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SURREY
COUNTY COUNCIL

Health and Welfare Services 1968



Annual Report of the
County Medical Officer



Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1968

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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 my annual report for 1968, prepared in accordance with Ministry of Health Circular 1/69.

During the year steps were taken to implement in fact the amalgamation of the Health and Welfare departments and to set up an integrated social work section. A summary of the report which was submitted to the County Council during the year is included in the body of the report and, following its acceptance, much has been done to carry the recommendations into effect. Throughout the process of reorganisation it has been evident that the continuing pressure of work on the staff in the field is such that the development of a structured social work section can only proceed as quickly as qualified senior staff are appointed. It has been necessary to run a number of in-service integration courses to enable social workers of widely differing professional background and training to learn something of each other's fields of work. These have proved of immense value in helping the integration of the divisional teams. One of the greatest handicaps, however, to the development of this service is the continuing national shortage of suitably qualified and experienced staff. With the increasing demands in this rapidly expanding field it is unlikely that this problem will be overcome for many years to come. Work has been undertaken and subsequent reports have been prepared for submission to Council concerning the reorganisation of Mental Health services and the Home Help service so that all these social services will be structured on a similar basis. While the primary intention in producing comparable geographical and career structures in these related services is to improve the efficiency of the service within the county, it is hoped that the new structure will help any future reorganisation proposed in the light of the Seeborn Committee's report to be undertaken with the minimum of disturbance to the services being received by the clients and patients in the community.

In September, 1968, some parts of the county were subjected to severe flooding which produced a vast amount of homelessness. There is a full report of this disaster included in the report, but the major recommendation which has come out of these studies concerns the delegation of responsibility to the district councils for the provision of immediate welfare assistance to people rendered homeless by such major disasters. The extent of the emergency and the disturbance of communications rendered it clear that effective relief could not be organised as a county responsibility, and local arrangements must be made. It was extremely reassuring, nevertheless, to discover how many of the individual members of the staff reacted to the disaster with considerable resource as to how best their particular skills and abilities could be employed in rendering relief in the face of an often overwhelming need, particularly as few had had any comparable experience before.

During the year the first purpose-built health centre in the county, providing facilities for both general practitioners and local health authority services, was completed and brought into use at Brightwells in Farnham. This event completed the first stage in a programme of some twenty four health centres which will be built during the next four years. It will be seen from the details of the capital building programme in the body of the report that by the end of the year work was well under way with four other centres. This building programme is a major step forward in the development of the community health services for, by physically bringing the general practitioners and the local authority services together under one roof, the way is prepared for functional unification of these services, whatever the future may hold for administrative unification.

Examination of the report will reveal that there have been no other outstanding changes in the services provided by the county Health and Welfare department throughout the year which require particular mention, although by and large it is a picture of increasing demand affecting all sections of the department. There has, however, been a further fall in the number of cases of domiciliary confinement, so that, in the past four years, the percentage of confinements within the county carried out in the patient's own home has fallen from approximately 24 per cent of live births to just over 13 per cent. This fall is causing considerable difficulty in keeping midwives fully employed and also in providing satisfactory arrangements for the training of pupil midwives. I cannot but feel that the time is fast approaching when a domiciliary confinement must be considered a medical anachronism. From the local health authority's point of view, to maintain full domiciliary midwifery services for the remaining small percentage of mothers having their babies at home is an extremely profligate way of deploying scarce professional skills.

There was also a fall during the year in the number of units of temporary accommodation which were available for families rendered homeless. This has resulted from various factors such as the expiration of leases, planning permission, and the reorganisation of some temporary accommodation

to give larger units. The opportunity was therefore taken to study the needs of the community and a policy decision was agreed in that every attempt should be made in the future to provide temporary accommodation in units of ordinary housing grouped together and under the supervision of a warden/training officer and to include training facilities. This decision was reached because it had become particularly evident that few families can suffer the trauma of being rendered homeless without the need for some form of rehabilitation and assistance before being rehoused. It is hoped that as the number of units of temporary housing increases, more will be done in prevention by taking families in difficulties into this housing for training and rehabilitation before actual homelessness exists. Even at present, with the shortage of temporary accommodation, it has been possible to do this primary prevention in a few selected cases, with encouraging results.

This has been a particularly difficult year for many members of the staff in that the process of reorganisation and change is often uncomfortable and, for many persons, has resulted in a fairly prolonged period of uncertainty. I have only the warmest praise, therefore, for the way in which all members of the staff have worked with me in carrying these changes through. In a department as large and diverse in its professional activities as this one it can only be truly successful if it functions as a team with every member fully participating, but it is nevertheless very easy for members of staff working in the field to feel that they are a forgotten people. This can never be so while it is remembered that the whole purpose of the departmental organisation is to assist them in giving their service to the people of the county.

Finally, I would like to thank the members of the county Health and Welfare committee for their support in my first full year of office. Without this, the process of reorganisation would have been difficult to effect so speedily.

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 1968 was 990,800, an increase of 4,870 over the comparable figure for mid-year 1967. The population under 1 year is given by the Registrar-General as 14,410, the population 1-4 years as 66,290, and the population 5-14 years, 151,300.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1964-1968 is shown in the following table :—

	1964	1965	1966	1967	1968
Urban Districts ...	764,750	775,470	782,470	789,750	792,240
Rural Districts ...	191,160	192,300	194,860	196,180	198,560
Administrative County	955,910	967,770	977,330	985,930	990,800
Increase or decrease over previous year ...	+20,100	+11,860	+9,560	+8,600	+4,870

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 1967 and 1968 :—

DISTRICTS		Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
			1951	1961	1967	1968
M.B. and Urban.						
1.	Banstead	12,821	33,529	41,559	41,950	42,100
2.	Caterham and Warlingham	8,233	31,293	34,869	36,910	37,430
3.	Chertsey	9,983	30,852	40,390	44,710	44,630
4.	Dorking	9,511	20,252	22,604	23,010	23,010
5.	Egham	9,350	24,690	30,571	31,670	30,820
6.	Epsom and Ewell	8,427	68,055	71,159	72,320	72,300
7.	Esher	14,850	51,432	60,610	62,980	63,120
8.	Farnham	9,039	23,928	26,934	29,840	30,060
9.	Frimley and Camberley	7,768	20,386	28,552	40,660	42,260
10.	Godalming	2,393	14,244	15,780	17,810	18,150
11.	Guildford... ..	7,323	48,048	53,976	55,470	55,520
12.	Haslemere	5,751	12,003	12,523	13,450	13,550
13.	Leatherhead	11,187	27,206	35,582	38,090	38,930
14.	Reigate	10,255	42,248	53,751	56,340	55,270
15.	Staines	8,271	39,995	49,259	55,190	56,190
16.	Sunbury	5,609	23,394	33,403	39,320	39,800
17.	Walton and Weybridge... ..	9,049	38,112	45,510	51,190	51,880
18.	Woking	15,708	47,596	67,519	78,840	77,220
Total ...		165,528	597,263	724,551	789,750	792,240
Rural.						
1.	Bagshot	16,083	14,109	16,180	18,410	19,010
2.	Dorking and Horley	53,943	25,832	31,710	34,300	33,860
3.	Godstone	52,507	32,823	40,225	44,360	44,630
4.	Guildford... ..	59,643	44,936	54,888	62,030	62,470
5.	Hambledon	68,175	31,851	34,524	37,080	38,590
Total ...		250,351	149,551	177,527	196,180	198,560
Administrative County		415,879	746,814	902,078	985,930	990,800

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, 1968, was £54,056,811, and the estimated product of a 1d. rate for general County purposes for the year 1968-69 was £220,567.

VITAL STATISTICS.

The principal vital statistics for the year 1968 are summarised below. Additional information is given in the paragraphs which follow :—

Live births	...	...	...	...	...	14,544
Live birth rate per 1,000 population	...	...	...	...	...	14.68
Still births	...	...	...	...	...	169
Still birth rate per 1,000 live and still births	...	...	...	...	...	11.49
Total live and still births	...	...	...	...	...	14,713
Infant deaths	...	...	...	...	...	229
Infant mortality rate per 1,000 live births	...	...	...	...	...	15.74
" " " " " legitimate births	...	...	...	...	...	15.69
" " " " " illegitimate births	...	...	...	...	...	16.50
Neo-natal mortality rate (first four weeks) per 1,000 live births	...	...	...	...	...	11.07
Early neo-natal mortality rate (first week) per 1,000 live births	...	...	...	...	...	9.63
Peri-natal mortality rate (still births and deaths under one week) per 1,000 live and still births	...	...	...	...	...	20.93
Illegitimate live births per cent of total live births	...	...	...	...	...	6.25
Maternal deaths (including abortion)	...	...	...	...	...	4
Maternal mortality rate per 1,000 total births	...	...	...	...	...	0.27

The following statement compares the County birth and death rates for the year 1968 with the previous year and with the mean of the five years 1963-67.

	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.		
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
1967	15.16	10.28	0.02	2.00	0.26	14.78
Mean of 5 years, 1963-1967	15.84	10.86	0.03	2.09	0.23	16.05
1968	14.68	10.91	0.01	2.13	0.27	15.74
Increase or decrease in 1968 on:						
5 years average	-1.16	+0.05	-0.02	+0.04	+0.04	-0.29
Previous year	-0.48	+0.64	-0.01	+0.13	+0.01	+0.96

Births and Birth Rate.

The live births occurring in or belonging to the County during the year numbered 14,544, of which 7,434 were males and 7,110 females. The birth rate for the year was 14.68 as compared with 15.16 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 87 are not validly comparable by reason of the fact that the area populations on which they are based may be of widely differing sex-age constitutions. With a view to eliminating this element of variation the Registrar-General has supplied a comparability factor for each area and this when multiplied by the live birth rate of the area produces an adjusted rate which may be regarded as comparable with the adjusted rate of any other area or with the crude live birth rate for England and Wales.

The factor for the Administrative County is 1.01, for the aggregate of Urban Districts 1.00 and for the Rural Districts 1.13. The effect of these factors on the 1968 crude live birth rates is shown below :—

	Administrative County.	Urban Districts.	Rural Districts.
	per 1,000 of estimated home population.		
Crude rates	14.68	14.56	15.17
Adjusted rates	14.83	14.56	15.47

The birth rate for England and Wales for 1968 was 16.9 and for 1967, 17.2.

In addition to the 14,544 live births in Surrey, there were 169 still births and the rate of still births per 1,000 live and still births was 11.49 as compared with an average rate of 11.88 for the quinquennial period of 1963-1967.

Of the 14,544 live births, 909 or 6.25 per cent were illegitimate, as compared with 6.08 per cent in 1967.

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
1968...	14.68	11.49	6.25

Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1968 was 10,808. The crude death rate for 1968 was 10.91, compared with 10.28 for 1967. The death rate for England and Wales in 1968 was 11.9, compared with 11.2 for 1967.

Infant Mortality.

The number of infants under one year who died during 1968 was 229. This represents an infant mortality rate of 15.74 per 1,000 live births as compared with a corresponding rate of 14.78 for the year 1967. The comparable figures for England and Wales were 18.0 in 1968 and 18.3 in 1967.

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
1968 ...	18.0	12.3	5.7	15.74	11.07	4.67

Maternal Mortality.

In 1968 4 women died from causes associated with pregnancy and child bearing including abortion. This gives a maternal mortality rate of 0.27 per 1,000 live and still births. The corresponding figures for England and Wales in 1968 were 198 and 0.24 : and for Surrey in 1967 were 4 and 0.26.

Causes of Death.

The grouped causes of death arranged in order of frequency in 1968 in the County were as follows :—

	Deaths.	Percentage of Total Deaths.
Diseases of the Heart	2,982	27.60
Bronchitis, pneumonia and other diseases of respiratory system (including 135 deaths from influenza)	1,747	16.16
Malignant disease (including 55 deaths from Leukaemia, Aleukemia)	1,707	15.79
Cerebrovascular disease	1,385	12.81
Other circulatory diseases	507	4.69
Violent causes	369	3.41
Digestive diseases	259	2.39
Congenital malformations	95	0.88
Diabetes	84	0.78
Nephritis and Nephrosis	37	0.34
Hyperplasia of prostate	27	0.25
Tuberculosis (all forms)	25	0.23
All other causes... ..	1,586	14.67
	10,810	100.00

Table 6 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 1968.

The infant mortality rates in the urban and the rural districts respectively were 15.96 and 15.74, the neo-natal mortality rates for the urban and rural districts respectively were 11.27 and 11.07 and the early neo-natal mortality rates for the urban and rural districts respectively were 9.63 and 9.62.

Table 7 shows 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 1968, together with the total number of deaths from each of these diseases in the urban and rural areas and in the Administrative County.

Table 8 shows the causes of all deaths during 1968 classified in age groups for the aggregate of urban and rural districts.

Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1968, giving the number of cases of each disease notified and the attack rate :—

Disease.	1968.	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	2	0.002
Post infectious	1	0.001
Acute Meningitis	4	0.004
Acute pneumonia	60	0.06
Acute poliomyelitis—		
Paralytic	—	—
Non-paralytic	—	—
Anthrax	1	0.001
Diphtheria	—	—
Dysentery	238	0.24
Enteric or Typhoid fever	2	0.002
Erysipelas	21	0.021
Food poisoning	76	0.076
Infective Hepatitis	4	0.004
Infective Jaundice	138	0.14
Malaria	5	0.005
Measles	1,812	1.81
Meningococcal infection	4	0.004
Ophthalmia neonatorum	—	—
Paratyphoid fever	4	0.004
Puerperal pyrexia	118	0.12
Scarlet fever	158	0.16
Smallpox	—	—
Tetanus	1	0.001
Tuberculosis—Pulmonary	109	0.109
Non-pulmonary	33	0.033
Typhoid	2	0.002
Whooping cough	261	0.27

The anthrax case was admitted to hospital with a severe pustular lesion of the right fore-arm from which colomils of *B. Anthrax* were cultured.

Specimens of a proprietary dog food containing meat meal were submitted to the Guildford Public Health Laboratory, the Public Health Laboratory at County Hall, London, and for examination by animal inoculations at the Public Health Laboratory, Maidstone. In each instance the findings were negative in respect of *B. Anthrax*.

With the family there is one healthy labrador animal and it does seem probable that the patient was infected by the dog food in question as she had on her right fore-arm a skin lesion which came into contact with the dog food as she put her arm into a 7 lb. bag of the mixture.

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

Measles	—
Whooping Cough	—
Diphtheria	—
Influenza	235
Meningococcal infection	—
Acute Poliomyelitis	—

Tuberculosis.

NOTIFICATIONS.

The summary of returns for 1968 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 109 cases of pulmonary tuberculosis and 33 cases of non-pulmonary tuberculosis during the year.

The case rates for Surrey, compared with those for England and Wales in 1968 were as follows :—

	Surrey.	England and Wales.
Pulmonary Tuberculosis	0.11 per 1,000	0.22 per 1,000
Non-Pulmonary Tuberculosis	0.03 per 1,000	0.05 per 1,000

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

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year	—	—	—	—	—
One and under 2 years	—	—	—	—	—
2 " " 5	—	1	—	—	1
5 " " 10	—	—	1	—	1
10 " " 15	2	1	—	—	3
15 " " 20	1	1	—	1	3
20 " " 25	3	1	1	1	6
25 " " 35	7	6	3	5	21
35 " " 45	10	6	—	4	20
45 " " 55	11	9	1	6	27
55 " " 65	16	7	1	5	29
65 " " 75	15	3	1	2	21
75 and upwards	6	3	—	1	10
Totals	71	38	8	25	142

The number of patients on the registers who had a positive sputum at the end of 1968 was 59.

DEATHS.

The numbers of deaths and the death rates for pulmonary tuberculosis and other forms of tuberculosis in 1968 were as follows :—

Pulmonary Tuberculosis.		Other forms of Tuberculosis.	
Deaths.	Death rate per 1,000 population.	Deaths.	Death rate per 1,000 population.
11	.01	14	.01

Provisional death rates for England and Wales in 1968 were as follows :—

Pulmonary tuberculosis	... ..	.03 per 1,000
Non-Pulmonary tuberculosis	... ..	.01 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 88 and tables showing the causes of all deaths in 1968, classified in age groups for the aggregate of urban districts and for the aggregate of rural districts, will be found on pages 89 to 91.

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 1968, 99 tuberculous patients (of whom 84 were notified cases) died as follows :—

	Pulmonary.	Non-Pulmonary.	Total.
Deaths allocated by the Registrar General (tuberculosis being the sole or underlying cause)	11	14	25
Deaths not allocated by the Registrar General (tuberculosis being one of the causes but not the sole or underlying cause)	36	—	36
Deaths not allocated by the Registrar General (tuberculosis not being one of the causes)	35	3	38
	<u>82</u>	<u>17</u>	<u>99</u>

There were 15 deaths of unnotified cases of tuberculosis in 1968 as follows :—

In Hospitals.	At Home, etc.	Total.
13	2	15

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, 1968, were as follows :—

						Pulmonary	Non-Pulmonary
Males	...	...	...	...	...	1,785	155
Females	...	...	...	...	...	1,241	265
Totals						3,026	420
Grand Total						3,446	

AMALGAMATION OF THE HEALTH AND WELFARE DEPARTMENTS.

The following report made to the County Council was subsequently adopted.

Health and Welfare Department Integration.

A comprehensive review has been undertaken to ascertain the changes necessary to give effect to the Council's resolution concerning the integration of the two departments and it is felt that this could best be carried out by reorganising the central administrative structure to merge those sections which have a common function ; by the integration of all social workers under one principal professional officer and the development of properly structured and integrated social work teams in the Divisions.

The staffing structure of the headquarters of the previous Health and Welfare Departments on the 1st December, 1967, the date of the merger under one Chief Officer, is set out diagrammatically, where it will be seen that there are in both departments several sections dealing with closely related matters. (Tables 9 and 10.)

It is proposed to make the following changes :—

1. ADMINISTRATIVE STRUCTURE.

(a) *Re-organisation.*

(i) To set up a building development and maintenance section to undertake the machinery work in connection with all building work and maintenance in the whole Department. It will be noted that while this section previously existed in the Welfare Department, the Health Department had no equivalent, building and maintenance being dealt with by each of the specialist sub-sections concerned, e.g. mental health, ambulances, etc.

(ii) To set up a staffing section to undertake work for the whole Department with the exception of ambulance operational staff. There has previously been no one unified section to deal with the work in this Department and each administrative section has been dealing specifically with its own professional staff.

(iii) To transfer the administration of the Chiropody and the Home Help Service to the Handicapped Persons section.

The recommended reorganised structure is illustrated diagrammatically. (Table 11.)

This central reorganisation has produced, in addition, some posts which can be abolished, and the need for some minor re-gradings occasioned by increased responsibility as a result of amalgamation. These are summarised below :—

(b) *Staff changes.*

(i) *Posts to be up-graded.*

Post and grade.

Principal Administrative Officer	This is the principal administrative post in the Department and in accordance with the recommendations of the Mallaby Report as implemented by the County Council it is recommended that the opportunity should be taken to re-grade this appointment to third tier level, as it is considered that the additional responsibility which will be attached to the post following reorganisation will fulfil the appropriate conditions for regrading.
Administrative Officer—Admissions and General Welfare Section	The previous occupant of this post has now retired and it is suggested that there should be an up-grading of a less senior post.
<i>(ii) Additional post.</i>	
Clerk—School Health Section	For additional duties allocated to section and clerical help to certain professional staff. Higher graded post abolished.
<i>(iii) Posts to be abolished.</i>	
County Welfare Officer	Post not to be filled.
Senior Administrative Officer, Residential and Temporary Accommodation Section	The officer who previously held this post has now retired and the post is being filled at lower level (see above).
Senior Administrative Officer	This post is that previously occupied by the Administrative Officer in charge of the Home Help Service. This work will be redistributed.
Administrative Assistant, Handicapped Persons	This post has been replaced.
Assistant Homes Officer	It is suggested that the present holder of this post be promoted to the existing vacancy of Homes Officer and that his present post be discontinued.

Administrative Assistant, School Health	Replaced by lower graded post.
Personal Secretary	The officer holding the post of Personal Secretary to the Principal Assistant Medical Officer has resigned and the previous County Welfare Officer's Secretary has been assigned to the P.A.M.O. and the post discontinued.
$\frac{1}{2}$ Clerk, Home Help Service	Work being re-allocated.

In addition, it is suggested that the title of Principal Administrative Officer in the Welfare Department be discontinued and the post be redesignated Senior Administrative Officer in the Health and Welfare Department.

2. SOCIAL WORK STRUCTURE.

(a) *Principal Social Worker.*

The duties of this appointment should be extended to take responsibility for the organisation of all the Social Workers in the field, excluding those in the Mental Health Services, but including the Welfare Officers and Rehabilitation Officers who were in the old Welfare Department.

(b) *Senior Social Workers.*

There was in the county headquarters structure of the previous Health Department under the direction of the Principal Social Worker, a Senior Social Worker for the Blind, a Senior Welfare Officer for the Deaf, a Senior Social Worker for the Physically Handicapped and a Care Organiser and her deputy with responsibility for tuberculosis and other chest cases and for services for the prevention of break up of families. In addition, in the Welfare Department there was a Senior Rehabilitation Officer having responsibility for the housing and rehabilitation of homeless families. Each of these Senior Officers is responsible for a group of field officers dealing only with one aspect of social work, although it is recognised that many of these social work situations have features in common and there is a degree of overlap. There are also in the field Principal Divisional Welfare Officers and Divisional Welfare Officers who were previously responsible directly to the County Welfare Officer.

Although the need for some specialist Senior Officers on the headquarters staff remains established, it is recommended that ultimately the appointment of Care Organiser for the prevention of break up of families and that of the Senior Rehabilitation Officer for homeless families should be merged and that in the interim these two officers should work together to combine the services.

(c) *Divisional Structure.*

At present, working in the Divisions and "delegated" districts, although on services which have not been delegated to the Divisions, there are "Divisional Social Workers" who deal with the prevention of break up of families, tuberculosis and other chest cases; Social Workers for the Physically Handicapped who deal with all other forms of physical handicap; Home Teachers of the Blind, who deal with blind and partially-sighted only; and Welfare Officers for the Deaf who deal only with the deaf and deaf without speech. In addition, there are Divisional Welfare Officers who are responsible for applications for admission to Part III accommodation and other duties under the National Assistance Act, e.g. emergency housing, care of property, inspection of voluntary homes, etc., and also Rehabilitation Officers for homeless families.

It is recommended that the work of these various categories of Social Worker should be integrated, and that, with the exception of the Home Teachers of the Blind, their posts should all be redesignated as Social Worker. This will give greater flexibility in the service and allow each officer to carry a mixed case load, although it is recognised that some Social Workers with specialist qualifications and particular interests would be employed on work with particular categories of clients. In addition, it is anticipated that, unless there are special reasons to the contrary, all Social Workers would share in the stand-by duties undertaken at present only by the Divisional Welfare Officers.

The present structure is set out on the attached sheet. (Table 12.)

While it is hoped that in the future workers with the blind will be integrated into the social work structure, it is acknowledged that particular difficulties exist with regard to Home Teachers of the Blind and it is recommended that no action be taken at the present time, but that a separate special report be submitted at a later date.*

There is also great need in the social work services in the divisions and delegated areas for the development of a hierarchy which will not only give opportunity for promotion for suitable staff, but also enable the field workers to have the benefit of advice and supervision from senior and specialist officers within their own Division. The general form of this hierarchy should be as follows:—

1st stage—1968-69.

Divisional Social Workers.

These would be Senior Officers, preferably with a recognised Social Work qualification, having a wide experience of social work, who would have the responsibility of organising the work of the teams within their Division.

* This has since been done.

It is important that the appointments of Divisional Social Workers be advertised as soon as possible during the present financial year so that these officers can give effect in the Divisions to the integration of the different specialist officers to form a single Social Work team. These appointments would be effected by substituting the posts of four posts of Social Worker which at present remain unfilled.

Senior Social Workers—Delegated Authorities.

In the three areas exercising delegated functions (Esher, Woking, Epsom) appointments at this grade would not be appropriate to head the smaller Social Work teams and it is therefore recommended that three Senior Social Workers be appointed to the delegated areas by substitution or promotion within the existing establishment. (See (ii) below.)

Welfare Assistants/Trainees.

There is at present an establishment of nine Welfare Assistants and three Trainees. Both Trainees and any suitable Welfare Assistants are seconded to full-time courses of training to qualify as Social Workers. It is difficult to make a fine distinction and in order to allow flexibility of choice at the time of appointment, depending on qualifications and general suitability, it is recommended that all 12 posts should be graded as Welfare Assistants/Trainees.

2nd stage—1969-70.

(i) Deputy Divisional Social Workers.

Deputy Divisional Social Workers would be required in the larger Divisions to act when the Divisional Social Worker is away, and although they would take on a small amount of administrative work, they would still be expected to undertake a fair proportion of case work.

(ii) Senior Social Workers.

Senior Social Workers would head a small team of Social Workers, usually working from a sub-office, and would be responsible for the general deployment of staff and in particular act as advisers and supervisors for the unqualified staff, trainees and students seconded to this department for field work training. The number of Senior Social Workers in each Division would be dependent upon the size of that Division.

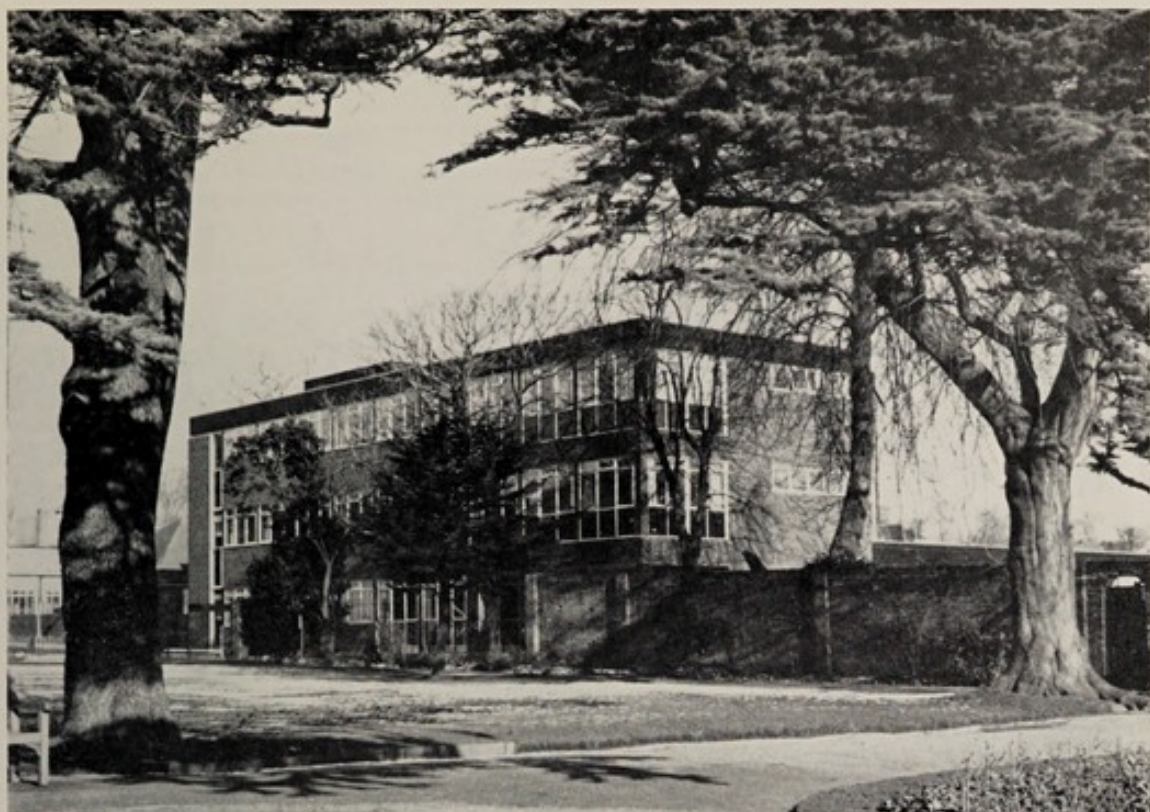
It is considered essential that the introduction of these new posts should be done by stages to enable each team to be properly integrated and developed. Appointments to these posts should therefore be held in abeyance until the next financial year, 1969-70, when the Divisional Social Workers will be in a better position to integrate them into the groups.

The proposed structure is set out in Table 13.

3. SENIOR LAY OFFICER IN CHARGE OF WELFARE SERVICES.

It will be noted that there has been no recommendation concerning the appointment of a Senior Officer to take charge of the Welfare Services. On examination of the possible duties of this officer, it was felt that there already existed in the present appointments of Principal Social Worker and Deputy County Welfare Officer, two officers of sufficient seniority to carry out this work, and it was felt that the introduction of yet another Senior Officer at a higher level would only serve to retard the satisfactory integration of the two departments at the present time. Indeed, it was particularly apparent that there was greater need to develop a lower and intermediate structure than to extend an already adequate Senior Administrative Social Work team at the county headquarters.

It is therefore suggested that the present appointment of Deputy County Welfare Officer should be redesignated Principal Welfare Officer and that he should be responsible for the services of the previous Welfare Department, excluding the work of the Welfare Officers and Rehabilitation Officers, but including in addition the Home Help and Chiropody services.

