hair, 29 cases with lice in the hair and no verminous bodies. It was not necessary to refer any of these cases to the National Society for the Prevention of Cruelty to Children.

MEDICAL TREATMENT.

Minor ailments.

3,066 minor ailments were treated at the clinics during 1967.

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 1967.	Number of attendances.	Number of new cases admitted.	Number of cases discharged.
6	119	129	80	31

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 1967.	Number of attendances.	Number of new cases admitted.	Number discharged.
N.	121	108	394	42	38
N.W.	342	142	1,407	68	91
S.E.	686	578	4,198	344	321
S.W.	317	276	2,040	158	282
Epsom and Ewell M.B.	132	117	396	46	37
Esher U.D.	85	52	268	32	21
Woking U.D.	—	—	—	—	—
Total	1,683	1,273	8,703	690	790

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 1967.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinics.	Immunisation.	Other.	Total.
N.	—	171	340	75	95	681
N.W.	71	278	452	476	46	1,323
S.E.	15	215	290	170	80	770
S.W.	—	284	175	160	82	701
Epsom and Ewell M.B.	17	63	22	90	59	251
Esher U.D.	—	33	—	—	—	33
Woking U.D.	—	114	48	39	111	312
Total	103	1,158	1,327	1,010	473	4,071

B. HEALTH VISITORS' FIXED APPOINTMENTS IN 1967.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinic.	Hygiene.	Teaching Sessions.	Other.	Total.
N.	8.5	107	256.5	27.5	72.5	35	507
N.W.	172	203	4	88	52	85	604
S.E.	194	357	56	33	38	360	1,038
S.W.	180.5	404	52	80.5	84	36	837
Epsom and Ewell							
M.B.	41	76	17	2	24	50	210
Esher U.D. ...	54.5	112	47	31	46	—	290.5
Woking U.D. ...	109	173	13	32	78	52	457
Total	759.5	1,432	445.5	294	394.5	618	3,943

SPECIAL FORMS OF TREATMENT.

Audiology.

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

The audiology service continues to expand. Regular clinics are held at the following centres:—

Northern Division.

Ashford Fortnightly, half day.

North-Western Division and Woking U.D.

Woking Fortnightly, all day.

Camberley Monthly, half day.

Egham Monthly, half day.

South-Western Division.

Guildford Fortnightly, all day.

Leatherhead Monthly, half day.

South-Eastern Division.

Redhill Monthly, half day.

Banstead Monthly, half day.

Caterham Monthly, half day.

Horley Monthly, half day.

Esher U.D.

Esher Monthly, half day.

Molesey Monthly, half day.

In addition, "ad hoc" clinics are held at Epsom, Dorking, Farnham, Cranleigh, Haslemere and Shepperton when there are sufficient children to see.

Regular sessions are also held at:—

White Lodge Spastics Centre, Chertsey Monthly.

Moor House School for Speech Defects (Diagnostic Centre) Three times a term.

Lingfield Hospital School Twice a year.

Hethersett Centre for Blind Adolescents Once a term.

The Lindens Unit for Severely Disturbed Children, Epsom, and The Edith Edwards School, Banstead, are visited on request.

Routine hearing tests continue on children at two ages, 7-9 months and 6-7 years. The former are carried out by Health Visitors at clinics or in the children's homes and the latter are taken by the three audiometricians at the schools. Routine testing is also done at a few independent schools. An innovation during the year was routine testing of all admissions in approved schools in the County. One girl who was discovered with partial hearing and who must have been handicapped for some time, benefited greatly from a behind the ear hearing aid.

By the end of the year, both partially hearing units at Ewell and Woking were full and had waiting lists. At the moment 20 children can be accepted at each unit, but in 1968 another classroom is planned for both so that accommodation will be available for 60 partially hearing children in the 4-12 years age group. As there is no secondary partially hearing unit in the County and none is contemplated, when these handicapped children reach secondary school age, they attend an ordinary school under the supervision of a peripatetic teacher of the deaf or, if their handicap is too severe, an appropriate boarding school is recommended. In the western half of the County the peripatetic teacher of the deaf supervises all children with hearing defects in secondary schools using the mobile unit introduced in 1966. In 1968 it is hoped to introduce a similar unit and teacher in the eastern half of the County where at the moment one teacher of the deaf is responsible for all pre-school and school children not attending a partially hearing unit or special school.

Unfortunately our junior school for deaf children, Portley House, Caterham, is at the eastern extremity of the County, making it impossible for very young deaf children from the western part of the County to attend there as day pupils. Rather than send them to a boarding school at a young age it is preferable for them to attend daily at the Woking partially hearing unit and then be transferred as weekly boarders to Portley House between the ages of 6 and 7 years. Even though diagnosed as deaf, they are found to benefit from attendance at a partially hearing unit for this early period of their educational lives as, apart from the advantage of being day children they also have the opportunity to experience social integration with hearing children during play time, assembly and school dinners. Two children from Byfleet and Send have already been transferred from the Woking partially hearing unit to Portley House and another from Woking will be moving in 1968. Portley House, with 40 severely deaf children, of whom 9 are boarders or weekly boarders, has had a busy year and now has a waiting list. Another classroom is planned for 1968 and when this is established, the situation should be eased.

