[Report 1972-1973] / Medical Officer of Health, Surrey County Council.

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SURREY COUNTY COUNCIL

1972/3
County Health Services

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 1972/3

CONTENTS

PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL

Mr. Chairman, My Lord, Ladies and Gentlemen,

It is with no little regret that I beg to present my annual report to the County Council for the year 1972 and the first six months of 1973 as this will be the last report to be prepared by the County Medical Officer of Health, for, from 31st March, 1974, the office will cease to exist.

When one looks back on the long history of the appointment of County Medical Officer of Health such an emotion is understandable but it is not nostalgia for times past that is the primary cause for regret but rather the fact that after this date I will no longer have the privilege to head a strong and vigorous professional team profoundly concerned with improving the health care of the people of Surrey, whether by the provision of services or the prevention of illness.

At this time during the run-up to reorganisation on 1st April 1974, one would not have been surprised if there had been a slackening of effort in the staff's approach to new developments – a tendency to put off decisions and projects until after reorganisation. Rather the reverse seems to have happened and the cause of regret is that the opportunity to complete the quiet revolution which is taking place in the community health services will be lost.

While I would commend the report in its entirety to the reader, in particular I would refer to the chapters on health centres and nursing and health visiting services.

By the end of this year over 20% of all principals in general medical practice in Surrey will be practising from health centres and if the present programme had been allowed to run to completion without interruption, this figure would have risen to almost half within a few years. At the same time throughout the County there has been a steady consolidation in the attachment of nursing and health visiting staff to general practitioners so that now the process is virtually complete and the development of the primary care team – a cornerstone of health care in the future – is, in many areas of Surrey, a vital reality. Evidence of this can be found in the startling increase in the number of patients treated by the district nurses. This has increased from 43.8 thousand to 51.1 thousand between 1971 and 1972 – an increase of over 37%. Much of this additional work has taken place within the doctors' surgeries and health centres and illustrates clearly one aspect of the primary care team at work.

Within the local health authority's child health clinics there has been a steady growth of periodic developmental screening of infants and young children coupled with a vigorous training scheme to ensure the medical staff involved are adequately trained. An increasing number of general practitioners is also undertaking similar programmes of developmental screening within their own practices and not a few have availed themselves of the training courses which have been organised by this department.

Amongst the developments described in the report is the introduction of a procedure for the investigation of accidents and injuries in the home to children under the age of two. Although we are fully aware that we are only receiving information of a proportion of such children from the various medical agencies, the staff feel that the method outlined could enable them to make a significant contribution to this problem. It is noted particularly by the field staff that their visits to homes where there has been an accident to a small child are almost invariably welcomed.

It would be invidious for me to pick out the work of particular services which are described in the report in order to comment further but I feel that the ambulance service deserves mention. In spite of continuous staff shortages they have been able to meet increasing demands – often with little previous notice – and still have an average response time (that is the time between receipt of an emergency call and arrival at the incident) of less than six minutes. When one considers the increasing traffic congestion in the urban areas, such performance is remarkable. The ambulance service, in common with the other emergency services, was commended at the official enquiry for the part they played after the tragic aircraft accident in the north of the county. Although there were, unfortunately, no survivors of the accident, it is evident that the contingent planning and training had been fully justified for with the very great number of aircraft movements, particularly in a heavily congested part of the county, it has long been felt that a disaster of this type, or worse, was virtually inevitable.

Amongst the major events which occurred during the period of this report, one was the move of the headquarters of the County Health Department from County Hall at Kingston upon Thames to new offices in Guildford. The move was caused by the pressure on office accommodation within County Hall as it was felt that with the imminence of reorganisation it would be reasonable if the department moved into new offices which were likely to form part of the new Area Health Authority after the 1st April, 1974. The move was not accomplished without a considerable amount of departmental trauma as about one-third of the headquarters staff was, for various reasons, unable to make the move to Guildford. Fortunately, virtually all of these have been satisfactorily relocated within other departments.

In writing this report one cannot but be aware that it marks the end of an epoch. The first annual report of the County Medical Officer of Health for Surrey was published in 1888 and was largely a combination of reports from the sanitary districts within the county. Since then the reports have recorded the changes that have taken place as a result of national legislation or as a reflection of local needs. The County can well be proud of the service it has

received in years past from thousands of dedicated staff – it is of considerable interest to see how many names famous in their own field appear at one time or another in the staff records of the health department. Although the department may well lose some of its identity when merged into the reorganised health service, I feel confident that the new organisation will be enriched by the inclusion of the present staff who will uphold the precepts of their predecessors.

It is with all humility, therefore, that I wish to thank them on behalf of the residents of Surrey, whether they be new arrivals or old hands (there is one senior and much valued administrative officer who has served within the County Health Department for almost 44 years) for the work they have done in the past and to wish them well for the future.

In health, and, of course, other local authority departments, the relationship between the officer and the elected member is a critical one if there is to be maximum benefit to the public at large. It requires a blend of mutual confidence, honesty, recognition of the rights and duties of each member of the partnership and a keen critical sense. From the very start of my appointment with this county it was evident that this partnership had been achieved and it is with sadness that I wish to thank for the last time the chairman and members of the County Health Committee for their help and support during the past year.

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

COUNTY HEALTH DEPARTMENT 1889–1973

It is interesting to reflect on what could perhaps be described as the rise and fall of the County Health Department. Although the area of the Administrative County of Surrey remained unchanged, except for minor boundary adjustments, from the coming into operation of the Local Government Act, 1888, right up until the London Government Act of 1963 came into operation in April, 1965, that is not to say that life within the Department pursued a calm and even course – far from it.

Looking at the county medical officers' annual reports of previous years is a salutary experience. How welcome was the first Factories & Workshops 1901 Act at the turn of the century which brought health conditions at factories and workshops into line with those of dwelling houses. What an innovation was the scheme devised in Surrey under the Midwives Act 1902, which revealed the oldest person acting 'habitually and for gain' as a midwife to be 83 years of age, and that in certain areas of the County no midwife could be discovered.

One can detect a real sense of urgency in the beautifully phrased reports in respect of the infectious diseases, notably smallpox, diphtheria, scarlet fever, typhoid, and the sense of achievement when Isolation Hospitals had been built and reciprocal arrangements between authorities set up.

Surrey was extremely fortunate to have in those early days the services of Edward Seaton, M.D., F.R.C.P., who made his last report in 1909 after 40 years of public health work, 20 of them in Surrey and including a period as the first Medical Officer of Health for Nottingham. Since then Surrey has had a large number of medical officers on the staff of the Department who have achieved distinction:–including the recently retired chief medical officer to the Department of Health and Social Security and many county medical officers.

There have been so many changes since those early days that it is difficult to make a selection. One feels, however, that mention should be made of the scheme approved by the County Council as early as 1912 for the provision of institutional treatment for tuberculous persons and the supply of shelters and extra food. Another notable step was the adoption in 1913 of a scheme to extend the existing School Health Service which, at that time, was confined to medical inspection of scholars and supervision of schools. The new scheme added medical treatment, including ailments of the eye, ear, nose, throat and skin at school clinics, the treatment of defects of vision by visiting ophthalmic surgeons, tonsils and adenoids operative treatment in hospital and dental inspection in school and treatment in the clinics.

Perhaps mention should also be made of the Maternity and Child Welfare Act 1918 extending considerably the powers of the County Council and the scope of Government grant, and the opening of the Surrey County Sanatorium at Milford in 1928 in the days when tuberculosis was one of the major health hazards.

The Local Government Act 1929 was the next major milestone, abolishing the Poor Law Unions of Parishes and in effect making the County one Poor Law Union with the County Council as the Board of Guardians – the first really big amalgamation. This abolished poor relief and enabled the County Council to lay their plans for the care of the sick, the tuberculous, the blind, pregnant women, the mentally deficient and, of course, the education of children. Many hospitals were transferred to the Council and this was the start of a massive building programme which culminated in 1948 when hospitals went over to the Regional Hospital Boards set up under the 1946 National Health Service Act.

After 1948 this Council succeeded in building up a health service of the functions left and those allocated to them which once again was complete and integrated over the whole County Area. The Welfare Committee and Department were combined with Health in 1967 and the Department became the Health and Welfare Department having responsibility across the whole spectrum of this work in what was probably the best possible working arrangement.

Only too soon this came to an end in 1970 upon the setting up of the Social Services Committee and Department under the Act of 1970 and so the Department became once again the Health Department only.

So we move towards the climax when on 31st March, 1974 the County Health Department goes out of existence and is joined with the new National Health Service. A strange pattern as once again the hospitals are coordinated with our own services and although under a new master one feels a tinge of regret that we had not also been joined by the Social Services which after many vicissitudes would seem finally to have achieved the integration which we have striven for over the years.

R. L. BROWN

Principal Administrative Officer

CHAPTER ONE – STATISTICS

GENERAL STATISTICS AND SOCIAL CONDITIONS – ADMINISTRATIVE COUNTY OF SURREY

Area

There were no boundary adjustments up to the 30th June 1973 and the total area of the Administrative County remained as before, 418,299 acres.

Rateable Value

On 1st April 1972	£61,021,683	On 1st April 1973	£155,030,986
Product of a penny rate	£ 597,461	Product of a penny rate	£ 1,516,411

Population

1972 mid-year Registrar General's estimate:

Urban Areas	Rural Areas	Administrative County
811,020	203,870	1,014,890

Table 1 shows the population of each sanitary district at the censuses of 1951 and 1961 and the Registrar General's mid-year estimates for 1971 and 1972.

Figures for 1973 are not yet available.

VITAL STATISTICS – 1972

Figures for the first half of 1973 are not yet available.

	Administrative County of Surrey			England and Wales
	Males	Females	Total	
Live births	6,706	6,501	13,207	
Live birth rate per 1,000 estimated population			13.0	14.8
Adjusted birth rate per 1,000 estimated population			13.5	14.8
Live and still births	6,765	6,579	13,344	
Still births	59	78	137	
Still birth rate per 1,000 live and still births			10.0	12.0
Illegitimate births	373	333	706	
Illegitimate births per cent of total live births			5.0	9.0
Deaths (all ages)	5,226	5,866	11,092	
Deaths per 1,000 home population (crude)			10.9	12.1
Adjusted death rate per 1,000 home population			9.9	12.1
Infant deaths	98	69	167	
Infant mortality rate				
per 1,000 live births			13.0	17.0
per 1,000 legitimate live births			13.0	17.0
per 1,000 illegitimate live births			10.0	21.0
Neonatal mortality rate (first 4 weeks) per 1,000 live births			9.0	12.0
Early neonatal mortality rate (first week) per 1,000 live births			7.0	10.0
Peri-natal mortality rate (stillbirths and deaths under 1 week) per 1,000 live and still births			17.0	22.0
*Maternal deaths (including abortion)		6	6	
*Maternal mortality rate per 1,000 total births			0.43	

*figures for 1971 (1972 not yet available).

BIRTHS AND BIRTH RATE

Live births occurring in the county during 1972 numbered 13,207 and the birth rate was 13.0 per thousand of the population, as compared with the figure of 14.8 per thousand for England and Wales. Thus the rate continues to decline. Table 3 shows that the Surrey birth rate has, since 1946, remained consistently below that for the country as a whole. The stillbirth rate for 1972 was equal to the lowest recorded figure of 10.0 per thousand in 1969, the total being 137 compared with 153 in 1971. There were 706 illegitimate births in 1972 – 5.34% of live births – a decrease of 120 over 1971.

Table 2 shows the live and stillbirth rate and the percentage of illegitimate births over the past 10 years.

CAUSES OF DEATH

Total deaths for 1972 amounted to 11,092 – a crude death rate of 10.9 per thousand population compared with the national average of 12.1. 5,423 deaths (48.8% of the total) took place over the age of 75, and of those 65.5% were female. The major causes of death in the county during 1972 were as follows in order of frequency:–

1.	Diseases of the heart	2,973
2.	Malignant disease (including 65 deaths from leukaemia)	2,311
3.	Bronchitis, pneumonia and other diseases of the respiratory system (including 57 deaths from influenza and 23 from tuberculosis)	1,685
4.	Cerebrovascular disease	1,448
5.	Other circulatory diseases	610
6.	Violent deaths (including 88 suicides and 135 deaths from motor accidents)	339
7.	Digestive diseases	268
8.	Diseases of the nervous system (including 25 deaths from multiple sclerosis and 10 from meningitis)	180
9.	Hypertensive diseases	137

167 deaths occurred during the first year of life – a reduction over 1971 of 40 – and of those 123 were under 4 weeks of age. Major causes of these deaths were congenital abnormalities (48), birth injury and difficult labour (42), respiratory diseases (28 – a reduction of 14 over 1971) and other causes of perinatal mortality (32).

43 children died between the ages of 5 and 15 years – 4 fewer than 1971. The largest single cause of death was once again accidents, although the figure for 1972 of 13 is 10 fewer than the previous year. Of these accidents, 9 were associated with motor vehicles, 3 less than 1971. 5 deaths were ascribed to leukaemia but none to malignant neoplasms.

Between the ages of 15 and 24 motor vehicle accidents remained the largest single cause of death, with a total of 32, 10 fewer than 1971. This age group was the highest risk group for deaths from this cause, the next largest being 25 to 34 years with 18 deaths.

The major causes of death in later life are as follows:–

(a) 2,702 deaths were attributed to coronary heart disease. Of 1,516 male deaths from this cause, 38 took place before 45 years and 629 before 65 years. This latter figure shows a reduction in the percentage of deaths from this cause before 65 years from 35.2% in 1971 to 23.3% in 1972.

(b) Malignant neoplasms accounted for 2,243 deaths, the largest single group being as previously carcinoma of the lung and bronchus with 609 deaths, 1 more than 1971. Of these, 469 were males (461 in 1971) and 140 were females (147 in 1971). 8 occurred between 35 and 44 years and a total of 221 (36.3%) had taken place by 64. Females who died of carcinoma of the breast numbered 266 – an increase of 68 over 1971 – but deaths of carcinoma of the uterus numbered 69 – 2 fewer than in 1971.

(c) Under the heading of respiratory diseases, pneumonia accounted for 1,124 deaths (89 more than in 1971) of which 529 were females over 75 years. There were 369 deaths from bronchitis and emphysema of which 77.8% were males. There were 57 deaths from influenza as compared with only 10 in 1971.

(d) Out of 1,448 deaths from cerebrovascular disease, 930 were females, 684 of whom were over 75 years.

Table 4 gives full details of all causes of death during 1972, classified in age groups for the aggregate of urban and rural districts.

Table 3 shows the infant mortality rate over the past 10 years.

CHAPTER TWO – HEALTH CENTRES

Two further health centres were taken into use during 1972 – the conversion of the existing clinic at Caterham Valley to provide health centre facilities was completed in May and a new purpose-built health centre was opened at Oxted in July.

Early in 1973 a new health centre was opened at Sunbury and three new centres at present under construction, at Camberley, Weybridge and Staines, will be completed later in 1973 or early 1974. When these three centres are in use a total of 92 general practitioners will be working in health centres, which is 20% of all general practitioners in Surrey. Plans, photographs and information regarding these centres are given on the following pages.