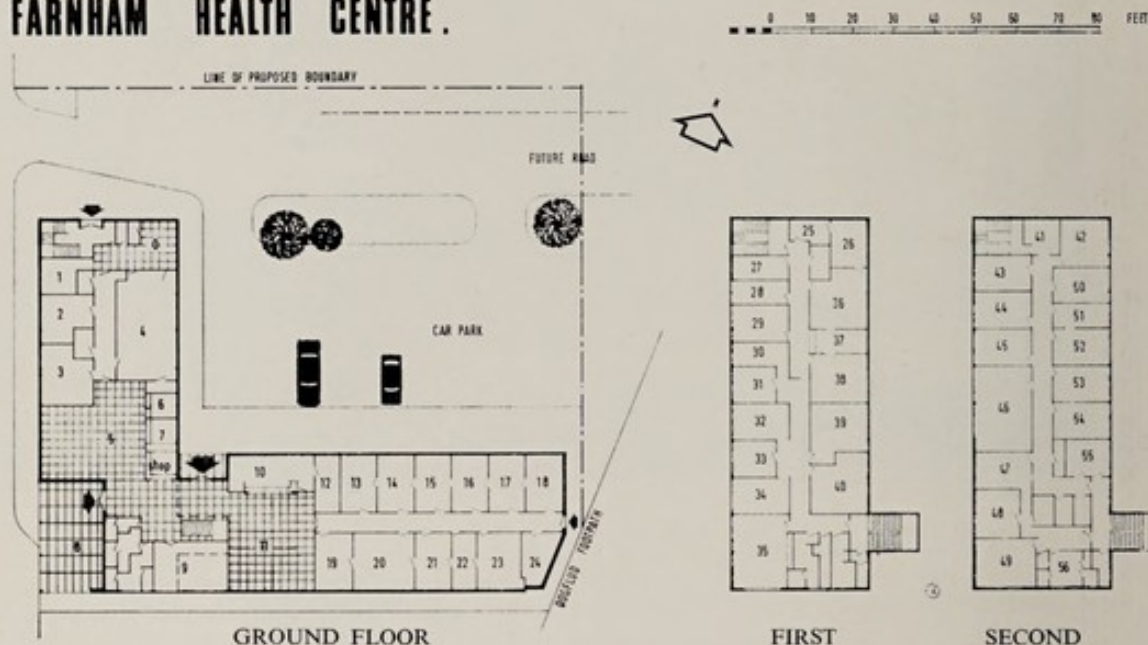


FARNHAM HEALTH CENTRE—*Exterior View*



FARNHAM HEALTH CENTRE—*Entrance*

FARNHAM HEALTH CENTRE.



FARNHAM HEALTH CENTRE—KEY TO PLANS

Ground Floor

0. Ante-Natal Waiting.
1. HV's Interviews.
2. Doctor.
3. Ophthalmic and Audiology.
4. Health Education.
5. Clinic Waiting Room.
6. Kitchen.
7. Clinic Reception.
8. Pram Shelter.
9. Boiler Room.
10. GP's Reception.
11. GP's Waiting Hall.
12. Secretary.
13. Consulting Room 1.
14. Examination Room.
15. Consulting Room 2.
16. Consulting Room 3.
17. Examination Room.
18. Consulting Room 4.
19. Consulting Room 5.
20. Examination Room.

21. Consulting Room 6.
22. Examination Room.
23. Consulting Room 7.
24. Telephone Equipment.

First Floor

25. Post-treatment Waiting.
26. Recovery Room.
27. Laboratory.
28. Orthodontic Model Room.
29. Dental Waiting.
30. Social Worker.
31. Social Worker.
32. Clerk's Office.
33. Interview Room.
34. Social Worker.
35. Staff Common Room.
36. Dental Surgery 1.
37. Reception.
38. Dental Surgery 2.
39. Health Visitor's Office.
40. Health Visitor's Office.

Second Floor

41. Child Guidance Waiting Room.
42. Clerk's Office.
43. Mental Welfare Officer.
44. Psychiatric Social Worker 1.
45. PSW 2.
46. Group Therapy.
47. Caretaker's Bedroom.
48. Caretaker's Bedroom.
49. Caretaker's Living Room.
50. Therapy Room.
51. Psychiatric Treatment Room.
52. Psychiatrist.
53. Educational Psychologist 1.
54. Educational Psychologist 2.
55. Psychiatric Common Room.
56. Caretaker's Kitchen.

WORK OF THE COUNTY HEALTH & WELFARE 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 1968 :—

Project.	Purpose.	Date Completed.
Ashted, Woodfield Lane	Clinic/Nurses' Flats/Library	October, 1968.
Blindley Heath, Dippen Hall	Home for the Elderly, Dining Room Extension, kitchen reorganisation and provision of single bedroom	April, 1968.
Caterham, Waller Lane	Provision of four District Nurses' Flats	July, 1968.
Farnham, Brightwells	Health Centre	July, 1968.
Worlingham, Limsfield Road	Ambulance Station	June, 1968.
Weybridge, Walton Leigh	Special Training School for Mentally Subnormal Children	September, 1968.
Woking, Woodhill, Send	Home for Subnormal Children, kitchen reorganisation and other works	October, 1968.

At the 31st December, 1968, building work was in progress on the following projects :—

Project.	Purpose.	Present Position— December, 1968.
1965-66 CAPITAL BUILDING PROGRAMME.		
Banstead, The Horseshoe, Bolter's Lane (Shallcross)	Home for the Elderly	Completion due in January, 1969.
Banstead, The Horseshoe, Bolter's Lane (Ridgemount)	Home for the Elderly	Completion due in December, 1968.
1966-67 CAPITAL BUILDING PROGRAMME.		
Walton-on-Thames, Ambleside Avenue (Glendale)	Home for the Elderly	Completion due in April, 1969.
West Molesey, High Street (The Summers)	Home for the Physically Handicapped	Completion due in May, 1969.
West Molesey, High Street (Langdown)	Hostel for Adult Subnormal Persons	Completion due in January, 1969.
Banstead, Brighton Road	Ambulance Control Training School, Stores, etc.	Completion due in April, 1969.
Banstead, The Horseshoe, Bolter's Lane (Bentley)	Technical Training Centre	Completion due in January, 1969.
1967-68 CAPITAL BUILDING PROGRAMME.		
Shepperton, Laleham Road	Health Centre (extension to Laleham Road Clinic)	Completion due in May, 1969.
Epsom, Alexandra Road	Provision of nine flats and Training Hostel	Completion due in January, 1969.
West Molesey (Thames Side), Beldham Gardens	Home for the Elderly	Completion due in February, 1969.
Farnham, Falkner Road (Cobgates)	Home for the Elderly	Completion due in March, 1969.
Woking, Coley Avenue (Heathside)	Home for the Elderly	Completion due in February, 1969.
Lingfield, East Grinstead Road	Home for the Elderly	Completion due in July, 1969.
1968-69 CAPITAL BUILDING PROGRAMME.		
Merstham, Bletchingley Road	Health Centre (extension to Bletchingley Road Clinic)	Completion due in April, 1969.
Walton, Rodney Road	Health Centre	Tenders are being considered.
Shepperton, Laleham Road	Special Training School	Tenders will be invited shortly, with a closing date in February, 1969.
Woking, Loxley House	Temporary Day Centre	In view of planning objections to use as a temporary Day Centre, the future of these premises is still under discussion.
Merstham, Bletchingley Road	Provision of four flats (linked with Merstham Health Centre)	Completion due in April, 1969.
Addlestone, Crouch Oak Lane	Provision of four Nurses' Flats	Tenders due in December, 1968.
Ottershaw, Slade Road	Home for the Elderly	Work started 11th November. Contract Period 68 weeks.
Horley, Upfield	Home for the Elderly	Tender accepted.
Weybridge (Rylston), 81, Oatlands Drive	Matron's House	County Architect obtaining tenders.
Weybridge, Old Police Station	Temporary accommodation	Planning permission applied for.
Epsom, Ashley House	Office accommodation	Scheme of adaptations to existing premises still under consideration.
Chertsey, Stepgates	Health Centre	Tenders will be invited shortly.
Thames Ditton, Giggs Hill Green	Health Clinic	Tenders received and being considered.

Health Centres.

In Surrey, as elsewhere in the country, considerable interest has been shown in recent years by local general medical practitioners who are attracted to the idea of working from health centres where they would be closely associated with members of the local authorities health services team. Discussions have been held with the Executive Council for South West London and Surrey, the South West Metropolitan Regional Hospital Board and with groups of doctors throughout the County, as a result of which the erection of some twenty-six new health centres is planned.

The first of these health centres, which has surgery facilities for nine local doctors and includes the local authority medical, dental and child guidance clinic services together with office accommodation for a team of social workers, was completed at Farnham and taken into use in June, 1968. The extension of two existing clinics to provide surgeries for local doctors commenced during 1968 and in succeeding years it is hoped to begin the building of some five new health centres each year.

Fluoridation of Water Supplies.

Details have been given in previous Annual Reports of the action taken by the Council under Circulars 12/63 and 15/65 on the fluoridation of public water supplies.

During the year under review a further circular was considered by the Health and Welfare Committee. In this circular (No. 24/68) the Minister of Health extended the terms of the indemnity announced in Circular 15/65 and he strongly urged all local health authorities who had not already done so to adopt the fluoridation of water supplies.

Prevention of the Break-up of Families.

There were 550 families on the registers kept by Divisional Medical Officers and Medical Officers of Health of Delegated Districts at the end of 1968.

These 550 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	273	49.6	Housewifery	107	19.5
2. <i>Material Needs.</i>			Care of Children ...	203	36.9
Housing	170	30.9	5. <i>Desertion.</i>		
Employment	87	15.8	Desertion by one Parent	98	17.8
Financial	318	57.8	6. <i>Delinquency.</i>		
3. <i>Physical, Mental and Psychological Disorders.</i>			Adult Delinquency and/or Imprisonment ...	64	11.6
Emotional Immaturity	159	28.9	Juvenile Delinquency (Real or potential) ...	40	7.3
Mental Illness ...	98	17.8	7. <i>Other Reasons</i>	6	1.1
Alcoholism and Drug Addiction	22	4.0			
Drunkenness	22	4.0			
Mental Subnormality ...	26	4.7			
Low Intelligence ...	101	18.4			
Physical Illness ...	93	16.9			

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

Group of Failings or Difficulties.	No. of Families.	Percentage of all Families.	Group of Failings or Difficulties.	No. of Families.	Percentage of all Families.
1. Marital	273	49.6	4. Housewifery and Child Care	247	44.9
2. Material Needs	398	72.5	5. Desertion	98	17.8
3. Physical, Mental and Psychological Disorders	352	64.0	6. Delinquency	98	17.8
			7. Other reasons	6	1.1

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

Of these 550 families 257 were known to the Health Visitors for their districts and, in addition, 570 families not registered as problem families were the subject of special surveillance by Health Visitors.

CHILDREN OF PROBLEM FAMILIES.

At the end of 1968 there were 2,000 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.
2,000	73	11	21	3	108	5.4

REHOUSING.

59 registered families were rehoused during the year.

SPECIAL HOME HELPS.

During 1968, problem families received the services of special home helps amounting in all to 825 hours. In addition, 2,724 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.

HOLIDAYS.

Recuperative holidays were arranged for 16 families.

The Education Committee again extended the facilities for children's holidays at Sheephatch School (see also *The Work of the Chest Clinics*, page 43) to children from multi-problem families and 79 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 79 children.

TRAINING HOMES.

2 problem families were admitted to homes for training during the year.

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 2 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.

Social Work Services.

1968 has seen the beginning of major changes in the social work services brought about partly as a result of the 1964 report to Council of my predecessor recommending that integrated social work services be developed within the Health Department and the more recent amalgamation of the Health and Welfare Department. These changes concern two main issues.

Firstly a structural re-organisation was undertaken by the creation of Divisional Social Work teams (one in the Northern Division, two in the North West, three in the South West and South East respectively). Each Delegated District has a team of social workers headed by a senior team leader. In November four Divisional Social Workers took up their posts, responsible for the provision of services for the physically handicapped, families at risk, the blind, the deaf, and those without speech, chest clinic cases, homeless families and elderly in need of care and attention. Four main Divisional Social Work offices have been established and sub-offices are gradually being opened. Each team,

with approximately six social workers, will have a senior team leader directly responsible to the Divisional Social Worker. The work of 76 social workers and twelve trainees (or welfare assistants depending upon current needs) is co-ordinated by the Principal Social Worker based at County Hall and aided by the Social Work Training Officer and a team of County Specialist Social Workers.

The second development deals with the formation of integrated case loads planned to minimise the need for more than one social worker from a team to visit a client. Thus by having a variety of skilled staff, most of whom previously specialised in one particular aspect of work, e.g. the physically handicapped, joined by others with professional training of a more generic nature it is hoped to offer clients a comprehensive service by using training, knowledge and experience to best advantage.

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) Tri-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 3,346.

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 addition to the above, Local Authority Clinics were held throughout the year at Caterham, Guildford and Cranleigh. A total of 1,249 patient attendances were made to these clinics, and 155 I.U.D.s were inserted. A limited domiciliary service was provided, 54 patients being visited during the year.

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

Cervical Cytology.

The 26 Well Woman Clinics held throughout the County during the year have been well attended and would appear to be meeting a need. The table shows the marked increase in the number of smears taken during the year :—

Year.	Total Smears Examined.	Referred for further Investigation.		Referred for Treatment.
		No. of cells suspicious of malignancy.	No. of cells probably malignant.	No. of cells definitely malignant.
1965	267	9	1	1
1966	5,441	61	7	4
1967	6,414	102	14	7
1968	8,667	98	13	8

At most clinics there is a waiting list partly due to the fact that repeat smears on many new cases are requested after one year. In some areas extra sessions are arranged to cope with demand.

Several sessions have been arranged to screen the women employees of factories and it is hoped to expand this service further in the near future.

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	67 (92)	34 (66)
India	43 (29)	21 (21)
Pakistan	76 (25)	34 (11)
Other Asian	92 (89)	48 (59)
African	82 (53)	44 (26)
Other	89 (63)	31 (44)
Non-Commonwealth Countries :—		
European	416 (393)	205 (250)
Other	58 (24)	16 (19)
Total	923 (768)	433 (496)

* 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 1967.

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.

Table 14 is an analysis of all births (live and still) notified during 1968 including any births registered but not notified and properly belonging to the County.

The number of births to Surrey mothers which took place in the homes, in private nursing homes and in hospitals in 1968 was 1,992, 597 and 12,230 respectively. The total live and still births were 14,713.

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

Division.	1968.
Northern	310
North-Western	964
South-Western	985
South-Eastern	644
Epsom & Ewell	169
Esher	183
Woking	293
Total	3,548

The selection of patients for hospital confinements shows that the number of low parity mothers confined in hospital has risen to 65.20 per cent as against 58.3 per cent in 1967, and the proportion of high parity mothers confined at home is still falling, 13.34 per cent as compared with 16.32 per cent for 1967.

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. %
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
1968	16.9	14.68	13.44	4.03	82.53

Table 15 gives detailed information of live births by age and parity of mother and by place of occurrence.

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... ..	332	9	102	65	—	—	167
North-Western	257	—	—	277	—	—	277
South-Western	535	66	24	—	—	75	99
South-Eastern	560	19	—	327	—	51	378
Epsom and Ewell	422	81	50	153	—	—	203
Esher	81	38	59	40	—	—	99
Woking	319	121	102	144	—	—	246
Total	2,506	334	337	1,006	—	126	1,469

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	411	60	471	2,626
North-Western	399	79	478	2,288
South-Western	351	77	428	4,701
South-Eastern	550	88	638	3,830
Epsom and Ewell	208	10	218	869
Esher	167	7	174	900
Woking	285	8	293	706
Total	2,371	329	2,700	15,920

The importance of ante-natal care cannot be overestimated and it has always been the policy of the Health Department through their field staff to stress this fact to expectant mothers. In recent years increasing numbers of women have attended hospital ante-natal clinics and clinics run by general practitioners. The call upon the County Council to provide ante- and post-natal clinics has therefore been reduced as is well seen from the comparison of the figures for the past three years.

Year.	Number of Attendances.	
	Medical Officers' Sessions.	Midwives Sessions.
1966	9,856	8,053
1967	7,462	6,808
1968	6,058	4,258

However the educative function for the ante-natal mothercraft and relaxation classes continues to be appreciated by the expectant mothers and the figures of 15,920 attendances during 1968 shows little change in comparison with previous years.

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, 43 Surrey cases were admitted to mother and baby homes situated within the County provided by Voluntary Organisations, while 54 were sent by the Council to other Homes, payment being made *per caput*.

In addition, 61 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 1968 was 4, which gives a maternal mortality rate of 0.27 per thousand live and still births which is more than the provisional rate of 0.24 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 8.

Three of these deaths occurred in hospital and one death associated with maternal causes occurred at home.

Puerperal pyrexia.

As from the 1st October, 1968, puerperal pyrexia is no longer a notifiable infection. During the period 1st January, 1968, to 30th September, 1968, 118 cases of puerperal pyrexia were notified. Of these cases 5 occurred in domiciliary confinements and the remainder in institutional confinements.

Infant mortality.

The infant mortality rate in the Administrative County of 15.74 compares with 18.0 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics."

The urban infant mortality rate in 1968—namely 15.96 (184 deaths)—is higher than the rural rate—namely 14.94 (45 deaths).

Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1968 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 in a Nursing Home.
(a) 2 lb. 3 oz. or less (1,000 gms. or less.)	39	28	7	1	—	—	—	—	—	—	—	—	10	1
(b) Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (1,001-1,500 gms.) ...	52	17	2	2	—	—	—	—	1	—	1	—	22	—
(c) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,501-2,000 gms.) ...	139	10	4	2	2	—	—	—	3	1	—	—	30	1
(d) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,001-2,250 gms.) ...	171	5	6	1	1	—	—	—	3	—	—	—	8	—
(e) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,251-2,500 gms.) ...	363	3	1	4	19	—	—	—	—	—	—	—	10	—
Totals ...	764	63	20	10	22	—	—	—	7	1	1	—	80	2

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 ...	14,544	13,751	793
Deaths among live births in the first month of life ...	161	66	95
Still births ...	169	87	82

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

It will be seen that the 13,751 non-premature live births produced 66 neo-natal deaths and the 739 premature live births produced 95 neo-natal deaths.

Ophthalmia Neonatorum.

In 1968 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 20 babies but no cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

Infant Welfare Centres.

The County Council maintained 164 infant welfare centres in the year. Additional centres were started at (i) Farnham Health Centre ; (ii) Ashted Clinic ; (iii) Infant Welfare Clinic, Ex-Service Mens Club, West Byfleet ; (iv) Green Lane Caravan Site, Outwood, Dorking.

The centres at Brightwells Clinic, Farnham, and Peace Memorial Hall, Ashted, were closed.

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

Division.	Number of children who attended during the year.			No. of sessions held by				Total number of sessions in columns (4)-(7)	Number of children referred elsewhere.	Number of children on "at risk" register at end of year.
	Born in 1968.	Born in 1967.	Born in 1963-66.	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 ...	1,596	1,485	1,998	1,145	51	—	—	1,196	166	2,796
North-Western ...	2,953	2,564	3,132	596	150	588	—	1,334	246	1,242
South-Western ...	3,127	3,362	4,970	1,752	302	—	—	2,054	376	667
South-Eastern ...	2,714	3,113	4,866	1,748	294	20	—	2,062	54	4,373
Epsom and Ewell	827	876	1,795	250	—	149	—	399	25	1,062
Esher ...	719	794	1,521	492	559	51	—	1,102	—	360
Woking ...	1,111	1,194	2,349	542	—	—	—	542	109	231
Total ...	13,047	13,388	20,631	6,525	1,356	808	—	8,689	976	10,731

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 1968 and who were born in that year formed 89.71 per cent of the total live births in the year.

The number of premises in use at the end of the year for ante- and post-natal clinics, ante-natal, mothercraft and relaxation classes and child welfare centres was as follows :—

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 ...	4	5	42	51
South-Eastern ...	12	1	36	49
Epsom and Ewell ...	2	—	4	6
Esher ...	3	1	3	7
Woking ...	1	2	12	15
Total ...	30	16	118	164

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 (%).
14,544	47,066	303,446	89.71

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, 2 mothers and their 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.R.V.S. whose help in staffing the distribution centres was greatly appreciated.

The following issues were made during 1968 :—

National Dried Milk.			Cod Liver Oil.		A. & D. Tablets.		Orange Juice.	
Free.	2/4	4/-	Free.	1/-	Free.	6d.	Free.	1/6
902	14,290	9,372	883	10,306	91	16,548	5,902	35,880

Non-coupon issues to Hospitals and Nurseries :—

	National Dried Milk.	Cod Liver Oil.	A. & D. Tablets.	Orange Juice.
Hospitals	1,072	—	—	1,510
Nurseries	1	144	—	748

Congenital Defects at Birth.

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

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

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

Children "At Risk."

The number of children on the "at risk" register was 10,731 in 1968.

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 70.

Table 16 shows the number of children ascertained through screening tests during the year.

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 691 sessions. The number of new patients attending during the year was 2,162. Dentures for mothers were provided through the County Dental Laboratory.

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	302	318	151
Children under 5 and not eligible for School Dental Service	3,194	1,844	1,582

(b) Forms of treatment provided.

	Scalings 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	199	693	—	10	198	31	14	27	53
Children under 5	230	3,741	634	—	760	300	—	—	29

DOMICILIARY MIDWIFERY AND HOME NURSING.

Midwifery.

There were 500 fewer domiciliary births during the year. The number of full-time midwives was reduced to 12, and the number of district nurse midwives to 101. There was a slight rise in the number of early discharges.

All members of staff engaged in midwifery duties are involved in ante-natal care, and the majority attend sessions held by General Practitioner Obstetricians. In two areas, i.e. Frimley and Crawley, the midwives take their patients into hospital and conduct the confinements there. The mother and babies return home as soon as they are fit for discharge.

Pupil Midwives.

A scheme of domiciliary training for Part II midwives was drawn up and approved by the Central Midwives Board; only 6 domiciliary cases are undertaken, and the 4 additional cases are conducted in the approved second period training schools, to comply with Rule B 17 (c).

During the 3 months' period of district training the pupils spend 2 days with a health visitor and 2 days with a district nurse; over and above this visits are planned for 8 half days. During these visits, time is spent in different departments of the local authority, and the pupils are given an opportunity of becoming aware of the services provided. Each pupil is given a project which she is required to present to her Part II training school together with her case book.

44 pupil midwives undertook their district training in the County.

District Nursing.

The total nursing and midwifery establishment was 241. There was a general increase both in the number of patients and the number of visits during the year. 66 per cent of the patients were over the age of 65 and 75 per cent of the total visits were paid to this age group.

34 district nurses, 4 enrolled nurses and 29 district nurse midwives worked in group attachment schemes. It has been interesting to note the changing work pattern in these areas. Over and above their domiciliary visits, the staff are working in the general practitioners' surgeries and in this way treating more patients.

Refresher Courses.

43 district nurses, 16 nurse midwives and 2 non-medical supervisors attended courses. It was also possible for members of staff to attend in-service courses arranged within the department.

District Nurse Training Unit.

31 registered nurses took this course.

Study days were arranged for state enrolled nurses and for nursing auxiliaries.

The Standing Sub-Committee on Equipment met and made recommendations.

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, discharged and attended by domiciliary midwives before 10th day.	Total domiciliary midwifery visits.	Total domiciliary nursing visits.	Number of cases discharged from hospital to care of district nurse.	Number of patients suffering from cancer.	Number of patients incontinent.
Northern	25.4	1,550	24	1,019	342	310	11,861	36,602	71	98	72
North-Western ...	42	3,011	69	1,851	494	964	16,121	63,576	252	232	221
South-Western ...	63.9	4,716	100	3,138	362	985	22,420	129,345	569	353	409
South-Eastern ...	54	3,405	76	2,393	507	644	12,955	94,130	94	257	311
Epsom and Ewell ...	15	1,127	9	720	134	169	3,732	31,714	26	81	89
Esher	15.5	1,108	7	757	78	183	3,223	35,591	95	96	59
Woking	17	982	7	657	209	293	4,245	26,395	117	79	139
Total	232.8	15,899	292	10,535	2,126	3,548	74,557	417,353	1,224	1,196	1,300

Attention is drawn to the high proportion of the nurses' time which is spent with the over 65 age group. In 1968 66 per cent of the patients visited were in this age group, and out of the total number of visits by nurses 75 per cent were to the aged. This pattern is expected to increase in view of the Group Practice attachments. Moreover the number of home confinements has again fallen (from 2,560 in 1967 to 2,066 in 1968) and the number of early discharges (3,548) 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	6	8	—	11	3	1
North-Western	8	15	11	4	—	1
South-Western	25	31	9	14	4	1
South-Eastern	11	11	9	3	2	1
Epsom and Ewell	2	2	—	—	—	—
Esher	1	3	—	—	—	—
Woking	5	6	—	2	—	—
Total	58	76	29	34	9	4

The attachment of Health Visiting, Midwifery and Nursing Staff to Group Practices has continued to grow.

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 1968, 138 cases booked by the Domiciliary Midwives were transferred to hospital either during pregnancy or labour. This shows a considerable reduction on last year's figure (257) which is probably due to the falling birthrate, the better selection of cases for the District Midwife and the availability of hospital beds.

	Total.	1st.	2nd and 3rd.	4th.	Over 4th.
(1) IN PREGNANCY.					
Ante-partum haemorrhage	11	2	8	1	—
Breech	1	—	1	—	—
Mal-presentation	5	1	2	1	1
Miscellaneous	4	—	3	1	—
Post-maturity	16	1	10	3	2
Pre-eclampsia	13	3	9	1	—
Rhesus factor	3	—	3	—	—
Social grounds	1	—	1	—	—
Twins	1	—	1	—	—
Total	55	7	38	7	3
(2) IN LABOUR.					
Ante-partum haemorrhage	9	—	6	3	—
Breech	3	1	2	—	—
Foetal distress	8	1	4	3	—
Inertia	17	9	7	1	—
Mal-presentation	15	3	11	—	1
Post-partum haemorrhage	1	—	1	—	—
Prematurity	18	6	9	1	2
Retained placenta	11	3	7	1	—
Stillbirth	1	—	1	—	—
Total	83	23	48	9	3

ANALYSIS OF NURSING CASES.

(i) *Principal Medical and Surgical Conditions.*

Cases.	Total All ages.
Diseases of the heart	1,188
Circulatory	1,572
Diseases of the blood	1,696
Central nervous system	794
Chest conditions, medical and surgical	1,044
Abdominal, medical and surgical	2,127
Gynaecological, medical and surgical	581
Influenza	100
Rheumatic and arthritic diseases	1,092
Urinary, medical and surgical	323
Breast conditions, medical and surgical	279
Scalds, burns and other injuries	499

(ii) *Other.*

Varicose ulcers	781
Miscarriages and Threatened Miscarriages	120
Tuberculosis... ..	73
Pedicures	43
Diabetes	363
Diagnostic preparations	150
Orthopaedic, medical and surgical	659
Skin diseases, medical and surgical	288
Eye conditions	91
Ear, nose and throat, medical and surgical	285
Miscellaneous	1,751

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 1968 was 342.

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 ...	273
(b) Others	—
(ii) For cases in Institutions	124
Total	397

NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	397
Stillbirths	26
Laying out dead body	4
Liability to be a source of infection (including pyrexia)	57
Death of baby... ..	7
Total	491

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) ...	20
Stillbirths	26
Liability to be source of infection (including pyrexia)	57
Death of baby... ..	7
Total	110

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 two health visitors are attached to groups 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	645	195	210	38	202	128
Woking and Chertsey ...	183	473	343	73	8	49	—
Farnham (Surrey cases only)	73	195	140	10	14	31	—
Redhill (all cases) ...	219	1,168	727	418	23	—	10
Total	601	2,481	1,405	711	83	282	138

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... ..	64	—	76	12	8	160
Guildford	619	—	880	72	165	1,736
Woking and Chertsey ...	586	—	583	248	558	1,975
Farnham (Surrey cases only)	84	—	291	74	85	534
Redhill (Surrey cases only)...	454	—	1,391	95	146	2,086
Total	1,807	—	3,221	501	962	6,491

In addition, the general health visitors visited 4,444 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	61	12	25	53	27
Woking and Chertsey ...	135	24	23	187	60
Farnham (Surrey cases only)	53	4	12	67	—
Redhill	633	—	10	68	—
Total	782	40	70	375	87

Details of the health visitors' work with the general practitioners in the Epsom area are given below :—

(a) *No. of cases referred :—*

General practitioners	...	...	...	...	...	...	...	...	391
Hospital Almoners	...	...	...	...	...	...	...	...	18
Other sources	...	...	...	...	...	...	...	...	62
Total	...	...	...	...	...	...	...	...	471

(b) *No. of home visits :—*

First visit	...	...	...	...	...	...	...	...	400
With doctor	...	...	...	...	...	...	...	...	5
Re-visits to patients	...	...	...	...	...	...	...	...	2,936
Visits to relatives	...	...	...	...	...	...	...	...	35
Miscellaneous	...	...	...	...	...	...	...	...	37
Total	...	...	...	...	...	...	...	...	3,413

(c) *Cases dealt with by admission to :—*

Hospital	...	...	...	...	...	...	...	...	11
Nursing Home	...	...	...	...	...	...	...	...	2
Welfare Home	...	...	...	...	...	...	...	...	6
Total	...	...	...	...	...	...	...	...	19

Geriatric Clinics.

There were 13 geriatric clinics in operation during 1968.

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 58.

Aids and Equipment for the Elderly.

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 1,062 applications were dealt with by the end of the year as compared with 587 during 1967.

Audiometric Service.

Details of the audiometric service for elderly persons will be found on page 57.

HEALTH VISITING.

The total Health Visiting establishment was 194. 22 Students were sponsored to take their training. Attachment of Health Visitors to group practices has grown steadily and there are 81 working in this way. It is noteworthy to mention the change in the case work of these Health Visitors, much more support and advice is being given to the middle-aged, the aged, and to patients discharged from hospital, and in families where there is stress and strain, as well as to the families with young children.

There are 16 Field Work instructors in the County, and last year they were responsible for the practical training of 22 students.

Refresher Courses.

29 Health Visitors attended.

In-service training courses were arranged on the following subjects :—

- (i) Mental Subnormality, covering recent advances in medical knowledge in its causation, and showing ways of home-management and the development in community care.
- (ii) The particular needs of children in day care.
- (iii) The audiology service.

Some study days were arranged to inform staff of the work done in Well Women Clinics and in Family Planning Clinics.

We received student nurses from all the Hospitals in the County, and from Hammersmith and St. George's Hospitals. Their visits are arranged with great care in order that the student nurse should be made aware of some of the community services.

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, 1968		Live births 1968		Case load 0-5 years.	Cases visited by Health Visitors.				Total No. of children visited.
						Expectant mothers.	Children under 1 year of age.	Children age 1 and under 2 years.	Children age 2 and under 5 years.	
	D.H.V.	H.V.	Registered and adjusted.	No. of 1968 birth cards.						
Northern...	1	16	1,653	1,820	8,502	134	1,631	1,273	2,875	5,779
North-Western ...	1.5	34	3,266	3,067	15,794	703	3,215	3,401	8,502	15,118
South-Western ...	1	37	3,476	3,405	17,052	1,121	3,928	3,819	11,603	19,350
South-Eastern ...	1	36	3,235	3,286	15,665	1,150	3,117	3,623	10,873	17,613
Epsom and Ewell ...	0.5	9	873	842	4,118	604	904	951	2,941	4,796
Esher ...	0.5	10	813	765	3,984	517	760	813	2,658	4,231
Woking ...	0.5	13	1,228	1,182	6,038	283	1,196	1,264	3,611	6,071
Relief Staff ...	—	12	—	—	—	—	—	—	—	—
Total	6	167	14,544	14,367	71,153	4,512	14,751	15,144	43,063	72,958

Other Duties of Health Visitors.