AUDIOMETRY, 1967.

	NORTHERN				N. WESTERN				S. EASTERN				S. WESTERN				EPDM AND EWELL M.B.				EMERE 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 ...	2,439	229	61	2,729	2,761	274	179	3,214	3,202	3	302	3,507	3,494	379	60	4,474	847	50	34	931	885	133	15	1,033	544	122	33	737	53	10,486	842	
(2) No. of children who failed ...	27	57	3	87	45	35	71	151	116	36	116	36	116	36	116	36	63	26	84	526	22	16	4	22	47	48	3	104	10	978	317	
(3) Result of investigations by school medical officers :—																																
(a) No significant hearing loss...	5	7	—	12	9	11	18	3	32	8	—	—	—	—	—	—	4	—	—	—	4	—	—	—	37	35	—	72	7	251	114	
(b) No significant hearing loss but child appears mentally retarded ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Cataract condition with or without inflammation of ear...	6	18	—	24	13	12	18	1	31	6	—	—	—	—	—	—	94	27	1	2	124	36	—	—	1	6	—	18	3	268	73	
(d) Old otitis media ...	6	5	—	11	8	—	6	1	15	1	—	—	—	—	—	—	8	9	1	1	18	12	—	—	1	1	—	2	—	66	31	
(e) Injury ...	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(f) Other causes ...	1	12	—	13	2	5	18	5	23	7	—	—	—	—	—	—	21	8	2	31	36	—	—	6	3	1	—	3	—	99	31	
(g) Undetermined cause ...	1	1	—	2	3	4	7	—	11	1	—	—	—	—	—	—	13	11	10	34	11	—	—	1	4	3	—	7	1	149	27	
(h) Untraced or left district ...	1	1	—	2	1	—	—	—	—	3	—	—	—	—	—	—	2	2	1	5	5	—	—	1	3	—	—	—	—	10	6	
(i) Already supplied with hearing aids ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(j) Investigations remaining to be carried out ...	7	13	—	20	8	3	9	—	12	6	—	—	—	—	—	—	57	4	1	2	64	16	—	—	3	1	6	—	—	122	31	
TOTAL ...	27	57	3	87	45	35	71	151	116	36	116	36	116	36	116	36	184	27	259	84	526	22	16	4	22	47	48	3	104	10	978	317
(4) Recommendations :—																																
(a) No action required ...	5	—	—	5	11	2	7	2	11	13	—	—	—	—	—	—	41	3	15	5	1	24	27	—	—	23	13	—	36	3	137	58
(b) For observation only ...	14	18	2	34	18	13	19	2	34	6	—	—	—	—	—	—	124	14	106	40	220	168	87	—	10	19	2	32	5	421	133	
(c) Referred to Audiology Clinic ...	3	7	1	11	2	—	1	—	1	—	—	—	—	—	—	—	6	3	54	20	222	98	87	—	3	5	—	6	—	147	95	
(d) Referred to G.P. ...	—	2	—	2	1	4	15	1	20	1	—	—	—	—	—	—	4	1	15	6	—	21	4	—	1	—	—	1	—	59	8	
(e) Referred to E.N.T. Consultant ...	2	12	—	14	3	4	6	2	12	5	—	—	—	—	—	—	12	5	61	27	1	89	27	—	5	3	—	8	—	145	42	
(f) Special position in class ...	10	12	—	22	13	6	11	—	17	1	—	—	—	—	—	—	17	5	13	10	1	25	16	—	2	4	—	6	1	94	30	
(g) Hearing aid and supervision by teacher of deaf ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	3	1	

AUDIOLOGY

Divisions.	Number of new cases referred to Audiology Clinic from all sources.					Number carried over as not fully assessed by end of previous year.					Number found to have normal hearing.					Number found to have remediable hearing loss.					Number found to have impaired hearing and necessitating hearing aid and auditory training.					Total No. of examinations carried out at the Audiology Clinic during year (including re-examination).	Number found to have impaired hearing but not necessitating hearing aid.										
	0-2	2-5	5-7	7-11	11+	0-2	2-5	5-7	7-11	11+	0-2	2-5	5-7	7-11	11+	0-2	2-5	5-7	7-11	11+	0-2	2-5	5-7	7-11	11+			0-2	2-5	5-7	7-11	11+					
North	16	65	7	5	1	3	7	—	1	—	11	56	1	1	—	—	2	2	1	—	1	1	—	—	—	18	126	—	2	1	2	1					
North West	39	95	48	12	6	4	7	4	8	3	36	88	39	10	5	—	2	6	—	—	—	1	2	1	3	3	46	187	—	3	3	5	—				
South East	41	72	56	40	33	7	10	18	26	7	18	52	9	8	9	1	2	11	2	3	—	1	2	2	23	15	49	275	—	1	1	5	4				
South West	59	102	100	84	17	1	23	7	18	6	51	90	31	22	5	—	7	23	16	3	1	2	1	—	—	68	417	—	—	3	12	2	—				
Epsom and Ewell	2	14	16	15	8	1	1	1	1	2	1	11	7	6	1	—	2	3	—	—	1	—	1	—	—	6	61	—	1	3	6	6	—				
M.B.			
Esher U.D.	11	23	9	6	1	8	5	—	3	1	18	17	7	8	1	1	2	—	1	—	—	—	—	—	1	19	46	—	1	1	—	—	—				
Woking U.D.	11	46	5	1	—	—	6	3	5	2	11	43	3	4	—	—	—	—	—	—	—	1	—	—	2	13	76	—	—	—	—	—	—				
Total	179	417	241	163	66	24	59	33	62	21	146	357	97	59	21	2	17	43	20	6	3	4	6	3	2	42	72	95	86	36	219	1,188	—	8	12	30	13