The already considerable amount of time spent in planning the building of new centres has further increased and this trend continues as more and more Surrey doctors express the wish to practise from a health centre. Motives may vary, but there is no doubt that the success of the existing centres and the attitudes of doctors practising in them are rapidly dispelling doubts which, until recently, were widespread.

The position at 30th June 1973 may be summarised as follows:–

	No. of Centres	No. of G.Ps associated with projects
Completed and in use	12	69
Under construction	3	23
Tenders invited	3	17
Working drawing stage	2	12
Sketch plan stage	7	29
Under active discussion	7	37 (approx.)
	34	187

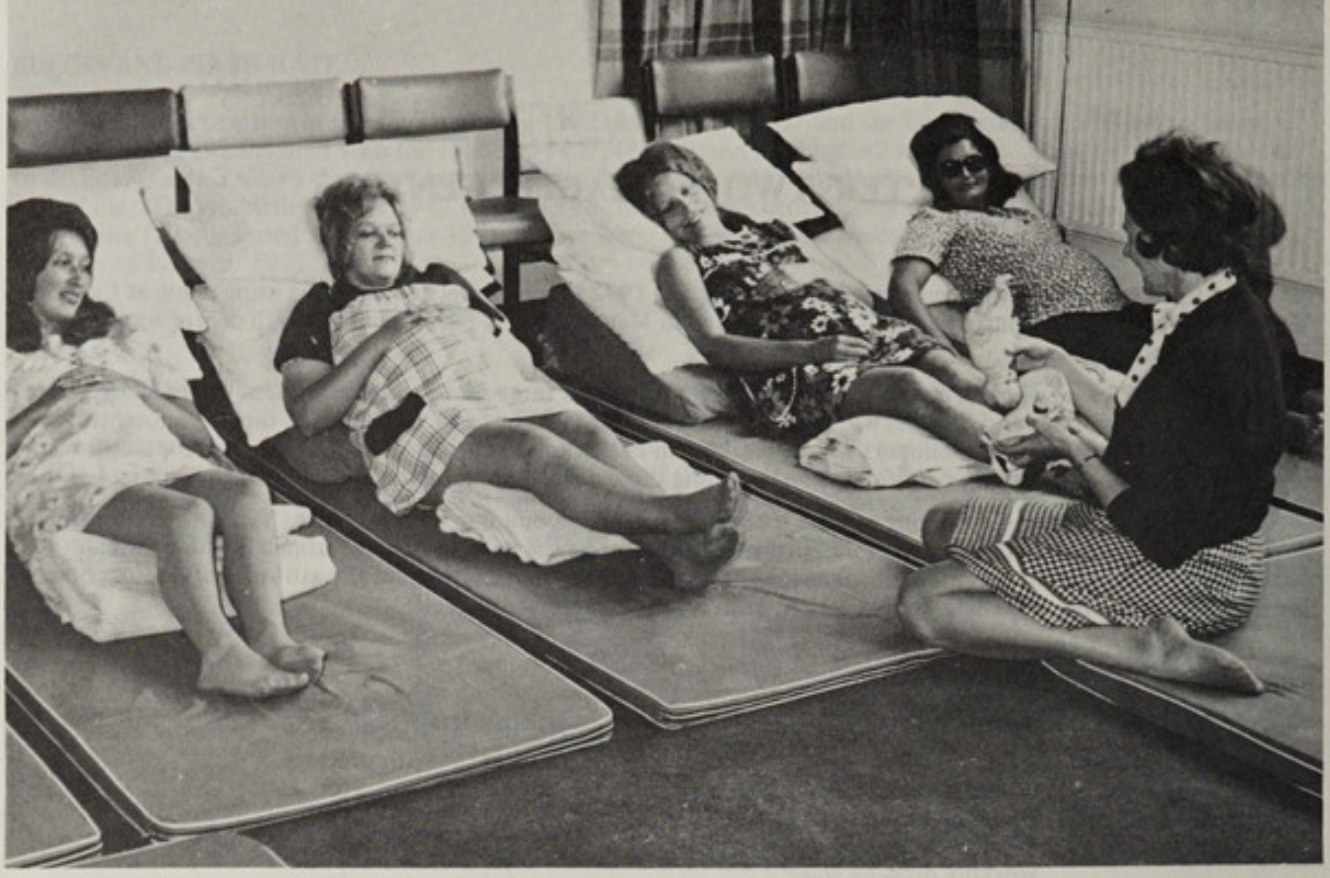
In addition to the schemes listed above proposals are in hand to extend eight of the present centres. This need arises in part from the expanding work being undertaken in these premises requiring additional general practitioner surgeries, etc. and in part from the inadequacy of certain areas, particularly those relating to records, reception, office and storage, in the earlier centres.

The position of these health centre extension schemes at 30th June 1973 was as follows:–

Working drawing stage	Chertsey, Farnham and Merstham
Sketch plan stage	Cranleigh, Stanwell and Walton
Under active discussion	Caterham Valley and St. John's, Woking.

The rapid growth of health centre development in Surrey has, in the past, been greatly aided by the fact that the raising of capital funds has been sanctioned by the Department of Health and Social Security immediately a scheme has been agreed in detail. With the greatly increased interest in health centres throughout the country as a whole and the rapid and substantial increase in building costs this state of affairs has unfortunately come to an end; the demand for health centres, in common with other areas of health care, now exceeds the supply of money available and in consequence it seems inevitable that there will be some slowing down in the programme.

As an illustration, agreement has been obtained to start building only West Byfleet and Englefield Green of the eight new schemes and six extensions to existing centres scheduled for commencement during 1973/74.



ANTE-NATAL PREPARATION

A health visitor instructs a group of expectant mothers during a relaxation period.

PLAYROOMS.

Many of Surrey's new health centres provide play facilities for pre-school children while their mothers are attending for treatment or advice at the centre.

HEALTH EDUCATION

A group assembles in the health education room of the new Sunbury Health Centre.

RECORDS OFFICE

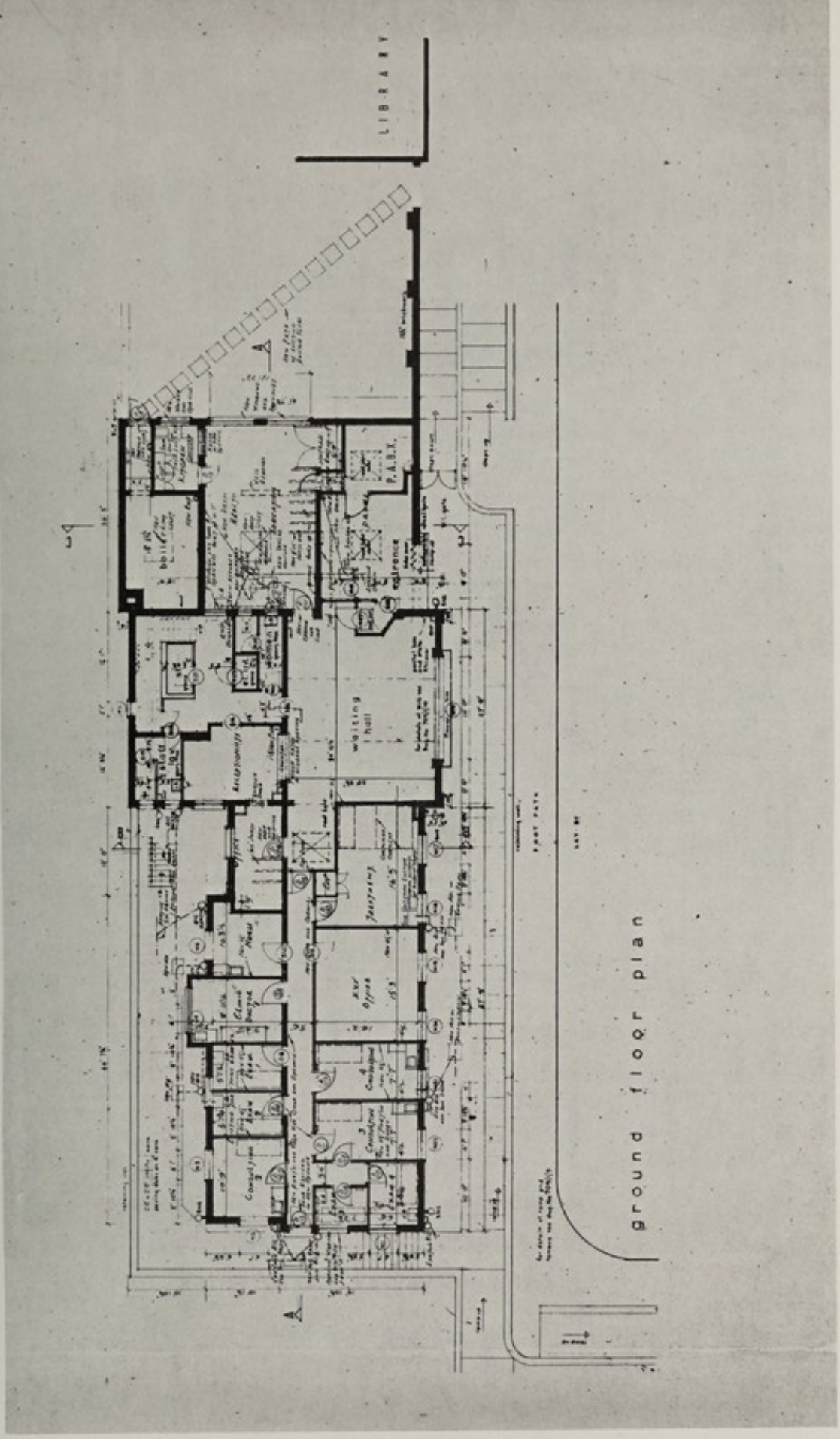
A general practitioner, with staff and patient seen here in the records office of a Health Centre.

RECEPTION

The reception area at the busy Oxted Health Centre.

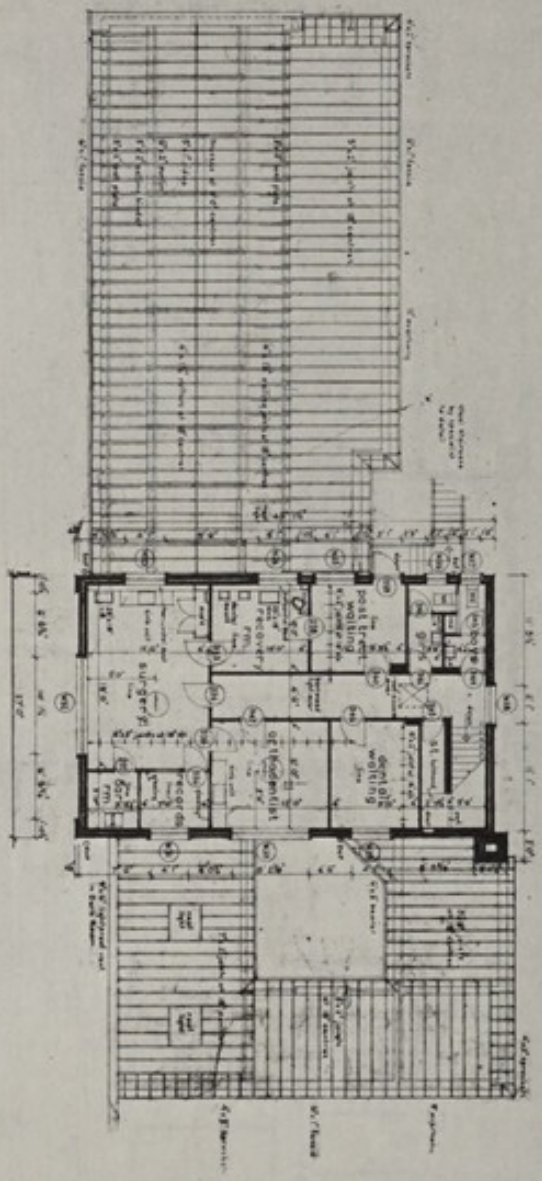
GENERAL MEDICAL PRACTICE

A general practitioner hands his prescription to a patient at a new health centre.