The general health visitors also undertake the duties of school nurse and details of their work in the School Health Service are given on page 69.

Their other duties include work in connection with 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 educationally sub-normal.	No. of handicapped persons.	Total No. of families visited.
Northern	817	63	170	41	57	7,683
North-Western	503	81	118	224	162	12,472
South-Western	678	106	139	212	182	13,540
South-Eastern	1,044	98	39	190	102	11,619
Epsom and Ewell M.B. ...	503	19	14	32	63	3,673
Esher U.D.	1,296	24	31	37	174	4,361
Woking U.D.	245	27	20	65	39	4,719
Total	5,089	418	531	801	779	58,067

NURSING HOMES.

During the year, the Committee approved the registration of 2 nursing homes. On the 31st December, 1968, there were 34 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 8,029, the comparable figure for 1967 being 6,758, an increase of 18.81 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	17	489	39	332
North-Western { Factory	1 48	30 1,161	38	307
South-Western { Factory	1 71	40 1,597	28	259
South-Eastern	57	1,371	37	277
Epsom and Ewell	16	519	14	119
Esher	20	663	20	190
Woking	25	467	29	208
Total { Factory	2 254	70 6,267	205	1,692

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, 1968.							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, 1968.						
	Year of birth.						Others under 16.	Year of birth.						Total.
	1968.	1967.	1966.	1965.	1961-64.			1968.	1967.	1966.	1965.	1961-64.		
Northern	490	681	38	18	46	32	1,305	12	276	695	91	1,404	1,143	3,621
North-Western	822	1,281	69	26	74	21	2,293	2	399	1,317	199	2,755	626	5,298
South-Western	640	1,428	931	258	248	97	3,602	6	467	1,226	370	3,463	2,489	8,021
South-Eastern	856	1,502	90	36	82	59	2,625	17	515	1,103	156	2,235	438	4,464
Epsom and Ewell	214	409	37	4	17	3	684	8	157	340	36	711	419	1,671
Esher	234	367	15	5	16	6	643	11	134	379	106	720	317	1,667
Woking	354	689	61	10	75	22	1,211	—	158	417	90	866	322	1,853
Total	3,610	6,357	1,241	357	558	240	12,363	56	2,106	5,477	1,048	12,154	5,754	26,595

There was no case of diphtheria in children notified during the year.

Measles Vaccination.

In May, 1968, at the request of the then Minister of Health, local health authorities introduced a scheme for vaccinating children up to the age of seven years against measles. Although some difficulty was encountered in obtaining an adequate supply of vaccine, a total of 20,099 children had been vaccinated by 31st December, 1968. The following table gives details.

Division.	Vaccinated.						
	Year of birth.					Others under age 16.	Total.
	1968.	1967.	1966.	1965.	1961-64.		
Northern... ..	15	590	533	471	1,096	149	2,854
North-Western	22	553	587	522	1,350	73	3,107
South-Western	19	709	720	792	2,517	183	4,940
South-Eastern	106	773	760	675	1,690	158	4,162
Epsom and Ewell	10	202	212	157	663	21	1,265
Esher	6	368	378	293	862	190	2,097
Woking	9	237	289	283	803	53	1,674
Total	187	3,432	3,479	3,193	8,981	827	20,099

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	6	5	4	3	731	385	108	1,242	—	—	—	—	—	20	383	403
North-Western	14	23	18	32	1,601	452	143	2,283	—	—	—	—	39	36	430	505
South-Western	14	29	19	14	977	1,586	178	2,817	—	—	—	—	11	79	685	775
South-Eastern	11	16	29	48	1,888	536	221	2,749	—	—	—	—	—	70	701	771
Epsom and Ewell	1	—	4	1	413	135	30	584	—	—	—	—	—	19	100	119
Esher	4	4	1	—	507	154	38	708	—	1	—	—	5	16	45	67
Woking	—	—	—	—	354	457	36	847	—	—	—	—	—	4	88	92
Total	50	77	75	98	6,471	3,705	754	11,230	—	1	—	—	55	244	2,432	2,732

There were two cases of generalised vaccinia in children aged 1 year and 2 years and one case of post vaccinal encephalomyelitis 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.
	1968.	1967.	1966.	1965.	1961-64			1968.	1967.	1966.	1965.	1961-64		
Northern	483	675	37	14	14	—	1,223	8	266	661	71	222	—	1,228
North-Western	815	1,266	67	24	22	—	2,194	2	347	1,154	143	401	44	2,096
South-Western	636	1,401	904	252	146	15	3,354	4	438	1,080	324	480	135	2,461
South-Eastern	848	1,486	71	28	18	4	2,455	11	461	996	122	634	80	2,304
Epsom and Ewell	213	407	36	4	3	—	663	6	146	259	27	49	10	497
Esher	231	365	12	3	6	1	618	1	7	40	9	29	8	94
Woking	353	686	60	9	49	3	1,160	—	127	347	62	211	52	799
Total	3,579	6,286	1,187	334	258	23	11,667	32	1,792	4,537	763	2,026	329	9,479

B.C.G. Vaccination.

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

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

Statistics for all categories for the year are shown below.

Division.	Number skin tested.	Number found positive.	Number found negative.	Number vacci- nated.
Northern	1,023	66	957	957
North-Western	2,613	89	2,524	2,408
South-Western... ..	3,404	161	3,243	3,243
South-Eastern	2,405	82	2,158	2,157
Epsom and Ewell	553	43	510	496
Esher	566	84	453	453
Woking... ..	974	44	930	795
Total	11,538	569	10,775	10,509

Anti-tetanus Vaccination.

During the year 14,008 children under 16 years of age completed a primary course of three injections with either single or combined vaccine and 26,991 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, 1968 :—

	Number of Persons.	
	Completed primary course.	Received reinforcing dose.
Children born 1968	2,790	31
Children born 1967	7,922	1,115
Children born 1966	1,438	2,643
Children born 1965	545	435
Children and Young Persons born 1961-64	784	11,260
Others under age 16	547	2,753
Total	14,026	18,237

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, 1968, there were 37,647 aircraft arrivals and 37,697 departures—an increase of 2,383 and 2,414 respectively over 1967. These flights involved 2,123,487 passengers compared with 1,964,036 passengers in 1967—an increase of approximately 8 per cent. During this period the Unit examined 1,772 Commonwealth immigrants. Of these 15 were classified as likely to require major medical treatment.

171 aliens were examined and of these 83 were classified as requiring medical treatment.

622 smallpox vaccinations were carried out and first aid treatment was given to 324 persons during the year.

The Port Health Staff consists of two Medical Officers with six part-time General Practitioners operating a duty rota, three S.R.N.s and six Clerk/Receptionists.



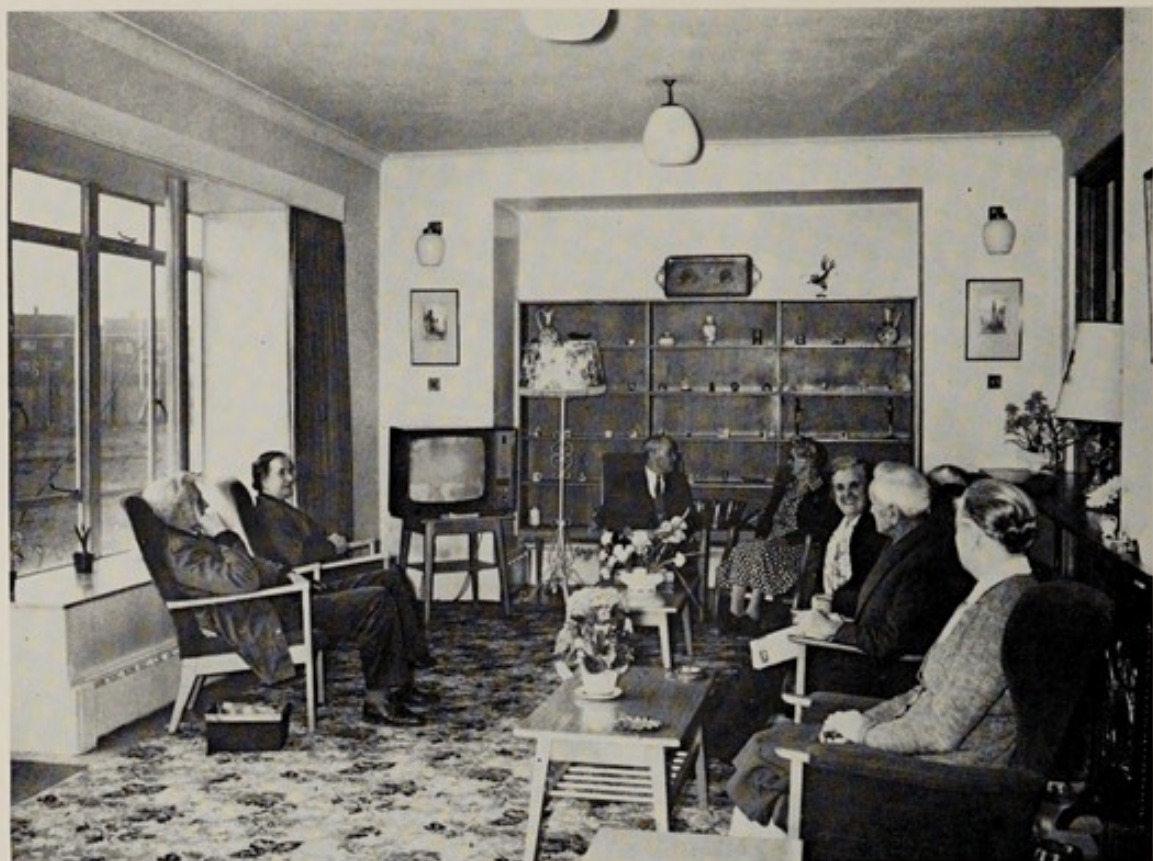
HEALTH VISITING

A health visitor advises a young mother on the development of her first baby.



SOCIAL WORK

A social worker (centre) interprets for a deaf person who is consulting her solicitor.



WELFARE SERVICES

A group of residents in the lounge of a Surrey home for the elderly.



DAY NURSERY

Very businesslike activity in the grounds of a Surrey day nursery.

AMBULANCE SERVICE.

Organisation and Administration.

During the year the County Treasurer took over responsibility for the payment of wages via the computer. There was accordingly a reduction of two clerks employed in the Ambulance Administrative Headquarters to compensate for this reduction in work.

There were no other major changes in organisation or administration.

Control and Communication.

The operational control of the Service continues from the temporary accommodation at Banstead. This presents considerable strain on the staff and it is to their credit that they have maintained the traditional high standards of the service.

During the flood disaster which occurred throughout the County during September, the Control set up radio links with hospitals cut off from normal telephone communication. It was also nominated as the communications centre for co-ordinating other Health and Welfare functions throughout the disaster period. This worked well and will in future be a designated function of the Ambulance Control. In addition to this normal function, the Control also provide a telephone answering service for Mental Welfare Officers and Social Workers outside normal hours.

Work of the Service.

EMERGENCY.

The work of the service continues to expand although there was a significant slowing down of this process during the year. Emergency calls increased by 1.8 per cent. It should be noted that in addition to the emergency 999 calls received from members of the public, which is shown in the statistics, there is also a similar number of patients included in the general figures which must be given some priority. These are in the main urgent requests received from hospitals and doctors. The time taken to deal with emergency calls from the receipt of call to arrival at incident averaged 5.8 minutes compared with 6.1 minutes in 1967. (See Table 17.)

The Service attended 27 full emergency standby calls at London Airport (Gatwick) and were alerted on 35 occasions from London Airport (Heathrow). The Service's Major Incident Procedure was put into operation 25 times and with the exception of the two aircraft crashes at London Airport and an incident at Kempton Park when a covered way collapsed during a late evening jazz festival injuring 67 persons, the initial attendance of six or less ambulances was able to deal with the incidents. I have referred to the work of the Control during the floods. The operational staff also worked under trying conditions and were required to evacuate Molesey and Thames Ditton Hospitals and arrangements were also in hand to assist other hospitals where the need arose. I am pleased to be able to report that the Service was able to meet the disaster problem with flexibility and efficiency.

GENERAL WORK (HOSPITAL ADMISSIONS, OUTPATIENTS, ETC.).

The policy of expanding the Hospital Car Service enabled the increase in this work to be absorbed with a minimum increase in staff and vehicles. There is a continuous change in the pattern of work due to new hospital techniques and the increase in the number of geriatric outpatients. The latter presents a difficult transport problem as the majority of this transport is required during the peak outpatient period (0900-1000 and 1530-1630). Approximately 1,000 patients are transported per week to and from day hospitals.

The Service continues to use rail transport whenever possible for long distance journeys and where it is economical to do so, air transport. Ministry of Health Circular 12/62 made it the responsibility of the ambulance authority to organise and finance normal journeys by ordinary aircraft and helicopters. During the year 399 patients were carried by rail a total of 42,209 miles and 7 patients by air a total of 1,831 miles.

Hospital Car Service.

The policy of expanding the Hospital Car Service has proved successful. During the year this part of the service conveyed 154,181 patients 1,559,602 miles, an increase of 5.2 per cent in the number of patients carried. This increase accounted for almost all the expansion in the general work of the service and was more than half the walking patients.

Staff.

There was an increase in establishment of two driver/attendants to man an additional ambulance. This was mainly for the purpose of improving the service to geriatric patients. There was an increase of one control clerk to cover the work in the Control in connection with handicapped persons transport and two further driver/attendants to man additional handicapped persons vehicles. Recruiting continues to be difficult, although towards the end of the year there was an improvement in the situation.

Vehicles.

The establishment of vehicles during the year was :—

Ambulances	...	...	...	60 operational.
				12 reserve.
Sitting case vehicles	...	...	...	36 operational.
				11 reserve.

Authority was given to purchase four control and equipment vehicles, two of which were replacements for existing control vehicles and two additional. Three replacement and two additional ambulances and six replacement sitting case vehicles were also ordered.

Handicapped Persons and Mental Health.

The Service operated five specially designed vehicles for handicapped persons transport and one special coach jointly used for the Mental Health Service and handicapped persons transport.

Comparative totals of work carried out are :—

1967	Handicapped persons vehicles	...	...	...	...	15,482 patients.
						61,066 miles.
1968	Handicapped persons vehicles	...	...	...	...	18,637 patients.
						69,996 miles.
1968	Coach (part year)	...	...	...	...	2,882 patients.
						6,822 miles.

Premises.

The replacement ambulance stations at Leatherhead and Warlingham were completed and became operational during the year. Work on the new headquarters at Banstead is expected to be completed in the summer of 1969.

Agency Station.

The British Red Cross Society at Godalming continued to operate two ambulances on an agency basis throughout the year.

Supplementary Ambulances.

The British Red Cross and St. John Ambulance Brigade continue to provide supplementary ambulances, usually during off peak periods. This very useful service conveyed 1,700 patients 28,736 miles.

Safe Driving Competition.

317 drivers were entered for the competition organised by the Royal Society for the Prevention of Accidents. 62 were disqualified and 46 were ineligible for awards because of sickness, changes of duty, resignations, etc. 209 received awards as follows :—

4	bars to 15-year brooches.
2	15-year brooches.
24	11-14-years oak leaf bars to 10-year medals.
4	10-year medals.
27	6-9-year bars to 5-year medals.
11	5-year medals.
137	diplomas 1-4 years.

Training.

The Training Section of the Service carried out the following programme during the year :—

2	Induction Courses (4 weeks)	...	13 recruits.
2	Refresher Courses (3 weeks)	...	16 driver/attendants.
1	Officer Course (3 weeks)	...	8 officers.
*4	Millar Courses (6 weeks)	...	52 personnel, 17 of whom were from other authorities.

* These courses are the full six-week courses recommended by the Department of Health and Social Security in the Millar Report, Surrey being one of the nine authorities invited to carry out this training.

Annual Ambulance Competition.

The annual competition was held at Sandown Park, Esher. The winning team, who received the Stuart Horner Shield, went on to gain second place in the Regional Competition and were awarded the Lomas Shield.

Instruction to Other Organisations.

There was an increase in demand from outside bodies to be given instruction in first aid subjects. Forty-one sessions were organised, 748 people attending. In addition, 33 groups were conducted round the Ambulance Control and other ambulance stations.

Civil Defence.

With effect from 1st April, 1968, the Ambulance Reserve was put on a "Care and Maintenance" basis and training of the general public in home nursing and first aid under the Training in Nursing Regulations was discontinued.

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 38 health visitors some of whom were attached to general practitioners. During 1968 these health visitors paid a total of 4,167 visits to tuberculous households and attended 1,146 chest clinic sessions. 1,249 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 78).

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 1968 the Chest Physicians carried out about 640 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 39.)

CARE AND AFTER-CARE.

Provision of Milk Free of Charge.

The average number of tuberculous patients receiving milk free of charge each week throughout the year was 135 (155 the previous year).

Care Committees for Tuberculosis and Chest Diseases.

The fourteen voluntary Care Committees continued to give excellent service to patients attending the chest clinics. Throughout the year, the Care Committees raised approximately £3,223 by their own efforts, and received £1,268 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 £5,364 covered a wide range of items to meet individual needs, the main items being food, fuel, household items and holidays.

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 Health and Welfare Committee received a grant of £250 from the 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 reorganisation. 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 and summer holidays for families at the country and seaside.

The beach chalets which were hired by the Conference provided a fortnight's holiday each for some 17 Surrey families comprising approximately 30 adults and 54 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 60 child "contacts" and contributed 25 per cent of the cost for the 47 Surrey children who attended.

REHABILITATION AND COLONISATION.

During 1968 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 services of the Council's team of qualified Occupational Therapists are available for tuberculous patients. Details of this service are given on page 58.

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 1968 the Surrey Mass Radiography Service X-rayed 136,670 persons. These examinations were carried out by two separate services as follows :—

General Practitioner Chest X-Ray Service (people referred by their own doctors)	...	...	...	19,829
Normal Mass Radiography Service	...	...	...	116,841

The Medical Director reports that fewer cases of tuberculosis were diagnosed in 1968 (91) than in 1967 (124). The total number of cases of lung cancer found was 195 as compared with 152 in 1967. (See Table 18.)

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, 1968, are as follows :—

	Hospital In-Patients.	Hospital Out-Patients.	General Practitioners' Cases.	Total.
Number of patients sent to Holiday Homes	38	23	142	203
Lengths of stay : 1 week	—	1	5	6
2 weeks	38	20	128	186
3 weeks	—	2	9	11
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, 1968, was as follows :—

Article.	No. of Loans.	Article.	No. of Loans.
Air beds	1	Bed cradles	388
„ bellows	—	Crutches	138
„ rings	437	Douche cans...	5
Bed rests	534	Feeding cups	68
„ pans	677	Inhalers	10
„ tables	107	Mackintosh sheets	407
Invalid chairs	849	Steam kettles	—
Commodes	895	Urinals	361
Walking aids...	61	Sundry articles	51

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 Department of Health and Social Security, 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 :—

1968.	Guildford Clinic.	Redhill Clinic.	Woking Clinic.	Other Clinics.	Total.
New Cases (Surrey).					
Syphilis	3 (1)	3 (1)	2 (2)	24 (21)	32 (25)
Gonorrhoea	45 (41)	4 (7)	17 (8)	225 (175)	291 (231)
Other conditions	270 (305)	48 (37)	145 (136)	1,351 (799)	1,814 (1,277)
Totals	318 (347)	55 (45)	164 (146)	1,600 (995)	2,137 (1,533)

The figures in brackets relate to the year 1967.

Health Education.

"Health education is after all concerned with social change ; with modifying behaviour for the promotion of health and the prevention of disease. It concerns the individual, it concerns the family, and it concerns the community." This extract from a recent speech by Lord Cohen of Birkenhead summarises the three-fold approach to health education in the County.

At the individual level the influence of the health visiting, nursing and social work staff in the field of health education is as wide-spread as it is incalculable. Whether the beneficiary makes an occasional, episodic contribution to his own health, as for example, in immunisation or mass radio-graphy ; or whether the individual is personally and continually involved, as in avoiding such anti-health measures as over-eating, over-drinking or over-smoking, the influence of the individual field worker is most important.

These influences also affect the health of the family, but it is probably true to say that many of the health interests of the family are derived from group pressures outside it. The work of the staff in connection with groups of schoolchildren is described later in the Report. The health education work with younger and older age-groups merits further description for the psychological, social and cultural factors are probably most potent in the group situation. To determine the extent of the involvement of the various categories of staff in this process a health education survey over a period of six months was conducted and the results will be included in next year's Report. Meanwhile, all indications show that educational work, both within and beyond normal working hours, has been extended during the current year. Topics of a wide range of interest included accident prevention, nutrition, cervical cytology and cancer education, home nursing and hygiene, first aid, immunisation prophylaxis, dental care, foot health, prevention of infection, aids for the elderly, education for childbirth, personal relationships, child development, anatomy, and physiology, social services, family planning and noise abatement. The groups have been as varied as the topics discussed and have included pre-school toddlers, students of all ages, church and uniformed organisations, young wives, leaders of play groups, mothers' unions, ante- and post-natal groups through to clubs and clinics for the elderly.

In addition a wide range of special lectures was given to air hostesses, student nurses and midwives, technical college students, Red Cross and St. John Ambulance associations, evening institutes of further education, Duke of Edinburgh Award students and the like.

The resources of the health education section were considerably extended to cope with the considerable increase in requests for source teaching material and equipment, and in providing consultation services in teaching methods and media. Throughout the year more formalised training courses and conferences were organised to ensure a lively and informed approach to the problems of health education or of the professional needs of a wide category of staff. These included health visitors, district nurse students, pupil midwives, ambulance officers, trainee general medical practitioners, staff of special training schools, school medical officers, mental health staff, public health staff and social workers.

Of special interest in the latter field was the combined conference organised for County and hospital staffs on *"The problem of deafness in the mentally disordered."* About one hundred people attended the whole-day conference at Brookwood Hospital. About half were drawn from the fourteen psychiatric hospitals within Surrey and included physician superintendents, medical administrators, matrons, charge nurses, social workers, speech therapists, registrars, ward sisters and nursing officers. The other half of the conference comprised medical, teaching, social work and supervisory staff of the County Council's training schools and centres for the subnormal together with psychiatric social

workers and supervisors of centres for the mentally ill. In addition, a number of voluntary organisations were represented. Following lectures in the fields of surgery, psychiatry, audiometry and social work, there followed a practical session devoted to the problem of hearing loss and its detection, illustrated by demonstrations, films, photography, models and so on. Audiometricians and other technical officers attended to present these matters. Subsequently a report of the conference, with photographs, appeared in the professional journals.

The health education advisory group continued to meet regularly throughout the year to discuss matters of mutual interest and to ensure effective liaison with staff in the field. The group comprises the principal medical officer, the chief nursing officer and superintendent health visitor, the dental health educator, the County health inspector, the health education staff, together with divisional and district nursing staff responsible for health education activities locally.

Special campaigns have been held as follows:—

Dental Health Education.

In addition to the work in schools detailed later in my Report, the teaching of dental health to other groups in the community continued to receive attention from dental officers, health visitors, the County dental hygienist and the health education staff. The initial approach was often made at many child health clinics where the dental officer could briefly examine the toddler and provide the mother with suitable literature and professional advice. The repeated use of selected films in cassettes dealing with aspects of dental health served to reinforce the teaching in an informal manner. Most health visitors included teaching on oral hygiene in their talks to ante- and post-natal groups and they have all assisted in the wide-scale distribution of the third-year birthday cards mentioned in my previous Report. Several authorities have requested permission to use the birthday card for their own purposes. The County dental hygienist continued full-time in schools and, in addition, many sessions were devoted to pre-school play-groups and various voluntary organisations. The model roundabout comprising animal cut-outs and dental health captions and involving the use of movement, colour and light continued to present an attraction at clinics throughout the County.

Nutrition.

The teaching of nutrition is an important and integral part of health education and is carried out as a regular feature by health visitors and others. In addition the Department has received the assistance of the Home Economics Advisory Service which functions as a branch of Further Education. Lectures have included aspects of diet and nutrition for various age groups, food hygiene, home safety and so on. One hundred and seventy-one such lecture-demonstrations were given in 1968 on a wide range of topics, including nutrition in pregnancy, mixed feeding, children's meals, sensible slimming, summer meals, nutrition for the elderly and diet and dental health. Much use was made in this work of information notes to reinforce the value of the practical lectures.

Smoking and Health.

In addition to the work in schools detailed later the steady campaign dealing with the harmful effects of cigarette smoking continued at a low tempo, supported as usual by a wide distribution of informative literature, posters and other material. Two successful group therapy clinics were held at Ashford and Woking, the latter centre attracting over a hundred participants. One heavy smoker reported at the conclusion:

"We got over the emotional stage together and the painful withdrawal symptoms, both sympathising and laughing at our own and each other's symptoms and stories. We positively vied with each other *not* to smoke. Yes, I am cured all right after 40 years' painfully heavy addiction."

The Divisional Medical Officer for the Northern division reports:

"Apart from any statistical appraisal the remarks made by the participants clearly illustrated the value of group therapy in drawing attention to and combating the health hazards that smoking propagates. The campaign was an obvious worthwhile venture."

To support all this work a considerable amount of new teaching material and equipment was purchased and a start was made in building up the local resources of the divisions and delegated districts.

Cancer Education.

The dissemination of information on the preventive aspects of cancer was linked with the expansion in the clinical services for screening. Talks illustrated by film, chart and flannelgraph were given by senior medical officers and arrangements were made for some groups to receive the services of lecturers from the Oxford Cancer Information Association.

Home Safety.

Large-scale exhibitions were promoted, in collaboration with the Borough of Epsom and the Urban District of Chertsey, dealing with the prevention of accidents in the home—a theme constantly reiterated by the nursing and other domiciliary staff.

CHIROPODY.

The service commenced to operate on 9th May, 1960, following discussions with representatives of voluntary organisations already providing chiropody services, and with representatives of private chiropodists in the County. The County Council approved the setting up of a chiropody service (under Section 28 (1) of the National Health Service Act, 1946), to provide treatments for the elderly (women aged 60 years and over and men 65 years and over), expectant mothers and persons who were registered as "substantially and permanently handicapped."

So far as the elderly were concerned, the voluntary bodies already providing this service agreed to continue and expand their scheme where necessary with financial help from the Council. The majority of treatments under this indirect scheme were provided at clinic sessions, but in a few cases, local old people's welfare committees continued to arrange for treatments to be carried out at private chiropodists' surgeries. Domiciliary treatments were available upon the production of medical certificates certifying that these were necessary.

Arrangements were made for expectant mothers and handicapped persons to receive treatment at the surgeries of private chiropodists approved by the Council, following application to the divisional medical officers. Domiciliary treatments under this direct service were available on the recommendation of the patient's own doctor.

Under both the indirect scheme and the direct service, a charge of 3s. per treatment was made to patients but free treatment was available to those unable to afford this fee.

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

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

Treatments provided by voluntary bodies :

Number of elderly persons treated	...	...	...	...	...	6,677
Total number of treatments given	...	...	...	...	...	24,545

Treatments provided under the Council's direct service :

Number of expectant mothers treated	...	...	...	...	9
Number of handicapped persons treated	...	...	...	...	101
Total number of treatments given	...	...	...	...	391

As from 1st July, 1961, the schemes were amended to allow elderly persons to receive treatment under the direct service, and this service was extended to include the blind and partially sighted. As far as the voluntary bodies were concerned, arrangements were made for new surgery and domiciliary cases to be treated under the direct service.

At the beginning of 1963 it was evident that there was a need for some form of control over the number of treatments being given. On 21st May, 1963, the Council approved the following changes in both the direct service and indirect scheme. (A) Initial authorisation to be valid for three months (instead of six as before) and that there should be no restriction regarding the number of treatments given during this period. After the initial three months of treatment, no patient should receive more than six treatments per annum without the divisional medical officer's authority. (B) The Council also decided at this time, in view of the exceptional growth of the chiropody service, that a Chief Chiropodist should be appointed who would be required to devote the major proportion of his time to supervising the service in the field, and who would be available to advise regarding the frequency of treatments for particular patients. The Chief Chiropodist commenced his duties on 2nd September, 1963.

During 1964 the service continued to expand and the number of applications from private and voluntary homes for the aged for chiropody treatment for their residents greatly increased. The number of domiciliary treatments given under the Council's schemes were also increasing rapidly. For these reasons, it was decided that the Council should employ full-time chiropodists who would provide treatments for domiciliary cases and for cases in registered homes for the aged, and a pilot scheme was authorised to cover one division of the County, to commence on 1st October, 1964. Owing to the difficulty in obtaining suitably qualified staff, however, this was not put into operation until 1st January, 1965.

Each treatment continued to cost the patient 3s., but this was reduced in necessitous cases and free treatments were provided for persons in receipt of National Assistance. These arrangements have continued until the present time.

The pilot scheme mentioned earlier was extended throughout the County during 1965, a further three full-time chiropodists being appointed. A few sessions were also arranged at clinics under the direct service in conjunction with geriatric clinics. Due to the continuing increase in demand for domiciliary treatments and treatments for residents in registered homes for the aged, the staff of chiropodists was increased from four to 7.5 during 1966. Because of the inability of private chiropodists in some areas to accept any more Council patients it was found necessary to increase the number of direct service sessions held throughout the County. As from 1st August, 1966, following discussions with the voluntary bodies, it was arranged that all surgery and domiciliary treatments still being carried

out under the indirect scheme should be brought under the control of the divisional medical officers through the direct service.

The service continued to expend during 1967 and 1968 and the establishment of chiropodists employed directly by the Council was 13.7 (including the Chief Chiropodist) on 31st December, 1968.