CHILDREN RECEIVING AUDITORY TRAINING DURING 1967.

Age.	Cases Carried over from 1966.	New Cases.	Discharged to		Left District.	Remaining Dec., 1967.
			Special School.	Supervision.		
0-2 years ...	2	10	—	2	1	8
2-5 " ...	30	6	11	—	3	20
5-7 " ...	6	2	1	—	1	9
7-11 " ...	5	2	—	1	1	4
11+ " ...	6	58	—	—	17	48
Total ...	49	78	12	3	23	89

CHILDREN UNDER SUPERVISION DURING 1967.

Age.	Cases Carried over from Previous Year.	New Cases.	Discharged.		Left District.	Remaining Dec., 1967.
			Special School.	No longer needing help or no longer at School.		
0-2 years ...	—	—	—	—	—	—
2-5 " ...	4	2	—	—	—	6
5-7 " ...	17	12	—	—	—	29
7-11 " ...	91	13	9	8	5	82
11+ " ...	41	169	1	11	2	196
Total ...	153	196	10	19	7	313

Speech therapy.

There were 43 speech clinics in operation at the end of the year at which a total of 143 treatment sessions each week are authorised. Regular sessions are also provided at Carwarden House, Claybourne, Gosden House, Greystone, The Park, St. Nicholas', Temple Court and West Hill special schools and Riverview Partially Hearing Unit. Additional sessions were authorised at Esher, Guildford, Hersham, Long Ditton, Walton-on-Thames and Weybridge Clinics, and at Claybourne and Greystone special schools. There were 2,450 individual children treated during the year. These were mainly for stammer, lisp and under-developed speech. Of these 464 were discharged as cured, 183 discharged as greatly improved, 126 discharged as showing some improvement and 54 as showing little or no improvement. A table showing the work of the Speech Therapists in 1967 is given at the end of this report.

The staffing of this expanding service continues to present difficulty owing to the national shortage of qualified therapists and the interruption to the careers of so many of the married ones while their children are young. Intensive advertising and increased publicity have helped to recruit applicants for the vacancies arising, but at no time has the full establishment of speech therapists been filled.

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	1.5
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	1.5
Redhill	0.6	1.0	1.0	0.6	1.5
Epsom	0.5	1.0	1.0	0.4	1.5
Leatherhead	0.1	1.0	0.2	0.4	—
Hersham	0.6	1.0	1.0	0.4	1.5
Woking	1.0	2.0	2.0	0.5	2.0
Staines	0.6	1.0	1.0	0.4	1.5
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	14.0

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	Worthing	Total
No. of cases referred during year	56	78	69	49	130	28	174	202	164	159	1,112
No. of new cases seen	46	48	53	35	125	19	118	170	117	139	870
No. of cases discharged	16	23	53	32	163	19	43	36	60	70	515
Analysis :—											
(a) Treatment completed ...	10	19	24	11	47	15	36	16	36	25	239
(b) No treatment required ...	3	2	13	9	90	3	3	10	14	31	178
(c) Non-co-operation of parents	2	2	4	4	10	1	1	3	3	6	36
(d) Other arrangements made	1	—	12	8	16	—	3	7	7	8	62
No. of cases under treatment at end of year	37	14	6	14	31	7	106	23	30	43	311
No. of cases under supervision at end of year	93	18	22	26	72	4	142	91	80	98	646
No. of cases withdrawn from waiting list during year	8	40	10	18	8	15	31	20	39	6	195
No. of cases remaining on waiting list at end of year	15	10	12	12	6	2	113	29	25	15	239
No. of interviews by psychiatrists...	892	412	438	286	1,026	96	840	320	742	956	6,008
Analysis :—											
(a) With children for examination	103	91	87	59	135	20	122	136	126	207	1,086
(b) With children for treatment	583	25	239	94	553	—	312	150	420	389	2,765
(c) With parents	115	170	91	115	271	27	349	8	134	281	1,561
(d) With others	91	126	21	18	67	49	57	26	62	79	596
No. of sessions held											
(a) Psychiatrists	306	281	196	113	466	22	402	182	316	248	2,532
(b) Educational psychologists	100	163	478	450	482	54	525	543	579	51	3,425
(c) Psychotherapists	42	394	38	141	245	186	—	—	200	201	1,447
(d) Social workers	485	718	302	262	1,044	190	237	464	382	60	4,144

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 qualified in 1967 and a further one commenced training in September, 1967.