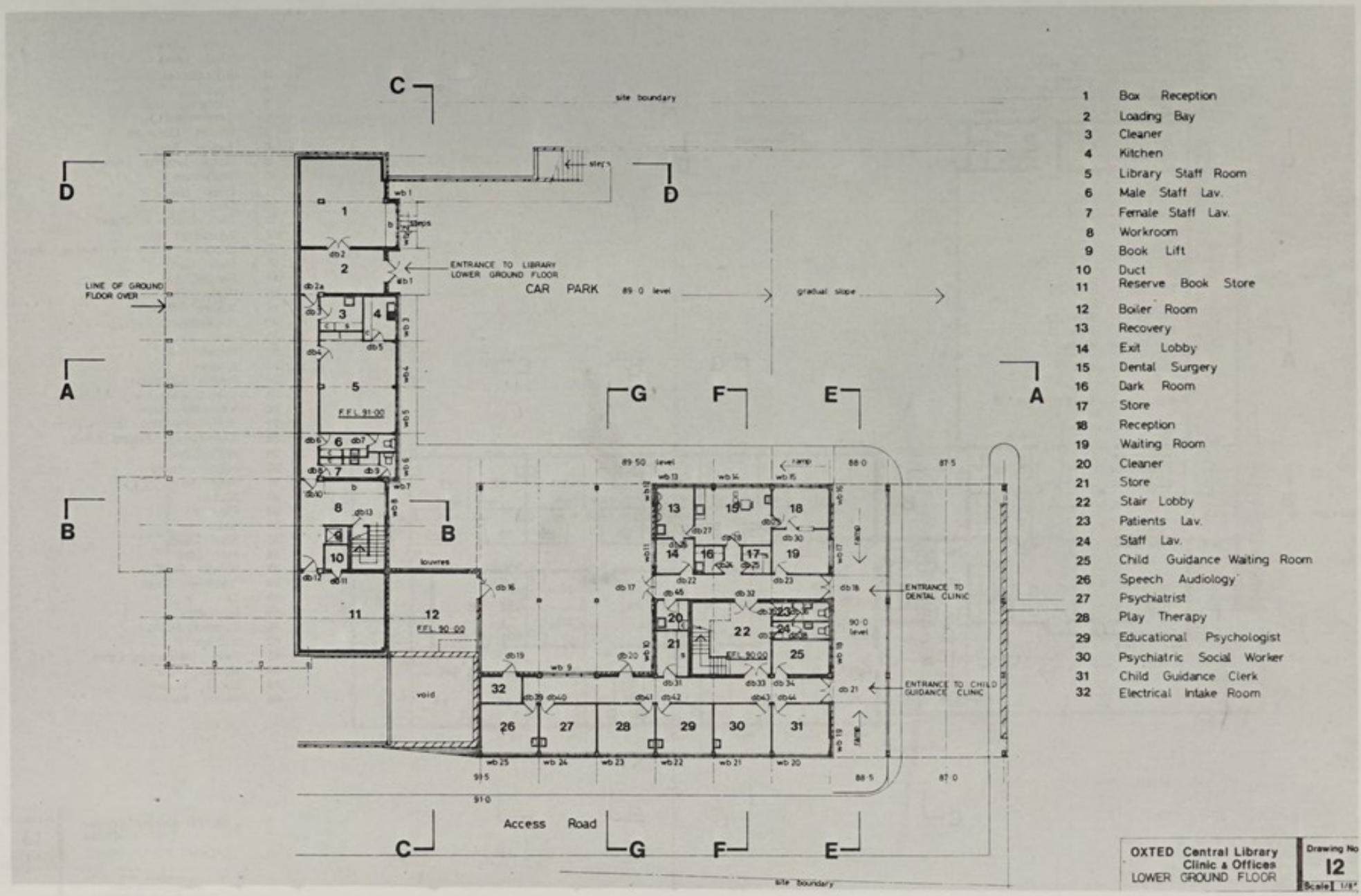


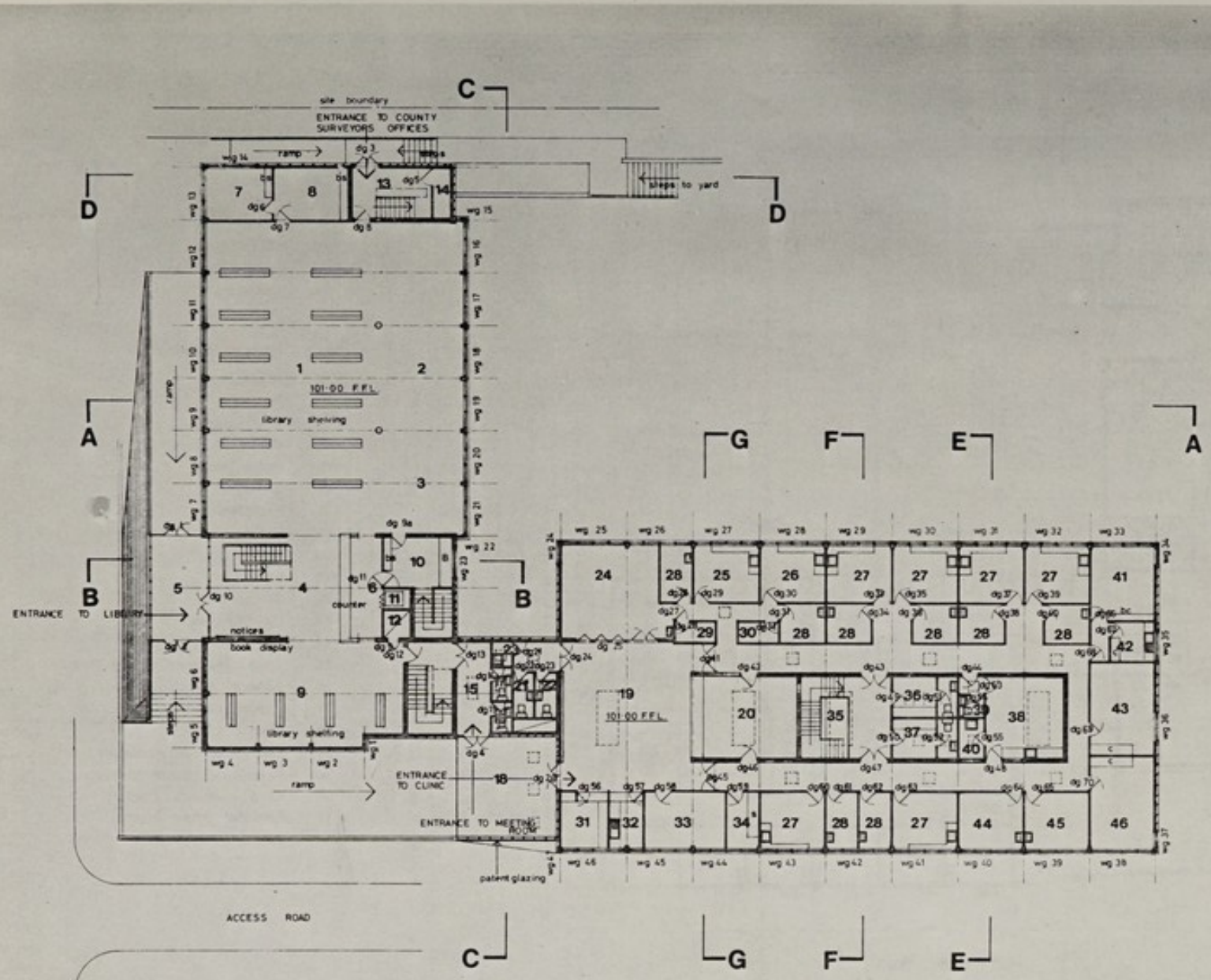
CATERHAM VALLEY HEALTH CENTRE

FIRST FLOOR PLAN



CATERHAM VALLEY HEALTH CENTRE


site boundary
steps
ENTRANCE TO LIBRARY LOWER GROUND FLOOR
CAR PARK
89·0 level
gradual slope
LINE OF GROUND FLOOR OVER
F.F.L. 91·00
louvres
F.F.L. 90·00
void
ramp
89·50 level
88·0
87·5
ENTRANCE TO DENTAL CLINIC
90·0 level
ENTRANCE TO CHILD GUIDANCE CLINIC
88·5
87·0
91·5
91·0
Access Road
site boundary
1 Box Reception
2 Loading Bay
3 Cleaner
4 Kitchen
5 Library Staff Room
6 Male Staff Lav.
7 Female Staff Lav.
8 Workroom
9 Book Lift
10 Duct
11 Reserve Book Store
12 Boiler Room
13 Recovery
14 Exit Lobby
15 Dental Surgery
16 Dark Room
17 Store
18 Reception
19 Waiting Room
20 Cleaner
21 Store
22 Stair Lobby
23 Patients Lav.
24 Staff Lav.
25 Child Guidance Waiting Room
26 Speech Audiology
27 Psychiatrist
28 Play Therapy
29 Educational Psychologist
30 Psychiatric Social Worker
31 Child Guidance Clerk
32 Electrical Intake Room
OXTED Central Library Clinic & Offices
LOWER GROUND FLOOR
Drawing No 12
Scale 1/8"



1 Main Library
2 Study Area
3 Infor.nation
4 Foyer
5 Lobby
6 Service
7 District Librarian
8 Typing Room
9 Quick Lending Library
10 Workroom
11 Book Lift
12 Duct
13 Stair Lobby to Offices
14 Equipment Store
15 Entrance Lobby to Meeting Room
16 Male Lav.
17 Female Lav.
18 Pram Shelter
19 Waiting Area
20 Reception & Records
21 Male Lav.
22 Female Lav.
23 Cleaner
24 Health Education
25 L.H.A. Consulting Room
26 Interview Room
27 G.P. Consulting Rooms (6 no.)
28 Examination Rooms (8 no.)
29 H.E. Store
30 Mattress Store
31 Food Sales
32 Kitchen
33 Playroom
34 Store
35 Stair Lobby
36 Male Staff
37 Female Staff
38 Treatment Room
39 Lav.
40 Laboratory
41 Common Room
42 Kitchen
43 Field Instructors Office
44 Nurses Room
45 Social Worker
46 Health Visitors

OXTED Central Library Clinic & Offices

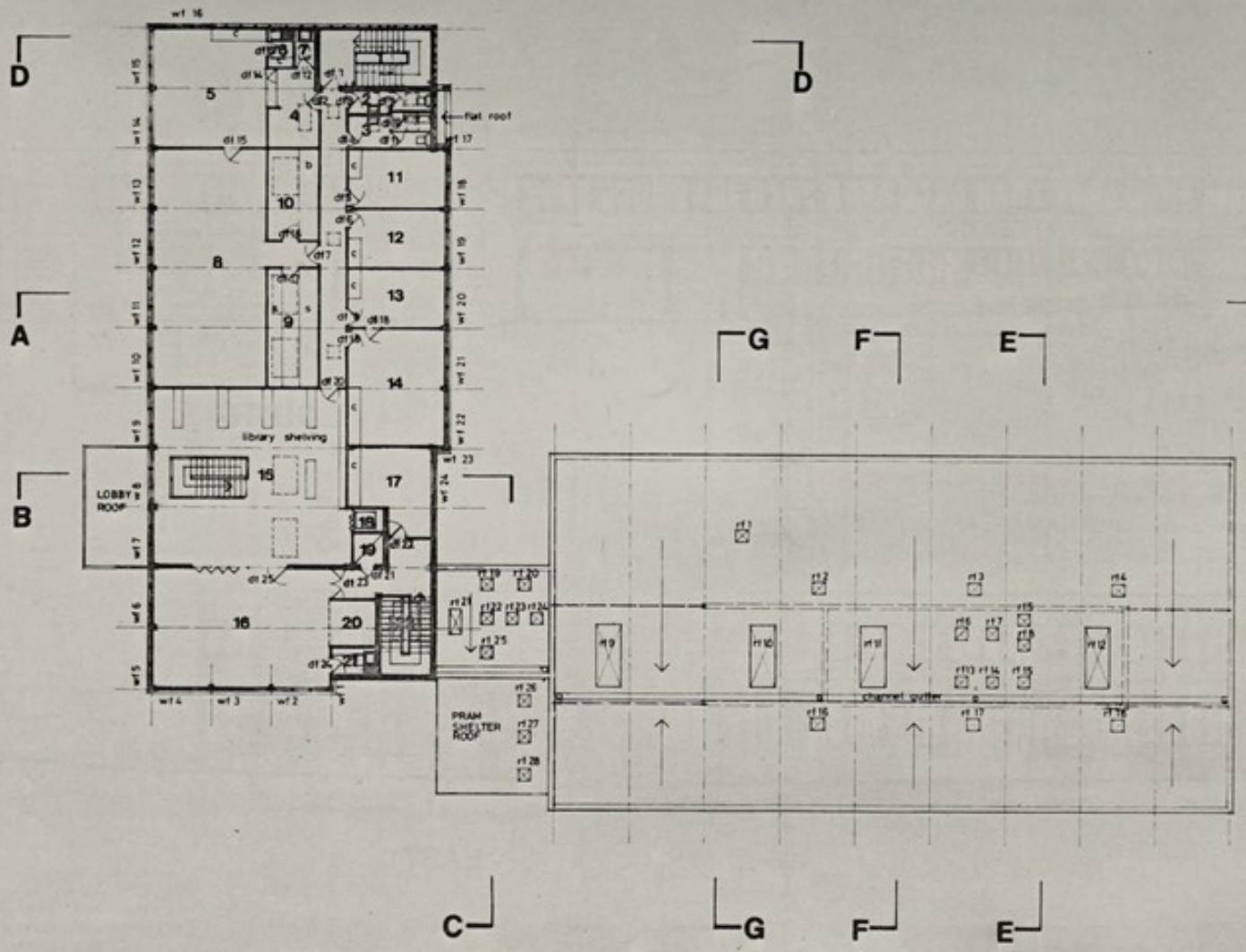
GROUND FLOOR PLAN

Hugh Pite & Associates FRIBA
150 Southampton Row WC1
in association with
Surrey County Architect

Drawing No **13**

Scale 1/8"

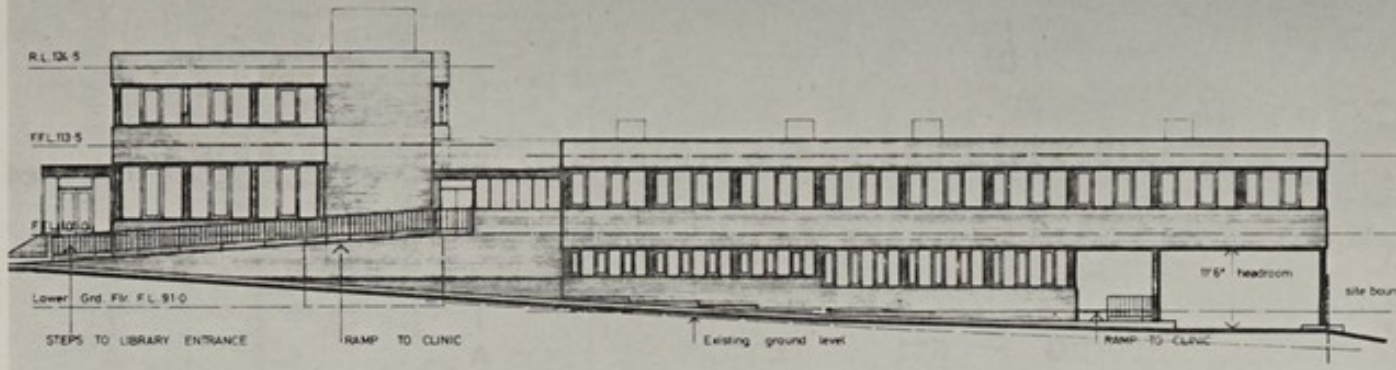
Date nov 59



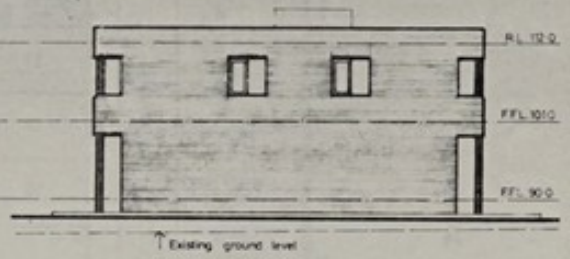
1 Stair
2 Female Staff
3 Male Staff
4 Enquiries
5 General Office
6 Tea Room
7 Cleaner
8 Drawing Office
9 Document Store
10 Print Room
11 Deputy
12 Chief Clerk
13 Typist
14 County Divisional Surveyor
15 Childrens Library
16 Meeting Room
17 Youth Employment Office
18 Book Lift
19 Duct
20 Chair Store
21 Tea Room
22 Stair

OXTED Central Library Clinic & Offices
FIRST FLOOR & CLINIC ROOF PLAN
Hugh Pite & Associates FRIBA
150 Southampton Row WC1
in association with
Surrey County Architect

Drawing No 14
Scale 1/8"
Date nov 6



WEST



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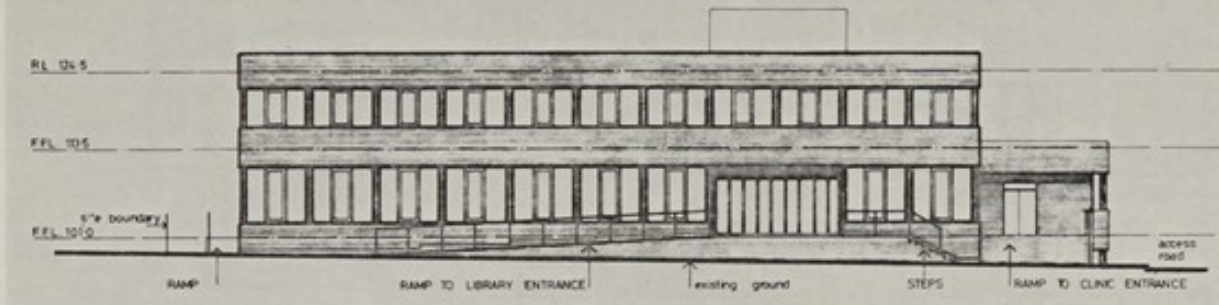