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	...	...	...	...	3,848	(3,590)
Number of treatments given	...	...	...	...	17,071	(15,922)

Direct Service—

Numbers of patients treated :

Elderly persons	...	...	...	...	11,043	(9,263)
Expectant mothers	...	...	...	...	9	(15)
Handicapped persons	...	...	...	...	160	(138)
Blind or partially sighted persons	...	...	...	...	104	(110)
					<hr/>	
					11,316	(9,526)

Numbers of treatments given by :

Private chiropodists	...	...	...	...	38,556	(35,852)
County Council chiropodists	...	...	...	...	18,425	(15,096)
					<hr/>	
					56,981	(50,948)

(The figures in brackets relate to the year 1967.)

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, 1969, was 276 (276). The average number of equivalent full-time helps employed weekly throughout the calendar year was 263.8 (250.1). In addition, the equivalent of 34.0 (34.0) full-time helps per week were employed under the Neighbourly Help Scheme.

The Scope of the Scheme.

The total numbers of cases assisted by Home Helps and Neighbourly Helps during 1968 were 4,885 (4,731) and 336 (348) respectively, totalling 5,221 (5,079). (1967 figures shown in brackets.)

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

Division/ Delegated District.	Population mid-1968.	Average equivalent full-time helps employed weekly		Cases helped during the year.					Total.
				Aged 65 or over on first visit during the year.	Aged under 65 on first visit during the year				
		Neigh- bourly helps.	Home helps.		Chronic sick and tuber- culous.	Mentally dis- ordered.	Mater- nity.	Others.	
Northern ...	95,990	2.1	33.4	468	35	2	76	71	652
North-Western...	199,323	7.6	52.7	530	60	3	142	99	834
South-Eastern ...	237,373	6.7	55.1	825	58	12	186	192	1,273
South-Western...	245,474	11.7	71.0	764	53	16	152	206	1,191
Epsom and Ewell M.B. ...	72,300	.8	19.4	295	49	3	93	83	523
Esher U.D. ...	63,120	2.0	10.1	205	35	—	40	45	325
Woking U.D. ...	77,220	3.1	22.1	226	33	—	81	83	423
Totals ...	990,800	34.0	263.8	3,313	323	36	770	779	5,221

Whiteley Village Homes, Walton-on-Thames.

In the year, assistance was provided to 78 elderly persons in their homes in Whiteley Village who could not afford to pay the full cost of the service.

In all, 5,593 hours were so provided as against 7,483 for 1967. The reduction was due to modernisation of the homes undertaken during the year.

Problem Families.

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.

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.

Night Attendance Scheme.

There is provision in the Council's scheme for reimbursement of loss on fees, plus bus fares, to be made to appropriate voluntary organisations in running their night attendance schemes. As from 1st April, 1968, a maximum sum of £1 10s. per night was approved, plus fares, less any contribution received from the patient or relatives. No applications were received during 1968.

There is also a scheme whereby payment of grants of up to £1 per day may be made to a recognised voluntary body which, subject to the prior approval of the County Medical Officer, arranges for bed-ridden 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. No applications were received under this scheme during the year.

MENTAL HEALTH SERVICES.

Building Programme.

In September, 1968, the special training school which occupied rented premises in Weybridge was transferred to purpose-built premises in Queens Road, Walton-on-Thames, and provides 92 Junior places. It has been named "Walton Leigh Special Training School."

It is expected that both the purpose-built technical training centre at Banstead and the 30-place hostel for adult subnormal females at West Molesey will be handed over by the building contractors in the early months of 1969 and that building work should commence on the 100-place Technical Training Centre at Walton-on-Thames and the Special Training School at Shepperton.

Adaptation and modernisation works at Sendhurst Grange, the hostel for subnormal children, were completed early in the year.

A list of capital building projects started during the year or projected in the years 1969-70 are set out in the list under the heading Capital Building Programme on page 17.

Residential Care.

The first County-owned hostel for the mentally ill was opened at "Woodbury," Kingsdown Road, Surbiton, and as mentioned in the previous paragraph it is hoped that the first County Hostel at West Molesey for adult subnormal females will be opened early in the new year. The County Council continue to accept responsibility for patients in homes and hostels provided by other local authorities and voluntary organisations.

Special Training Schools and Technical Training Centres.

The Nursery Classes and Special Care Units mentioned in previous reports continue to function admirably and the work of the staff with these children calls for special mention and appreciation. The good work of the staff in the other departments of the junior schools should also be placed on record.

The technical training centres continue to carry out a variety of tasks of an industrial nature obtained from various sources.

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, as mentioned in a previous paragraph. 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.

The full-time day centre in Epsom continues to fulfil its purpose in the rehabilitation of mentally ill persons and whilst the centre in Woking has continued to function on a part-time basis, due to lack of suitable and adequate accommodation, it is hoped that this situation will be resolved during the coming year.

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 Monday Club, London Road, Redhill	Reigate and District Association for Mental Health	Ex-mentally ill persons.
The Carnaby Club, Methodist Hall, Redhill	Reigate and District Association for Mental Health	Ex-mentally ill persons (Youth Club).
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.R.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.

<i>Club or Centre.</i>	<i>Organisation.</i>	<i>Type of Patient.</i>
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.

38 Surrey children and 84 adults benefited from these holidays during 1968, 43 being accommodated at Dymchurch, 18 at Weston-super-Mare, 38 at Winterton-on-Sea, Norfolk, and 23 at Bognor. In addition 3 adults from Staines and Sunbury attended a holiday at Dymchurch, and 1 child from Staines attended a holiday camp at Henley-on-Thames. Both of these holidays were organised by the London Borough of Hillingdon.

Staff Recruitment and Training.

MENTAL WELFARE OFFICERS.

During the year two Mental Welfare Officers gained their certificates in Social Work. In September two officers commenced 2-year courses for this certificate whilst in the same month another experienced but unqualified officer commenced a one-year course for the same qualification. Another officer completes similar studies in 1969. The Council also sponsored one officer on the course leading to the award of the Mental Health Certificate.

A development programme of in-service training was carried out during the year thus keeping all officers in touch with modern techniques in the fields of psychiatry and social work.

STAFFS OF SPECIAL TRAINING SCHOOLS, TECHNICAL TRAINING CENTRES AND HOSTELS.

During the year one assistant teacher gained her certificate as a teacher of Mentally Handicapped Children, two trainee assistant teachers are due to finish their studies for this qualification in 1969 and four staff commenced similar courses in September.

One Workshop Supervisor gained his certificate for Teachers of Mentally Handicapped Adults whilst two other staff of the Technical Training Centres proceeded on similar one-year courses in September.

During the year a further training course was organised for the trainee assistant house-mothers at the hostel for subnormal children, Sendhurst Grange. Lectures on Mental Retardation, the training of subnormal children, Hygiene, Housecraft and Dietetics, etc., were given as well as visits to a sub-normality hospital and day and residential nurseries. As the result of an examination held at the end of the course certificates were awarded to four members of the staff.

Mental Nursing Homes.

Three mental nursing homes are registered by the County Council—two accommodating subnormal persons and one mentally ill persons.

Homes for the Mentally Disordered.

Four homes have been in operation throughout the year.

Approval of Medical Practitioners.

Ten medical officers were approved for the first time during the year for the purpose of Section 28 of the Mental Health Act, 1959, compared with 8 during 1967.

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

At the end of the year a total of 105 doctors was listed as approved by the County Council.

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.

Statistics. See Tables 19, 20 and 21.

SERVICES, ETC., PROVIDED UNDER THE NATIONAL ASSISTANCE ACT.

The main functions contained in Parts III and IV of the National Assistance Act, 1948, are :—

- (1) The provision of residential accommodation for persons who by reason of age, infirmity, or any other circumstances are in need of care and attention which is not otherwise available to them. (Sections 21 and 26.)
- (2) The provision of temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, or in such other circumstances as the authority may in any particular case determine. (Section 21.)
- (3) The registration and inspection of homes for the aged and for disabled persons. (Sections 37 and 40.)
- (4) The registration of charities for disabled persons. (Section 41.)
- (5) The temporary protection of property of persons admitted to hospital, residential accommodation, etc. (Section 48.)
- (6) The burial or cremation of persons dying in residential accommodation where there are no liable relatives able to undertake the responsibility. (Section 50.)
- (7) The administration of the services for the welfare of the blind, deaf and physically handicapped. (Sections 29 and 30.)
- (8) The Clerk of the Council deals with applications for the appointment of a Receiver of Income where persons are incapable of managing their affairs and where there are no other persons available to undertake these duties. (Section 49.)

COUNTY POPULATION AND PERCENTAGE OF OLD PEOPLE.

General statistics of population are on page 7. The Registrar General's estimate of the proportion of the total population of the country over the age of 65 years is :—

1962.	1967.	1972.	1982.
12%	12.4%	13.1%	13.7%

These are national figures and from County to County the proportion varies between about 9.6 per cent and 18.1 per cent.

Taking into account such factors as the rising birth-rate, population migration and increased life expectancy it has been decided for the time being to assume that in Surrey the proportion of persons over 65 years of age in the population overall will be :—

1967.	1972.	1982.
12.9%	13.6%	14.2%

The Minister of Health in the Command Paper on the development of community care (April, 1963) expressed the view that in areas where the domiciliary services are well developed and hospital services adequate, Local Authorities appear to be achieving appropriate provision of residential accommodation for the aged with 18 to 22 places for every 1,000 persons aged 65 and over.

The Registrar General's statistics for 1968 show that the population aged 65 and over in the Administrative County was 119,200. The number of residential places provided by the Council for old people in County and other homes was 1,927 on 31st December, 1968; this represents a provision of about 16.7 places per 1,000 persons aged 65 and over. The current 10-year plan aims to provide 20 places per 1,000 old people.

DEVELOPMENT PROGRAMME FOR RESIDENTIAL ACCOMMODATION.

The proposals for elderly and handicapped persons for the future development of the welfare services are embodied in a running 10-Year Development Plan which is reviewed annually and approved by the Council.

That Plan covering the period up to 1975-76 was prepared immediately after London Government reorganisation in 1965 and it constituted a complete re-appraisal of the probable requirements of the "new" County as regards residential homes and other welfare services provided under the National Assistance Act, 1948. The plan took account of—

- (i) Anticipated increases in population and in the number of persons over 65 years of age;
- (ii) The reduction of overcrowding which had been found necessary in some of the existing homes;
- (iii) The intended closure of all the former public assistance institutions;
- (iv) The probable availability of places in voluntary homes;
- (v) The probable scale of provision of special housing for old people by the County District Authorities.

Information about the short and mid-term proposals to provide new or replacement residential homes is given on page 17 in the section of this Report headed "Capital Building Programme."

RESIDENTIAL ACCOMMODATION PROVIDED UNDER THE NATIONAL ASSISTANCE ACT, 1948.

County Homes.

The Council at present provides 25 homes (including one home for epileptic women) with a total availability of 1,340 places (433 men and 907 women).

Details of the homes directly maintained by the Council are submitted in Table 22.

Residents Accommodated in County Homes, Voluntary Homes and in Homes Maintained by Other Local Authorities.

At 31st December, 1968, 1,265 persons were accommodated in the Council's own homes. Additionally though, 484 elderly or handicapped Surrey persons were placed in accommodation appropriate to their needs in voluntary homes and in homes maintained by other Local Authorities.

Tables 23, 24 and 25 show the ages and disabilities of all the persons placed in residential accommodation together with the sizes and types of homes used.

MAINTENANCE WORKS AND ADAPTATIONS TO COUNTY HOMES.

Building maintenance costs in these homes totalled approximately £50,498 in the year, while a further £38,276 was spent on adaptations and major improvements.

FIRE PRECAUTIONS IN COUNTY HOMES.

During the year improved fire precaution measures were provided in a number of existing homes in order to conform to standards prescribed by the Home Office for these types of establishments.

SPECIAL HOUSING FOR OLD PEOPLE.

To encourage the provision of housing for the elderly the County Council, since 1957, has made grants to County District Authorities and Voluntary Housing Associations, as under :—

- (i) Annual grants of up to 50 per cent of any net loss of expenditure incurred on the provision of one-bedroomed housing for the aged up to a maximum of £15 per annum per dwelling.
- (ii) Additional grants of up to £15 per annum per dwelling where ancillary welfare facilities, including resident warden services, are provided.

There has been a marked increase in the amount of special housing provided for old people as instanced by the fact that in 1963-64 the total of the grants referred to above was £43,036 whereas in 1968-69 the probable expenditure is £87,340.

In 1968 a total of 246 new dwellings for the elderly became available—60 built by Voluntary Housing Associations, etc., and 186 by County District Councils.

Experience has shown that when old people are accommodated in special housing with resident warden services and are supported by the full-range of the County Council's domiciliary health services, e.g. home helps and district nurses, etc., it is often not necessary for them ever to be admitted into an old people's home. If they do have to be admitted, then nearly always it is at a later date than would otherwise have been the case. However, there will be periods when additional support from the home nursing and home help services will be required.

The Council appreciate the importance and value of the special housing for the elderly being provided by the Housing Authorities and voluntary organisations and the extent of this provision over the County as a whole is taken into account in assessing the future requirements of residential homes provided by the Council under the National Assistance Act.

Based on information supplied by all the Housing Authorities in mid-1968, the numbers of houses or flatlets with resident warden services provided for old people, together with estimates of such provision over the next few years, are shown in Table 26.

VOLUNTARY WELFARE SERVICES FOR THE ELDERLY.

It is permissible under National Assistance Act, 1948 (Amendment) Act, 1962, for Local Authorities to provide meals and recreation facilities for old people either directly or through the agency of voluntary organisations. By agreement with County District Authorities these powers are exercised by the respective County District Councils.

About 180 voluntary Old People's Welfare Committees have been established throughout the County providing such amenities as day-centres and clubs, home visiting services, annual holidays, and, in some cases meals-on-wheels services. Meals-on-wheels services on varying scales now operate in the 23 County Districts and many of them are organised by the Women's Royal Voluntary Services. Practically all of the voluntary organisations concerned with the welfare of old people are financially assisted by the County District Authorities. In addition many Authorities provide free or low-rent accommodation for day-centres and clubs, for offices and for meals-on-wheels purposes.

The co-ordination of voluntary welfare services for old people in the County is undertaken by the Surrey Association for the Elderly on which the Health and Welfare Committee is directly represented. The Association receives an annual grant from the County Council plus free office accommodation close to County Hall. For the year 1968-69 the grant, including the value of the rent of the offices provided, amounted to £2,265.

STAFFING OF COUNTY HOMES.

For the running of the Residential Homes directly maintained by the Council under the provisions of the National Assistance Act, the equivalent of about 550 full-time staff are employed, e.g. matrons and other supervisory staff, nursing and home care staff, cooking, domestic and cleaning staff, etc.

In addition some 75 professional staff (i.e. medical officers, chiropodists, physiotherapists, chaplains, etc.) are employed on a sessional basis.

Three full-time handicraft instructors, between them, visit each home at least once a week and also assist with the organisation of coffee mornings and open days.

The recruitment and retention of adequate staff in the homes continues to be difficult. Apart from the relatively low rates of pay, the chief problem is the need to staff the homes for 24 hours a day for 7 days a week. The main source of labour is from married women in the locality of the homes who are available only during restricted hours and often not at all at week-ends. More and more reliance is being placed upon part-time labour, which apart from being uneconomic, is not a wholly satisfactory solution to the problem.

HOMELESS FAMILIES AND TEMPORARY ACCOMMODATION.

General Policy.

The County Council's existing accommodation meets the recommended standards suggested by the Ministry of Health in Circular 19 of 1967.

All units of living accommodation are for complete families and except for eight units at St. Anne's, Redhill, are in the form of normal housing and are adjacent to local Council housing development.

The specialist team of one Senior Social Worker and four Social Workers deals exclusively with homeless families admitted to temporary accommodation, advising and assisting them with their finances, employment and rehousing. Selected families are given rehabilitative training at a special centre in St. Anne's. The permitted stay in temporary accommodation is nominally four months but this is frequently extended in accordance with the progress being made towards rehabilitation and rehousing.

Due to the closure of two old institutions and an expired lease, the 62 units of temporary accommodation were reduced to 39 by the end of the year.

In replacing these units the opportunity has been taken to develop the whole scheme of provision of temporary accommodation on a wider basis.

A new policy has been laid down which shows several material advances on former provision. Special temporary accommodation sites are to be avoided in future and provision is to be made in accommodation which is as near as possible to normal housing both in type and setting and is limited to small groups of not more than ten houses. The older type of Council houses are ideal for this purpose and negotiations with several District Councils are now going forward to enable the County Council to rent groups of eight to ten older Council houses.

In each group one house will be allocated to a resident female Warden whose husband will assist on the site from time to time. A second house will be converted into a Social Worker's office, store-room and a centre for training in domestic subjects and for children's play groups.

The Warden's responsibilities will be supervision of the site, and, under the direction of qualified instructors, the elementary training of the families in budgeting, household care, cooking, needlework, etc.

Group schemes of this type might appropriately be located in the course of time in the following areas :—

Woking, Walton and Weybridge, Epsom and Ewell, Frimley and Camberley, Guildford, Leatherhead, Staines, and by 1973 a replacement scheme in Reigate for the eight units and training centre in St. Anne's which is due to be closed in that year.

Due to these measures it is not often necessary to take children of homeless families into care and good working relationships have been established with the Housing Authorities generally resulting in the permanent re-housing of a high proportion of families from temporary accommodation (see the statistics below).

Statistics.

During the year applications for temporary accommodation were received from 321 families comprising 238 men and 321 women and 734 children. Table 27 to this Report shows the County District of residence of all these families at the time of application. All these applicants received some assistance from Social Workers (Welfare) and/or Social Workers (Homeless Families), as a result of which solutions were found in some cases which avoided the need for temporary accommodation.

However, the following families were admitted—the number of women shown can also be taken as the number of families involved :—

	Men.	Women.	Children.
Number of persons accommodated on 31st December, 1967	36	46	139
Number of admissions during the year	57	79	209
Number of discharges during the year	61	88	228
Dispersal of persons discharged—			
Made own arrangements	33	52	136
Rehoused by Housing Authority	26	36	92
Number of persons accommodated on 31st December, 1968	32	37	120*
	189		

* Includes 70 children under 5 years.

The composition of the families resident in temporary accommodation on the 31st December, 1968, together with an indication of the ages of each person is shown below :—

	Number of families with the following children under age 16 resident in the same premises :			
	1-2 children.	3-5 children.	6 or more children.	Total number of families.
Families with man, woman, and child or children	6	20	4	30
Families with only woman and child or children	3	3	1	7
Total number of families	9	23	5	37

An analysis of the reasons for making application for admission to temporary accommodation is set out in Table 28. The dispersal of families given assistance but not admitted into temporary accommodation is shown in Table 29.

Present Provision of Temporary Accommodation.

As at the 31st December, 1968, the Health and Welfare Committee provide the following units of temporary accommodation :—

	Family Units.	Type of Accommodation.
Icklingham Road, Cobham	8	Separate hatted bungalows
Lime Grove, Addlestone	5	Separate hatted bungalows
Peckhams, Oxted Green, Milford	18	Terraced houses—2 to 4 bedrooms
St. Anne's, Redhill	8	

Blind Welfare.

Register.

The number of persons whose names were on the Register of the Blind at the end of 1968 was 1,761 and there were 456 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	12 (15)	13 (9)	25 (24)
16-64	236 (245)	249 (247)	485 (492)
65 and over	361 (364)	890 (899)	1,251 (1,263)
Totals	609 (624)	1,152 (1,155)	1,761 (1,779)
	Register of the Partially Sighted.		
	Male.	Female.	Totals.
*Under 16	28 (22)	19 (17)	47 (39)
16-64	62 (66)	58 (57)	120 (123)
65 and over	61 (72)	228 (216)	289 (288)
Totals	151 (160)	305 (290)	456 (450)

Figures in brackets represent the corresponding numbers last year.

* See also particulars of handicapped pupils on page 75.

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 Department of Health and Social Security, Health Visitors, Social Workers, etc.

Before the name of any person is included on the Blind or Partially-Sighted Register, medical certificate Form BDS must be completed by an Ophthalmologist. During the year 240 new blind cases were registered together with 102 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.

Eight handicraft classes functioned during the year and Social Clubs now number twelve. The latter are organised by local voluntary Committees and again I welcome this opportunity of expressing my thanks to these Committees for their most valuable and appreciated contribution to the blind welfare service in the County.

Education.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. The 8 blind children of under school age all remained at home. Of the 17 blind children of school age, 9 attended schools for the blind, 3 were not at school and 5 were ineducable.

Rehabilitation.

Rehabilitation for the purposes of employment is the responsibility of the Department of Employment-Productivity, 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.

Training and Employment.

The Department of Employment and Productivity 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 237 blind persons available for employment 205 were employed and 32 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.

Capitation fees are paid to the Royal National Institute for the Blind in respect of the 20 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 are situated outside the County.

Library Facilities.

Grants were paid by the County Council to the National Library for the Blind in respect of 127 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 161 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 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 1968.

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 Department of Health and 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.

Children.

Welfare Officers have been able, during 1968, 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 27 clinics and centres for the elderly during 1968. The Audiology Technician tested the hearing of 2,171 old people of whom 214 were referred for further investigation. Repairs and replacements to hearing aids and exchanges of aids were effected for 1,205 elderly persons.

Register.

On 31st December, 1968, 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 ...	38 (35)	16 (17)	143 (145)	109 (107)	21 (18)	29 (27)	356 (349)
Deaf with Speech ...	21 (23)	11 (10)	60 (50)	61 (58)	9 (9)	13 (10)	175 (160)
Hard of Hearing ...	2 (2)	1 (1)	25 (37)	72 (95)	21 (21)	77 (78)	198 (234)
Totals ...	61 (60)	28 (28)	228 (232)	242 (260)	51 (48)	119 (115)	729 (743)

Figures in brackets represent the corresponding numbers last year.

* See also particulars of handicapped pupils on page 75.

Other Handicapped Persons.

The Council's scheme for handicapped persons other than the blind, partially-sighted and deaf, continued to be administered during 1968 by the Council and by the Voluntary Association for Surrey Disabled who are the Council's agents for certain parts of the service.

The Social Workers made a great effort to visit the many cases on the register not already seen by them and at the end of the year the number of patients remaining unknown to Social Workers was 199 as compared with 448 at the close of 1967.

It is interesting to note that of the 3,013 handicapped persons who were seen by Social Workers for the Handicapped or Welfare Assistants during the year, 2,400 were receiving adequate support from these field workers but 716 could have benefited from further visits.

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.

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 continues to increase as shown in the following table :—

				<i>No. of applications approved and dealt with.</i>		
				1966	1967	1968
Aids and Equipment ...	...	...	...	1,065	1,753	1,868
Adaptations costing under £25	...	...	...	9	11	18
Adaptations costing £25-£100	...	...	...	18	29	18
Adaptations costing over £100	...	...	...	10	10	12

Training and Rehabilitation.

During 1968, 34 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 1968 it was estimated that about 325 severely disabled persons were being transported by the ambulance service to 35 clubs and classes, mainly at weekly intervals. A further 130 were taken by contractors hired by the Council, and about 600 less severely disabled were conveyed by voluntary drivers. About 140 travelled by other means including their own transport.

During 1968 a further 103 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. During 1968 the service was extended and there are now six speech therapists who spend part of their time with handicapped persons who are housebound. The aim of the 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 1968 was 43. It is hoped that in future more doctors will make use of this service provided by the County Council.

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, 1968, the register of "Other Handicapped" persons was made up as follows :—

				<i>Male.</i>		<i>Female.</i>		<i>Totals.</i>	
*Under 16	...	...	...	76	(60)	65	(46)	141	(106)
16-64	...	...	...	791	(814)	1,024	(1,087)	1,815	(1,901)
65 and over	...	...	...	471	(401)	1,205	(999)	1,676	(1,400)
Totals	...	...	...	1,338	(1,275)	2,294	(2,132)	3,632	(3,407)

Figures in brackets represent the corresponding numbers for last year.

* See also particulars of handicapped pupils on page 75.

OCCUPATIONAL THERAPY.

Occupational therapy for handicapped and elderly persons continues to be provided on an increasing scale under arrangements co-ordinated at the County Occupational Therapy Unit at "Rentwood," Fetcham, where there are 11 occupational therapists, 16 technical instructors and supporting clerical and stores staff.

Apart from the 434 domiciliary cases dealt with, the occupational therapy staff attend 32 Day Centres and Clubs for handicapped and elderly persons respectively organised by the Voluntary Association for Surrey Disabled and by the Surrey Association for the Elderly. This, too, is an expanding service and in conjunction with S.A.F.E. special craft training courses are being held to train voluntary workers to assist in handicraft instruction at the Day Centres and Clubs.

The numbers and categories of persons receiving occupational therapy on 31st December, 1968, were :—

Category.	Domiciliary.	Classes.	Postal.	Work Centre.	Total.
Chest	79	10	4	8	101
Disabled	336	273	15	37	661
Elderly	19	244	1	—	264
Total	434	527	20	45	1,026

The Standing Conference for Surrey Care Committees for Tuberculosis and Chest Diseases arrange for a voluntary teacher to give art instruction at classes held in two centres and in a few persons' homes.

During the year adaptations to provide a 30-place Work Centre were carried out and opened at the Occupational Therapy Unit providing greatly improved facilities for handicapped persons to train for and undertake remunerative occupations such as printing, woodwork, metalwork and assembly work, etc.

Where necessary, persons engaged on remunerative occupations, both at the Centre and at home, are assisted to secure sales outlets for their products. In many cases completed goods are "bought in" and re-sold at local exhibitions and shows (e.g. the Surrey County Show) and in this connection considerable use is made of the mobile shop which is available for this purpose.

All special aids and equipment needed by handicapped and elderly persons are distributed through the Occupational Therapy unit where purchasing and stores facilities have been established. Recommendations for the supply of aids generally originate from the field workers to whom the advice of the occupational therapists is always available in the more difficult cases. The number of aids supplied is still increasing rapidly—5,535 in 1968 as compared with 4,845 in 1967—and in many cases, to meet particular needs, aids are specially constructed in the workshop at "Rentwood."

An "Open Week" which was held at "Rentwood" to demonstrate the wide range of special aids and equipment now available was well attended and proved of considerable value to professional and voluntary workers concerned with the welfare of the handicapped and elderly.

REGISTRATION OF PRIVATE AND VOLUNTARY HOMES.

In connection with the Council's responsibility to inspect and register all Private and Voluntary Homes for aged and handicapped persons, under the provisions of the National Assistance Act, 1948, and the Mental Health Act, 1959, the following Tables show the numbers and size of such premises together with the numbers of persons accommodated at the 31st December, 1968.

Registration of Old Persons Homes and Homes for Disabled Persons under Sections 37-40 of the National Assistance Act, 1948 :—

	Number of Homes.						Total.
	Voluntary Homes.			Private Homes.			
	Under 31 beds.	31-50 beds.	Over 50 beds.	Under 31 beds.	31-50 beds.	Over 50 beds.	
New registrations during 1968...	2	—	—	10	—	—	12
Registrations cancelled during 1968	2	—	1	6	—	—	9
Registrations at 31st December, 1968	26	25	5	50	2	—	108

Number of persons resident within the terms of the registration in above homes at 31st December, 1968	(a) Voluntary Homes	1,783
	(b) Private Homes	601
	(c) Total... ..	2,384

Registration of Homes for Mentally Disordered Persons under Sections 19-21 of the Mental Health Act, 1959 :—

	Number of Homes.						Total.
	Voluntary Homes.			Private Homes.			
	Under 31 beds.	31-50 beds.	Over 50 beds.	Under 31 beds.	31-50 beds.	Over 50 beds.	
New registrations during 1968...	—	—	—	—	—	—	—
Registrations cancelled during 1968	—	—	—	—	—	—	—
Registrations at 31st December 1968	2	2	—	—	—	—	4

Number of persons resident within the terms of the registration in above homes at 31st December, 1968	(a) Voluntary Homes	106
	(b) Private Homes	—
	(c) Total... ..	106

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.

There is relatively little pollution from industrial sources in Surrey. Certain of the District Councils maintain monitoring apparatus for the daily sampling of environmental air, for the presence of sulphur dioxide and smoke, but the results indicate that there is no urgent need for the introduction of Smoke Control Areas. Indeed Guildford Borough Council sought once again to introduce their pilot scheme, for 750 houses in the centre of the town, but were informed by the appropriate Ministry, that economic circumstances precluded an early start on this programme. Similarly, Woking Urban Council suspended their pilot scheme because of the continuing financial restrictions. At Epsom and Ewell, where the local authority has consistently maintained that no part of the district is within the "black area" of Greater London, it remains to be seen whether the Ministry will use the compulsory powers now available, to insist that smoke control area programmes be prepared. The Council here is satisfied that the vast majority of owner/occupiers will themselves eventually choose smokeless appliances for home heating and that a compulsory conversion scheme is unnecessary. Results of observations carried out confirm that the improvement in atmospheric cleanliness, noted in previous years, has been maintained.

In the Staines Urban District, the Smoke Control Area programme is nearing completion. As a fairly densely populated area, bordering on the Greater London area, it has long been considered advisable to encourage smoke control by the introduction of smoke control areas, and the payment of 70 per cent grants towards the costs of conversion. The Eighth Smoke Control Area became operative on 1st June, 1968, and the Ninth will follow on 1st June, 1969.

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 1968 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.	Ironsbottom Sewerage Scheme	£ 8,750
Dorking and Horley R.D.C.	Wotton Sewerage Scheme—Hollow Lane to Raikes Lane	18,350
Godstone R.D.C.	Bletchingley—Sewer Extension, Castle Square... ..	2,440

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

REFUSE DISPOSAL.

At the beginning of the year consents were in force in respect of 41 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.

Five 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 44 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. It was not found necessary to cancel any consent, or to institute proceedings in any case.

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.

Forty-seven new applications for different types of pre-packed milk licences were received and approved during the year. In addition, 7 requests were received for licences of a particular designation to be transferred to a new licensee. Three 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 1968 was two.

It is interesting to note that of the 47 new applications for different types of pre-packed milk, twenty-one were in respect of the designation "Ultra Heat Treated." This is the "long life" milk, introduced in 1965, which can be kept unopened for several months, under ordinary cupboard storage conditions. There is a gradually increasing acceptance of this milk by the general public, and airline and steamship operators, especially for occasional and emergency use, to supplement regular deliveries of ordinary milk.

A statement on the results of sampling during 1968 in the districts for which the Council is the Food and Drugs Authority is given below.

Sampling in Respect of Dealers' Licences.