In view of the success of this scheme the Committee has authorised similar training facilities for social workers in the child guidance service.

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

The increasing number of educational psychologists appointed has meant a considerable improvement in the school psychological service and the additional work involved has necessitated the appointment of six half-time clerk/shorthand typists. The improved staffing of educational psychologists is also reflected in the child guidance service where the number of sessions worked by the psychologists rose to 3,425 in the year, an increase of 532 over the previous year.

In the child guidance service as a whole, the year has been one of progress and consolidation. The number of children referred to the ten clinics continues to increase and the general trend towards the provision of a true family service persists. The following report from Dr. J. L. Hertzog, Medical Director of the Redhill Child Guidance Clinic, illustrates some of these features :—

"The year 1967 was a significant one in which many aspects of the clinic expanded. We were fortunate to have had a full time educational psychologist and added to this, two new psychiatric social workers joined our staff, adding six sessions per week to the P.S.W. time. The vacancy for a psychotherapist still remained, but we were extremely pleased to have additional psychotherapy sessions from Dr. Sheppard who has now taken over the appointment at the Hershaw Child Guidance Clinic. One other important improvement was an additional clerical assistant working 22 hours per week. This has taken a great load from the running of the clinic and made for much smoother working.

Evening sessions have continued throughout 1967 to the mutual benefit of working parents and adolescents.

The improvement in the decoration, the new heating and smoother running generally of the clinic has been greatly appreciated by all those attending.

There has been more liaison with the remedial centre but we continue to feel grave anxiety at the growing need for extra educational help for backward maladjusted children which

cannot be met by the present facilities. We feel that the provision of a day maladjusted unit in this area would resolve many of our problems."

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, 1967, 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 con- tinue 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	6	—	—	9	5	9	5	—	—	—	1	1	—	—	—	—	—	—	—
Partially sighted ...	25	24	—	—	13	16	13	16	—	1	1	—	10	5	—	—	—	—	1	2
Deaf ...	26	21	10	13	11	8	21	21	—	—	4	—	—	—	—	—	—	—	1	—
Partially hearing ...	138	91	17	13	25	7	42	20	—	—	2	5	91	60	—	—	—	—	1	3
Educationally sub-normal	779	476	459	267	76	34	535	301	11	12	108	59	91	73	—	—	—	—	29	26
Epileptic ...	21	14	—	—	9	5	9	5	—	—	2	1	7	3	—	—	—	—	2	4
Maladjusted ...	234	88	93	7	94	56	187	63	3	3	23	12	8	1	—	1	—	—	12	7
Physically handicapped	171	107	—	—	88	40	88	40	1	—	6	3	24	21	8	6	30	12	6	15
Delicate ...	131	86	36	20	37	19	73	39	6	16	—	—	16	8	—	1	—	—	35	22
Speech defect	11	4	—	—	4	4	4	4	—	—	1	—	4	—	—	—	—	—	2	—
Totals ...	1,546	917	615	320	366	194	981	514	21	32	147	81	252	171	8	8	30	12	86	75

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	7-16
	Camberley, Carwarden House (temporary) ...	65 M. Day	7-12
	Guildford, Temple Court (temporary) ...	45 M. Day	7-12
	Leatherhead, West Hill	120 M. Day	7-16
	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, Limpsfield Grange	30 G. } Boarding 8 B. }	} G. 5-16 } B. 5-10
Deaf	Caterham, Portley House	40 M. Boarding	3-11½
	Redhill, Nutfield Priory	80 M. Boarding	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	50 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	4-11
Retarded	Bisley, Bisley Centre (remedial class) ...	30 M. Day	5-11
	Caterham, Caterham Hill Centre (remedial class)	30 M. Day	5-11
	Epsom, Clayhill Centre (remedial class) ...	40 M. Day	5-11
	Ottershaw, Ottershaw Centre (remedial class) ...	30 M. Day	5-11
	Redhill, Ardmore Centre (remedial class) ...	30 M. Day	5-11

In January 1967 two new day special schools—Claybourne and Greystone Schools were opened for 120 educationally sub-normal children each.

Three additional remedial centres for retarded children opened in September 1967 at Bisley, Ottershaw and Caterham Hill.

The purpose-built premises for Temple Court School will be ready for occupation in January 1969 and work has started on the rebuilding of The Park School, Woking, and the building of a day school for 130 educationally subnormal children in the Northern Division. The work to provide the new purpose-built school for senior maladjusted girls has also commenced. The Committee are extending the provision for partially hearing children in attendance at secondary schools with the introduction of a second mobile unit to cater for the needs of pupils in the Eastern part of the County.