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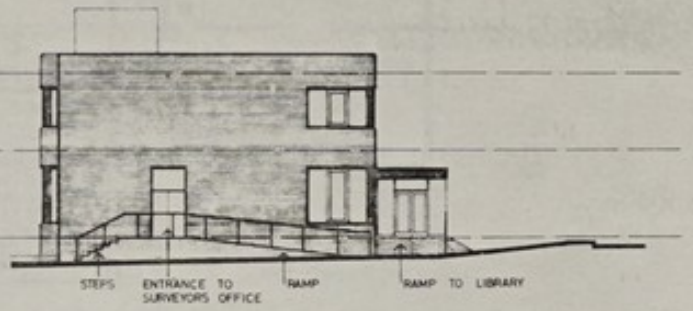


EAST

OXTED Central Library
Clinic & Offices

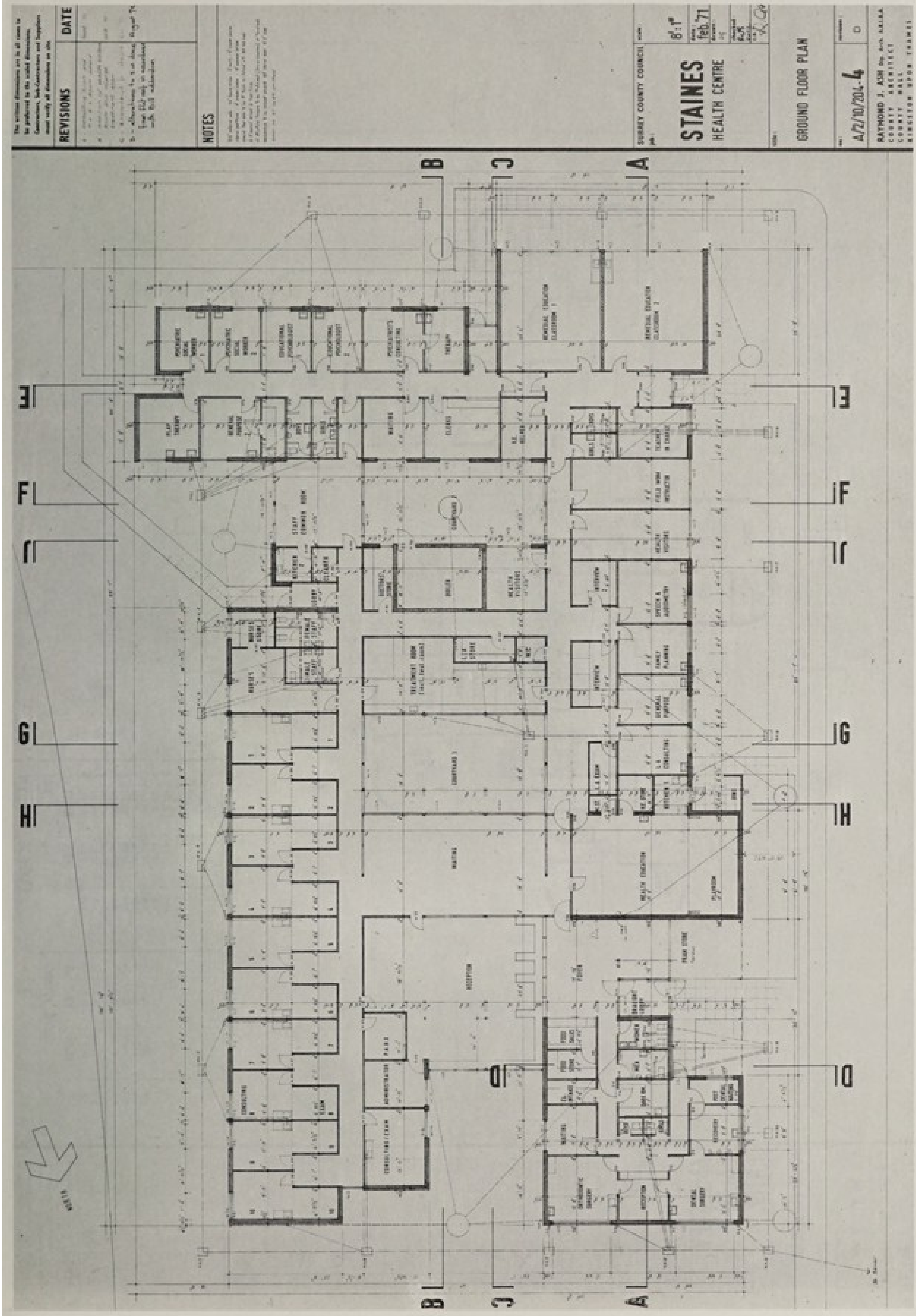
ELEVATIONS

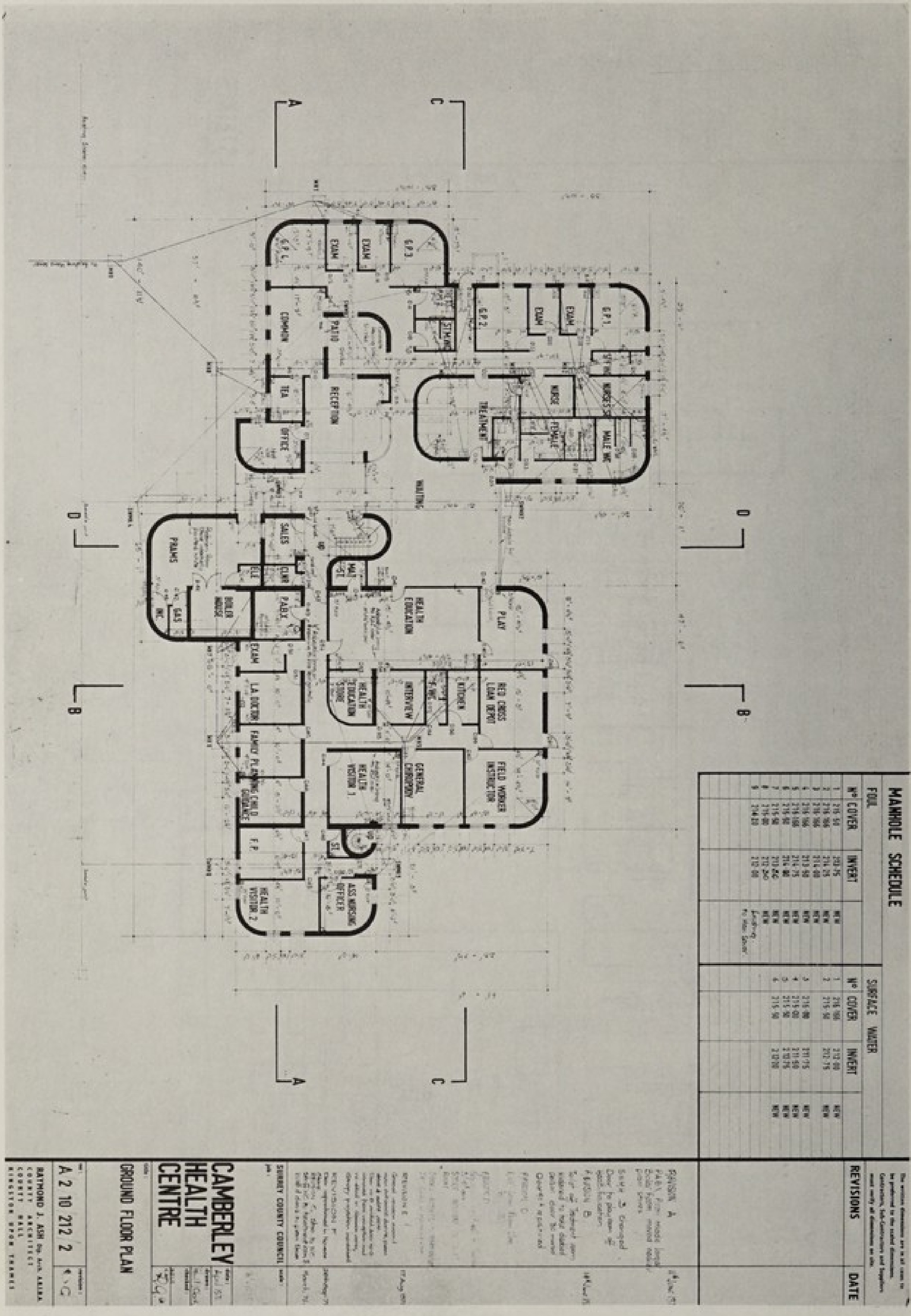
Hugh Pite & Associates FRIBA
150 Southampton Row WC1
in association with
Surrey County Architect

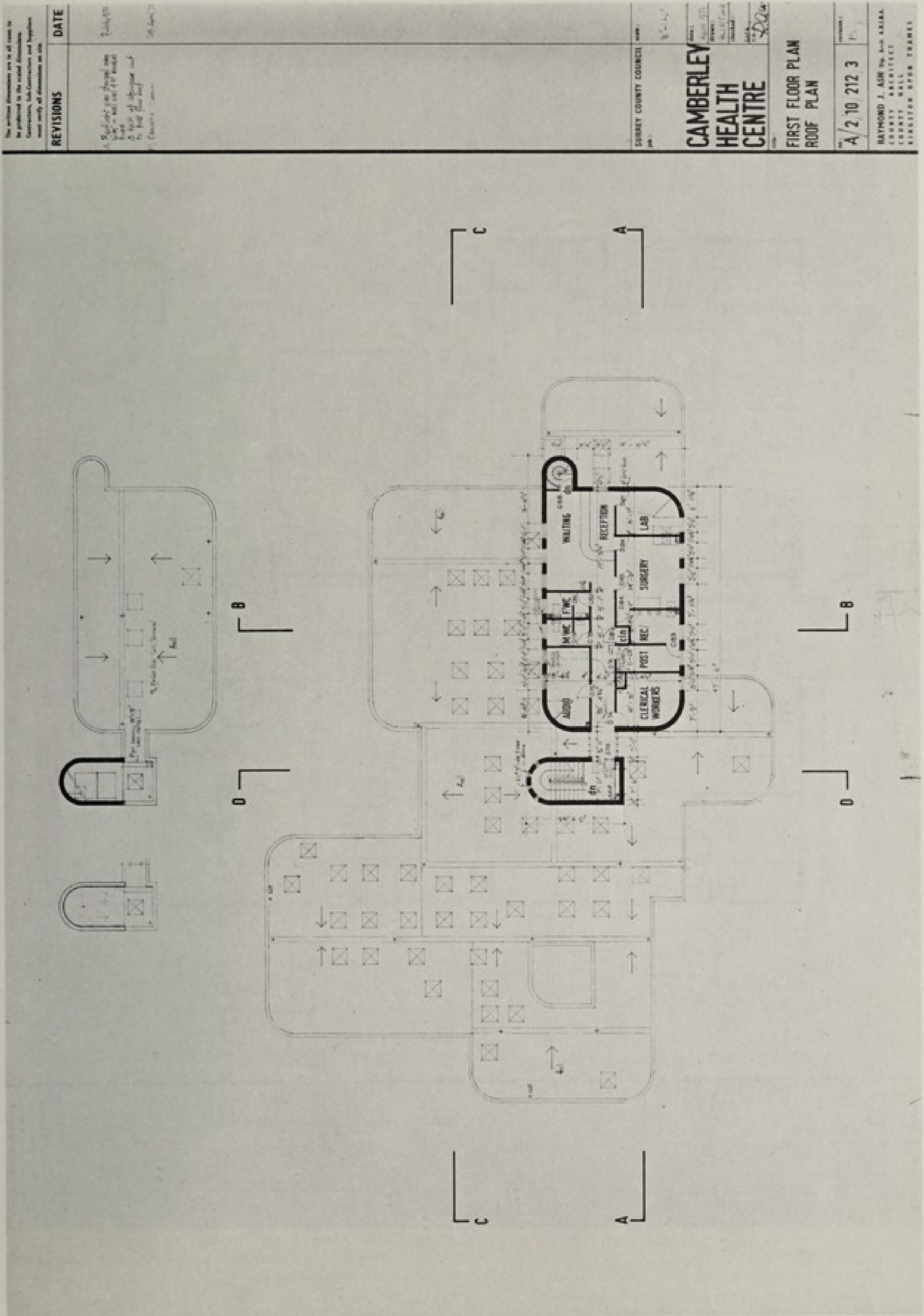
Drawing No 16

Scale 1/8"

Date nov 61


REVISIONS
DATE
NOTES
SURREY COUNTY COUNCIL
STAINES
HEALTH CENTRE
GROUND FLOOR PLAN
A/2/10/204-4
RAYMOND J. ASH
COUNTY ARCHITECT
COUNTY HALL
KINGSTON UPON THAMES


MANHOLE SCHEDULE
FOUL
Nº COVER
INVERT
SURFACE WATER
Nº COVER
INVERT
REVISIONS
DATE
SURREY COUNTY COUNCIL
CAMBERLEY HEALTH CENTRE
GROUND FLOOR PLAN
A 2 10 212 2
RAYMOND J. ASH
COUNTY ARCHITECT
G.P. 1
G.P. 2
G.P. 3
G.P. 4
EXAM
COMMON
PATIO
RECEPTION
TEA
OFFICE
WAITING
TREATMENT
NURSE
NURSES ST.
MALE WC
FEMALE
PRAMS
SALES
BOILER HOUSE
HEALTH EDUCATION
PLAY
INTERVIEW
KITCHEN
RED CROSS LOAN DEPOT
HEALTH EDUCATION STORE
L.A. DOCTOR
FAMILY PLANNING CHILD GUIDANCE
HEALTH VISITOR 1
HEALTH VISITOR 2
GENERAL CHIROPODY
FIELD WORKER INSTRUCTOR
ASS NURSING OFFICER
F.P.
A
B
C
D