Class of Milk.	No. of Samples Tested.	Appropriate Tests.	No. of Samples.		
			Passed.	Failed.	Void.
Pasteurised	573	Phosphatase	569	2	2
		Methylene Blue	559	8	6*
Sterilised	89	Turbidity	89	—	—
Untreated	95	Methylene Blue	92	3	—
Ultra Heat Treated	42	Colony Count	42	—	—
No. of above samples relating to Homogenised milk (P)	20	Phosphatase	20	—	—
		Methylene Blue	20	—	—
	(S) 32	Turbidity	32	—	—

* Samples are void for the Methylene Blue Test if the overnight shade temperature exceeds 65°F.

The total number of samples taken from dealers, 851, is only 5 less than in 1967. There were only 13 sample failures, 11 fewer than the previous year. All failures were investigated with the following results :—

The two phosphatase failures were found to be due to defects in plant operation, one of them of only one minute's duration. The other was due to a faulty flow diversion valve.

Of the methylene blue failures (indicating poor "keeping quality") investigations into 7 of them revealed no obvious cause, except that some of them were from small retail shops with a limited turnover. Subsequent repeat samples all proved satisfactory. The remaining unsatisfactory samples were due to :—

Sale from vending machine—illness and death of proprietor.

Pasteurised milk—failure at the processing plant, mentioned above.

Sales of pasteurised milk from small shops—one sample was four days old. The proprietor was warned about retention of old stock.

The other sample was taken from a small stock and the proprietor was cautioned about correct rotation procedures.

Sampling from Pasteurising Plants.

As will be seen from the results of samples shown in the following table, a high standard of performance continued to be maintained at the two pasteurising plants, which operated within the districts for which the County Council is the Food and Drugs Authority. The two sample failures mentioned in the table have already been explained above. It may be of interest to know, however, that both of these plants have since closed.

Class of Milk.	No. of Samples Tested.	Appropriate Tests.	No. of Samples.		
			Passed.	Failed.	Void.
Pasteurised	49	Phosphatase	45	1	—
		Methylene Blue	45	1	2

The following table shows the number of different types of dealers' licences which were still in force on the 31st December, 1968, in districts for which the County Council is the Food and Drugs Authority :—

Type of Licence.	No. in force at 31st December, 1968.
Dealers' (Pasteuriser's) Licences	2
Dealers' (Untreated) Licences	3
Dealers' (Pre-packed Milk) Licences (Pasteurised)	201
Dealers' (Pre-packed Milk) Licences (Sterilised)	98
Dealers' (Pre-packed Milk) Licences (Ultra Heat Treated)	65
Dealers' (Pre-packed Milk) Licences (Untreated)	63
	432

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 82 herds was sampled during 1968, and 614 samples were submitted for examination by the Milk Ring Test. 15 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, 25 further milk samples were taken, involving 3 different herds. In only one case, after samples had been cultured, did further examination reveal infection by *Brucella abortus*.

Sampling had been instituted after a notification was received that a dairy farmer was suffering from brucellosis. Eventually 17 cows were found to be positive excretors and have been eliminated from the herd. The whole of the output of milk sold from the farm had been pasteurised so there was no risk to the general public.

The figures quoted above show an improvement on those of the previous year, with an increase in the number of samples taken and a substantial reduction in positives. Progress is also being made in the campaign to secure a greater degree of heat treatment for raw cream.

The Government Eradication Scheme, for the building up of brucellosis-free herds, is proceeding satisfactorily but it is likely to be some years before routine sampling can be dispensed with.

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 Drugs area, which covers ten of the twenty-three county districts in Surrey. The estimated population in the area for 1968 was 323,890 and the number of samples to be taken is based on a figure of 3 samples per 1,000 of the population.

The following table gives particulars of the 931 samples taken by Sampling Officers :—

Articles.	Number of Samples Taken.	Results of Analyses.	
		Satisfactory.	Adulterated or Irregular.
Milk, baby foods, buttermilk and cream	645	636	9
Beer, wines and spirits	19	18	1
Biscuits, bread, cereals and flour	9	8	1
Butter, cheese, cheese spread, cooking oils, dripping, low fat spread, lard and margarine	22	18	4
Condiments, ketchup, mayonnaise, sauces and vinegar	12	11	1
Confectionery—flour and sugar	70	69	1
Curry powder, custard powder, flavouring essence, food colour, gelatine and glutamate	6	5	1
Drugs and medicines	7	7	—
Fruit and vegetables (fresh, dried and tinned) and ground almonds	28	28	—
Fruit drinks, cordials, juices, coffee, tea and drinking chocolate	35	31	4
Ice cream, iced lollies and mousse	7	7	—
Jams, jellies and honey	12	11	1
Lemon curd, mincemeat, sunny spread, sugar and syrup	12	12	—
Meat (cooked and prepared), minced meat, meat pasties and pies	15	12	3
Russian salad, cods roe, savoury rice, soup, stuffing, suet and noodles	12	12	—
Sausages, sausage meat, sausage rolls, liver sausage and tinned sausages	20	19	1
Totals	931	904	27

From this table it can be seen that the quality of food sold in the County continues to be of a very high standard. Of the 931 samples taken only 27 (2.90 per cent) were found to be unsatisfactory. This percentage compares with 2.99 per cent in 1967 and 6.30 per cent in 1966. Yet even these figures are misleading for to some extent they represent "loaded" samples. Your Inspectors sample frequently in areas where food may be wrong and less frequently in fields where experience has shown there is less cause for complaint.

Adulteration of food as a criminal offence has almost disappeared. To take but one example, in years past the watering of milk was common; with present methods of distribution it has almost disappeared.

The problems now are the use of additives and "improvers," whose effects are sometimes open to dispute and the presence of "foreign bodies" of various kinds which seem to be unavoidable in these days of mass production in the food industry.

Milk.

Of the total of 612 samples taken only nine were found to be unsatisfactory. Four of these samples did not conform to the presumptive minimum standard of 3 per cent milk fat or 8.5 per cent solids other than milk fat but in each case it was naturally poor quality milk. One sample of Channel Islands milk was slightly below the minimum standard of 4 per cent milk fat for this special grade of milk. Two samples of milk were found to contain a very small proportion of added water, which was undoubtedly due to water condensation after the sterilisation of the bottle-filling plant or the milking parlour plant. In all cases the sellers of the milk were notified or warned to take the necessary steps to improve the quality of their product. At certain times of the year, milk being a natural food has a tendency to fall below the prescribed standard.

The average fat and solids-not-fat amounted to 3.85 and 8.75 per cent which is higher than most parts of the country.

During the year 141 samples of milk were tested for the presence of antibiotics and, with one exception, they were satisfactory. The exception was found to contain a bacterial growth inhibitor. The milk producer was interviewed and cautioned on the need to keep milk from a cow that had received an injection quite separate for 24 hours at least.

There was one adverse report concerning a bottle used in the delivery of milk to schools. The bottle had eight pupae of the fruit fly (*Drosophila*) firmly attached to the interior. These could not be removed in the normal bottle-washing process but were rendered sterile and the milk was found to be genuine; the bottlers were cautioned.

Sausages.

Although the prescribed standard for the meat content of sausages does not come into force until the 31st May, 1969, all the 13 samples taken conformed to this standard of 65 per cent and 50 per cent for pork and beef sausages respectively. One sample was, however, irregular in that the presence of a permitted preservative (sulphur dioxide) was not declared. The sellers were cautioned and the required notice is now displayed. With the coming into force of the standard your Inspectors will take many more samples of sausages.

False or Misleading Labels.

A sample of cheese declared on the show card as "Cottage Cheese" was found on analysis to be a far better product than that described, namely "full fat soft cheese." Cottage cheese is traditionally a low fat cheese containing about 2 per cent fat whereas the sample contained 21.8 per cent fat. The retailer was informed and the show card was corrected.

The label of a blackcurrant health drink described it as "Triple Vitamin C enriched" and was objected to as being likely to mislead as to the quality of the drink. The manufacturers were notified and it was learnt that the sample was from old stock no longer marketed by them.

Objection was raised to the description "Butter Shortbreads" when it was found that only half of the fat present was butter. It is the Public Analyst's view that only butter should be present in an article of this description and the manufacturers finally agreed that they would use only butter in future when making shortbreads.

The attention of the manufacturers of tomato sauce was drawn to a technical correction that needed to be made to the labelling of this sauce. The generic term "Alginate" was used instead of the specific name of Sodium Alginate, which is required. This amendment was made when the labels were reprinted.

An article described as "Bitter Lemon Honey" consisted of a mixture of honey and a small amount of lemon peel and juice. Being such a mixture the ingredients should have been declared on the label, but they were not. The manufacturers and their local Food and Drugs authority were notified.

The declaration on the label of a bottle of food colour was not in the correct form or enclosed in a surrounding line as is required. The attention of the manufacturers was drawn to this matter for correction.

A similar technical amendment was needed to the label on a bottle of Green Ginger wine. The required declaration regarding proof spirit was correctly stated but it was not enclosed in a surrounding line. The manufacturers were notified in order that this correction could be made to their labels.

Complaints by the Public.

Thorough investigation is made of all complaints received from private purchasers who have been aggrieved at finding some unexpected or potentially dangerous foreign body in the food purchased by them. Three such complaint samples were received during the year and fully investigated. In each of these cases the evidence available was not strong enough to justify legal proceedings and explanations from the manufacturers were sought and considered.

An empty soft drink bottle containing a number of pupae of the fruit fly (*Drosophila*) was submitted. It was observed by both the Public Analyst and the manufacturers that these pupae produce an exudate which cements them firmly to the wall of the bottle. Even hot caustic solution used in the bottle cleansing process will not move them, but it does render them completely sterile. This explanation was accepted.

A piece of glass was alleged by the complainant to have been discovered whilst eating a digestive biscuit. The glass measured $\frac{1}{4}$ in. by $\frac{1}{8}$ in. by $\frac{1}{16}$ in. and had similar physical properties to those of window glass bearing a small dot pattern. In view of the inconclusive certificate of analysis and the available evidence obtained there seemed to be some likelihood of this piece of glass originating from the home of the purchaser, where extensive alterations had taken place, and that he was genuinely mistaken in believing that it was baked in the biscuit. No further action was therefore taken.

The third complaint concerned a small quantity of carbonated orange crush in a bottle which was alleged to have caused two children stomach pains and sickness. The remains of the article were received from the local Public Health authority and on submission for analysis it was found to have an objectionable taste caused by a growth of yeasts which rendered the drink unfit for consumption. This being so the matter was referred back to the Public Health authority for necessary action.

Other Irregular Samples.

The importers of Yugoslavian chopped pork were notified that their product contained 90.2 per cent meat instead of 95 per cent meat which will be required when the Canned Meat Regulations come into force on 31st May, 1969.

Two samples of Low Fat Spread, a new product resembling margarine or butter, were submitted for analysis and were found to contain $3\frac{1}{2}$ times the amount of water permitted in margarine. The manufacturers claimed that the article did not come within the terms of the Butter and Margarine Regulations, 1955. In view of an unsuccessful prosecution by Blackpool Corporation in respect of a similar article it was considered prudent to take no further action.

A sample of Beef Burgers was found to contain 55 per cent meat and this was considered to be low in view of the Regulations which come into force on the 31st May, 1969, which suggest that the

minimum meat content of such an article should be 80 per cent meat. The manufacturers were advised of the position. It is, however, true to say that the position of this type of product is not clear in law and further information is being obtained.

A sample of meat pies consisting of a 4½ ounce and a 3½ ounce pie was found to be slightly deficient in the average meat content. The manufacturers were notified and they replied that this apparent uneven distribution of meat would be remedied in future by the installation of the latest machinery for pie making. Further samples will be taken.

The manufacturers of a sample of margarine were notified that it contained 0.2 per cent above the permitted percentage of water, namely, 16 per cent.

FLOOD EMERGENCY—SEPTEMBER, 1968.

Much has already been written on the many aspects of the unprecedented flooding of the Rivers Wey, Mole and Ember beginning on Sunday, 15th September. This report is therefore limited to a general account of the activities of the Department together with relevant extracts of special interest from the reports of Medical Officers of Health and others in the Districts most affected. The lessons learned are stated so that they may be considered for incorporation in a revised civil emergency scheme which is clearly necessary.

The emergency situation developed on Sunday afternoon when it was then apparent in the south of the County that flooding was going to affect many areas enough to bring into effect the standing emergency measures. The County Office of the W.R.V.S. were promptly given authority to incur expenditure on the opening of rest centres with all that that implies—provision of transport, setting up of feeding arrangements and purchase of supplies, provision of bedding and staffing. From this time onwards the W.R.V.S. were very fully engaged in calling out area teams for the care of the homeless.

A schedule of premises available for emergency rest centres has been maintained for many years and is adequate for local incidents. However, the scale of the floods on this occasion was beyond former expectations and District Councils took the initiative and opened other centres as required. A number of private enterprises also covered smaller local needs for short-term centres in some areas.

The Districts first affected were Guildford, Guildford R.D. (Ash), Farnham, Godalming, Leatherhead, Dorking, Reigate and Dorking and Horley R.D. (Horley).

On Monday the floods moved downstream towards the Thames Valley and severely affected Esher, Walton and Weybridge, Woking and Chertsey. It was in these areas that the most extensive and persistent disruption and damage occurred. Local resources were quite unable to supply all the necessary communications, transport and manpower to provide all the emergency services required.

Throughout the emergency the failure of the telephone system in many areas made organisation and co-ordination very difficult.

From Monday onwards the School Meals Service provided meals for several centres.

In the event, in spite of these great difficulties, the staff of all health and welfare services together with members of many voluntary organisations did a wonderful job. They used their heads and rendered skilled service wherever they found the need. They worked for long hours under the most trying circumstances, wet, cold, half-fed, surrounded by people in distress, frustrated by difficulties of communication and transport. The more one hears of the impossible situations encountered and of the support and comfort given to uncounted people, the more is it realised how the spirit of improvisation and mutual help flared into being overnight as it did during the war. The people of the flooded areas themselves did so much to deal with their predicament and went out of their way to help others to do the same.

HEALTH VISITING AND NURSING SERVICES.

The health visitors, district nurses and midwives continued to care for the needs of the very young, the elderly and the physically handicapped and a large number were visited and supplied with necessary food or advice. It must be appreciated that some members of staff living in these districts were flood victims themselves which added to their difficulties.

Not only did they visit in the home but were in attendance in Reception Centres or, in the case of Molesey, at The Forum Clinic, particularly where there were mothers with young children and old people.

Throughout the emergency the staff gave their time unstintingly. The normal staff of the district were supported and helped by many other workers coming from voluntary and statutory groups.

With the return to normal the staff will have to bring comfort and support to families who are living in discomfort and who are distressed as a result of the devastation to their homes.

SOCIAL WORK SERVICES.

The social workers, mental welfare officers and welfare officers worked long hours in the affected areas visiting cases known to them who might be in difficulty. There were many problems to be faced in finding temporary homes with friends and neighbours, arranging for hot meals, transport, drying out, notifying relatives, etc.

Welfare Officers assisted in opening up rest centres and with the W.R.V.S. organised supplies of bedding and blankets. Over 500 blankets were issued and a further reserve supply of 500 was soon

obtained from the Ministry of Works. All stocks were not issued but this may well have been due to communication and transport difficulties. Stocks of blankets were also forthcoming from local hospitals and the Army.

Only one family had to be admitted to the County Council's temporary accommodation: this was due to damage to their caravan.

Now that the emergency is over the condition in many homes will necessitate prolonged assistance and support, both statutory and voluntary, being given to the many groups of handicapped and others.

AMBULANCE SERVICE.

On Sunday morning Ambulance Control called senior officers to report for duty in view of the widespread flood reports in the south of the County.

Gatwick Ambulance Station was soon almost isolated and operations here were maintained with difficulty. Assistance was given in Horley where 100 blankets were provided for a Rest Centre. As flooding extended it was necessary to rearrange ambulance cover in many areas and to negotiate with hospital authorities to open casualty departments of hospitals not normally used.

On Monday, with the flooding extending to the north of the County, with widespread disruption of telephone services, it was necessary to put radio links into operation at hospitals and a link was prepared but not used with the Surrey Constabulary. The combined network of radio and telephone worked very well and there was no failure of any 999 calls. The teleprinter network, with some exceptions, worked efficiently.

On Monday evening the Ambulance Service Control became the centre of operations for Health and Welfare functions.

On Tuesday morning, through radio links set up with the hospital service, it was decided to evacuate Molesey and Thames Ditton Hospitals which was carried out by Army DUKWs through the Metropolitan Police Disaster Control at Imber Court. Emergency supplies of blankets and stretchers were supplied to Imber Court.

Throughout the whole period mutual assistance arrangements were in operation. The London Ambulance Service retained ambulances for our use and provided cover for routine and emergency general work.

A number of vehicles were affected by water and it was to the credit of the maintenance and operational staffs that vehicles were kept mobile.

Many staff worked long hours under difficult and unpleasant conditions and their efforts were worthy of high praise.

EXTRACTS OF SPECIAL INTEREST FROM REPORTS OF MEDICAL OFFICERS OF HEALTH OF AFFECTED DISTRICTS.

Dorking and Horley R.D.

The Centre, St. John Ambulance Brigade Hall, was manned by Brigade members. On Sunday night provision was made for a number of motorists trapped in the area.

Esher.

Five Centres were opened and dealt with some 400 persons. Estimated that 600 more people found temporary billets for themselves.

Arrangements were made with five wardens of flatlets for the elderly to take in three or four local elderly distressed persons.

A large (unknown) number of householders marooned at first-floor level were supplied with food, etc., by Army transport including DUKWs.

The Health Department ran the meals on wheels service on an extended basis covering all known elderly, frail or physically handicapped persons in difficulty.

Altogether over 30,000 meals were served to evacuees, Army personnel and staff.

Guildford B.

On Sunday night about 200 people passing through were given shelter at the Rest Centre. Nearly all moved on next day.

Guildford R.D.

Members of the central office (Kingston) staff opened a rest centre and obtained ample supplies of bedding from the Commandant of Keogh Barracks.

Meals provided in Heathcote Primary School.

Leatherhead U.D.

Some 250 people were stranded in Leatherhead on Sunday and 50 slept overnight in a rest centre organised by the W.R.V.S.

Walton and Weybridge U.D.

Four Centres were opened and dealt with some 500 persons. Staffed by W.R.V.S., Voluntary Civil Aid Service, church officials. Some 1,600 meals were served to evacuees, Army personnel, etc.

Birds Eye Foods Ltd. provided free of charge 440 pre-packed meals.

W.R.V.S. Supervisor, Woking, reports that emergency call out worked well and suggests scheme has to be based on tight geographical grouping of members who can then be called by local runners. Also points out dangers of key volunteers being away at work and unable to respond for some time. Integration of W.R.V.S. and Voluntary Civil Aid Units was good, male members of the Units being especially valuable. Rest Centres had to cope with many animal pets. Later in the week it was necessary to take a strong line with a number of shiftless idlers who were taking advantage of the Centre facilities. Documentation of persons in the Centre was very difficult. This led to difficulties in answering queries from third parties. It was also difficult to get up-to-date information on conditions in streets some distance away.

Halliford School, Shepperton. The headmaster and boys took on the task of rescuing flood victims and housed and fed 24 of them, later helping these families to clean and dry out their homes.

Woking U.D.

Two Centres opened. Weymede Estate evacuated by Army DUKWs.

W.R.V.S. emergency call-out worked admirably. Some 350 meals were served.

SUGGESTIONS FOR FUTURE EMERGENCY SERVICES ORGANISATION.

1. Initiative to deal with an emergency should be locally placed. County Districts would be appropriate as they have the detailed local knowledge, the manpower for a number of services, resources of transport and premises for emergency use.
2. Communications ordinarily available may break down. An alternative is required—ideally, radio links from District Council Controls to a County Control.
3. An executive officer is required in each District Control to whom staff of all kinds will be instructed to report on emergency arising.
4. The County Council should delegate its function to provide emergency accommodation (Section 21, National Assistance Act, 1948) to District Councils.

W.R.V.S. supplemented by Voluntary Civil Aid Units should set up and run Centres for the homeless on the direction of the District Controller.

5. Feeding in Centres is available normally from W.R.V.S. and S.C.C. School Meals Service and exceptionally from Army sources.
6. All social workers should be available immediately to the District Controller. An organised call-up system is required. In case this breaks down social workers should have standing instructions to follow.

Initially, social workers would be most effectively deployed using their special knowledge of cases at risk, visiting these and making arrangements for their care. Subsequently they should use their knowledge of welfare services to assist other persons in distress in rest centres and in their own homes.

7. Nursing staff should check their cases at risk and maintain care and support. However, a qualified nurse should be available for each rest centre.
8. Supplies of blankets and stretcher beds should be held at the four main Ambulance Stations where they can be maintained with other emergency stocks.
Additional supplies are available in approximately twelve hours from the Ministry of Works depots.
9. Ambulance Service emergency functions would include evacuation of hospitals, etc., and sick or injured individuals at risk in their own homes; provide supplies of first aid equipment; act as control centre for health and welfare functions; provide radio links for hospital and other medical services.
10. The deployment of the British Red Cross Services and the St. John Ambulance Brigade should be discussed and determined.

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 1968 was 990,800 which includes 151,300 children between the ages of 5-14 years inclusive. In January, 1969, there were 140,483 children on the registers of 469 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 49,972 and 25,252 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 49,972 pupils examined at periodic medical inspections 8,274 (or 16.6 per cent) were found to be in need of treatment for 9,276 diseases and defects. Table IIA shows the diseases and defects from which it will be seen that 4,584 or 49.4 per cent of them were defects of the nose and throat and of vision and squint. During the year 335 cases of chronic tonsillitis and adenoids were recommended for treatment and 2,316 placed under observation.

There were 10,476 defects found to be in need of treatment in the course of periodic and special inspections in 1968, and 12,503 defects, a proportion of which were found in previous years, were actually treated during the year.

Medical re-examination and following-up.

During 1968 school medical officers carried out 3,570 special inspections and 6,501 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" (99.75 per cent) and "unsatisfactory" (0.25 per cent).

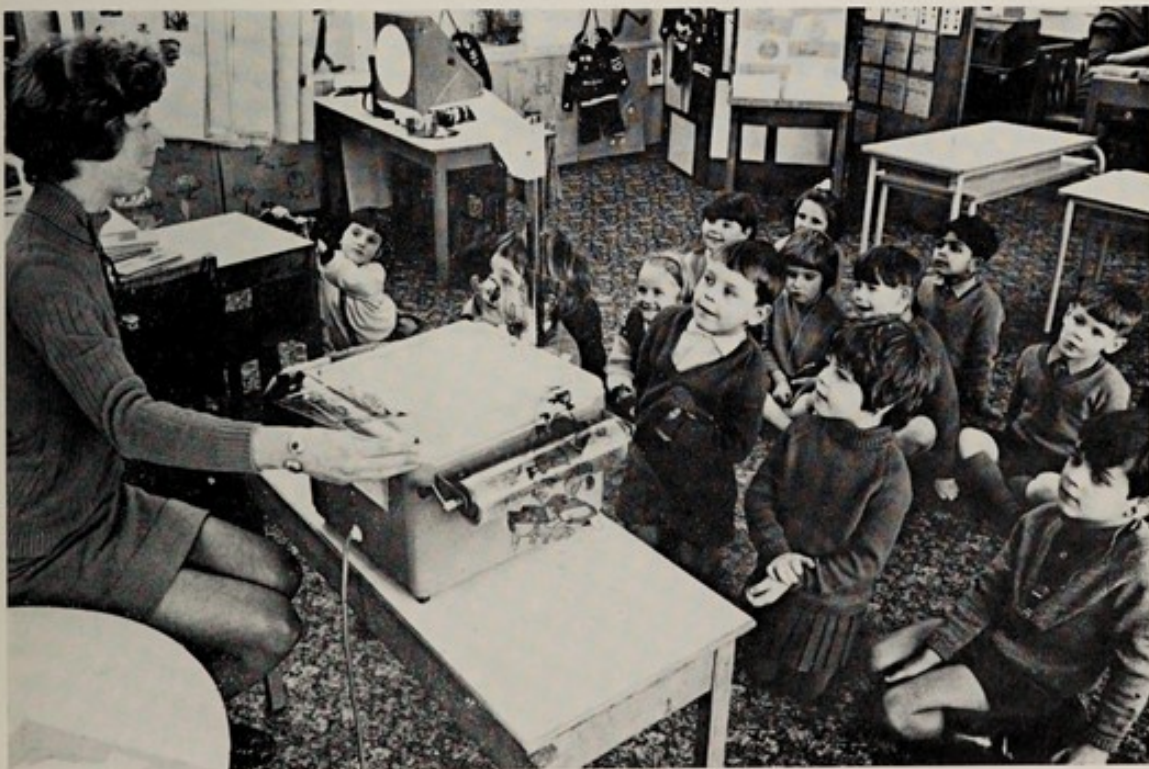
Personal hygiene.

In the course of selective hygiene inspection in schools 280 pupils were found to be infested. Health Visitors who paid 2,519 visits to schools for all purposes reported 240 cases with nits in the hair, 13 cases with lice in the hair and one case with a verminous body. It was not necessary to refer any of these cases to the National Society for the Prevention of Cruelty to Children.



AUDIOMETRY

An audiometrician tests the hearing of a Surrey Primary school pupil at the request of the School Medical Officer.



PARTIALLY-HEARING UNIT

Deaf, partially-hearing and hearing children integrate for a visually-aided story at a Surrey Infants school.

[Photograph by courtesy of Surrey Advertiser Group]



PHYSIOTHERAPY

A senior physiotherapist undertakes remedial treatment of school children at a Surrey clinic.



HEALTH EDUCATION

Parents and school children attend a film show and exhibition on home safety devised and constructed by the health education staff.

MEDICAL TREATMENT.

Minor ailments.

3,071 minor ailments were treated at the clinics during 1968.

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 1968.	Number of attendances.	Number of new cases admitted.	Number of cases discharged.
6	92	95	35	46

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 1968.	Number of attendances.	Number of new cases admitted.	Number discharged.
N.	86	83	338	42	33
N.W.	369	131	1,532	77	49
S.E.	824	571	4,766	342	288
S.W.	285	137	1,589	94	81
Epsom and Ewell M.B.	141	114	249	39	63
Esher U.D.	72	56	259	36	15
Woking U.D.	—	—	—	—	—
Total	1,777	1,092	8,733	630	529

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 1968.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinics.	Immunisation.	Other.	Total.
N.	10	208	381	44	85	728
N.W.	66	330	421	471	18	1,306
S.E.	23	231	298	215	108	875
S.W.	—	295	187	165	81	728
Epsom and Ewell M.B.	22	69	24	155	95	365
Esher U.D.	—	40	—	—	—	40
Woking U.D.	—	103	51	37	115	306
Total	121	1,276	1,362	1,087	502	4,348

B. HEALTH VISITORS' FIXED APPOINTMENTS IN 1968.

Division.	Preparation for Medical Inspection.	Medical Inspection.	General Medical Clinic.	Hygiene.	Teaching Sessions.	Other.	Total.
N.	12	97	130	21	65	29	354
N.W.	257	317	6	39	67	103	789
S.E.	197	329	35	39	45	262	907
S.W.	194	381	14	34	116	41	780
Epsom and Ewell							
M.B.	35	70	27	2	14	30	178
Esher U.D. ...	49	93	58	32	50	18	300
Woking U.D. ...	147	176	7	11	73	48	462
Total	891	1,463	277	178	430	531	3,770

SPECIAL FORMS OF TREATMENT.

Audiology.

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

In September a new Partially Hearing Centre (P.H.U.) was opened at Broadmere C.P. Junior School, Woking. Mrs. Sellars, teacher of the deaf, was appointed as teacher-in-charge and took up her duties on the first day of term. A third class was added to the P.H.U. at Riverview C.P. School, Ewell, in September; unfortunately it has not been possible to obtain a teacher of the deaf for this but the teacher in charge of the clinic, Mr. F. Cook, has been able to supervise both the classes for the younger children with the assistance of ordinary teachers. The provision in the County for children in P.H.U.s. is now as follows:—

Woking U.D.C. (excepted district)—

Woodlands C.P. School Two classes (20 places) 4½-7 years
Broadmere C.P. School One class (10 places) 8-11 years

Epsom Borough (excepted district)—

Riverview C.P. School, Ewell Three classes (30 places) 4½-11 years

There is a definite need for nursery places for partially hearing children (age range 3-5 years preferably attached to an existing P.H.U. in the same way as there is a nursery class for deaf children), at Portley House School, Caterham.

As this school for infant and junior deaf children is on the periphery of the County in North East Surrey, close to the border with the London Borough of Croydon, it is difficult to arrange for the right type of education for young severely deaf children resident in the western half of the County (North, North-West, South-West Division and Esher U.D.C.) unless they are placed as boarders, or weekly boarders, at Portley House at the age of 4-5 years. In most cases this is not justifiable as all children with disorders of communication should, wherever possible, be given the opportunity to develop at home as a member of a family in the early formative years. Our policy has been to admit these children to the Woodlands P.H.U., Woking, at 4½, even though we suspect (it is difficult sometimes to be certain at this age) that, owing to severity of their hearing loss, they will be unsuitable for the type of education available at a P.H.U. and would be better placed in a school for the deaf. Thanks to the co-operation of Mrs. Sharratt, teacher in charge of Woodlands P.H.U., this type of child has been accepted by her on a trial basis and transferred to Portley House as a boarder, or weekly boarder, coming home on Friday afternoons and returning to school on Monday mornings, at the age of 6-7 years. Four children have made this move and two more will do so in 1969.

When the time comes for the children to leave the P.H.U.s. at 11-12 years, they can either attend an ordinary secondary school under the supervision of a peripatetic teacher of the deaf provided with a sound insulated and fully equipped van or be placed as boarders in schools such as Ovingdean Hall School for Partially Deaf Children, Brighton.

The event of the year has undoubtedly been the installation of closed circuit television at Nutfield Priory Secondary School for Deaf Children, Redhill. There are many ways this can be used in the education of the severely deaf. Two of the most important are teaching of lip reading and encouraging the child to make him/herself more easy to lip read, and clearer speech production. Nutfield Priory is a pioneer in a method of deaf education which will play a big part in the future.

No new clinics have been started this year and the list given in the 1967 annual report covers the county satisfactorily. At Ashford two sound insulated rooms were provided in the newly built Grove House and clinics are now held here instead of at the I.W. clinic nearby. This has made testing of hearing and speech assessment much easier and more accurate.