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 30 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 16 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 only one child was formally reported to the County Health Committee in 1967 as unsuitable for education at school. There were, however, 14 children referred to the Mental Health Service for attendance at training centres.

It is the practice for local education authorities to pass to local health authorities information on school leavers who they think will require care or guidance. 86 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 126 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 1967 :—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	191	2	7	200
Enteric fever	—	2	5	7
Measles	3,446	24	59	3,529
Whooping cough	211	6	15	232
German measles	706	3	15	724
Chicken-pox	1,925	15	14	1,954
Mumps	2,938	27	51	3,016
Jaundice	23	3	5	31
Other	148	30	4	182
Totals	9,588	112	175	9,875

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	7	—	7
Impetigo	18	7	25
Scabies	9	4	13
Other... ..	13	—	13
Totals	47	11	58

Tuberculosis in schools.

During the year 2 school children, 4 teachers and 6 other staff were notified as suffering from tuberculosis as follows :—

Category.	Maintained Schools.	Independent Schools.	Totals.
School children	1	1	2
Teachers	2	2	4
Other staff	2	4	6
Totals	5	7	12

Epidemiological investigations were carried out at six of these twelve schools and 1,225 pupils were Mantoux tested. Of these, 446 were known to have had earlier B.C.G. vaccination; 93 of the remainder (779), or 11.94 per cent, were found to be Mantoux positive.

It was decided to X-ray 92 of the Mantoux positive cases and all the results were satisfactory.

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 1967 are described in the County Medical Officer's annual report.

PROMOTION OF HEALTH.

Health Education.

"At the heart of the educational process lies the child." The first sentence from *Children and their Schools* (Report of the Central Advisory Council for Education, Volume I—The Plowden Report) emphasises the approach to health education which has been uppermost in the endeavours of the staff of the department throughout the past year. The staff for a long period have been concerned with health education in the ante-natal and child health clinics. The continuation of this work arising out of the process of growth and development has been the basis of the educational practice in health education in the schools.

The impetus given to health education at the conferences for heads of schools held during the previous year resulted in a threefold development. First, staff of primary and secondary schools have evinced a keen interest in the promotion of health education in general and of the problems of growth and development in particular. In the latter field the revision of the Education Committee's policy on sex education placed discretion in this matter in the hands of the head of a school, but it was expected that sex education would form part only of a general treatment of human relationships as a preparation for life. The working party of representatives of the teachers' organisations who had been considering the recommendations of the *Newsom Committee* regarded a balanced programme of education in human relationships within the family and the community as part of the educational pattern. This programme should give positive guidance to boys and girls on sexual behaviour, including the biological, moral, social and personal aspects. Accordingly, in order to acquaint heads of secondary schools with the new policy and to provide them with the necessary basic information to enable them to make plans to formulate schemes of work, four one-day conferences were held at the Education Centre, Ewell. Speakers were drawn from the Education Department, the National Marriage Guidance Council, the schools and the medical and health education staff of this department. Heads or deputies attended from all secondary schools in the County. Opportunities were given to discuss the whole question in small groups and to take part in the final forum. As a consequence of these conferences further advice and help have been given to schools by the health education staff. This has taken the form of the provision of schemes of work, source lists of publications, films, filmstrips, charts and other teaching aids and illustrated talks to parent-teacher meetings often accompanied by book exhibitions provided by the County Library service. It is hoped that in-service training courses for teachers who may be particularly concerned with this work will follow.

Second, there has been an increase in the number of requests for the assistance of the health visitors in taking a direct part in the teaching in both primary and secondary schools. Whereas staff shortages have prevented a greater measure of help in this way, many health visitors have been able to include talks or discussions with pupils on growth and development in this context. Some of the most interesting teaching has been carried out with E.S.N. children where health problems can often be acute.

The third development was the setting up of a health advisory panel comprising members of the health education and homecraft advisory staff. This panel visited schools by request and discussed informally with parents and teachers general aspects of child health on lines determined by questions submitted by parents. No attempt was made to deal with individual difficulties which are the responsibility of the School Health Service.

Throughout the year schools were advised on available posters, leaflets, flannelgraphs, publications and films on health education, and teaching charts were freely distributed from time to time.

While the concept of health education is concerned with the whole of the developing life of the child and not just with a series of health topics, it may be useful to consider aspects which have received special consideration during the year.

Safety education.

By arrangement a portable display entitled: "Medicines and Home Safety" was offered to secondary schools for exhibition in a prominent position on the premises for a few days. The purpose of the exhibit, which was presented by the Pharmaceutical Society of Great Britain, was an attempt to reduce the great and increasing toll of accidental poisoning. Altogether some 22 schools were visited involving over 13,000 pupils.

Copies of the new County Home Safety booklet were sent to every school and college and further supplies were made available upon request. Discussions were held with the Head of Ro.S.P.A. Safety Education Division and the County Road Safety Officer concerning the expansion of safety education in schools.