REVISIONS
DATE
SURREY COUNTY COUNCIL
CAMBERLEY HEALTH CENTRE
FIRST FLOOR PLAN
ROOF PLAN
A/2 10 212 3
RAYMOND J. ASH
COUNTY ARCHITECT
COUNTY HALL
KINGSTON UPON THAMES
WAITING
RECEPTION
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FWC
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POST
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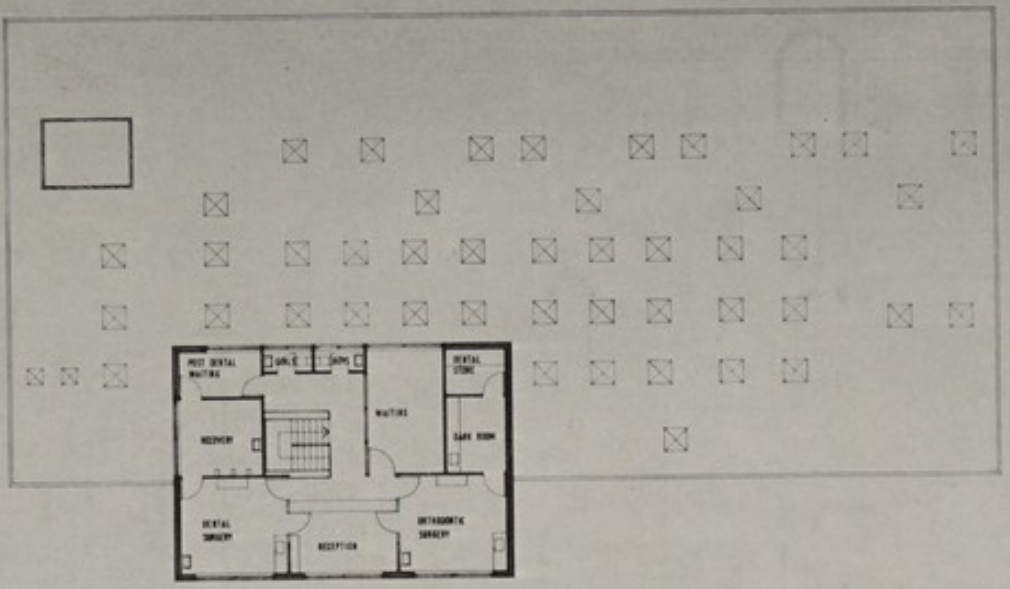
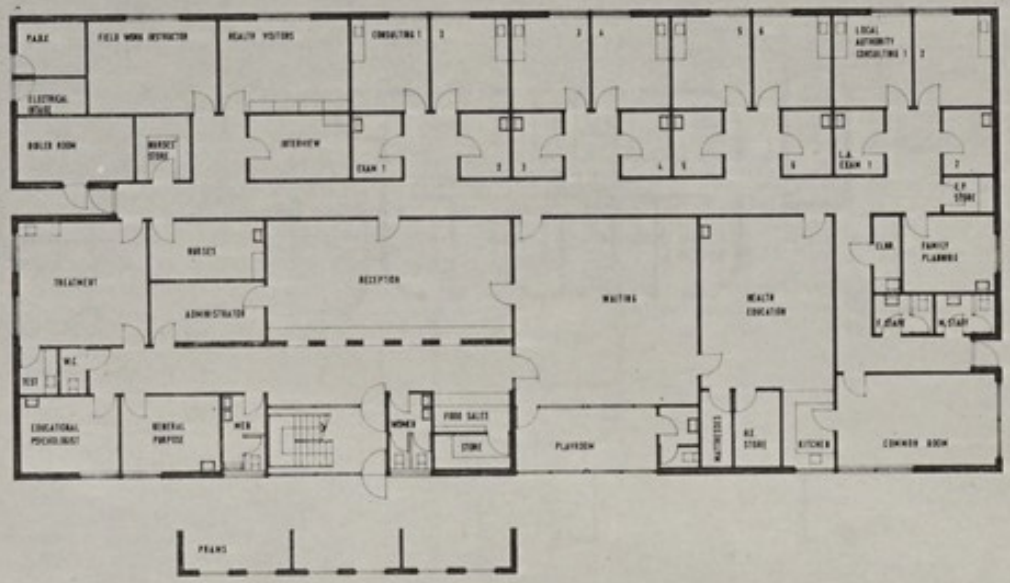


first floor - roof plan



ground floor plan

The written dimensions are in all cases to be preferred to the scaled dimensions. Contractors, Sub-Contractors and Suppliers must verify all dimensions on site.

REVISIONS	DATE

SURREY COUNTY COUNCIL

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SUNBURY
HEALTH CENTRE

scale 8'0" : 1"

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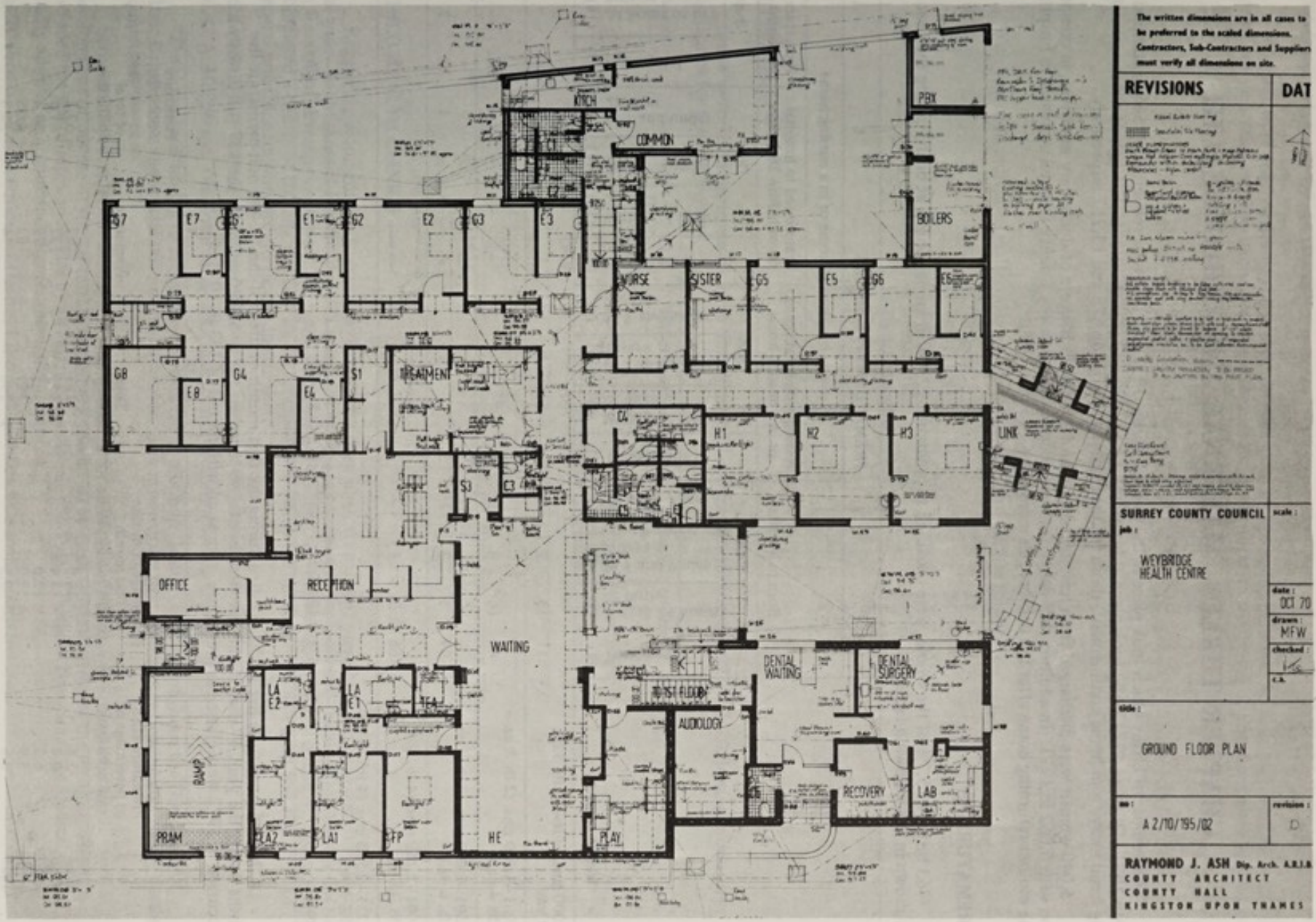
revision :

RAYMOND J. ASH Dip. Arch. A.R.I.B.A.
COUNTY ARCHITECT
COUNTY HALL
KINGSTON UPON THAMES


The written dimensions are in all cases to be preferred to the scaled dimensions. Contractors, Sub-Contractors and Suppliers must verify all dimensions on site.
REVISIONS
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SURREY COUNTY COUNCIL
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WEYBRIDGE HEALTH CENTRE
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GROUND FLOOR PLAN
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RAYMOND J. ASH Dip. Arch. A.R.I.B.A.
COUNTY ARCHITECT
COUNTY HALL
KINGSTON UPON THAMES
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TREATMENT
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OFFICE
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RAMP
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LA E2
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FP
HE
PLAY
DENTAL WAITING
DENTAL SURGERY
AUDIOLOGY
RECOVERY
LAB

CHAPTER THREE – MATERNAL AND CHILD HEALTH

The number of births which took place in the County during 1972 was 13,344, a reduction of 546 in comparison with 1971. Of these 497 (3.6%) took place at home and 13,572 (96.4%) in institutions. The figures show a continuing trend away from home confinement, those for the previous year being 678 and 13,212 respectively.

5,040 women were discharged from hospital before the 10th day to the care of domicilary midwives, in comparison with 5,062 in 1971. In addition 489 deliveries were undertaken by Surrey County Council midwives in hospitals, the mother returning home after the delivery, an increase of 175 over 1971.

PREMATURITY

763 births or 5.7% of the whole, were classified as premature (2,500 grammes or less at birth) during the year as shown in the following table:–

		PREMATURE LIVE BIRTHS												
		Born in hospital			Born at home or in a nursing home								Premature stillbirths	
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
Weight at birth	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1,000 gms. or less (2 lb, 3 oz. or less)	11	13	2	–	–	1	1	–	1	1	–	–	13	–
1,001–1,500 gms. (2 lb. 3 oz.–3 lb. 4 oz.)	43	16	8	1	–	–	–	–	–	–	–	–	19	–
1,501–2,000 gms. (3 lb. 4 oz.–4 lb. 6 oz.)	99	3	3	1	3	1	1	–	2	–	–	1	22	2
2,001–2,250 gms. (4 lb. 6 oz.–4 lb. 15 oz.)	166	3	1	–	3	–	–	–	–	–	–	–	9	–
2,251–2,500 gms. (4 lb. 15 oz.–5 lb. 8 oz.)	353	7	1	2	4	–	–	–	–	–	–	–	11	–
Totals	672	42	15	4	10	2	2	–	3	1	–	1	76	2

Of the 685 premature live births, 67 died during the first month of life. Of the 12,444 non-premature live births during the year, 57 died during the first month, 79 less than 1971. Moreover, 76 of the 137 still births which occurred in 1972 were classed as premature, compared with 68 out of 153 in 1971.

Year	Premature births as percentage of total births	Percentage of deaths in first month (premature births)	Total Stillbirths	Premature Stillbirths	Premature Stillbirths as percentage of total Stillbirths
1965	5.8	14.0	187	107	57.2
1966	6.4	13.4	197	122	61.4
1967	6.2	12.0	167	99	59.2
1968	5.9	12.0	169	82	48.5
1969	5.6	9.5	140	74	52.8
1970	6.0	11.1	169	86	51.0
1971	4.3	11.5	153	68	44.4
1972	5.7	8.8	137	78	47.7

CONGENITAL MALFORMATIONS

260 cases were notified during the year involving a total of 324 malformations. 48 deaths of children under the age of one year were ascribed to congenital malformation. In the form of groups the notifications were as follows:–

1. Limbs	102
2. Central nervous system	52
3. Other parts of musculo-skeletal system	41
4. Alimentary system	29
5. Uro-genital system	24
6. Heart and circulatory system	21
7. Eye and ear	7
8. Respiratory system	5
9. Others	43

With regard to individual malformations the major numbers were as follows:–

1. Talipes	37
2. Polydactyly	24
3. Anencephalus	22
4. Spina bifida	13
5. Hydrocephalus	12
6. Cleft lip	9
7. Cleft palate	9
8. Syndactyly	8

ILLEGITIMACY

There were 717 illegitimate births in Surrey in 1972 compared with 826 in 1971. The following table shows the figures for the past 6 years:–

Year	No. of illegitimate births	%age of live births
1967	909	6.08
1968	909	6.25
1969	870	6.00
1970	771	5.50
1971	826	6.00
1972	717	5.00

CHILD HEALTH CLINICS

Regular developmental examinations for children from birth throughout pre-school life were continued during the year. In the Annual Report for 1971 reference was made to the need for increased training facilities for doctors in the skill of developmental paediatrics and the in-service training scheme was described. To date 47 doctors have completed a course of training and courses are arranged as required for the benefit of new staff and also to assist general practitioners who wish to receive instruction.

There follow extracts from reports from the Divisions on Child Health Clinics:–

Dr. C. A. McPherson, Divisional Medical Officer, North-Western Division reports –

"Developmental testing techniques are now in use at all Child Health Clinics throughout the Division. All Clinic Centres have the special test material available. The majority are using the Stycar Hearing and Vision Testing equipment.

Early in the year our own in-service Training Course for all Medical Officers was arranged on the development of the use of special testing techniques. Some 20 Medical Officers attended the lectures, which included the use of tapes and slides by Dr. Mary Sheridan, and St. Peter's Hospital Post-Graduate Medical Centre kindly allowed us accommodation for most of the sessions."

Dr. E. Pereira, Medical Officer of Health, Esher Urban District Council reports:–

"The full-time Medical Officer in Department attended the Surrey County Council course at St. Peter's Hospital, Chertsey which was most helpful. The only regular part-time Medical Officer, who looks after the same clinics each week, has during the year built up her clinical experience in developmental paediatrics which she acquired at the Bristol course in 1971. Developmental paediatrics are practised at all Esher Child Health Clinics.

The Senior Medical Officer is fully trained in developmental paediatrics including the neurological screening of neonates. This latter procedure is often carried out in Toddlers Clinic sessions, as it is found convenient to see new babies on these occasions as well as during the ordinary Child Health sessions.

Anxiety is felt about the difficulty of teaching medical officers the neonatal C.N.S. screening techniques; this is only readily learnt if large numbers of neonates are available for examination, as are found in the maternity wards of the hospitals. This technique takes time to learn and depends on seeing a very great number of normal babies."

Dr. H. B. Thompson, Divisional Medical Officer, Northern Division, reports:–

"Developmental assessment is carried out at 6 weeks, 6 months and 1 year on all children born during the year and who attend the Child Health Clinic, about 90% of births. Children assessed as being "at risk" (about 10 to 15% of births) continue to be followed up with full assessment each year until they enter school.

All children attending Nursery School are also fully assessed each birthday."

IMMUNISATION AND VACCINATION

In 1972 Rubella vaccinations of schoolgirls amounted to 8,433. This is lower than in previous years as 1972 was the first year in which the optimum age level of 12 years was achieved and consequently, vaccination was offered to only one age group, instead of groups ranging from 11 to 14 years as previously.

The schedule of vaccinations for children in Surrey is now as follows:–

Age	Prophylactic
6 months, 8 months, 12 months	Diphtheria/Tetanus/Pertussis with oral polio
13 months	Measles
5 years	Diphtheria/Tetanus/oral polio
11–13 years (inclusive)	Rubella (girls only)
13 years	B.C.G.
15–19 years (usually at school leaving age)	Oral polio/Tetanus Toxoid

Details of the numbers of children immunised are given in table 6.

Dental Care of Mothers and Young Children

Mr. O. H. Minton, Chief Dental Officer writes:–

The dental inspection and treatment of expectant and nursing mothers and children under five years of age was carried out by the dental staff who, while primarily engaged in the school dental service, arrange part of their time for the dental care of mothers and young children.

Patients are generally referred by medical officers, general medical practitioners, health visitors and midwives while many young children attend by request as a result of the third year birthday card scheme which invites parents to take their three year old child to their own dentist or to the clinic for dental examination.

Originally specific sessions were arranged for the examination and treatment of mothers and young children but this has been discontinued and appointments are now made at all times during clinic sessions. The number of sessions is assessed as 668 and there were 4,064 attendances by pre-school children, 3,238 fillings were completed for the conservation of decidious teeth and 592 teeth were extracted under general anaesthesia. Attendances by mothers were 638 and treatment included 525 fillings, 133 extractions and the provision of 10 crowns and 31 dentures. Group talks on dental health are given by dental staff to expectant mothers attending ante-natal clinics and to nursing mothers at child health clinics. Additionally the opportunity is taken of giving individual chairside talks stressing the importance of adequate well balanced diets, the avoidance of between meal snacks especially of refined carbohydrates, the avoidance of the use of infant comforters with reservoirs containing sweetened liquids, the importance of supervised cleaning of the child's teeth and of regular visits to the dentist.