AUDIOMETRY, 1968.

[illegible]

CHILDREN RECEIVING AUDITORY TRAINING DURING 1968.

Age.	Cases Carried over from 1967.	New Cases.	Discharged to		Left District.	Remaining Dec., 1968
			Special School.	Supervision.		
0-2 years ...	2	5	—	1	2	4
2-5 " ...	18	14	9	1	3	19
5-7 " ...	14	13	6	—	4	17
7-11 " ...	9	7	2	—	2	12
11+ " ...	11	4	—	2	1	12
Total ...	54	43	17	4	12	64

CHILDREN UNDER SUPERVISION DURING 1968.

Age.	Cases Carried over from Previous Year.	New Cases.	Discharged.		Left District.	Remaining Dec., 1968.
			Special School.	No longer needing help or no longer at School.		
0-2 years ...	—	—	—	—	—	—
2-5 " ...	—	1	—	—	—	1
5-7 " ...	12	12	1	2	—	21
7-11 " ...	65	22	1	6	7	73
11+ " ...	59	10	8	8	5	50
Total ...	136	45	10	16	12	145

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. There were 2,578 individual children treated during the year. These were mainly for stammer, lisp and under-developed speech. Of these 460 were discharged as cured, 175 discharged as greatly improved, 143 discharged as showing some improvement and 70 as showing little or no improvement. A table showing the work of the Speech Therapists in 1968 is given at the end of this report.

I am indebted to Miss M. W. Alston, Senior Speech Therapist, for the following notes :—

This has been a very satisfactory year from the speech therapy point of view.

In April, 1968, a two-day Refresher Course was organised at Glyn House, Ewell. The subject was "Assessment of Children and Adults" and the course was open to all Surrey speech therapists and by invitation to therapists employed in hospitals and special centres situated in Surrey.

This was a most interesting course and of great benefit to all who attended. It is worth noting that as far as is known this is the first such course run by a County for personnel working in the speech therapy field. It is hoped that a similar course may take place in April, 1970.

Until Christmas, 1968, Surrey had a fully staffed speech therapy service and compared exceedingly favourably with other counties where there is a great shortage of therapists—indeed this is the case throughout Britain. One of the main reasons for Surrey being so fortunate is probably due, apart from good conditions of service, to the fact that regular local meetings are held by the senior therapists. This is of great value in a profession which tends to be rather isolated. Any therapists who have resigned have done so with regret on account of personal or family reasons.

Speech therapists are asked to address various bodies from time to time. In November one of the senior therapists gave a talk to the mid-Surrey section of the British Dental Association. This was a welcome opportunity for contact with an allied profession.

It is hoped that in the coming year we will see a continuing expansion of a service which provides help to a great number of handicapped children and adults.

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... ..	0.6	1.0	1.0	0.4	1.5
Godalming	0.4	1.0	1.0	0.4	1.0
Guildford	0.8	2.0	3.0	1.4	2.0
Chipstead	0.6	1.0	1.0	0.4	1.5
Redhill	0.9	2.0	2.5	0.6	1.5
Epsom	0.5	1.0	1.0	0.4	1.5
Leatherhead	0.1	1.0	0.5	0.4	—
Hersham	0.6	1.0	1.0	0.4	1.5
Woking	0.6	2.0	2.0	0.5	2.0
Staines	0.6	1.0	1.0	0.4	1.5
The Lindens	0.2	—	—	—	—
Thornchace	0.1	—	0.2	—	—
Starhurst	0.1	—	0.4	—	—
Wishmore Cross	0.1	—	0.4	—	—
Total equivalent full-time ...	6.2	13.0	15.0	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	Hersham	Total
No. of cases referred during year	70	71	74	58	139	45	185	154	137	193	1,126
No. of new cases seen	49	62	52	39	120	35	124	140	119	142	882
No. of cases discharged	33	18	43	43	117	16	54	5	49	157	535
Analysis :—											
(a) Treatment completed ...	17	9	18	17	24	3	46	4	22	50	210
(b) No treatment required ...	6	4	13	9	72	7	1	—	14	84	210
(c) Non-co-operation of parents	2	3	2	2	3	3	—	1	9	7	32
(d) Other arrangements made	8	2	10	15	18	3	7	—	4	16	83
No. of cases under treatment at end of year	22	15	12	18	20	4	146	30	21	27	315
No. of cases under supervision at end of year	80	24	20	24	104	16	118	180	55	96	717
No. of cases withdrawn from waiting list during year	12	11	16	20	14	8	14	21	33	22	171
No. of cases remaining on waiting list at end of year	3	2	8	9	7	1	9	19	1	5	64
No. of interviews by psychiatrists...	681	470	67	207	1,202	65	1,034	566	711	797	5,800
Analysis :—											
(a) With children for examination	131	83	30	50	136	9	132	183	112	272	1,138
(b) With children for treatment	376	96	9	54	620	2	405	317	404	191	2,474
(c) With parents	106	163	18	93	272	8	438	26	132	294	1,550
(d) With others	68	128	10	10	174	46	59	40	63	40	638
No. of sessions held											
(a) Psychiatrists	297	307	37	90	468	9	425	306	282	274	2,495
(b) Educational psychologists	227	130	460	282	469	75	533	589	1,131	224	4,120
(c) Psychotherapists	169	335	154	162	151	220	38	—	112	211	1,552
(d) Social workers	582	729	425	260	1,062	208	559	352	354	421	4,952

The improvement in the staffing of the child guidance and school psychological services resulting from the introduction in 1965 of the policy of secondment of suitable candidates on approved courses for educational psychologists has been maintained. In all eleven new staff have been recruited by this method.

The need for more day classes for maladjusted pupils becomes increasingly urgent as the following extracts from reports by the medical directors of the Epsom and Redhill child guidance clinics show.

D. C. L. Casimir, Medical Director of Epsom Child Guidance Clinic, writes:—

“During 1968, children of a wide age range have continued to be referred to the Epsom Child Guidance Unit from schools, medical and psychological services, juvenile courts, and increasingly by parents

themselves. Though referred for individual emotional disturbance, these children have increasingly been seen together with other members of the family for treatment. Relatively fewer children have therefore had individual psychotherapy, but where this has extended over a long period, their class teachers have been invited to case conferences at intervals throughout such treatment.

"Clinical work in the preventive field has continued, through a psychotherapist's interest in playgroups and the training of their supervisors. This psychotherapist has subsequently linked up with such children's infant school teachers to supplement the school psychological service.

"The urgent need for a day class for maladjusted children in this area continues actively to concern us. Since these children largely remain in the ordinary day class, it is proposed to offer further help to teachers in a group setting. It is proposed to offer a similar group facility to health visitors, who already have access to psychotherapists for individual consultation."

Dr. J. L. Hertzog, Medical Director of Redhill Child Guidance Clinic, writes:—

"Consultation by individual speech therapists with psychiatric social workers has continued and regular meetings with the divisional education staff and the divisional medical officers of health have been established.

"It is proposed to give more attention in the future to the (preventive) therapeutic needs of all young children in families expecting a new baby or suffering a bereavement.

"One of our main improvements during 1968 has been the much closer liaison with divisional education and divisional medical staff, in view of the increasing number of school children whose behavioural disturbance has led to their exclusion from school with no adequate placement to hand. A series of extra and emergency meetings between these departments and often including the Children's Department have been necessary. I should point out that in many cases, the needs of the children in question could have been met by a Day Maladjusted Unit in this area. Again, this clinic feels most strongly that there is a desperate need for immediate action in this direction."

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, 1968, who were ascertained as handicapped pupils and the provision made for their education:—

Category.	Total Handicapped Pupils.		Recommended for Special School or Hostel.										To continue under observation at Ordinary School.	Home Tuition.		Tuition in Hospital or Special Units.	Pending Recommendation			
			In Special School or Hostel.						Parents refuse consent.	On waiting list.	In Ordinary School.	At home or in hospital or in Private School.								
			Provided by Surrey.		Other.		Total.													
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G		
Blind ...	10	7	—	—	8	2	8	2	—	—	—	2	—	—	1	1	—	—		
Partially sighted ...	29	23	—	—	12	18	12	18	1	—	—	—	14	3	—	—	1	—		
Deaf ...	34	28	20	13	8	9	28	22	—	—	4	4	—	—	—	—	2	2		
Partially hearing ...	121	85	22	17	20	5	42	22	—	—	1	2	74	57	—	—	2	1		
Educationally sub-normal	864	500	594	306	50	28	644	334	21	20	119	92	39	26	—	—	38	22		
Epileptic ...	17	6	—	—	13	5	13	5	—	—	—	—	3	—	—	—	1	—		
Maladjusted ...	274	88	109	18	108	55	217	73	6	1	47	12	—	—	1	2	27	20		
Physically handicapped	174	117	—	—	89	43	89	43	—	—	9	3	12	20	13	7	9	12		
Delicate ...	112	88	44	19	26	25	70	44	2	6	6	2	4	4	—	—	30	23		
Speech defect	5	3	—	—	4	3	4	3	1	—	—	—	—	—	—	—	—	—		
Totals ...	1,640	945	789	373	338	193	1,127	566	31	27	186	117	146	110	15	10	27	29		

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	G. 7-16 B. 7-10
	Redhill, St. Nicholas	20 B. } Day	
	Redhill, St. Nicholas	100 B. } Boarding	10-16
	Addlestone, Claybourne	20 B. } Day	
	Camberley, Carwarden House (temporary) ...	120 M. } Day	7-16
	Guildford, Temple Court	80 M. } Day	5-16
	Leatherhead, West Hill	120 M. } Day	7-16
	Merstham, Greystone	140 M. } Day	7-16
Delicate and physically handicapped	Merstham, Greystone	130 M. } Day	5-16
	Woking, The Park	130 M. } Day	7-16
Delicate and physically handicapped	Guildford, Sunnydown	40 B. } Boarding	10-16
	Oxted, Limsfield Grange	30 G. } Boarding 8 B. }	G. 5-16 B. 5-10
Deaf	Caterham, Portley House	49 M. } Boarding	3-11½
	Redhill, Nutfield Priory	80 M. } Boarding	11½-16
Partially hearing	Ewell, Riverview County Primary	30 M. } Day	4½-11
	Woking, Woodlands County Primary	30 M. } Day	4½-11
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	30 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
	Normandy, School Lane (remedial class) ...	30 M. } Day	5-11
	Ottershaw, Ottershaw Centre (remedial class) ...	30 M. } Day	5-11
	Redhill, Ardmore Centre (remedial class) ...	30 M. } Day	5-11

During 1968 no new Special Schools were opened or premises acquired.

Purpose-built premises for The Park School, Woking, and Leacroft School, Staines, are expected to open in April, 1970, and Carwarden House School, Camberley, in September, 1970. A new Day E.S.N. school at Horley is in the Major Building Programme for 1970-71. The residential school for maladjusted girls at Bramley is likely to be ready in the Summer, 1971.

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 34 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 25 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 in fact no children were formally reported to the County Health Committee in 1968 as unsuitable for education at school. There were, however, 13 children referred to the Mental Health Service for attendance at special training schools.

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. 78 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 106 children admitted to convalescent homes during the year. The normal period of stay varies from two to four weeks.

CENTRAL REGISTER OF HANDICAPPED CHILDREN AND YOUNG PERSONS.

With the constant expansion of services for children, it has become increasingly apparent that some method of co-ordinating these is essential if they are to be used to the best advantage. Overlapping of services can be wasteful and may lead to misunderstandings and distressing situations. On the other hand it is essential that the services provided shall be made available to those needing them. This particularly applies to handicapped children and with this in mind, a central register of all handicapped children in the County is being set up. The register will contain details of the child's handicap, his medical, educational and family background and the social welfare services involved with the child. The main purposes of the register are to provide up-to-date information for all those concerned with the health, welfare and education of the children and to establish close liaison between the service departments concerned.

The co-operation of the hospital service and of General Practitioners has been enlisted in supplying information for the register and these have access in confidence to the register. Initially the register takes the form of a very detailed punch card system which allows for the various services to be programmed to meet the child's needs. It also provides a mass of detailed statistical information which will be invaluable in the planning of those services.

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 1968 :—

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	—	—	—	—
Scarlet fever	148	2	4	154
Enteric fever	1	—	—	1
Measles	412	3	1	416
Whooping cough	148	2	—	150
German measles	2,352	2	11	2,365
Chicken-pox	2,825	92	12	2,929
Mumps	653	—	2	655
Jaundice	16	—	2	18
Other	113	4	3	120
Totals	6,668	105	35	6,808

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	4	—	4
Impetigo	30	3	33
Scabies	14	—	14
Other... ..	13	—	13
Totals	61	3	64

Tuberculosis in schools.

During the year 4 school-children, 3 teachers and 2 other staff were notified as suffering from tuberculosis as follows :—

Category.	Maintained Schools.	Independent Schools.	Totals.
School children	4	—	4
Teachers	1	2	3
Other staff	1	1	2
Totals	6	3	9

Epidemiological investigations were carried out at seven of these nine schools and 1,267 pupils were Mantoux tested. Of these, 249 were Mantoux positive having had earlier B.C.G. vaccination ; of the remainder (1,018), 58 pupils were found to be Mantoux positive.

It was decided to X-ray 277 Mantoux positive cases and all the results were satisfactory. In addition 393 pupils, 52 teachers and 36 other staff were X-rayed only. The results were all satisfactory. No further incidents arose out of the investigations.

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 1968 are described in the County Medical Officer's annual report.

PROMOTION OF HEALTH.

Health Education.

"Health education is concerned with a vast and varied field, touching many branches of science besides such subjects as history, geography and language ; it involves every type of school, children of all kinds, parents, teachers, all of us." So runs the introduction to the *Handbook of Health Education* published by the Department of Education and Science this year and recommended to all County schools for study. Efforts have been continued throughout the year to emphasise the concept that the pursuit of positive health goes far beyond the mere elimination of disease. Such a conception involves not only the health services but also the subtler and often slower influences associated with social welfare and education.

Now that a comprehensive medical service is within the reach of all, the curative work of the school health service has been very much reduced. The school health service is today, more than ever before, an active force in the field of preventive medicine. The work of the school doctor is often complementary to that of the teacher. Both are interested in the development of the child ; their respective interests are dovetailed so that it is often difficult to discern the precise dividing line between health and education. Indeed a conference of School Medical Officers was held to discuss the opportunities which arise in health education in schools and colleges. It augurs well for the education of children when the school doctors find time to take part in health talks and discussions in collaboration with the teaching staff. Accordingly, arrangements have been made for in-service training in teaching methods to ensure that doctors are able to make a full and adequate contribution in this field.

Similarly, short training courses for experienced health visitors were aimed at ensuring that their skill and sagacity are fully utilised within the ambit of the school curriculum. Their knowledge of families is invaluable in this sphere where they can often provide the close liaison between home and school which is so necessary for happy relationships.

Moreover, with the poliferation of pre-school play groups the educative skills of the health visitors have again been utilised to ensure that in this initial formative period such children will not suffer from any lack of efficient and sympathetic leadership based on a proper appreciation of the basic impulses of play and curiosity. Courses for all interested or actively engaged in play groups have also been held at the Epsom and Dorking health clinics under the auspices of the Institute of Further Education. The aims of such courses in which the child guidance staff have an active interest are to further the understanding of children's needs and to promote the happy healthy and successful conduct of play groups. They also lay a firm physical, mental and social foundation for the school entrant. All such courses have had access to health education advice and material based at the central office.

The advisory service for schools and colleges was maintained throughout the year and practical assistance was given to staff and students in a wide range of health topics. Arrangements were made for medical and other speakers to talk to schools, colleges and meetings of youth officers and parents. The subjects of drug dependence and smoking were discussed at one of H.M. detention centres in the

County where the Committee maintain a teaching staff. Smoking and health also formed the theme of a week of lectures and an exhibition at a County technical college.

The department continued to supply a wide range of teaching and source material for staff and pupils in schools. During the year formal links were established with the University of Surrey through the organiser of the teachers' centre and with the Surrey Schools Council. It is hoped that further progress may thus be made in curriculum development in the field of health education.

Health visitors have again been active in giving direct lessons on health fitted into the normal work of the curriculum or to campaigns to establish good health habits and attitudes. Children now talk with confidence to these visitors as friends as well as expert advisers. Their role serves to emphasise the integration of health with everyday living. Such talks have included the following topics: community health, child care, nutrition, dental care, growing up, environmental health, mothercraft, personal relationships, healthy living, smoking and drugs among others. Medical and nursing personnel have also lectured at further education courses in the field of health and welfare. Of particular interest was the twelve-week course in Family Management at the Redhill Technical College especially intended for parents, intending parents, foster parents and others interested in the welfare of children.

Dental health education.

The work in dental health education is fully integrated into the general pattern of health education and not a separate feature. Under the aegis of the Principal School Dental Officer the programmes are devised and supervised by the Health Education Officer in collaboration with the County Dental Hygienist. Visits were made to 73 schools where more than 13,000 children, mainly in primary schools, received talks, illustrated by film, filmstrip, models, charts and other aids. Part-time lecturers were employed to cope with the ever increasing demands for such education, and the teaching programmes of health visitors also included sessions on dental health. Of the many thousands of children who receive dental inspection and treatment at the surgeries most benefit from the chairside health education given by the dental officers or dental surgery assistants. During the year many enlarged acrylic models of upper and lower jaws were constructed by the dental laboratory technicians for staff use in demonstrating to child patients the correct technique of tooth-brushing and related matters. The County Dental Hygienist visited all dental clinics during the school holidays to ensure that sufficient supplies of new posters and other literature were freely available and that display facilities were adequate. In this connection widespread use was made of a new card produced by the General Dental Council for children in their first year at school. Dental clinics in all new health centres are being generously provided with fixed and portable display stands. An animated display in the form of a model roundabout was constructed by the health education staff for use in schools and clinics.

Once again Pierre the Clown demonstrated in 30 schools the cause of dental decay and how raw apple cleans away food deposits. He also demonstrated correct tooth-brushing and rinsing. Every child was given an apple and literature. It must be recognised, however, that Pierre's visits were too brief to do more than renew an interest in this important field. After his previous visit the real spade work in dental health education was carried out by the teaching staff, the health visitors and the County Dental Hygienist. Therefore, arrangements were again made to revisit every school and, class by class, revise and extend the teaching more formally. A health advisory panel also received invitations to discuss children's dental health at parent-teacher association meetings. It is recognised that nutrition plays a large part in dental health and the Home Economics Adviser made a special feature of this need at meetings of parents.

Relaxation.

An unusual experimental project in relaxation was carried out in a secondary school in the South-Eastern Division. Following discussions with the health education and child guidance staff, arrangements were made for a short course in positive physical and mental relaxation with a view to reducing stress and attaining a relaxed posture in movement and at rest. The first group comprised some sixteen girls in the sixth form. The Divisional Medical Officer gave four illustrated talks on the anatomy and physiology of the body with special reference to the understanding of posture. A senior physiotherapist undertook three practical sessions on relaxation and muscular control. The work was supported and reinforced in discussion by the head and the teaching staff in physical education, human biology and other departmental heads.

Such was the success of the project that it was extended to include the sixth-form boys. This teaching experiment, involving close collaboration between health and education staffs, may prove to be an innovation well worth developing.

REPORT ON PHYSICAL EDUCATION.

Every effort has been made to ensure that no lowering of standards occurred during the year in spite of many difficulties. Miss Sanders, General Inspector for Physical Education, who suffered severe injuries in a flying accident late in 1967, made only a very limited recovery and was unable to resume duties. She has now retired on a disability pension and a successor has not yet been appointed. The inspiration and enthusiasms she brought to her work has been sadly missed by all Surrey schools.

The teacher/advisers for physical education have endeavoured to carry a greater share of work and responsibility in regard to courses for teachers, planning and equipping gymnasia and halls and

general administration, in addition to their normal advisory visits, and this has helped to prevent any deterioration in the quality of work in schools. During the coming year a successor to Miss Sanders will be appointed, making possible the return to the customary allocation of duties and a smooth organisation in this sphere of work.

A full programme of in-service training courses was planned and carried through for teachers in infant, junior and secondary schools. The programme consisted of :—

- Modern educational gymnastics.
- Modern educational dance.
- Physical education in the primary school.
- Physical education for specialists in secondary schools.
- Trampolining.
- Teaching of swimming.
- Swimming conference (The treatment of water and maintenance of school pools).
- Association football coaching.
- Rugby football coaching and refereeing.
- Basketball (primary and secondary).
- Tennis coaching.
- Cricket coaching.
- Ski-leadership.
- Orienteering.
- Dinghy sailing.
- Mountaineering leadership.

A great deal of preliminary work has also been done in preparation for the All England Schools' Athletics Championships for which Surrey is the host County in 1969.

Contact has been maintained with the London and South East Sports Council and local sports councils and, in many areas, notably Guildford, plans are well ahead for the construction of multi-sports complexes where recreative sport can be enjoyed by the whole community. Schoolboy footballers and cricketers have again been taken abroad on tour and have acquitted themselves well in every way. Two Surrey girls, Barbara Inkpen and Maureen Barton, who were Surrey schools' champions in 1966, represented Britain in the Olympic Games in Mexico City.

The usual co-operation has been shown by the Central Council of Physical Recreation and its technical representatives in helping to organise courses and in acting as a link with the National Sports Associations.

Altogether the year has been characterised by holding on to advances made in previous years while preparing for expansion and development when the staffing position allows.

School swimming pools.

There has been a tremendous growth and interest in the provision of "learner" type swimming pools, mainly of course in County Primary Schools. Towards the end of the year there were about 100 pools in use, and many more are in course of preparation. These are usually provided through the generosity of Parent/Teacher Associations with the aid of a 25 per cent grant from the Education Committee.

Although there is a good deal of local "self help" and variation in the individual schemes nevertheless they are invariably complete in that all the basic essentials for clean healthy swimming are provided. Each scheme is considered in detail and approval given by the various County and local interests involved before work commences. When the pools are fully established and have been operating satisfactorily for twelve months they are taken over, for maintenance purposes, by the Education Committee.

Regular sampling of the water is undertaken by School Staff, who conduct a pool-side check twice a day when swimming lessons are in progress. In addition the local public health inspectors take samples for bacteriological examination and are available to give advice on any problems that may arise. A full advisory service is also provided by officers of the County Architect's Department, Supplies Department Laboratory and County Health and Welfare Department.

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.	Number taking meals at	
						Full cost.	Free.
129,382 (Primary 78,061)	71,613	91.8	99,143	76.6	1/6d.	89,691	9,452

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

The Education Committee was responsible for the maintenance and training at residential institutions of 5 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.

1,439 children were medically examined during the year as to their fitness to take part-time employment and all but three were found to be fit. The examinations are undertaken by the school medical officers at the clinic nearest to the homes of the applicants and in all 1,481 examinations and re-examinations were carried out for this purpose.

There were 6 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 1968.

Staff.

On the 31st December, 1968, the staff consisted of 19 full-time dental officers, including 2 orthodontists and 23 part-time officers equivalent to 7.6 additional full-time officers. At the end of 1967 there were 19 full-time officers and 22 part-time officers equivalent to 6.8 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.
2,021 (2,021)	69 (137)	251 (261)	165 (175)	2,581 (2,581)	59 (161)	5,146 (5,336)

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 1,064 and 688 additional children commenced treatment during the year. 1,369 removable appliances were fitted and 86 fixed appliances were provided.

Dental Inspection and Treatment.

The number of children examined at routine school inspections was 88,697 and 12,689 were first inspected at clinics making a total of 101,386. In addition, 7,358 children were re-inspected at schools or clinics. Fillings in permanent teeth numbered 34,863 and in deciduous teeth 19,673, a total of 54,536. The number of permanent teeth extracted was 3,194 and deciduous teeth 8,057. 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 1.

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)
1964 and later ...	310	310	100	—	—
1963 ...	8,719	8,706	99.85	13	0.15
1962 ...	6,151	6,144	99.88	7	0.12
1961 ...	1,374	1,369	99.92	5	0.08
1960 ...	8,872	8,843	99.67	29	0.23
1959 ...	1,894	1,891	99.85	3	0.15
1958 ...	561	560	99.82	1	0.18
1957 ...	2,605	2,593	99.5	12	0.5
1956 ...	6,219	6,193	99.56	26	0.44
1955 ...	3,004	2,995	99.36	9	0.64
1954 ...	2,924	2,921	99.97	3	0.03
1953 and earlier ...	7,339	7,303	99.5	36	0.5
TOTAL ...	49,972	49,828	99.75	144	0.25

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.
1964 and later ...	9	26	32
1963 ...	307	929	1,127
1962 ...	264	750	955
1961 ...	79	164	215
1960 ...	579	924	1,405
1959 ...	127	224	329
1958 ...	38	78	114
1957 ...	245	255	459
1956 ...	568	684	1,174
1955 ...	334	307	608
1954 ...	209	245	509
1953 and earlier ...	806	616	1,347
TOTAL ...	3,565	5,202	8,274

C.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	3,570
Number of re-inspections	...	...	...	6,501
Total	...	...	...	<u>10,071</u>

D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	36,061
(b) Total number of individual pupils found to be infested	...	...	...	...	280
(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 2.
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	202	539	319	460	627	941	1,148	1,940
Eyes—								
(a) Vision	499	1,454	1,244	958	1,919	1,769	3,662	4,181
(b) Squint	169	175	31	50	186	256	386	481
(c) Other... ..	29	54	26	118	61	213	116	385
Ears—								
(a) Hearing	88	316	25	105	135	582	248	1,003
(b) Otitis Media	67	269	11	37	50	287	128	593
(c) Other	37	83	17	33	75	124	129	240
Nose and Throat	235	1,094	41	233	260	1,479	538	2,806
Speech	200	365	9	36	153	308	362	705
Lymphatic Glands	20	397	6	63	15	429	41	889
Heart	21	236	7	110	38	329	66	675
Lungs	102	365	25	106	91	455	218	926
Developmental—								
(a) Hernia... ..	22	63	5	7	24	64	51	134
(b) Other	57	341	15	133	134	617	206	1,091
Orthopaedic—								
(a) Posture	17	126	37	180	58	361	112	667
(b) Feet	107	458	51	293	257	992	415	1,743
(c) Other	47	351	45	281	108	647	200	1,279
Nervous System—								
(a) Epilepsy	7	40	10	21	23	58	40	119
(b) Other	9	88	5	30	31	181	45	299
Psychological—								
(a) Development	18	135	47	56	162	405	227	596
(b) Stability	28	315	5	143	58	627	81	1,085
Abdomen	13	102	9	56	47	253	69	391
Other	139	423	116	309	535	1,152	790	1,884
Total	2,133	7,789	2,106	3,818	5,047	12,529	9,278	24,112

T = Treatment. O = Observation.

B.—SPECIAL INSPECTIONS.

Defect or Disease.	Special Inspections.	
	requiring treatment.	requiring observation.
Skin	141	57
Eyes—		
(a) Vision	388	613
(b) Squint	13	21
(c) Other... ..	25	18
Ears—		
(a) Hearing	73	199
(b) Otitis Media	10	26
(c) Other... ..	28	12
Nose and Throat	22	171
Speech... ..	104	78
Lymphatic Glands	2	40
Heart	6	29
Lungs	23	30
Developmental—		
(a) Hernia	2	5
(b) Other	10	71
Orthopaedic—		
(a) Posture	13	36
(b) Feet	29	63
(c) Other... ..	28	65
Nervous System—		
(a) Epilepsy	6	6
(b) Other... ..	7	23
Psychological—		
(a) Development	134	83
(b) Stability	59	78
Abdomen	11	15
Other	66	242
Total	1,200	1,981

TABLE 3.

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	166
Errors of refraction (including squint)	8,148
Total	8,314
Number of pupils for whom spectacles were prescribed	3,218

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	44
(b) for adenoids and chronic tonsillitis	573
(c) for other nose and throat conditions	63
Received other forms of treatment	247
Total	927
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1968	37
(b) in previous years	179

C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	1,324
(b) Pupils treated at school for postural defects	153
Total	1,477

D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated.
Ringworm—	
(a) Scalp	—
(b) Body	13
Scabies	22
Impetigo	13
Other skin diseases	1,670
Total	1,718

E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	1,567

F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	2,578

G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	940
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	106
(c) Pupils who received B.C.G. vaccination ...	10,630
(d) Other than (a), (b) and (c) above :—	
Lymphatic Glands	8
Abdomen	131
Heart and Circulation	63
Lungs	125
Development	138
Nervous System	53
Psychological	28
Other	78
Total (a) to (d)	12,300

TABLE 4.

DENTAL INSPECTION AND TREATMENT.