Drugs.

Much attention was drawn in the press and elsewhere to the problem of drug taking by young people. Following consultations a letter of advice was circulated to heads of all secondary schools indicating that although the causes of drug addiction were not fully understood, it seemed clear that the cause was related to the general problem of adolescent adjustment. Details of the various drugs used and their effects were given in an appendix. From the point of view of health education, schools were provided with speakers on this subject and full details of bibliography, films, film loops and other teaching aids were made available. One or two conferences were held locally, sponsored by medical officers, which were addressed by well-known speakers in this field and attended by social workers, probation officers, child care officers, teachers, youth officers and staff of this department.

Mental health.

During Mental Health Week, 4th to 10th June, visits were made by pupils of many schools to the training schools for the subnormal and many offered continuing assistance after the conclusion of school examinations. In some areas there was opportunity for groups of sixth form students to make visits of observation to the department and to take part in discussions with mental welfare officers and psychiatric social workers. It was learned from a follow-up discussion with the teaching staff of the schools that for most of the young people who attended these visits were a completely new experience. Most of them were sympathetic and interested and some voluntary help was offered. Requests were received from schools for more information about training facilities for teachers of mentally handicapped children. A special booklet entitled "Careers in Community Care" was produced for the occasion.

Dental health education.

Routine dental health education in schools is carried out by a full-time dental hygienist. This officer is fully equipped with the latest teaching aids and maintains a large stock of literature which is made freely available to schools. A special campaign was held in the South-Western Division during February and March as a third follow-up of the main campaign held in 1961-1962. Three lecturers shared the work which involved 30 schools and over 10,000 pupils. For one week of the campaign use was made of a mobile cinema van to serve outlying schools. One lecturer reported: "Generally speaking, I felt the schools were even more enthusiastic this term. There was 100 per cent acceptance. In some schools I had difficulty in finding children with teeth dirty enough to make my disclosing test effective." A new film was used on this occasion. Many of the teaching aids were prepared by members of the team.

Later in the year, more than 8,600 children in the Staines and Sunbury area received free apples in school and a lesson in how to look after their teeth. The talks took the rather novel form of being presented by the well-known Pierre the Clown of television fame. Pierre visited 30 schools and demonstrated with a piece of liquorice how sweets and other foods cling to the teeth causing decay. He then showed how chewing a piece of raw apple cleared away the food deposits quickly and effectively. Toothbrush drill and "swish and swallow" were also demonstrated in his own inimitable way.

Subsequently, there was a renewed interest in dental health education by the staff and speakers were invited to address groups of parents.

In another part of the County, extended use was made of the General Dental Council trailer described in my previous report. Throughout the year, the work has received much support by the dental officers, dental surgery assistants and health visitors.

Smoking and health.

Medical officers, health visitors and the health education officers have continued to provide talks on smoking and health upon request from a number of secondary schools and special displays have been provided on this topic for exhibition in schools. Special interest was shown by many independent schools and colleges, and talks were also given in several approved schools.

Youth.

It is not often realised how many school children receive further health education through the youth organisations to which many belong. Thus Scouts, Guides, British Red Cross Society, St. John Ambulance Association, young people's fellowships and local authority youth clubs, all received talks on smoking, drug taking, venereal diseases, child welfare and accident prevention.

Report on physical education.

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

In spite of many difficulties the standard of work in schools has been maintained though it is hard to see how the momentum can continue in the coming year.

The most severe set-back to progress was the serious flying accident in which Miss B. D. Sanders, the County's Inspector for P.E., was involved in October. She suffered very grave brain and chest injuries and though now making some progress is unlikely to be able to resume duties for a very long time. In consequence a great strain has been thrown on the other members of the advisory staff, and some curtailment of training programmes and advisory visits is inevitable.

Frequent staff changes in both primary and secondary schools and shortage of maintenance staff for playing fields have again presented difficulties.

During the current educational year, however, a full programme of training courses and conferences has been planned and carried through covering the following activities :—

Indoor.

Modern educational gymnastics (primary and secondary).

Sports gymnastics (primary).

Olympic gymnastics (secondary).

Trampolining.

Swimming.

Outdoor.

Games and athletics for primary schools.

Orienteering.

Mountain leadership.

Rock climbing.

Sailing and canoeing.

Games.

Badminton.

Tennis.

Rugby football.

Association football.

Basketball.

All these have been well attended and accepted with enthusiasm by serving teachers.

The Surrey P.E. Association held a one-day conference/course at Leatherhead giving special attention to recreative activities for older pupils in secondary schools.

The Surrey Council for School Sports held regular meetings and arranged for the printing and distribution of a helpful guide to sports activities and clubs for school leavers.

Two important developments took place during the year :—

(1) In co-operation with the County Architect's Department and teachers, the County's inspectors for P.E. discussed plans for "adventure playgrounds" in infant and junior schools. An interesting development of these ideas can be seen at West Ewell County Infants' School.