INJURIES TO CHILDREN IN THE HOME

Following the receipt of a joint letter in February, 1970, from Sir George Godber, Chief Medical Officer, Department of Health and Social Security, and Miss Joan D. Cooper, Chief Inspector, Childrens' Department, Home Office, which drew attention to the incidence of battered babies, a working party was set up in Surrey under the Chairmanship of the Deputy County Medical Officer, Dr. W. E. Greenwood. The working party, whose members are drawn from representatives of the three branches of the National Health Service, the Social Services Department, the N.S.P.C.C. and the Police have continued to meet at four-monthly intervals.

The working party agreed that in the first instance consideration should be given to the creation of a central register which would include all children under the age of two years of age who had sustained accidents or injuries in the home. This procedure has now been in force since May, 1971, and follow up visits have been made by the health visitors in every case.

Among these reported injuries a small proportion have been thought not to have been accidental and with the co-operation of the Department of Biological Sciences, University of Surrey, these cases have been compared with a like number of cases where the injury has been truly accidental. It is hoped to publish a preliminary report elsewhere concerning the cases in each group and in the meantime to continue the survey.

A wider analysis of all accidents to children under the age of two occurring in the home is at present being discussed with the University of Surrey and it is hoped that this may provide useful pointers for guidance of staff working in the field of accident prevention.

CHAPTER FOUR – NURSING SERVICES

NURSING ESTABLISHMENT

In 1972:–

District Nursing and Midwifery	283	
Health Visiting	239	
Nursing Auxiliaries. Equivalent	23	. 25 F.T. Staff
P.T. Nurses to assist Health Visitors in the School Health Service	52	
Community Nurse Tutor	1	
Administrative Nursing Appointments		
Director of Nursing Services	1	
Divisional Nursing Officers	2	
Area Nursing Officers	8	
Nursing Officers	18	

In the Financial Year 1973/74 provision has been made for a further increase of staff as follows:–

District Nursing and Midwifery	16	
Health Visiting	13	
Nursing Auxiliary. Equivalent	6	. 75 F.T. Staff
Nursing Officers	2	
	37	. 75

WORK UNDERTAKEN BY HEALTH VISITORS IN 1972

The Health Visiting establishment was increased by twelve during the year.

Table A shows the Health Visitors' case load in 1972 and the comparable figure for the previous two years. Practically all the Health Visitors (91%) are working in Primary Care Teams. In many areas, these are now well established and Health Visitors are giving a supporting service to patients in states of anxiety or with marital problems, to children with behaviour problems, and to families with other social problems. The number of old people in need of care continues to rise, and there was an overall increase in the number of families visited by the Health Visitors.

THE WORK OF THE DISTRICT NURSING SISTERS

The establishment was increased by seventeen during the year. Once again, the work increased, there was a 10.16% rise in the number of patients cared for in their own homes and an increase of 11.1% in the number of domiciliary visits to these patients.

There were two other areas of growth in the service in the past year:– **Table :B**

1. There was a 7.1% rise in the number of births conducted by domiciliary midwives. Fewer births took place at home, but the number of women taken into hospital by members of staff rose from 313 to 489.

2. **Patients Treated in Surgeries** **Table :D**

   Wherever possible District Nursing Sisters working in the Primary Care Teams (i.e. 95% of the staff) treat patients in surgeries who do not require care in their own homes. The majority of these patients are between the ages of 5–64 years. There is a treatment room in all Health Centres, and in purpose built premises provided by general practitioners.

The Development of the Primary Care Team **Table :C**

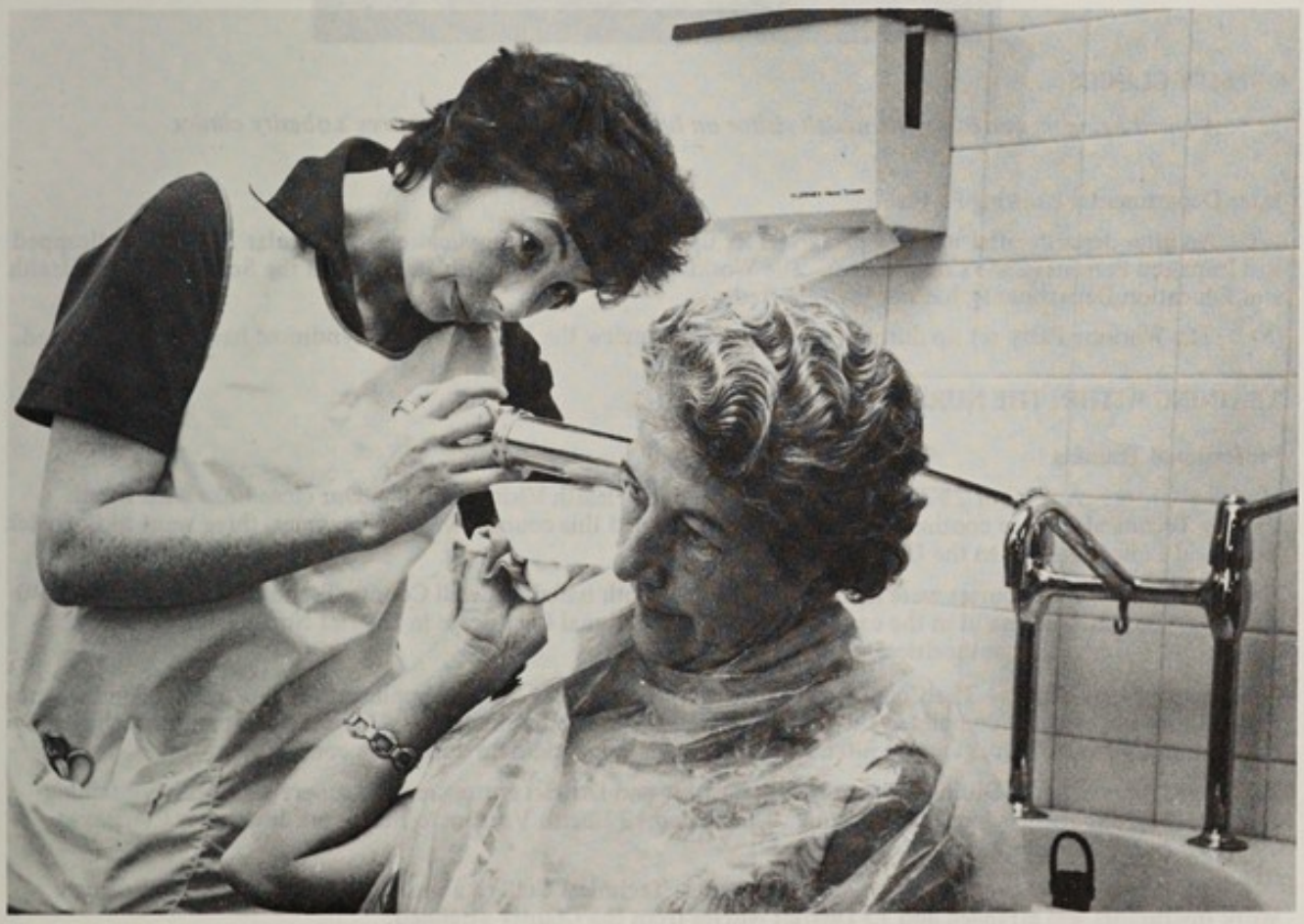
The primary care services have continued to develop throughout the year and I am pleased to report that 95% of the staff have now been allocated to these teams. The integration between members of the team vary from area to area, but I think most people can see the value of this working pattern and the benefits which can be enjoyed by people in need of care.

Links with Hospitals

Planned early discharge of patients has been arranged in two hospital areas in the county and in both instances a pilot scheme has been set up in order to find out what other services are required by these patients. Up to date it has been possible to meet the demands of these schemes.

DOMICILIARY MIDWIFERY

A Surrey midwife, attached to a general medical practice, records the blood pressure of an expectant mother.



DISTRICT NURSING

A nursing sister syringes a patient's ear in the treatment room of a Surrey health centre.

OBESITY CLINICS

A client being measured by the health visitor on her first visit to one of Surrey's obesity clinics.

Inter Departmental Working Parties

(a) An inter-departmental working party was set up to examine the implications of Circular 22/71 (Handicapped and Impaired Persons in the Community). The Working Party, made up of officers from the Social Services, Health and Education Departments, has not yet reported.

(b) The Working Party set up during the year 1971 to review the Battered Baby Syndrome has not yet reported.

TRAINING WITHIN THE NURSING DIVISION

Professional Training

Health Visitors – A total of 28 students was sponsored for Health Visitor training. Our close links with Ewell County Technical College continue and 13 students attended this course. Of the remainder, three went to Chiswick Technical College and 12 to the University of Surrey.

District Nurses – Two courses were held during the year both based at Ewell County Technical College. Of the 40 students who were successful in the examination for the National Certificate in District Nursing, 36 were from Surrey and 4 from other authorities.

Community Nurse Tutor – The Committee agreed to sponsor a very suitable applicant for this training, and we are grateful that she has now completed the Course and is back in the training unit. There is a great national shortage of Community Nurse Tutors and we intend to sponsor another candidate during the coming year.

Fieldwork Supervision – During training Health Visitors and District Nurses require supervision whilst obtaining their practical experience, and the department sponsored 12 Health Visitors to Fieldwork Instructor Courses at a number of establishments.

With the co-operation of the staff at Ewell County Technical College a short one week Course for Practical Work Instructors was arranged and 15 District Nurses from the County attended.

Probably the most interesting and successful venture was the combined Fieldwork/Practical Work Instructor Course held at the University of Surrey. Here the Health Visitors and District Nurses studied together to prepare themselves for the practical teaching of students.

This was the first course of its kind to be held in the country and the enthusiastic response of both staff and students encouraged the organisers to repeat the experiment this year, and we have seconded a further 10 Health Visitors and 6 District Nurses for training.

In Service Training Programme

During the year the programme has included:–

1. Study Days on:–
   The Work of Family Planning Clinics.
   First Aid (in conjunction with the Ambulance Service)
   Possum Equipment.
   The Report of the Committee on Nursing.
2. Statutory Refresher Courses for Midwives.
3. Training for Nursing Auxiliaries.
4. Seminars conducted by the Director of Nursing Services on 'The Reorganisation of the Health Service'.
5. Following the attachment of District Nurses to General Practices, the increase in surgery work has resulted in a need to provide further training in certain clinical procedures. We have been most fortunate in obtaining co-operation from the local hospitals in arranging this In Service Training.
6. There is an increasing demand for community experience for students from hospitals wishing to implement the General Nursing Council (1969) syllabus of training and schemes with Epsom District Hospital and The Manor Hospital have already been introduced.
7. During the year three months domiciliary experience has been provided for 48 students undertaking midwifery training.
8. The annual staff Refresher Course was held in May at Glyn House. This course has always been greatly enjoyed and appreciated by the staff and it was much regretted that in view of the reorganisation of the National Health Service this was the last occasion on which the course would be held.

A

Health Visitors Case Loads for the Year 1972

Division	Children			Problem families		Persons over 65	Mentally Handicapped	Mental Illness	T.B. Household	No. of Families in the Case Load	No. of Nurseries & Child Minders Under Observation*	Phys Handi
	0–1	1–5	0–5	Ref. to comm.	Under observation							
Northern	1,462	6,054	7,516	42	85	1,269	136	88	110	7,285	124	115
N. Western	2,630	10,872	13,502	17	273	1,833	436	173	236	12,944	195	359
S. Western	3,251	13,206	16,457	26	193	2,595	414	304	469	16,239	248	420
S. Eastern	2,822	11,851	14,673	93	234	3,634	357	190	143	15,155	200	253
Epsom & Ewell U.D.C.	805	3,273	4,078	55	49	1,259	89	63	45	4,622	106	234
Esher U.D.C.	772	3,130	3,902	105	22	2,389	103	86	5	5,350	75	199
Woking U.D.C.	1,139	4,455	5,594	30	32	732	111	58	45	5,124	99	94
TOTAL 1972	12,881	52,841	65,722	368	888	13,711	1,646	962	1,053	66,719	1,047	1,674
TOTAL 1971	13,320	52,414	65,734	339	864	10,805	1,586	715	1,083	64,433	1,134	1,181
TOTAL 1970	13,672	54,046	67,718	245	632	8,822	1,380	656	1,400	63,619	905	1,151

*Taken over by Social Services Personnel April 1973

B

The Work of the District Nurses and District Nurse Midwives

District	HOME NURSING						MIDWIFERY				
	Nursing Cases	Nursing Visits	Cases in Age Groups		Visits in Age Groups		Deliveries		Early Discharges	A.N. Visits	P.N. Visits
			0–5	65+	0–5	65+	Dom:* Births	Hospital Births			
Northern	3,957	46,450	32	1,218	384	35,683	112	–	540	3,120	5,436
North Western	4,134	84,693	68	2,692	268	66,336	47	190	1,715	2,101	12,752
South Western	7,551	182,716	117	4,154	507	132,314	64	80	1,099	2,183	9,573
South Eastern	4,922	144,679	74	3,279	413	107,615	169	160	791	2,889	10,907
Epsom & Ewell	1,554	45,441	12	1,098	243	30,311	26	57	273	896	2,124
Esher U.D.C.	1,247	35,846	9	878	13	27,616	18	–	218	419	1,734
Woking U.D.C.	1,466	56,670	17	948	201	35,393	53	2	787	544	4,887
TOTAL 1972	24,831	596,495	329	14,267	2,029	435,268	489	489	5,423	12.152	47,413
TOTAL 1971	22,541	537, 318	410	14,004	1,874	367,598	606	313	5,140	16,673	44,829
TOTAL 1970	20,280	478,346	492	13,003	2,586	347,828	Total Deliveries 1,199		4,289	16,507	48,242

*L.A. Midwifery Staff

C **Staff Allocated to works in Primary Care Teams** July 1973

Division	Number of Doctors	Health Visitors		District Nurses and Midwives		District Nurses		S.E.N.s	
		FT.	PT.	FT.	PT.	FT.	PT.	FT.	PT.
North Western	82	37	9	22	4	27	1	1	–
South Western	118	53	13	23	5	39	13	5	–
South Eastern	104	47	4	19	4	27	11	8	3
Northern	39	24	7	6	–	22	8	–	–
Epsom & Ewell U.D.C.	19	10	1	1	–	9	6	1	–
Esher U.D.C.	11	5	1	1	–	5	3	–	–
Woking U.D.C.	35	17	7	5	–	18	4	–	–
TOTAL 1973	408	193	42	77	13	147	46	15	3
TOTAL 1972	369	172	30	70	13	124	51	16	2

D **Work done in Surgeries by D.N. Sisters**

NEW PATIENTS

	Northern	N. Western	S. Western	S. Eastern	Epsom & Ewell	Esher U.D.C.	Woking	TOTALS
0–5 Years	683	977	866	546	43	141	64	3,320
5–64 Years	6,612	6,892	6,400	2,097	1,820	1,179	162	25,162
65+	1,503	965	1,661	880	482	291	41	5,823
TOTAL	8,798	8,834	8,927	3,523	2,345	1,611	267	34,305
1971	5,610	5,748	6,357	1,459	512	1,469	202	21,357

A growth of 60%.