3. Attendances and Treatment.	Ages	5 to 9	10 to 14	15 and over	Total
First visit		10,064	9,147	2,272	21,483
Subsequent visits		15,227	19,866	5,205	40,298
Total visits		25,291	29,013	7,477	61,781
Additional courses of treatment commenced		1,887	1,517	350	3,754
Fillings in permanent teeth		8,266	19,663	6,934	34,863
Fillings in deciduous teeth		17,411	2,262	—	19,673
Permanent teeth filled		6,814	17,253	6,002	30,069
Deciduous teeth filled		15,615	1,968	—	17,583
Permanent teeth extracted		559	2,168	467	3,194
Deciduous teeth extracted		5,892	2,165	—	8,057
General anaesthetics		2,155	1,023	93	3,271
Emergencies		842	436	96	1,374
Number of pupils X-rayed					2,209
Prophylaxis					4,007
Teeth otherwise conserved					4,742
Number of teeth root filled					168
Inlays					37
Crowns					168
Courses of treatment completed					18,378
4. Orthodontics.					
Cases remaining from previous year					1,064
New cases commenced during year					688
Cases completed during year					384
Cases discontinued during year					98
Number of removable appliances fitted					1,369
Number of fixed appliances fitted					86
Pupils referred to hospital consultant					23
5. Prosthetics.	Ages	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)		8	3	—	11
Pupils supplied with other dentures (first time)		12	17	24	53
Number of dentures supplied		22	25	26	73
6. Anaesthetics.					
General anaesthetics administered by dental officers					29
7. Inspections					
(a) First inspection at school. Number of pupils					88,697
(b) First inspection at clinic. Number of pupils					12,689
Number of a and b found to require treatment					44,141
Number of a and b offered treatment					38,645
(c) Pupils reinspected at school clinic					7,358
Number of c found to require treatment					5,360
8. Sessions.					
Sessions devoted to treatment					10,568
Sessions devoted to inspection					755
Sessions devoted to dental health education					231

TABLE 6
BIRTHS, DEATHS AND INFANT MORTALITY
 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 1968

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...	246	213	459	10.90	12.32	3	6.49	519	12.33	9.49	-60	6	7	10
Caterham and Warlingham	271	255	526	14.05	13.77	7	13.13	375	10.02	10.22	+51	3	4	6
Chertsey ...	388	381	769	17.23	14.65	13	16.62	424	9.50	11.50	+345	11	12	14
Dorking ...	159	162	321	13.95	13.53	3	9.26	287	12.47	10.97	+34	4	4	4
Egham ...	202	185	387	12.56	11.43	4	10.23	333	10.81	10.70	+54	2	2	3
Epsom and Ewell	399	474	873	12.09	13.66	12	13.54	1,096	15.16	9.25	-223	5	8	11
Farnham...	438	375	813	12.88	14.04	7	8.54	701	11.11	10.55	+112	11	12	16
Frimley and Camberley	208	206	414	13.77	14.87	3	7.19	419	13.94	10.46	-5	5	5	6
Godalming	428	412	840	19.88	17.30	15	17.54	277	6.55	9.43	+563	8	11	14
Guildford	179	127	306	16.86	16.52	4	12.90	202	11.13	10.91	+104	2	2	3
Haslemere	364	367	731	13.17	12.51	9	12.16	598	10.77	10.23	+133	7	7	10
Leatherhead	90	81	171	12.62	14.77	—	14.77	209	15.42	11.26	-38	—	—	1
Reigate ...	250	263	513	13.18	14.23	2	3.88	389	9.99	10.59	+124	5	5	7
Staines ...	410	350	760	13.75	14.30	6	7.83	733	13.26	10.21	+27	12	13	16
Sunbury-on-Thames	511	466	977	17.39	15.48	11	11.13	469	8.35	10.69	+508	4	4	8
Walton and Weybridge	352	324	676	16.98	14.26	10	14.58	378	9.50	10.07	+298	3	8	11
Woking ...	380	387	767	14.78	15.67	9	11.60	562	10.83	8.77	+205	8	10	14
	644	584	1,228	15.90	17.01	15	12.07	830	10.75	9.68	+398	14	16	30
Total	5,919	5,612	11,532	14.65	14.56	133	11.40	8,801	11.11	10.11	+2,531	110	130	184
Rural														
Bagshot ...	149	145	294	15.47	15.01	4	13.42	166	8.73	8.99	+128	1	1	2
Dorking and Horley	260	239	499	14.74	14.74	5	9.92	336	9.92	10.81	+163	5	5	5
Godstone...	342	308	650	14.56	14.85	6	9.15	468	10.49	8.50	+182	5	7	9
Guildford	489	508	997	15.96	16.28	12	11.89	612	9.80	10.49	+385	12	12	19
Hambleton	275	298	573	14.85	16.04	9	15.46	425	11.01	9.25	+148	6	6	10
Total	1,515	1,498	3,013	15.17	15.47	36	11.81	2,007	10.11	9.60	+1,006	29	31	45
Administrative County	7,434	7,110	14,544	14.68	14.83	169	11.49	10,808	10.91	10.04	+3,537	139	161	229

* 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.

TABLE 7
DEATHS AND DEATH RATES DURING 1968

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 1968, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County.

DISTRICTS.	Heart and Vascular Disease.						Respiratory diseases (Non-Tuberculous).		Malignant Disease.						Violence.											
	Cerebro-vascular disease.		Ischaemic heart disease.		Hypertension with heart disease.		Other heart disease.		Other circulatory disease.		Pulmonary Tuberculosis.		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant lymphatic* neoplasms.		Violence.			
	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.																										
Banstead...	75	1.78	131	3.11	20	.48	33	.78	26	.62	1	.02	86	2.04	1	.02	20	.48	10	.24	5	.12	49	1.16	11	.26
Caterham and Warlingham	50	1.34	92	2.46	11	.19	20	.53	14	.37	8	.21	49	1.31	7	.16	13	.35	10	.27	5	.13	43	1.15	8	.21
Chertsey...	37	.83	113	2.53	7	.25	23	.52	13	.29	1	.02	68	1.52	7	.16	26	.62	10	.22	6	.13	41	.92	19	.43
Dorking...	41	1.78	61	2.63	10	.44	20	.57	12	.52	4	.17	46	2.08	4	.17	12	.28	5	.22	5	—	28	1.22	7	.30
Egham...	42	1.36	81	2.63	3	.10	27	.58	8	.26	1	.03	59	1.91	10	.32	23	.75	5	.16	5	.16	27	.88	10	.32
Epsom and Ewell	114	1.58	276	3.82	37	.51	66	.91	55	.76	—	—	235	3.25	10	.14	47	.65	15	.21	3	.04	89	1.23	29	.40
Essex...	81	1.28	165	2.61	25	.40	60	.95	38	.60	11	.17	89	1.41	11	.17	32	.51	27	.43	1	.03	90	1.41	25	.40
Farnham...	64	2.13	98	3.26	5	.17	36	1.20	22	.73	1	.03	66	2.20	6	.20	21	.70	7	.23	3	.10	42	1.40	8	.27
Fringle and Camberley	26	.62	70	1.66	1	.02	20	.47	10	.24	—	—	42	.99	6	.14	9	.21	11	.26	3	.07	29	.69	16	.38
Godalming...	16	.88	59	3.25	5	.28	13	.72	11	.61	—	—	29	1.60	7	.39	7	.39	5	.28	2	.11	14	.77	11	.61
Guildford...	74	1.33	123	2.22	11	.20	48	.86	27	.49	1	.02	80	1.44	9	.16	36	.65	17	.31	5	.09	55	.99	33	.59
Haslemere...	38	2.80	37	2.73	2	.15	19	1.40	16	1.18	1	.07	29	1.14	2	.15	14	1.03	4	.30	2	.15	18	1.33	7	.52
Leatherhead...	52	1.34	101	2.59	10	.26	22	.57	17	.44	—	—	56	1.28	11	.28	20	.51	7	.18	—	—	50	1.28	10	.26
Reigate...	105	1.90	201	3.64	9	.16	52	.94	40	.72	—	—	114	2.06	6	.11	25	.45	20	.36	5	.09	71	1.28	19	.34
Staines...	49	.87	120	2.14	13	.23	36	.64	19	.34	2	.04	57	1.01	8	.14	20	.36	14	.25	1	.02	69	1.23	17	.30
Sunbury-on-Thames...	65	1.63	79	1.09	7	.18	27	.68	16	.40	—	—	56	1.41	7	.18	17	.43	10	.25	3	.08	33	.83	18	.45
Woking and Weybridge	84	1.62	129	2.49	12	.23	31	.60	25	.48	—	—	91	1.75	10	.19	25	.48	12	.23	2	.04	55	1.06	12	.23
Woking...	123	1.59	152	1.07	12	.16	56	.73	31	.40	1	.01	173	2.24	12	.16	39	.51	14	.18	—	—	89	1.15	16	.31
Total	1,136	1.43	2,088	2.64	200	.25	609	.77	400	.50	9	.01	1,419	1.78	135	.17	408	.51	202	.26	51	.07	892	1.12	276	.35
Rural.																										
Bachot...	18	.95	38	2.00	5	.26	15	.79	10	.53	1	.05	23	1.21	5	.26	10	.53	4	.21	—	—	17	.89	6	.32
Dorking and Horley	38	1.12	90	2.66	6	.18	18	.53	14	.41	—	—	65	1.92	10	.30	14	.41	7	.21	1	.03	33	.97	16	.47
Gosdane...	61	1.37	106	2.38	5	.11	21	.47	24	.54	—	—	102	2.29	5	.11	25	.56	11	.25	1	.02	47	1.05	15	.34
Guildford...	67	1.07	124	1.99	9	.14	45	.72	27	.42	1	.02	83	1.53	13	.21	32	.51	13	.21	3	.05	74	1.18	35	.56
Hambleton...	65	1.68	89	2.31	8	.21	16	.41	33	.86	—	—	55	1.43	8	.21	25	.65	10	.26	2	.05	49	1.27	21	.54
Total	249	1.25	447	2.25	33	.17	115	.58	108	.54	2	.01	328	1.65	41	.21	106	.53	45	.23	7	.04	220	1.11	93	.47
Administrative County 1968																										
	1,385	1.40	2,535	2.56	233	.24	724	.73	508	.51	11	.01	1,747	1.76	176	.18	514	.52	247	.25	58	.06	1,112	1.12	369	.37
Percentage of Total Deaths in 1968	12.81 (13.76)	23.45 (19.68)	2.16 (1.13)	6.7 (11.12)	4.69 (5.76)	0.10 (0.22)	16.16 (12.38)	1.63 (1.84)	4.75 (5.28)	2.28 (1.84)	5.55 (6.64)	10.28 (9.78)	3.41 (3.79)													

* These figures include 55 deaths from Leukaemia. This cause was not included in the corresponding table for 1967.

TABLE 8
ADMINISTRATIVE COUNTY OF SURREY.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1968.

The causes of all deaths during 1968 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages.	0-	1-	5-	15-	25-	45-	65-	75-		All Ages.	0-	1-	5-	15-	25-	45-	65-	75-	
All Causes	M.	4,132	110	23	27	48	143	1,111	1,106	1,566		959	35	6	8	9	31	261	244	365	
	F.	4,669	74	15	16	22	95	685	944	2,818		1,048	10	4	6	6	32	158	209	623	
B.1. Cholera	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.2. Typhoid fever	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.3. Bacillary dysentery and amoebiasis ...	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.4. Enteritis and other diarrhoeal diseases ...	M.	4	1	—	1	—	—	1	1	—		2	—	—	—	—	1	—	—	1	
	F.	2	1	—	—	—	—	—	—	1		—	—	—	—	—	—	—	—	—	
B.5. Tuberculosis of respiratory system ...	M.	5	—	—	—	—	1	1	2	1		1	—	—	—	—	—	—	1	—	
	F.	4	—	—	—	—	—	1	1	2		1	—	—	—	—	1	—	—	—	
B.6. Other tuberculosis including late effects ...	M.	6	—	—	—	—	—	2	3	1		1	—	—	—	—	—	1	—	—	
	F.	7	—	—	—	—	—	2	1	4		—	—	—	—	—	—	—	—	—	
B.7. Plague... ..	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.8. Diphtheria	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.9. Whooping cough	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.10. Streptococcal sore throat and scarlet fever	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.11. Meningococcal infection	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.12. Acute poliomyelitis	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.13. Smallpox	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.14. Measles	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.15. Typhus and other rickettsioses	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.16. Malaria	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	1	—	—	—	—	—	1	—	—		—	—	—	—	—	—	—	—	—	
B.17. Syphilis and its sequelae	M.	5	—	—	—	—	—	4	1	—		1	—	—	—	—	—	—	1	—	
	F.	4	—	—	—	—	—	—	2	2		—	—	—	—	—	—	—	—	—	
B.18. All other infective and parasitic diseases ...	M.	5	—	—	—	—	—	2	2	1		2	—	1	1	—	—	—	—	—	
	F.	5	—	—	1	2	—	2	—	—		5	—	—	1	—	2	1	1	—	
B.19. (1) Malignant Neoplasm—stomach	M.	65	—	—	—	—	3	18	21	23		19	—	—	—	—	—	8	5	6	
	F.	70	—	—	—	—	2	13	21	34		22	—	—	—	—	1	2	8	11	
(2) Mal. Neo.—Lung, Bronchus	M.	310	—	—	—	—	5	137	109	59		82	—	—	—	—	—	26	42	14	
	F.	98	—	—	—	—	—	35	43	20		24	—	—	—	—	—	9	10	5	
(3) Mal. Neo.—Breast	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	202	—	—	—	—	17	83	55	47		44	—	—	—	—	2	19	15	8	
(4) Mal. Neo.—Uterus	F.	53	—	—	—	—	2	16	20	15		7	—	—	—	—	—	3	4	—	
(5) Leukaemia	M.	34	—	1	7	2	4	10	4	6		3	—	—	—	—	—	1	2	—	
	F.	19	—	—	2	1	—	3	4	9		5	—	—	1	—	—	1	2	1	
(6) Other Mal. Neoplasms, etc.	M.	409	—	1	1	3	27	144	110	123		111	—	2	1	1	6	37	24	40	
	F.	428	—	—	4	2	16	138	105	160		101	—	—	1	—	7	31	21	41	

Continued overleaf

TABLE 8
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1968—continued.

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Areas.									
		All Ages.	0-	1-	5-	15-	25-	45-	65-	75-		All Ages.	0-	1-	5-	15-	25-	45-	65-	75-	
B.20. Benign Neoplasms and Neoplasms of unspecified nature	M.	9	—	—	—	—	1	5	3	—		—	—	—	—	—	—	—	—	—	
	F.	14	—	—	1	1	2	4	4	2		2	—	—	—	—	—	1	—	1	
B.21. Diabetes mellitus	M.	30	—	—	—	—	2	10	8	10		6	—	—	—	—	—	2	3	1	
	F.	37	—	—	—	—	—	7	9	21		11	—	—	—	—	—	—	5	6	
B.22. Avitaminoses and other nutritional deficiency	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	2	—	—	—	—	—	1	—	1		—	—	—	—	—	—	—	—	—	
B.46. (1) Other Endocrine, etc., diseases ...	M.	5	1	—	—	—	—	3	1	—		3	—	—	—	—	1	1	1	—	
	F.	11	—	—	1	—	—	2	4	4		1	—	—	—	—	—	—	1	—	
B.23. Anaemias	M.	9	—	—	—	—	—	2	3	4		4	—	—	—	—	—	1	—	3	
	F.	14	—	—	—	—	—	1	1	12		1	—	—	—	—	—	—	1	—	
B.46. (2) Other diseases of blood and blood forming organs	M.	5	—	—	—	—	1	2	—	2		—	—	—	—	—	—	—	—	—	
	F.	2	—	—	—	—	—	1	—	1		1	—	—	—	—	1	—	—	—	
(3) Mental disorders	M.	15	—	—	—	1	1	6	4	3		2	—	—	—	—	—	—	—	2	
	F.	34	1	—	—	—	—	6	4	23		4	—	—	—	—	—	—	—	4	
B.24. Meningitis	M.	3	1	—	—	—	—	—	—	2		—	—	—	—	—	—	—	—	—	
	F.	2	1	—	—	—	—	—	—	1		—	—	—	—	—	—	—	—	—	
B.46. (4) Other diseases of Nervous System ...	M.	61	1	4	3	4	10	14	12	13		13	—	—	—	—	3	6	2	2	
	F.	63	—	1	2	—	6	14	19	21		14	—	—	—	1	3	4	1	5	
B.25. Active rheumatic fever	M.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	
B.26. Chronic rheumatic heart disease	M.	42	—	—	—	—	3	21	11	7		9	—	—	—	—	1	5	2	1	
	F.	58	—	—	—	—	2	14	10	32		21	—	—	—	1	—	8	5	7	
B.27. Hypertensive disease	M.	75	—	—	—	—	—	26	18	31		18	—	—	—	—	—	5	6	7	
	F.	125	—	—	—	—	—	14	34	77		15	—	—	—	—	—	2	4	9	
B.28. Ischaemic heart disease	M.	1,187	—	—	—	1	22	384	360	420		251	—	—	—	—	2	79	68	102	
	F.	901	—	—	—	—	1	91	214	595		196	—	—	—	—	4	23	47	122	
B.29. Other forms of heart disease	M.	161	—	—	1	—	1	19	35	105		27	—	—	—	—	—	4	6	17	
	F.	348	—	—	—	—	3	22	42	281		58	—	—	—	—	—	3	8	47	
B.30. Cerebrovascular disease	M.	393	—	—	1	—	5	77	104	206		84	—	—	—	—	4	15	19	46	
	F.	743	—	—	—	—	3	68	150	522		165	—	—	—	—	1	13	25	126	
B.46. (5) Other diseases of the circulatory system	M.	161	—	—	—	—	2	23	44	92		37	—	—	—	—	—	5	12	20	
	F.	239	—	—	—	1	5	16	42	175		71	—	—	1	—	—	4	11	55	
B.31. Influenza	M.	37	—	—	—	1	2	3	5	26		8	—	—	—	—	1	1	—	6	
	F.	72	—	—	—	1	2	8	7	54		18	—	—	—	—	—	2	—	16	
B.32. Pneumonia	M.	359	16	6	3	2	5	50	78	199		69	2	—	—	—	—	9	17	41	
	F.	489	9	1	2	1	4	30	65	377		114	—	1	—	—	—	8	22	83	
B.33. (1) Bronchitis and Emphysema	M.	258	—	—	—	—	4	50	97	107		65	—	—	—	—	—	21	19	25	
	F.	94	1	—	—	—	—	15	20	58		30	—	1	—	—	—	4	8	17	
(2) Asthma	M.	11	—	—	—	—	2	8	—	1		2	—	—	—	—	—	1	1	—	
	F.	15	—	—	—	3	3	6	1	2		3	—	—	—	—	3	—	—	—	
B.46. (6) Other diseases of the respiratory system	M.	35	5	3	1	—	3	7	3	13		10	2	1	—	—	—	1	2	4	
	F.	49	3	3	—	1	1	2	6	33		9	1	1	—	—	—	1	—	6	
B.34. Peptic ulcer	M.	41	—	—	—	—	1	5	15	20		4	—	—	—	—	—	—	2	2	
	F.	25	—	—	—	—	—	4	5	16		8	—	—	—	—	—	2	1	5	
B.35. Appendicitis	M.	—	—	—	—	—	—	—	—	—		1	—	—	—	—	1	—	—	—	
	F.	—	—	—	—	—	—	—	—	—		1	—	—	—	—	—	—	—	1	
B.36. Intestinal obstruction and hernia	M.	5	—	—	—	—	—	—	1	4		5	—	—	—	—	1	—	2	2	
	F.	28	2	—	—	—	1	2	4	19		5	1	—	—	—	—	1	1	2	
B.37. Cirrhosis of the liver... ..	M.	16	—	—	—	1	2	9	4	—		—	—	—	—	—	—	—	—	—	
	F.	12	—	—	—	—	—	7	4	1		1	—	—	—	—	—	1	—	—	
B.46. (7) Other diseases of the digestive system...	M.	32	1	—	—	—	3	8	11	9		7	—	—	—	—	1	1	—	5	
	F.	58	—	—	—	1	2	4	13	38		10	—	—	1	—	—	1	1	7	

Continued overleaf

TABLE 8

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-
B.38.	Nephritis and nephrosis	...	...	...	M. F.	15 6	— —	— —	— —	1 1	— —	6 1	5 —	3 4	7 9	1 —	— —	— —	— —	1 1	2 1	1 3	2 4
B.39.	Hyperplasia of prostate	...	...	...	M.	25	—	—	—	—	—	2	6	17	2	—	—	—	—	—	1	—	1
B.40.	(8) Other diseases of the Genito-urinary system	...	...	...	M. F.	11 36	1 —	— —	— —	— —	— 1	— 10	3 11	7 14	3 5	— —	— —	— —	— —	1 1	1 1	1 1	1 2
B.40.	Abortion	...	...	...	F.	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
B.41.	Other complications of pregnancy	...	...	...	F.	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
B.46.	(9) Diseases of the skin and subcutaneous tissue	...	...	...	M. F.	1 4	— —	— —	— —	— —	— —	— 2	— —	1 2	— 5	— —	— —	— —	— —	— 1	— —	— —	— 4
	(10) Disease of the musculo-skeletal system	...	...	...	M. F.	4 22	— —	— —	— —	— —	— —	2 3	— 2	2 17	5 6	— —	— —	— —	— —	2 2	— 1	3 3	
B.42.	Congenital anomalies	...	...	...	M. F.	39 42	24 21	3 2	1 1	2 —	2 4	1 5	4 5	2 3	11 3	9 2	— —	2 —	— 1	— —	— —	— —	— —
B.43.	Birth injury and difficult labour	...	...	...	M. F.	30 16	30 16	— —	— —	— —	— —	— —	— —	— —	9 3	9 3	— —	— —	— —	— —	— —	— —	— —
B.44.	Other causes of perinatal mortality	...	...	...	M. F.	23 17	23 17	— —	— —	— —	— —	— —	— —	— —	10 3	10 3	— —	— —	— —	— —	— —	— —	— —
B.45.	Symptoms and ill-defined conditions	...	...	...	M. F.	26 83	— —	— —	— —	— —	— —	— —	— 1	26 82	5 12	— —	— —	— —	— —	— —	— 1	— —	5 11
BE.47.	Motor vehicle accidents	...	...	...	M. F.	54 28	— —	1 1	2 3	18 4	7 6	15 5	7 3	4 6	23 8	— —	1 —	1 1	7 2	6 1	7 2	1 —	— 2
BE.48.	All other accidents	...	...	...	M. F.	58 53	4 —	4 3	5 —	5 1	12 2	12 11	7 8	9 28	22 18	2 —	1 1	3 —	1 1	1 —	8 4	1 2	5 10
BE.49.	Suicide and self-inflicted injuries	...	...	...	M. F.	40 25	— —	— —	— —	6 1	9 3	19 15	3 3	3 3	12 8	— —	— —	— —	— —	1 3	7 4	3 —	1 1
BE.50.	All other external causes	...	...	...	M. F.	13 5	2 1	— —	1 —	1 —	3 4	3 —	1 —	2 —	2 —	— —	— —	— —	— —	— —	2 —	— —	— —

TABLE 9.
STAFFING ORGANISATION OF THE COUNTY HEALTH DEPARTMENT.
HEADQUARTERS STAFF—OFFICE AND SUPERVISORY.

County Medical Officer		Deputy County Medical Officer		Principal Administrative Officer	
County Medical Officer		Principal Assistant Medical Officer	County Dental Surgeon	Senior Medical Officer M.H.S.	
4 Medical 1 Dental 1 Administrative	<i>General Public Health.</i> Prevention of illness; Care and After-care of the Tuberculous Handicapped and Blind; Health Education; Home Help Service; Recreative Holidays; Milk Licensing; Venereal Diseases; Chiropody; Capital Building; Statistics; Staffing; Accounts; Port Health Unit, Gatwick, etc.		<i>Care of Mothers and Young Children and School Health Service.</i> Clinic Services; Day Nurseries and Child Minders; Unmarried Mothers; Health Visiting; Midwifery and Home Nursing; Vaccination and Immunisation; Nursing Homes; Medical and Dental Inspection and Treatment; Speech Therapy; Child Guidance; Ascertainment of Handicapped Children, etc.		<i>Mental Health Service.</i> The prevention of mental disorder and the care and after-care of persons suffering from mental disorder, including the provision of Junior and Adult Training Centres, Special Care Units, Social Clubs, Residential Accommodation and Guardianship, Home Visiting and Supportive Care in the Community.
	<i>Ambulance Service.</i> Organisation, operation and administration of Ambulance Service under Section 27 of the N.H.S. Act, 1946, by means of directly employed staff and vehicles, and the S.J.A.B. and B.R.C.S., and H.C.S. as agents; Organisation and Training of the Ambulance and First Aid Section of the Civil Defence Corps and related administration.				
19 Administrative	<i>Senior Administrative Officer.</i>		<i>Principal Mental Welfare Officer/Senior Administrative Officer.</i>		
	1 Senior Officer (r) 1 A.P. V 1 A.P. IV 1 A.P. III 3 A.P. II		1 Principal Mental Welfare Officer/ Senior Administrative Officer. 1 A.P. IV-V 1 A.P. II		1 Chief Ambulance Officer. 1 Deputy Chief Ambulance Officer. 1 Assistant Ambulance Officer A.P. IV-V 1 A.P. II-III
39 Clerical	1 C.D. III *4 C.D. II 1 C.D. I *8 C.D. I (r)		1 C.D. II 1 C.D. I 1 S.S.A. 4 C.D. I (r)		1 Assistant Ambulance Superintendent Special Grade II 2 C.D. II *2 C.D. I 1 S.S.A. *2 C.D. I (r)
	22		10		12† includes † 1 post Civil Defence
				*1 C.D. II 1 C.D. I 2 C.D. I (r)	
				} redundant on computer take-over.	

PROFESSIONAL AND TECHNICAL SUPERVISORY STAFF.

Social Workers.	Nursing Staff.	Mental Health Service.	Occupational Therapy Unit.	Other Professional and Technical Supervisory Staff.
1 Principal Social Worker.	1 Chief Nursing Officer.	1 Psychiatric Case Work Organiser.	1 Head Occupational Therapist.	1 County Ophthalmologist.
1 Care Organiser.	1 Superintendent Home Nursing Service and Non-Medical Superintendent of Midwives.	2 Senior Mental Welfare Officers.	1 Assistant Head Occupational Therapist.	1 County Audiologist.
1 Deputy Care Organiser.		1 Organiser of Industrial Units.		1 Senior Medical Officer Ante-Natal Services.
1 Senior Social Worker for Handicapped	1 Superintendent Health Visitor.	1 Organiser Junior Training Centres.		2.3 Specialist Medical Officers (Sub-normality).
1 Senior Welfare Officer to the Deaf.	1 Assistant Superintendent Health Visitor.			1 County Health Inspector.
1 Senior Social Worker for Blind.	1 District Nurse Tutor (8 sessions per week).			1 Health Education Officer.
				1 Assistant Health Education Officer.
				1 Chief Chiropodist.

TABLE 10.
STAFFING ORGANISATION OF THE COUNTY WELFARE DEPARTMENT.

HEADQUARTERS STAFF.			
County Welfare Officer			
Deputy County Welfare Officer			
Principal Administrative Officer			
Residential Accommodation.	Buildings and Maintenance.	Staffing and General.	Homes Management.
Admissions and discharges to all Voluntary and County Homes; recovery of costs; pensions; grants, etc.; registration of Voluntary Homes. Protection of property.	Capital building programmes; control of maintenance and adaptation works in all properties.	All staff matters; wages sheets; accounts; administration of Registration Service.	Supervision and management of all residential Homes; equipping, etc. Cost. Control and supervision of maintenance team.
1 S.O. (r) 1 A.P. 3 1 A.P. 2/3 2 C.D. 2 2 C.D. 1 2 C.D. 1 (r) 1 S/T	1 S.O. (r) 1 A.P. 3 1 C.D. 1	1 A.P. 4/5 ‡2 C.D. 1 1 S.S. "B" 1 S/T (Clerk's Pool) *2 C.D. 1 (r) ‡1 C.D. 1 (r) *Shorthand/typing duties. ‡1 C.D. 1 } Redundant ‡1 C.D. 1 (r) } on computer take-over.	1 S.O. (r) ‡3 A.P. 4 1 A.P. 3 1 A.P. 2 1 A.P. 1 4 C.D. 1 (r) †Includes 1 post authorised Y.B., February, 1968.

PROFESSIONAL AND SUPERVISORY STAFF.

Social Workers (Homeless Families).	Handicrafts.
1 Senior Social Worker A.P. 3/4	1 Head Occupational Therapist.

TABLE 12.
PRESENT SOCIAL WORK STRUCTURE.

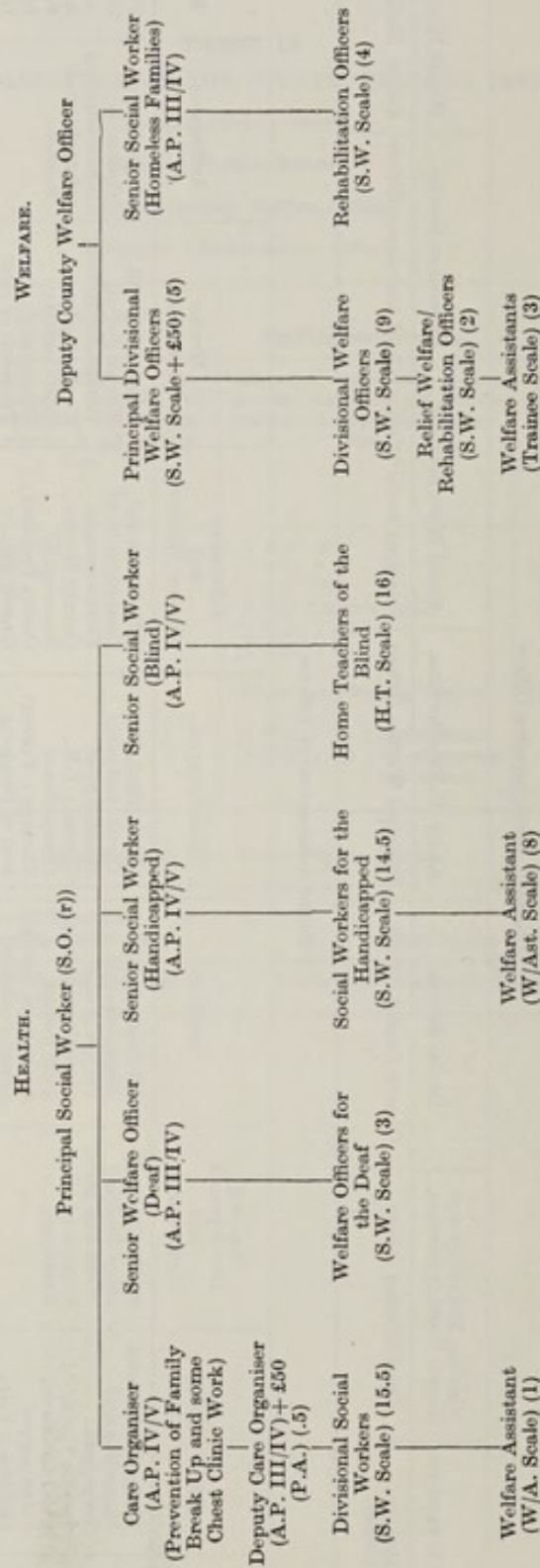


TABLE 13.
PROPOSED SOCIAL WORK ORGANISATION.