(2) Advisory sports councils have been set up in many Boroughs and Urban Districts with a view to planning recreational facilities for the community. Many "sports complexes" are planned to include large sports halls, swimming baths, squash courts, playing areas for games, etc., and the development of reservoirs and rivers for boating and water sports. In every case a member of the County's advisory staff for P.E. is a co-opted member of the local sports councils and the Senior Inspector is a member of the Greater London and S.E. Regional Sports Council itself.

As in previous years the inspectors responsible for P.E. have worked in the closest possible way with Her Majesty's Inspectors, the C.C.P.R., the national sports associations and youth officers.

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.
125,806	93,414	74.3	98,928	78.6	1/-	97.6	2.4

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.

1,955 children were medically examined during the year as to their fitness to take part-time employment and all but two 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 2,024 examinations and re-examinations were carried out for this purpose.

There were 20 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 1967.

Staff.

On the 31st December, 1967, the staff consisted of 19 full-time dental officers, including 2 orthodontists and 22 part-time officers equivalent to 6.8 additional full-time officers. At the end of 1966 there were 20 full-time officers and 19 part-time officers equivalent to 6.17 additional full-time officers.

County Dental Laboratory.

The staff of the laboratory consisted of a Chief Dental Technician assisted by three technicians and two apprentices. The London Boroughs of Kingston upon Thames, Merton and Sutton continued to use the facilities of the laboratory on a cost-sharing basis.

The following table records the work of the laboratory in connection with the School Dental Service. The figures in brackets include work for the Maternity and Child Welfare Services.

Orthodontic Appliances.	Dentures.	Repairs.	Crowns and Inlays.	Reference Models.	Other Mechanical Operations.	Total No. of Operations.
2,103 (2,103)	103 (205)	234 (246)	119 (141)	2,977 (2 977)	57 (184)	5,593 (5,856)

Orthodontic Service.

Orthodontic treatment was carried out by two full-time and three part-time orthodontists specially engaged for this purpose. In addition most dental officers undertake a limited amount of orthodontic treatment either on their own initiative or in consultation with an orthodontist.

Cases carried forward from the previous year numbered 1,363 and 618 additional children commenced treatment during the year. 1,337 removable appliances were fitted and 70 fixed appliances were provided.

Dental Inspection and Treatment.

The number of children examined at routine school inspections was 88,027 and 10,550 were first inspected at clinics making a total of 98,557. In addition, 8,137 children were re-inspected at schools or clinics. Fillings in permanent teeth numbered 35,988 and in deciduous teeth 18,835, a total of 54,823. The number of permanent teeth extracted was 3,067 and deciduous teeth 7,495. Statistical information is given in Table IV.

Dental Health Education.

Details of work undertaken in dental health education is given under Promotion of Health.

O. H. MINTON,

Principal School Dental Officer.

TABLE I.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by years of birth).	No. of Pupils Inspected.	Physical Condition of Pupils Inspected.			
		SATISFACTORY.		UNSATISFACTORY.	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1963 and later ...	195	195	100	—	—
1962 ...	8,094	8,086	99.91	8	0.09
1961 ...	5,021	5,013	99.84	8	0.16
1960 ...	990	989	99.99	1	0.01
1959 ...	8,648	8,623	99.71	25	0.29
1958 ...	1,840	1,836	99.8	4	0.2
1957 ...	464	461	99.36	3	0.64
1956 ...	2,471	2,457	99.43	14	0.57
1955 ...	5,235	5,222	99.75	13	0.25
1954 ...	2,717	2,710	99.74	7	0.26
1953 ...	3,659	3,643	99.56	16	0.43
1952 and earlier ...	7,296	7,274	99.69	22	0.31
TOTAL ...	46,630	46,509	99.74	121	0.26

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.
1963 and later ...	2	25	23
1962 ...	242	896	1,053
1961 ...	227	672	820
1960 ...	50	139	186
1959 ...	528	797	1,223
1958 ...	135	228	329
1957 ...	52	73	115
1956 ...	209	270	453
1955 ...	512	598	1,018
1954 ...	299	261	519
1953 ...	485	409	806
1952 and earlier ...	962	667	1,523
TOTAL ...	3,703	5,035	8,068

C.—OTHER INSPECTIONS

Number of Special Inspections ...	5,407
Number of re-inspections ...	5,984
Total ...	11,391

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	39,440
(b) Total number of individual pupils found to be infested ...	421
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

TABLE II.
DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.
A.—PERIODIC INSPECTIONS.