CHAPTER FIVE – PREVENTION OF ILLNESS, CARE AND AFTER CARE

VENEREAL DISEASES

Hospital clinics continued at Guildford, Woking and Redhill during the year and the number of Surrey residents attending these clinics is shown in the table below which also includes in the column "Other Clinics" Surrey patients attending clinics at surrounding hospitals. Figures in brackets relate to 1971.

1972	Guildford	Redhill	Woking	Other Clinics	Total
New Cases (Surrey)					
Syphilis	1 (4)	3 (3)	6 (1)	20 (17)	30 (25)
Gonorrhoea	75 (76)	30 (24)	25 (37)	284 (401)	414 (538)
Other conditions	568 (502)	226 (164)	154 (259)	2,582 (2,360)	3,530 (3,285)
Totals	644 (582)	259 (191)	185 (297)	2,886 (2,778)	3,974 (3,848)

CHIROPODY SERVICE

There have been several changes in the chiropody staff during the past year but in the main we have succeeded in maintaining our establishment of 19.6 chiropodists throughout the year. There are now fourteen full-time chiropodists on our staff, the balance being made up with sessional staff, giving a total of twenty seven chiropodists in post at present.

One full-time member of staff is permanently on relief work, thereby enabling us to concentrate on areas which have previously been neglected due to staff shortages. This has proved to be very successful, so much so that I feel I can now make out a case for yet another member of staff on permanent relief work.

Case loads over the past year have increased yet again in both the direct and indirect service which is carried out under the auspices of British Red Cross Society and the Surrey Association for the Elderly. We have opened several new clinics in the indirect service and increased the number of sessions in existing clinics. We have also opened County Council clinics at Godalming (two sessions per week), Buryfields, Burpham, Whyteleafe, Oxted and Fetcham and a second clinic at the Peace Memorial Hall, Ashtead to accommodate patients who are unable to attend the clinic at Woodfield Lane and we are currently negotiating to set up clinics in the near future at Stoughton and Leatherhead.

AIDS TO DAILY LIVING AND MEDICAL EQUIPMENT

Medical Loan Depots

The British Red Cross Society and the St. John Ambulance Brigade continued to maintain medical loan depots throughout the County. Nursing equipment may be borrowed from the depots for a maximum period of six months. All loans are free of charge but a deposit, which is returnable, is required.

Medical Comforts

Articles of nursing equipment required permanently by patients are supplied by the Council.

Adaptations to Homes of Patients Using Kidney Machines

Kidney machines to enable patients to undergo intermittent dialysis at home are provided and maintained by the hospital authorities, who also pay for the extra cost of electricity, running the machine, the installation and rental of a telephone where this is necessary, and provide the relevant medical services.

The cost of incidental adaptations to the homes of patients, however, is the responsibility of the Local Authority, and although such adaptations consist in the main of plumbing and electrical wiring, in some cases where no suitable room exists an extension to the property may have to be built, or a prefabricated building put in the grounds of the house.

Since 1st April 1972 the Council has not required a financial contribution towards these works from the patient involved.

Homes owned by Patients or Spouses	Homes owned by Housing Authorities	Homes owned by Private Landlords	Total Number of Applicants	Financial Assistance Given by County Council: Grant of Whole Cost	Grant and Loan	Loan of Whole Cost	Other Arrangements
8	3	1	12	12	–	–	–

HEALTH EDUCATION

"To know
Rather consists in opening out a way
Whence the imprisoned splendour may escape,
Than in effecting entry for a light
Supposed to be without."
Browning.

The days when health education was regarded as synonymous with the delivery of public lectures are, one hopes, gone for good. Educators now have at their disposal a whole battery of visual and auditory aids with which to vary and enliven their teaching. The most potent of all educational media is, of course, the environment. It is the type of home into which it is born and the type of parents and siblings in its family which provide material upon which the infant, long before it can speak, bases its assumptions about the way life is lived. It is the type of building in which clinics are held and the type of doctor and nurse in attendance which build assumptions about the nature of the health services.

Any scheme of health education must, therefore, give high priority to the improvement of the physical and human environment. Other sections of the Report deal with the former. This section outlines the part played in the total health education effort by the various categories of medical, nursing and ancillary staff during the past 18 months.

As in former years there has been a steady increase in the number of staff involved in formal and informal aspects of health education. It is clear that all who exert any influence upon any other, which is to say the entire population, affect in some degree the general level of health behaviour; but the influence exerted by parents, teachers and community health staff is so marked as to require special consideration. Prime place in health education, as in education generally, must however be taken by parents.

All prospective parents (father equally with mother) need an understanding of child development and maturation as something infinitely more complex than the mere accretion of years, inches and ounces. In the many health centres and clinics throughout the County records show that prospective and actual parents come in increasing numbers to these well-planned buildings with bright rooms, instructive models, self-operated projectors, comfortable libraries and opportunities for private consultation and group discussion.

Weekday mothercraft sessions and ante-natal exercises, complemented by parentcraft evenings and mothers' clubs are now so regular a feature of the community nursing scene that their importance in the field of adult education is often forgotten. Health visitors, nurses, midwives, physiotherapists, dental staff all combine to lend interest and expertise in the field of maternal and child health. It is gratifying to report the increase in the attendance of husbands at evening sessions. An interesting development noted was a special course for Pakistani ladies in a Woking clinic.

'Well Woman' clinics continue to provide valuable opportunities for resolving the many health problems that are revealed following screening. In addition, people are encouraged to have a chest x-ray examination, dental and vision checks.

An increasing need for weight control as a necessity for optimum health has been met by the establishment of obesity clubs in all areas of the county. In the Northern Division it is reported:

"The sessions are of thirteen weeks duration and twenty to twenty-five women attend in all age groups. Some results are spectacular; other women reduce weight more slowly. One or two inevitably lose interest. Speakers include a midwife, a dietitian and a home economics adviser.

In the South-Eastern Division sessions are held at Merstham, Dorking, Caterham Hill, Oxted, Banstead, Earlswood and Reigate, with two of these centres having to hold two sessions weekly, morning and evening. The Woking Obesity Clinic includes not only illustrated talks and discussions on slimming but also cookery demonstrations to show in a very practical way, the consequences for the culinary art. Nor are the older folk forgotten for special geriatric sessions are held in clinics and day centres to demonstrate in a homely, practical way the art of healthy living in old age. Such health education includes nutrition, prevention of accidents, personal health and hygiene with special reference to the dangers of hypothermia.

It is not, however, merely a matter of catering for different age-groupings in the community. Social units are manifold and interpenetrating, and opportunities are seized whenever they are offered by any form of grouping with common interests. The community health education programme provided for gathering together these natural units for meetings at which special needs could be expounded and discussed. Thus we find handicapped day centres, over 60's clubs, luncheon clubs, playgroups, young wives' groups, mothers' unions, National Childbirth Trust groups, church and women's fellowship groups, St. John Ambulance and Red Cross groups, housewives' associations, guides and brownies, women's institutions, Rotary clubs, townswomen's guilds, Tuesday clubs, home and health groups, in fact, reaching into every stratum of the community in the interests of personal health. Subjects included health education, dental health, facts of life, mothers alone, health visiting, first aid, child development, modern social practice, marriage guidance, uses of leisure, social services, enuresis, diet, safety in the home, personal hygiene and the environment, need of exercise, old people and their needs, smoking and health, child care and management, preliminary nursing, cervical cytology, home nursing, venereal diseases, personal relationships, pollution, drugs and geriatrics.

It is interesting to note that, following a period for settling in, general practitioners have collaborated with County nursing staff attached to group practices in such initial efforts in health education as ante-natal and parent-craft sessions or weight control clinics.

In addition to the penetrating light of persistent health education the whole year round, occasion has been taken to give special emphasis to certain topics of importance.

Smoking and Health

Six anti-smoking clinics were held in 1972 at Ashford, Horley, Egham, Woking, Esher and Ashtead.

Results at Ashford were as follows:–

	No. of participants	No. of completed questionnaires received	No. who ceased smoking	No. who reduced considerably	No. who reverted to previous level of smoking
1970	75	22	14 (19%)	2 (1%)	6 (8%)
1971	68	28	21 (31%)	7 (10%)	nil
1972	67	31	22 (33%)	8 (12%)	1 (1.5%)

The Divisional Medical Officer reports:–

"These results are encouraging when one realises the difficulty in giving up this addiction. The clinic was conducted by the British Temperance Society in collaboration with the County Health Education Service. A Five-Day Plan to stop smoking was adopted and operated on the group therapy principle, with the aim of encouraging the participants to help one another. Films, displays, lectures and discussions were held on consecutive evenings during the week. A guide for each of the five days, giving advice on eating, breathing and exercises, was issued to each person. A concentrated effort was made in the 1972 campaign to promote publicity. In addition to the usual circularisation of clinics, schools, surgeries, etc, the manager of Jobs Dairy in Ashford was approached and he kindly agreed to ask his roundsmen to distribute handbills to 4,500 householders in this area."

Attendances at other clinics were as follows:– Egham 50, Esher 40, Horley 26, and Woking 50. As one smoker who succeeded in giving up the habit put it: "I used to smoke 40 cigarettes a day but now I have given up I feel I have really achieved something and feel much better. I am all for these clinics and wish I could get my wife here." A journalist from the *Surrey Mirror* who came to report the proceedings at Horley remained for the week's course. "As one of the successful people to attend the clinic," he wrote, "I should like to recommend the courses to any other smokers who have a conscience about their smoking habits."

Nursing staff at Esher voluntarily undertook to provide additional sessions at the conclusion of the five-day clinic to support those who were still having difficulty in this matter.

Arrangements were made to hold four further anti-smoking clinics in the second half of 1973 at Ashford, Epsom, Oxted and Woking.

Following a County press release on the campaign the Health Education Officer was interviewed on the BBC South-East Regional News programme. Extracts were also given on BBC Radio London. An extended report on smoking hazards generally, and on the clinics in particular, was also recorded and broadcast through Radio Wey which is a private transmitter serving hospitals in the north-western part of the County.

Other educational efforts dealing with the problem of smoking are referred to under the School Health Service.

Cervical Cytology

Continued use was made of the business reply folders enabling patients to ask for appointments at the various clinics throughout the County without too much formality. In most areas posters and press reports enlarged the field of publicity which reinforced the personal advice and guidance of the nursing staff.

Exhibitions

Increasing calls are being made upon the services of the health education staff to provide publicity on health matters through displays and exhibitions. With the improvement in local facilities staff in health centres and clinics are presenting an improved level of display on a wide field of topics, often in collaboration with staff of district councils. Centrally exhibitions have been organised or assisted on the Care and Management of Cancer Patients at the University of Surrey (for the Guildford & Godalming Group H.M.C.), on the Social Services (at County Hall), on Home Safety (at several locations including the Guildford Town Show), on Smoking and Health and Dental Health at many sites. From May to September the staff assisted the Surrey Association of Public Health Inspectors to mount a County-wide teaching campaign on Food Hygiene.

At the Surrey County Show the department mounted an exhibition on dental health. Based on a specially constructed trailer the exhibit demonstrated the need for a high standard of dental health in the community and how this could be achieved. Dental surgeons and other staff were present throughout the day to explain, with the aid of the latest audio-visual equipment, the modern methods of preventive dentistry. The estimated attendance at the County Show was in the region of 50,000. The exhibit secured third prize in the category of non-trading exhibits.

Training

It is not often realised how much valuable training in health matters is carried out by medical, nursing and other staff of the department directed frequently to students of various categories. Specially prepared lectures have been provided locally by medical officers and health visitors on diet, hypothermia, prevention of accidents, mental health, community care, emergency midwifery, care of the elderly, personal relationships, personal and environmental services, family planning, geriatrics, infectious diseases, public health, genetics and so on.

Centrally the health education staff took part in courses on audio-visual aids, ambulance training, health education, pre-retirement, home safety for pupil midwives, family planning and sex education for one of H.M. detention centres, in addition to the continuing advisory counselling on health education.

With the transfer of the department to Guildford it has been possible to establish a health education centre with better facilities for the storage and presentation of the various media resources so essential to modern educational practice. In addition members of the health education staff have attended professional training courses on Health Education in the Primary School, Health Education in the Secondary School, Health Education for 5 to 13 year olds provided by the Department of Education and Science. The technical assistant passed with distinction the City & Guilds Audio-Visual Technicians Examination following a two-year college-based course.

The health education officers were elected to serve on the following organisations:– Royal Society of Health (Health Education Group Committee), Council of Action on Smoking and Health (ASH) Ltd., Women's National Cancer Control Campaign Council, Health Visitors' Association, Family Planning Association Executive and the International Planned Parenthood Federation.

FAMILY PLANNING

The Family Planning Association continued to provide facilities throughout the County under the terms of the National Family Planning Agency Scheme No. 6 which provides free consultation and free supplies to medical cases only, as it was felt that this was the scheme most applicable to Surrey, the definition of a medical case under the scheme being:–

'Any woman whose health, in the opinion of the examining doctor, would be expected to suffer by the increased mental, physical or social burdens placed on her by pregnancy.

The cost of providing this service through the Family Planning Association was approximately £15,650 in 1972/73 and was expected to rise to £17,050 in 1973/74. 939 women used the medical scheme from its start in April, 1971 to December, 1971. From January to December, 1972 this number increased to 3,828. A total of 23,107 patients were seen at Family Planning Clinics in 1972 compared with 21,333 in 1971. These patients made 31,604 repeat visits during the year making a grand total of 54,711 visits.

At Surrey County Council clinics 2,871 patients were seen with 2,286 repeat visits in the year, making a total of 5,157 visits. A domiciliary family planning service is also provided by the County Council but this continues to be very little used in spite of staff being reminded of its availability.

WELL WOMAN CLINICS

These clinics continue to give an overall health check as well as taking cervical smears. The numbers seen at County Council Clinics were 5,817 in 1972 (6,067 in 1971). There were 4,369 return visits (4,372 in 1971) and 9,619 smears were taken (10,302 in 1971). Of these 64 showed abnormal cells requiring further follow up, 7 with pre-invasive cancer, and none with an established cancer.

Apart from the abnormalities found in cervical smears, 6,388 other abnormalities, mainly of the female genital tract, were uncovered by examination of the 5,817 women, a clear demonstration of the usefulness of this form of screening in terms of alleviating a considerable degree of illness and discomfort, apart from diagnosis of cancer. It is unfortunate, however, to note from the table below, that we are still obtaining a poor response from the Registrar General's social classes IV and V in terms of attendance at the Well-Woman Clinics. A modified approach to these classes is clearly needed in order to obtain their co-operation, and further thought in this direction is required.