Principal Social Worker (P.O. (1))									
Senior Social Worker for the Handicapped (A.P. IV/V) (Subsequently redesignated Social Work Training Officer) S.O. (r)	Senior Social Worker for the Deaf (A.P. III/IV)	Senior Social Worker for the Blind (A.P. IV/V)	Care Organiser (A.P. IV/V)	Senior Social Worker (Homeless Families) (A.P. III/IV)	These will ultimately be one post of Senior Social Worker (Family Case Work) (A.P. IV/V)				
Posts.					DIVISIONS.			"DELEGATED" DISTRICTS.	
Designation.	Nos.	Salary.	Northern.	North- Western.	South- Western.	South- Eastern.	Epsom and Ewell.	Essex.	Woking.
Divisional Social Worker ...	4	S.O. (r) ...	1	1	1	1	—	—	—
Deputy Divisional Social Worker ...	3	A.P. IV/V ...	—	1	1	1	—	—	—
Senior Social Worker ...	12	S.W./A.P. IV ...	1	2	3	3	1	1	1
Social Worker ...	50.5	Social Worker ...	5	8.5	13	12	4	4	4
Welfare Assistant/Trainee Social Worker ...	12	W. Asst./Trainee ...	1	2	3	3	1	1	1
Totals ...	81.5	Social Workers 69.5 W.A./Trainees 12	8	14.5	21	20	6	6	6

These will ultimately be one post of Senior Social Worker
(Family Case Work)
(A.P. IV/V)

TABLE 14
NOTIFICATION OF BIRTHS UNDER THE PUBLIC HEALTH ACT, 1936

An analysis of all births (live and still) notified during 1968 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT						and normally resident outside County of Surrey.			Number born elsewhere in Administrative County but normally resident within the County District.			Number born outside Administrative County but normally resident within the County District.			No. of births (live and still).
	and normally resident therein.			and normally resident elsewhere in Surrey.												
	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	
M.B. and Urban																
Banstead	91	—	—	—	—	—	—	—	—	1	3	259	—	—	123	462
Caterham and Warlingham	125	—	1	—	—	—	—	—	—	1	—	322	—	—	100	533
Chertsey	127	—	1	—	—	—	—	—	—	—	10	602	—	1	12	782
Dorking	61	31	178	—	65	157	—	3	205	—	2	54	—	—	6	324
Egham	67	—	—	—	—	—	—	—	—	—	1	245	—	12	74	391
Epsom and Ewell	134	—	682	1	—	683	—	—	497	—	1	2	—	1	59	885
Esher	80	—	—	—	—	—	—	—	—	—	57	166	—	2	506	820
Farnham	40	—	258	—	—	154	—	—	181	—	27	12	1	—	92	417
Frimley and Camberley	55	—	363	—	—	7	—	—	233	—	11	165	—	—	223	855
Godalming	41	—	—	—	—	—	—	—	—	—	40	246	—	6	—	310
Guildford	65	78	556	—	385	925	—	50	156	—	—	12	—	1	9	740
Haslemere	10	—	121	—	—	71	—	—	254	—	4	29	—	1	3	171
Leatherhead	98	—	—	—	—	—	—	—	—	1	42	379	—	2	6	515
Reigate	52	—	695	—	—	808	—	—	261	1	4	11	—	—	22	766
Staines	178	—	434	—	—	37	1	—	54	—	1	46	—	2	274	988
Sunbury	156	—	94	—	—	—	—	—	—	—	1	179	—	2	256	686
Walton and Weybridge	62	—	486	—	—	214	—	—	8	—	20	166	—	2	63	776
Woking	213	—	928	—	—	1,006	—	—	30	—	41	100	—	2	27	1,243
Rural.																
Bagshot	24	—	136	—	—	357	—	—	44	—	5	125	—	2	13	298
Dorking and Horley	60	—	—	—	—	—	—	—	—	—	24	207	1	4	205	504
Godstone	107	—	—	—	—	—	1	—	—	—	1	373	—	3	168	656
Guildford	82	—	—	1	—	—	—	—	—	—	104	475	—	2	410	1,009
Hambledon	51	—	—	2	—	—	—	—	—	1	42	453	—	2	16	582
Totals	1,979	109	4,933	4	450	4,420	4	53	1,923	6	441	4,628	7	47	2,669	14,713

The percentage of confinements taking place in hospitals was 82.53, in private nursing homes 4.03, and at home 13.44.

TABLE 15

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 Hosp.	N.H.S. Hosp.	Other Hosp.	At Home	Other Hosp.	N.H.S. Hosp.	Other Hosp.	At Home	Other Hosp.	N.H.S. Hosp.	Other Hosp.		At Home	
Under 25 ...	1966 1967	3,257 3,420	184 213	99 104	45 32	1,184 1,261	137 108	687 536	16 16	13 12	— 3	4 6	— —	4,454 4,693	790 646	61 48	5,626 5,711
25-34 ...	1966 1967	2,214 2,301	166 161	85 118	9 3	2,984 3,083	450 460	1,875 1,375	9 13	283 270	31 14	64 51	— —	5,481 4,654	2,024 1,544	18 16	8,170 6,949
35 and over ...	1966 1967	265 287	17 24	9 22	1 1	800 755	109 76	268 127	2 —	248 218	20 22	48 26	— —	1,313 1,260	325 175	3 1	1,787 1,588
Total ...	1966 1967	5,736 6,008	367 398	193 244	55 36	4,968 5,099	696 644	2,830 2,038	27 29	544 500	51 39	116 83	— —	11,248 10,607	3,139 2,365	82 65	15,583 15,118

* Number of previous live-born children.

TABLE 16
AUDIOLOGY
The number of children aged 0-5 years 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	18	48	5	5	14	40	—	5	—	—	5	5	23	56	—	1
North-Western	36	81	6	7	29	71	—	1	1	3	—	2	12	11	51	92
South-Western	45	112	5	21	42	108	—	7	1	4	7	14	67	152	—	—
South-Eastern	48	70	22	17	31	50	—	6	1	1	16	13	56	87	—	—
Epsom and Ewell	27	14	—	2	20	12	—	—	1	—	—	1	6	3	33	20
Esher	14	25	—	8	12	22	—	1	—	—	—	1	2	9	14	34
Woking	9	46	—	9	1	49	—	1	1	—	7	5	12	60	—	—
Total	197	396	38	69	149	352	—	21	5	8	35	41	178	378	98	147

TABLE 17
WORK CARRIED OUT BY THE AMBULANCE SERVICE DURING 1968.

EMERGENCY.				MATERNITY.			
Accident.		Illness.		False Alarms.		Totals.	
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
9,670	82,357	3,485	35,453	16,268	13,515	2,726	34,925
GENERAL.							
Hospital.		Out-Patient.		Infectious Diseases.		Private.	
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
44,977	578,209	375,613	2,786,733	331	5,921	220	2,026
				Non-Patient.		Totals.	
				Misc. Miles.	Abortive Miles.	Patients.	Miles.
				92,372	22,747	421,141	3,488,008
DIVISION OF WORK BETWEEN THE COUNTY'S DIRECT SERVICE AND VOLUNTARY ORGANISATIONS DURING 1968.							
County Service.		VOLUNTARY ORGANISATIONS.				Hospital Car Service.	
		S.J.A.B.		B.R.C.S.			
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
275,326	2,021,154	1,148	19,267	6,727	56,988	154,181	1,559,602
GRAND TOTALS.							
		Patients.		Miles.			
		437,382	3,657,011				

TABLE 18

STATISTICS—MASS RADIOGRAPHY SERVICE

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 ...	10,441	9,388	19,829	26	2.5	14	1.5	40	2.0

Normal Mass Radiography Service.

General Public attending open sessions ...	11,400	17,500	28,900	2	0.1	1	0.1	3	0.1
General Public attending regular weekly sites ...	12,150	16,545	28,695	12	1.0	12	0.7	24	0.8
Industrial Groups ...	32,480	18,280	50,760	13	0.4	6	0.3	19	0.4
School Children ...	730	340	1,070	—	—	—	—	—	—
Mental Hospitals and Institutions	260	90	350	3	11.5	—	—	3	8.6
Contacts at work ...	408	662	1,070	1	2.5	—	—	1	0.9
Referred by Medical Officers of Health ...	826	2,920	3,746	1	1.2	—	—	1	0.3
Totals ...	59,184	57,657	116,841	32	0.5	19	0.3	51	0.4

Abnormal Findings.

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	Male.	Female.	Total.	Male.	Female.	Total.
Pulmonary Tuberculosis ...	55	29	84	64	29	93
Non-Tuberculous conditions ...	871	618	1,489	473	383	856

STATISTICS FOR LAST THREE YEARS.

	General Practitioner Chest X-ray Service.			Normal Mass Radiography Service.		
	1966	1967	1968	1966	1967	1968
Total number X-rayed ...	16,931	17,214	19,829	115,457	126,533	116,841
Significant Pulmonary Tuberculosis*	45	36	40	88	88	51
Primary Lung Cancer in men aged 45 and over ...	83	73	92	41	44	60
Incidence rate per 1,000 examinations ...	17.9	17.1	17.4	2.0	1.8	3.0
Primary Lung Cancer in women aged 45 and over ...	20	14	23	15	16	13
Incidence rate per 1,000 examinations ...	5.6	3.5	5.2	0.7	0.7	0.6

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

TABLE 19
MENTAL HEALTH SERVICES
NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1968.

Referred by	Mentally ill.						Psychopathic.						Subnormal						Severely subnormal.						Total.
	Under age 16.			16 and over.			Under age 16.			16 and over.			Under age 16.			16 and over.			Under age 16.			16 and over.			
	M.	F.	(1)	M.	F.	(2)	M.	F.	(3)	M.	F.	(4)	M.	F.	(5)	M.	F.	(6)	M.	F.	(7)	M.	F.	(8)	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)								
(a) General practitioners ...	—	2	82	158	—	—	—	2	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	249
(b) Hospitals, on discharge from in-patient treatment ...	—	1	110	206	—	1	1	—	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—	—	323
(c) Hospitals, after or during out-patient or day treatment ...	—	1	52	85	—	—	—	—	2	4	3	1	3	1	1	—	—	—	—	—	—	—	—	—	153
(d) Local education authorities ...	1	—	—	3	—	—	—	—	—	7	4	27	14	2	2	1	—	—	—	—	—	—	—	—	61
(e) Police and courts ...	—	—	8	4	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
(f) Other sources ...	—	—	48	72	—	—	—	4	2	6	8	6	4	12	6	2	1	—	—	—	—	—	—	—	171
(g) Total ...	1	4	300	528	—	3	5	6	17	16	35	23	17	12	3	1	—	—	—	—	—	—	—	—	971

TABLE 22.

RESIDENTIAL ACCOMMODATION PROVIDED UNDER SECTION 21 (1) (a) OF THE NATIONAL ASSISTANCE ACT, 1948.

Home.	Telephone number.	Superintendent and Matron.	Accommodation.			County Division.
			Men.	Women.	Total.	
Hambledon Homes, 1, Wormley Lane, Hambledon, Near Godalming	Wormley 2181	Mrs. E. M. Partington ...	23	82	105	S.W.
St. Andrew's, 44, Hale Road, Farnham	Farnham 3441	Mrs. E. G. Bone ...	49	47	96	S.W.
St. Anne's, Redhill	Redhill 63216	Mr. and Mrs. R. Livesey	117	93	210	S.E.
St. James's, 44, Hale Road, Farnham	Farnham 3441	Mrs. E. G. Bone ...	50	66	116	S.W.
The Oaks, 49, Dorking Road, Epsom	Epsom 23976	Miss M. A. Holmes ...	52	87	139	S.E.
"Abbott," New Inn Lane Burpham, Guildford	Guildford 66311	Mrs. B. Longworth	24	16	40	S.W.
"Annandale," New Inn Lane, Burpham, Guildford			16	24	40	
"Astolat," New Inn Lane, Burpham, Guildford			24	16	40	
"Arreton House," Shores Road, Woking			3	24	27	N.W.
"Bishop's House," 68, Manygate Lane, Shepperton	Walton-on-Thames 26213	Mrs. R. Oates ...	14	47	61	N.
"Bradshaigh," Gong Hill Drive, Lower Bourne, Near Farnham	Frensham 2136	Mrs. M. E. Krystek ...	17	10	27	S.W.
"Chipstead Lodge," Hazelwood Lane, Chipstead, Coulsdon	Downland 54811	Mrs. J. P. Simpson ...	—	27	27	S.E.
"Dennington," Cleveland Road, Worcester Park	Derwent 3376	Mrs. B. Oldaker ...	—	22	22	S.E.
"Dippen Hall," Blindley Heath, Near Godstone	South Godstone 3134	Miss L. R. Breedon ...	—	22	22	S.E.
"Hale End," Hook Heath Road, Woking	Woking 3337	Mrs. M. P. Hart ...	—	26	26	N.W.
"Heatherside," Hurst Drive, Walton-on-the-Hill	Tadworth 2020	Mrs. T. Chaffey ...	—	27	27	S.E.
"Kingswood Court," Brighton Road, Tadworth	Mogador 2241	Mr. and Mrs. E. A. C. Wheller	14	45	59	S.E.
"Longshaw," Hazelwood Lane, Chipstead, Coulsdon	Downland 52453	Mrs. F. E. Owen ...	—	25	25	S.E.
"Richmond House," Church Street, Epsom	Epsom 20847	Mrs. D. Graham ...	—	34	34	S.E.
"Rylston," 81, Oatlands Drive, Weybridge	Walton-on-Thames 23063	Mrs. H. M. Banks ...	—	23	23	N.W.
"Santa Tecla," 45, Stanstead Road, Caterham	Caterham 2641	Mrs. C. Woodward ...	—	28	28	S.E.
"The Manor," Church Road, Old Windsor	Windsor 60544	Mrs. L. T. H. Withers ...	18	34	52	N.
"The Pines," Woodham Road, Horsell, Woking	Woking 2391	Miss M. M. Slack ...	—	23	23	N.W.
"Weylands," Gower Road, Weybridge	Weybridge 42957	Miss B. Jones ...	12	16	28	N.W.
"The Lodge," Lower Road, Effingham (Home for epileptics)	Bookham 5353	Mrs. C. MacCarthy ...	—	43	43	S.W.
Total ...			433	907	1,340	

TABLE 24.

PERSONS IN RESIDENTIAL ACCOMMODATION ON 31st DECEMBER, 1968—continued

Analysis of persons aged under 65 in residential accommodation on 31st December, 1968, by major disability and size and type of home.

Major Disability.	Persons (exclusive of staff) residing in								Total.
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals.		Accommodation provided on behalf of the Council by voluntary organisations.	
	Under 31	31-50	51-70	71-150	Over 150	In possession of a local authority.	In possession of hospitals.		
Blind ...	1	—	—	1	—	—	—	12	14
Deaf ...	—	—	—	—	—	—	—	2	2
Epileptic ...	—	23	—	4	—	1	—	17	45
Physically handicapped	2	2	2	14	—	4	—	68	92
Mentally subnormal ...	1	2	—	11	—	1	—	—	15
Mentally ill...	—	—	—	—	—	2	—	—	2
Others ...	—	—	1	6	—	1	—	3	11
Total ...	4	27	3	36	—	9	—	102	181

TABLE 25.

Analysis of persons aged 65 and over in residential accommodation on 31st December, 1968, by major disability and size and type of home.

Major Disability.	Persons (exclusive of staff) residing in								Total.
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals.		Accommodation provided on behalf of the Council by voluntary organisations.	
	Under 31	31-50	51-70	71-150	Over 150	In possession of a local authority.	In possession of hospitals.		
Blind ...	40	16	14	19	—	12	—	23	124
Deaf ...	12	2	13	23	—	—	—	9	59
Epileptic ...	—	18	1	5	—	4	—	2	30
Mentally handicapped	16	36	34	72	—	26	—	20	204
Others ...	169	75	55	202	—	65	—	274	840
Physically handicapped	53	12	36	83	—	73	—	54	311
Total ...	290	159	153	404	—	180	—	382	1,568

NOTES.

1. *Tables 24 and 25.* A person suffering from more than one disability classified according to the major disability. In Table 25 last line, the numbers of physically handicapped are extracted from the figures above.
2. *Blind.* Registered blind persons, or persons who are apparently eligible for registration.
3. *Deaf.* The profoundly deaf, that is to say persons so severely hard of hearing that communication with them must be by sign or writing.
4. *Epileptic.* Persons who have had an epileptic seizure during the past twelve months, or whose epileptic condition is controlled by drugs.
5. *Physically handicapped* (Tables 24 and 25). Persons who are substantially and permanently handicapped by illness, injury, or otherwise to a degree which seriously limits their activities.
6. *Mentally subnormal* (Table 24). Persons who suffer from arrested or incomplete development of mind, including subnormality of intelligence.
7. *Mentally ill* (Table 24). Persons with an impairment of mental capacity in any form, other than mental subnormality.
8. *Mentally handicapped* (Table 25). Persons with an impairment of mental capacity in any form.

TABLE 26.

SPECIAL HOUSING BEING PROVIDED FOR OLD PEOPLE BY SURREY COUNTY DISTRICT AUTHORITIES AND VOLUNTARY ASSOCIATIONS.

FORECAST FOR YEARS 1969-70.

Provision made by District Councils—col. H/A ; by Voluntary Organisations—col. V/O.

County District.	With Resident Warden Service.						Without Resident Warden Service.					
	31.3.69.		31.3.70.		31.3.71.		31.3.69.		31.3.70.		31.3.71.	
	H/A	V/O	H/A	V/O	H/A	V/O	H/A	V/O	H/A	V/O	H/A	V/O
Bagshot R.D. ...	—	—	—	—	30	—	2	—	15	—	—	—
Banstead U.D. ...	42	107	42	115	42	115	414	—	414	—	430	—
Caterham and Warling- ham U.D. ...	76	61	93	61	121	61	56	—	56	—	56	—
Chertsey U.D. ...	84	—	84	—	100	—	62	—	70	—	75	—
Dorking U.D. ...	62	41	62	61	62	61	135	33	135	33	150	33
Dorking and Horley R.D....	28	—	28	—	28	—	38	—	58	—	58	—
Egham U.D. ...	40	14	40	14	40	14	383	—	383	—	383	—
Epsom and Ewell B. ...	40	21	40	59	70	79	—	24	—	12	—	12
Esher U.D....	215	55	215	97	293	97	154	20	154	20	178	20
Farnham U.D. ...	—	—	—	—	—	—	151	14	173	14	197	44
Frimley and Camberley U.D. ...	136	—	136	—	136	—	92	—	92	—	92	—
Godalming B. ...	—	—	—	—	31	—	180	27	199	27	199	27
Godstone R.D. ...	211	—	240	—	240	—	184	—	184	—	200	—
Guildford B. ...	—	222	—	222	—	222	92	69	92	69	92	69
Guildford R.D. ...	105	22	135	53	165	53	417	5	463	12	603	12
Hambleton R.D. ...	78	—	113	20	148	20	545	18	553	18	583	18
Haslemere U.D. ...	—	88	—	88	—	88	109	—	109	—	121	—
Leatherhead U.D....	104	45	128	63	128	63	300	—	340	—	340	—
Reigate B. ...	169	—	233	—	233	8	129	8	138	8	138	8
Staines U.D. ...	63	—	63	—	63	—	421	—	425	—	453	—
Sunbury-on-Thames U.D.	47	—	47	—	82	—	—	7	—	7	—	7
Walton and Weybridge U.D. ...	28	48	72	58	97	68	22	297	52	316	52	330
Woking U.D. ...	66	21	120	39	152	39	210	—	258	—	258	—
Totals ...	1,594	745	1,881	950	2,261	988	4,096	522	4,363	536	4,658	580

NOTES.

"H/A"—provided by County District Authorities.

"V/O"—provided by Voluntary Organisations.

[Where firm forecasts of provision for all the years referred to could not be given, the latest given figure has been repeated for the remainder of the period.]

TABLE 27.

APPLICATIONS FOR AND ADMISSIONS TO TEMPORARY ACCOMMODATION, YEAR 1968.

SUMMARY OF ORIGIN OF CASES.

County District/Origin.	Applications.			Admissions.		
	Men.	Women.	Children.	Men.	Women.	Children.
Epsom and Ewell B. ...	8	14	28	3	6	10
Godalming B. ...	3	4	8	1	1	3
Guildford B. ...	12	15	32	3	3	7
Reigate B. ...	14	22	35	—	—	—
Banstead U.D. ...	7	8	18	3	3	8
Caterham and Warlingham U.D. ...	2	7	12	—	3	2
Chertsey U.D. ...	11	18	52	3	6	18
Dorking U.D. ...	7	14	39	—	4	13
Egham U.D. ...	12	14	33	2	2	8
Esher U.D. ...	2	2	3	2	2	3
Farnham U.D. ...	—	3	9	—	—	—
Frimley and Camberley U.D. ...	5	7	19	3	4	13
Haslemere U.D. ...	3	3	10	—	—	—
Leatherhead U.D. ...	2	2	7	1	1	6
Staines U.D. ...	30	40	68	4	4	9
Sunbury-on-Thames U.D. ...	14	15	29	5	5	12
Walton and Weybridge U.D. ...	4	6	11	1	1	1
Woking U.D. ...	20	27	60	7	10	19
Bagshot R.D. ...	5	5	16	2	2	6
Dorking and Horley R.D. ...	13	15	46	6	6	23
Godstone R.D. ...	7	11	19	3	3	7
Guildford R.D. ...	27	35	77	1	3	4
Hambledon R.D. ...	27	28	79	5	5	17
	235	315	710	55	74	189
Out of County ...	2	6	15	1	5	11
Babies born since mother admitted to temporary accommodation ...	—	—	9	—	—	9
Husbands joined families in temporary accommodation ...	1	—	—	1	—	—
	238	321	734	57	79	209

TABLE 28.

ANALYSIS OF THE REASONS FOR MAKING APPLICATION FOR ADMISSION TO TEMPORARY ACCOMMODATION DURING THE YEAR 1968.

	Men.	Women.	Children.
<i>Action taken by Landlord—Other than Local Authority.</i>			
By Court Order for—			
Rent arrears...	20	28	76
Landlord needing accommodation for own needs ...	9	10	17
Service contract ended ...	61	72	178
Defaulted on mortgage ...	6	7	23
Other reasons ...	12	13	20
Action other than Court Order—			
Authorised rent increase ...	—	—	—
Illegal rent increase ...	—	—	—
Harassment ...	3	4	12
Other reasons ...	18	24	50
<i>Action taken by a Local Authority.</i>			
As a Landlord—			
Rent arrears...	9	12	36
Service contract ended ...	4	4	14
Other reasons ...	2	2	6
Otherwise, e.g.			
Notices served under Acts...	5	5	12
<i>Other reasons.</i>			
Unauthorised occupants ...	17	23	47
Family disputes—			
Husband/wife/cohabitee ...	4	27	57
With relatives ...	31	45	73
Fire, flood and storm ...	7	8	9
From hotel or other accommodation ...	5	6	14
New to area ...	2	6	12
Other reasons ...	23	25	78
	238	321	734

TABLE 29.

DISPERSAL OF CASES NOT ADMITTED INTO TEMPORARY ACCOMMODATION, YEAR 1968.

	Men.	Women.	Children.
Made own arrangements	29	42	94
Domestic reconciliation	4	6	14
Accommodated by relatives	27	36	75
Accommodated by friends	11	18	32
Returned to former accommodation ...	9	13	21
Rehoused by Local Authority	—	1	2
Obtained residential employment	7	10	22
Pending	16	21	50
Referred to Housing	19	22	48
Staying put pending Court action	36	39	97
Extension applied for... ..	1	1	4
Referred to Estate Agents	3	3	4
Referred to Children's Department ...	4	5	14
Welfare Officer assisting	10	16	32
Referred to Divisional Social Worker ...	—	1	1
Referred to Reception Centre	3	2	1
No action taken by Social Worker (Welfare)	2	6	14
	181	242	525

TABLE 27

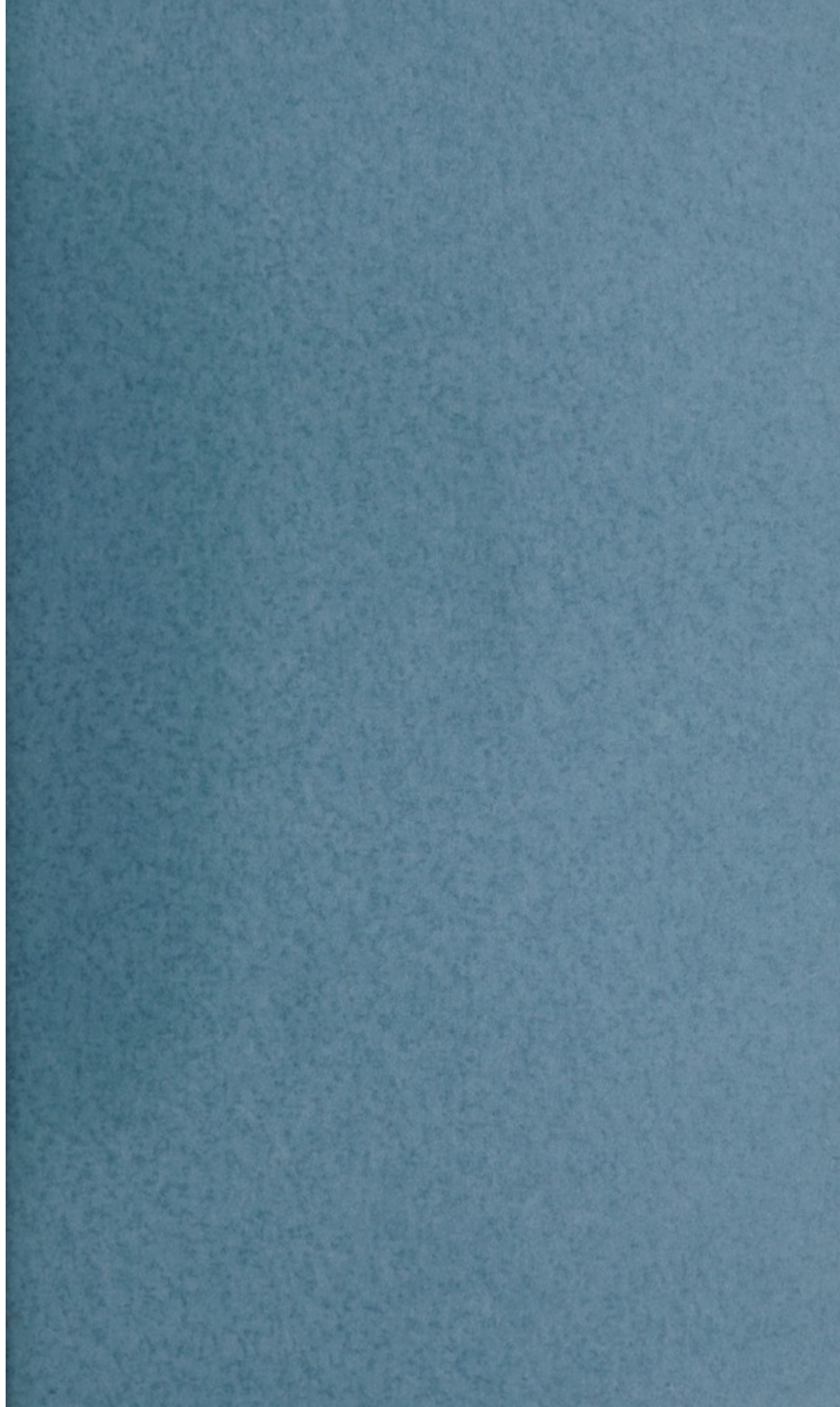
PERCENTAGE OF CATTLE NOT ADMITTED INTO TEMPORARY QUARANTINE, 1911-1912

State	1911	1912
Alabama	1.0	1.0
Arkansas	1.0	1.0
California	1.0	1.0
Colorado	1.0	1.0
Connecticut	1.0	1.0
Delaware	1.0	1.0
District of Columbia	1.0	1.0
Florida	1.0	1.0
Georgia	1.0	1.0
Idaho	1.0	1.0
Illinois	1.0	1.0
Indiana	1.0	1.0
Iowa	1.0	1.0
Kansas	1.0	1.0
Kentucky	1.0	1.0
Louisiana	1.0	1.0
Maine	1.0	1.0
Maryland	1.0	1.0
Massachusetts	1.0	1.0
Michigan	1.0	1.0
Minnesota	1.0	1.0
Mississippi	1.0	1.0
Missouri	1.0	1.0
Montana	1.0	1.0
Nebraska	1.0	1.0
Nevada	1.0	1.0
New Hampshire	1.0	1.0
New Jersey	1.0	1.0
New Mexico	1.0	1.0
New York	1.0	1.0
North Carolina	1.0	1.0
North Dakota	1.0	1.0
Ohio	1.0	1.0
Oklahoma	1.0	1.0
Oregon	1.0	1.0
Pennsylvania	1.0	1.0
Rhode Island	1.0	1.0
South Carolina	1.0	1.0
South Dakota	1.0	1.0
Tennessee	1.0	1.0
Texas	1.0	1.0
Vermont	1.0	1.0
Virginia	1.0	1.0
Washington	1.0	1.0
West Virginia	1.0	1.0
Wisconsin	1.0	1.0
Wyoming	1.0	1.0

TABLE 28

PERCENTAGE OF CATTLE NOT ADMITTED INTO TEMPORARY QUARANTINE, 1911-1912

State	1911	1912
Alabama	1.0	1.0
Arkansas	1.0	1.0
California	1.0	1.0
Colorado	1.0	1.0
Connecticut	1.0	1.0
Delaware	1.0	1.0
District of Columbia	1.0	1.0
Florida	1.0	1.0
Georgia	1.0	1.0
Idaho	1.0	1.0
Illinois	1.0	1.0
Indiana	1.0	1.0
Iowa	1.0	1.0
Kansas	1.0	1.0
Kentucky	1.0	1.0
Louisiana	1.0	1.0
Maine	1.0	1.0
Maryland	1.0	1.0
Massachusetts	1.0	1.0
Michigan	1.0	1.0
Minnesota	1.0	1.0
Mississippi	1.0	1.0
Missouri	1.0	1.0
Montana	1.0	1.0
Nebraska	1.0	1.0
Nevada	1.0	1.0
New Hampshire	1.0	1.0
New Jersey	1.0	1.0
New Mexico	1.0	1.0
New York	1.0	1.0
North Carolina	1.0	1.0
North Dakota	1.0	1.0
Ohio	1.0	1.0
Oklahoma	1.0	1.0
Oregon	1.0	1.0
Pennsylvania	1.0	1.0
Rhode Island	1.0	1.0
South Carolina	1.0	1.0
South Dakota	1.0	1.0
Tennessee	1.0	1.0
Texas	1.0	1.0
Vermont	1.0	1.0
Virginia	1.0	1.0
Washington	1.0	1.0
West Virginia	1.0	1.0
Wisconsin	1.0	1.0
Wyoming	1.0	1.0





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