Defect or Disease.	PERIODIC INSPECTIONS.							
	Entrants.		Leavers.		Others.		Total.	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	182	414	377	445	506	783	1,065	1,642
Eyes—								
(a) Vision	466	1,015	1,315	724	1,918	1,661	3,699	3,400
(b) Squint	185	151	38	35	172	214	395	400
(c) Other... ..	32	53	26	123	73	219	131	395
Ears—								
(a) Hearing	83	431	28	94	135	520	246	1,045
(b) Otitis Media	63	292	13	37	37	236	113	565
(c) Other	44	150	31	37	53	140	128	327
Nose and Throat	280	1,096	53	206	185	1,127	518	2,429
Speech	199	380	10	41	149	308	358	729
Lymphatic Glands	19	490	5	34	12	300	36	824
Heart	19	269	17	141	42	308	78	718
Lungs	116	370	17	169	84	456	217	995
Developmental—								
(a) Hernia... ..	14	59	3	9	23	70	40	138
(b) Other	62	425	15	114	109	507	186	1,046
Orthopaedic—								
(a) Posture	48	143	36	252	76	382	160	777
(b) Feet	131	499	60	320	242	824	433	1,643
(c) Other	54	413	66	359	114	623	234	1,395
Nervous System—								
(a) Epilepsy	8	32	14	29	34	49	56	110
(b) Other	15	88	8	34	31	127	54	249
Psychological—								
(a) Development	16	141	91	24	158	182	265	347
(b) Stability	35	352	19	119	82	570	136	1,041
Abdomen	24	103	10	39	24	200	58	342
Other	157	422	148	317	439	1,001	744	1,740
Total	2,252	7,788	2,400	3,702	4,698	11,707	9,350	22,297

T—Treatment. O—Observation.

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections.	
	requiring treatment.	requiring observation.
Skin	133	60
Eyes—		
(a) Vision	546	703
(b) Squint	31	25
(c) Other... ..	17	16
Ears—		
(a) Hearing	99	370
(b) Otitis Media	11	26
(c) Other... ..	24	50
Nose and Throat	165	130
Speech... ..	165	67
Lymphatic Glands	2	24
Heart	14	45
Lungs	37	44
Developmental—		
(a) Hernia	7	5
(b) Other	35	70
Orthopaedic—		
(a) Posture	11	58
(b) Feet	58	69
(c) Other... ..	55	37
Nervous System—		
(a) Epilepsy	16	12
(b) Other... ..	6	13
Psychological—		
(a) Development	341	96
(b) Stability	84	75
Abdomen	23	22
Other	111	205
Total	1,991	2,222

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	164
Errors of refraction (including squint)	7,932
Total	8,096
Number of pupils for whom spectacles were prescribed	3,065

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	32
(b) for adenoids and chronic tonsillitis	570
(c) for other nose and throat conditions	39
Received other forms of treatment	461
Total	1,102
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1967	23
(b) in previous years	181

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	1,550
(b) Pupils treated at school for postural defects	37
Total	1,587

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	1
(b) Body	1
Scabies	9
Impetigo	7
Other skin diseases	1,579
Total	1,597

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	1,236

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	2,450

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	844
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	126
(c) Pupils who received B.C.G. vaccination ...	9,474
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	17
Abdomen	168
Heart and Circulation	74
Lungs	150
Development	80
Nervous System	58
Psychological	35
Other	306
Total (a) to (d)	11,332

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

3. Attendances and Treatment.	Ages	5 to 9	10 to 14	15 and over	Total
First visit		10,018	9,132	2,360	21,510
Subsequent visits		14,090	19,569	5,064	38,723
Total visits		24,108	28,701	7,424	60,233
Additional courses of treatment commenced		1,520	1,365	381	3,266
Fillings in permanent teeth		8,338	20,370	7,280	35,988
Fillings in deciduous teeth		16,626	2,209	—	18,835
Permanent teeth filled		6,792	16,830	6,085	29,707
Deciduous teeth filled		14,683	1,700	—	16,383
Permanent teeth extracted		347	2,180	540	3,067
Deciduous teeth extracted		5,585	1,910	—	7,495
General anaesthetics		1,993	1,014	108	3,115
Emergencies		817	394	127	1,338
Number of pupils X-rayed					1,641
Prophylaxis					2,598
Teeth otherwise conserved					4,521
Number of teeth root filled					121
Inlays					30
Crowns					118
Courses of treatment completed					19,058
4. Orthodontics.					
Cases remaining from previous year					1,363
New cases commenced during year					618
Cases completed during year					359
Cases discontinued during year					118
Number of removable appliances fitted					1,337
Number of fixed appliances fitted					70
Pupils referred to hospital consultant					21
5. Prosthetics.	Ages	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)		4	3	17	24
Pupils supplied with other dentures (first time)		8	29	36	73
Number of dentures supplied		14	39	56	109
6. Anaesthetics.					
General anaesthetics administered by dental officers					56
7. Inspections					
(a) First inspection at school. Number of pupils					88,027
(b) First inspection at clinic. Number of pupils					10,550
Number of a and b found to require treatment					45,440
Number of a and b offered treatment					40,108
(c) Pupils reinspected at school clinic					8,137
Number of c found to require treatment					4,952
8. Sessions.					
Sessions devoted to treatment					10,044
Sessions devoted to inspection					871
Sessions devoted to dental health education					35