Numbers of Women attending Well-Women Clinics in Surrey during 1972 by Social class

I	744
II	2607
III	2178
IV	524
V	137
	6180

During 1973 work was started on the national recall scheme for cytology. It is too early to judge the results of this scheme but it has involved a considerable volume of clerical work at Central Office, where some 17,000 individual forms have had to be checked. From July to December 1973 approximately 6,000 recall letters were sent to women throughout Surrey and of these, 1,200 were returned by the G.P.O. as 'Gone Away'. About 1,000 women had already attended for a second smear test without being reminded that it was due.

Fluoridation of Water Supplies

In October 1965 the County Council, after extensive consideration by the then County Health Committee, decided in favour of fluoridation of the public water supplies and authorised the making of the necessary arrangements with the statutory water undertakings supplying the area of Surrey. This decision was re-affirmed by the Council in December 1969 but no arrangements could be made with the various water undertakings for the addition of fluoride to the water supplies due to the lack of unanimity of views of other local health authorities in their supply areas, and to the technical difficulties of fluoridating the water supplies to the County only.

During 1972 the County Health Committee at their meeting in March considered a resolution of the Woking Urban District Council to consider how fluoride might be made available on a voluntary basis for those who wish to have it. A resolution in similar terms which also asked the County Council to rescind its resolution to fluoridate water supplies was considered by the Committee at their meeting in May. After a wide ranging discussion on many aspects of fluoridation, including alternative methods of supply, the Committee rejected the motion as submitted.

In June the County Health Committee considered a report that the Middle Thames Water Board was prepared to take the necessary steps to add fluoride to the water supplied throughout its area subject to satisfactory agreements being reached with Surrey and Buckinghamshire County Councils and New Windsor Borough Council.

The Board supplies water to a small area of Staines Urban District at Poyle where the number of domestic properties served is approximately 500 with an estimated population of 1,800. However, the major areas served are in Buckinghamshire and the Borough of New Windsor in Berkshire. It was resolved that a sum of £200 be included in the Estimates of Expenditure for 1973/74, so as to enable the County Council to enter into the necessary agreement with the Middle Thames Water Board for the addition of fluoride to the public water supplies in that area of Surrey covered by the Water Board to the level appropriate for the prevention of dental decay i.e. one part per million and this was approved by the County Council in February 1973.

CHAPTER SIX – AMBULANCE SERVICE

A. Organisation and Administration

There were no major changes in the organisation and administration of the service during the year.

B. Control

The Headquarters Control at Banstead continues to provide an efficient and flexible centralised control system.

C. Operational Strength

Vehicles

	Operational	Reserve
Ambulance	63	13
Sitting Case Vehicle	36	9
Control and Equipment Vehicle	4	–
Handicapped Person Vehicle (Welfare and Mental Health)	11	1
Totals:	114	23

D. Staff

The staffing position took a downward trend and for the last six months of the year the service was operating at approximately 10% below establishment. An interim payment to ambulance employees was introduced in the latter part of the year pending consideration of a new wages structure by the National Ambulancemen's Council. This payment had no marked effect on the level of recruitment and for the first six months of 1973 the service has continued to operate at approximately 10% below establishment.

E. Premises

Cobham Sub Station

The new Station replaced unsatisfactory premises in Esher and was operational from the 14th May 1972.

Development

Work continued on the 6 bay extension to Chertsey Main Station and it is expected that the work will be completed early next year (1973).

Existing Stations

Northern Division		Southern Division	
Banstead Area	Chertsey Area	Guildford Area	Redhill Area
Banstead Main	Chertsey Main	Guildford Main	Redhill Main
Epsom Sub	Ashford Sub	Cranleigh Sub	Dorking Sub
Cobham Sub	Camberley Sub	Farnham Sub	Gatwick Sub
Leatherhead Sub	Egham Sub	Godalming Sub (B.R.C.S.)	Godstone Sub
Walton Sub	Knaphill Sub	Haslemere Sub	Warlingham Sub

F. Voluntary Organisations

Hospital Car Service

The work undertaken by the Hospital Car Service continued to expand. During the year they conveyed 215,264 patients, 2,004,112 miles, an approximate increase of 10.8% patients and 4% mileage over the previous year. The Hospital Car Service is organised, administered and operated by the Ambulance Service from its headquarters control. There are approximately 230 volunteer drivers who give their services free, the County Council reimbursing them at a nationally agreed mileage rate to cover their costs.

Agency Services (British Red Cross Society, Godalming)

The British Red Cross Society at Godalming continue to operate a 2 ambulance station (1: 24 hours, 1: 8 hours) on an agency basis. Six full time paid staff are employed plus volunteers who provide night and weekend cover. Operationally they are controlled as part of the direct service and conveyed 9,081 patients, 56,329 miles.

Supplementary Ambulances

The British Red Cross Society and St. John Ambulance Brigade continue to provide supplementary ambulances manned by volunteers usually during off-peak periods. During the year they conveyed 1,363 patients, 22,520 miles.

G. Handicapped Persons and Mental Health Transport

The Ambulance Service operate a number of specially equipped vehicles for the Social Services Committee. During the year these vehicles conveyed:–

	Patients	Miles
Handicapped Persons	35,659	140,019
Mental Health	5,867	12,163

H. Work of the Service

The number of emergency calls increased by 6.6%. I am pleased, however, to report that the average time taken from time of call to arrival at the incident remained at 5.7 minutes for the third year running despite the ever increasing problem of traffic congestion.

The service's major accident plan was operated for 60 full emergencies and 22 ground incidents at Gatwick Airport plus 31 other incidents throughout the County. On all occasions the initial action was sufficient to deal with the incident.

The largest of these incidents was the crash of B.E.A. Trident aircraft Papa India on 18th June 1972 at Staines, with the total loss of life of all 118 passengers and crew on board. The prompt mutual assistance rendered by the Ambulance Services of the neighbouring Authorities of Greater London, Berkshire and Buckinghamshire was much appreciated. A total of 39 ambulances attended the incident and had there been a large number of living casualties this mutual assistance would have proved invaluable. In the report, following the Government Public Inquiry, the performance of all the emergency services attending the crash was highly praised.

A similar number of patients to those in the emergency category must also be given the same priority as 999 calls. These are in the main requests from hospitals and doctors for the emergency admission or transfer of patients to specialist hospitals.

The service continues to use rail and air transport whenever possible for patients travelling long distances. During the year, 245 patients were transported 26,121 miles by rail and 7 patients, 1,800 miles by air.

I. Training

As one of the nine Area Ambulance Training Schools in the country training courses were held at Banstead throughout the year for Surrey Ambulance personnel and for those of a number of other Local Authorities. Six recruits courses, each lasting six weeks, were held during the year and a total of 30 Surrey Ambulance staff and 933 from other Authorities attended. Three two-week refresher courses were held for 29 Surrey personnel.

At the request of the Department of Health and Social Security an experimental pilot course in control procedures was held at which 7 control personnel from Surrey and other Authorities attended. From discussions between training school Authorities and the Department of Health and Social Security, it is anticipated that there will be an expansion in 1973 of these specialist courses to include officers and first line supervisors management courses and courses for potential Ambulance Aid Instructors.

Each Area Ambulance Training School is now responsible for training all ambulance personnel in advanced driving techniques. To select potential driving instructors two Surrey personnel attended an assessment course held at the Southern Area Training School in Hampshire. The man selected for further training subsequently qualified as an Advanced Driving Instructor at a course held by the Department of Health and Social Security at Wrenbury Hall, Cheshire. Two officers qualified as Senior Ambulance Instructors and one officer qualified as an Instructor in Ambulance Aid following attendance at the Department of Health and Social Security courses at Wrenbury Hall, Cheshire.

During the year the training activities of the service were expanded to include first aid training for Surrey and other local authority staff. It is envisaged that there will be a sizeable expansion in first aid training to the Surrey Fire Service and Highways and Bridges Department staff during 1973. At the request of the Education Department two experimental short courses in basic first aid were given to pupils in their last year at school. From the requests received for these courses it is anticipated that there will be further expansion in this direction.

AMBULANCE SERVICE 1888-1973

The development of the community health services is exemplified by a comparison between the ambulance service existing at the time of the report of Surrey's first medical officer of health and the modern fleet shown in this final report.

J. Annual Ambulance Competition

The annual competition was held again at the Headquarters at Banstead. The winning team who received the Stuart Horner shield will represent Surrey in the 1973 regional finals. The event attracted a large attendance by the public since apart from the competition there was a parade of ambulance vehicles, including vintage vehicles on loan from the London Ambulance Service and a joint demonstration with the Surrey Fire Service of an attendance at a road traffic accident.

K. Safe Driving Awards

327 drivers were entered for the award. 54 were disqualified by accidents and 16 became ineligible through sickness, change of duties or resignation.

Among the 229 successful drivers, 103 have now completed more than 5 years continuous driving without accident. The details of the awards are as follows:–

Bar to 20 Year brooch	3
Bar to 15 Year brooch	9
15 Year brooch	4
Bar to 10 Year medal	16
10 Year medal	2
Bar to 5 Year medal	47
5 Year medal	22
1–4 Year diploma	126

Table A – Division of work between the County's direct Service and the Voluntary Services:–

	County Service		Voluntary Organisations				Hospital Car Service	
			S.J.A.B.		B.R.C.S.			
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
Year 1972	318,025	2,298,709	759	12,947	9,685	65,902	215,264	2,004,112

GRAND TOTALS	
Patients	Miles
543,733	4,381,670

Table B – Work carried out by the Unified Ambulance Service During 1972

Year	EMERGENCY							MATERNITY	
	Accident		Illness		False Alarms	Totals		Totals	
	Patients	Miles	Patients	Miles	Miles	Patients	Miles	Patients	Miles
1972	11,833	110,292	5,677	57,484	26,209	17,510	193,985	2,243	29,333

	GENERAL											
	Hospital		Out-Patient		Infectious Diseases		Private		Non-Patient		Totals	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Misc. Mileage	Abortive Miles	Patients	Miles
	47,173	589,753	475,813	3,419,267	240	4,329	754	2,259	117,890	24,854	523,980	4,158,352

GRAND TOTALS		Miles per patient
Patients	Miles	
543,733	4,381,670	= 8.1

CHAPTER SEVEN – ENVIRONMENTAL HEALTH

MILK AND DAIRIES

The Milk (Special Designation) Regulations 1963/65

These Regulations stipulate the conditions under which milk is classified into categories and labelled according to the treatment, if any, which it undergoes before sale. Standards for cleanliness, keeping quality and the effectiveness of treatment are prescribed. Failure to satisfy these standards does not necessarily mean that the milk is not fit for sale but repeated failures indicate either poor standards of production or delays in delivery schedules, including poor stock rotation in retail premises.

Dealers Licences are issued by the County Council for those parts of the County where it is the Food and Drugs Authority, that is, usually the Rural Districts and smaller Urban Districts. However, the work of inspection and sampling is carried out on an agency basis by the Public Health Inspector of those Authorities on behalf of the County Council, and to whom we express our thanks. The realities of this situation will be met in the forthcoming reorganisation by transferring all functions under these Regulations to the new District Councils.

Experience over the years has shown that, although some of the tedious licensing procedure has been streamlined, nevertheless there is still too much documentation. Treated milk is no longer the perishable and potentially hazardous commodity that it once was. With the development of increased sales of cream, yoghurt and other dairy products, and close control by Environmental Health Departments, there seems a good case for registration rather than periodical licensing.

Details of the Licences in force, and samples taken, are shown in the following table:–

Type of Licence	In force 1 Jan. '72	New Licences	Licences Relinquished	In force 31 Dec. '72	Appropriate Test	Passed	Failed
Farm Bottled Untreated	1	–	–	1	Methylene Blue	3	–
Prepacked Pasteurised	217	36	4	249	Phosphatase	382	2
					Methylene Blue	367	16
Sterilised	77	7	4	80	Turbidity	52	–
Ultra Heat Treated	124	32	4	152	Colony Count	62	–
Untreated	48	6	3	51	Methylene Blue	36	20

In addition 17 licences were transferred

One sample was declared void

It will be noted that only 2 samples failed the phosphatase test, indicating a fault in the pasteurisation process. Both had corresponding methylene blue failures which is to be expected. In spite of detailed investigation at the plant, which was outside our jurisdiction, no cause for failure was found. Records of temperatures and time schedules are kept for six months. There are no pasteurising establishments within the area controlled by the County Council. Seven of the pasteurised milk failures were considered to be due to poor methods of stock rotation by occupiers of small retail shops, whilst an equal number could not be ascribed to any particular reason. In most cases repeat samples proved satisfactory. Samples of 'Untreated' milk continue to show a disproportionate failure rate. Seven of these failures were from one farm source and as a result of co-operation with the Area Milk Officer of the Ministry of Agriculture, Fisheries and Food, various deficiencies in the methods of production and bottling were found.

In some cases of failure the 'Untreated' milk samples were taken from small shops where the 'turnover' rate was slow. The shopkeepers were persuaded to discontinue the sale of this type of milk. Delays in delivery between farm and customer continue to be the main reasons for failure. One sample was declared 'void' because of adverse weather conditions after sampling.

BRUCELLOSIS

The Government's Eradication Scheme, for the gradual elimination of Brucella amongst dairy cattle, continues to make good progress. This organism causes abortion amongst cows and an illness resembling chronic influenza in human beings. As the Eradication Scheme involves more and more dairy herds the need for routine sampling of raw milk, sold to the public as 'Untreated' milk, becomes less each year.

223 samples were taken by public health inspectors and examined in the Public Health Laboratories at Guildford, Epsom and Brighton, to whose Directors were are indebted for their willing co-operation and advice so freely given.

It is very satisfactory to report that only 4 samples failed the Ring test, which is a preliminary screening test. Further testing revealed that no animals were in fact infected so that, for the first time, I am able to report that no positive reactors were found in circumstances where raw milk was being sold to the public. Up to the time of writing (June 1973) no further positives have been recorded.

In the Godstone Rural District, the scheme of sampling was again extended to include raw milk consumed by farm workers and their families. 46 samples were taken resulting in the discovery that three herds included reacting animals. No raw milk from these herds was being sold to the public. The farmers concerned were advised to remove the cows from the herd and to boil all 'concessionary' milk being consumed by their families. It is hoped that economic considerations will soon allow all such animals to be eliminated, and Government assistance towards this end would be appreciated.

RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944

Nine schemes for the extension of main drainage facilities in rural areas or for the extension of public water supplies to groups of properties not already adequately served were submitted to the County Council for financial assistance and support. These were investigated and reported to the Highways and Bridges Committee by the County Engineer, supported by the observations of the County Medical Officer. All the schemes were approved in principle and grants amounting to 35% of the net approved costs will be made when works are completed.

Authority	Scheme	Estimated Cost £
Caterham & Warlingham	Woldingham – Extension to sewer	204,737
Hambledon	Furnace Place area, Chiddingfold – Water Supply Scheme	18,000*
Dorking and Horley	Buckland – Sewer extension	
	Stage 2A	9,634
	Stage 3	45,000
Dorking and Horley	Ironsbottom and Sidlaw Bridge – Sewer extension	5,400
Godstone	Ice House Wood, Oxted – Sewer extension	7,680
Dorking and Horley	Holmbury St. Mary – Sewer extension	4,500
Hambledon	Marwick Lane, Hascombe – Water supply scheme (West Surrey Water Board)	5,600
Farnham	Runfold and Badshot Lea – Sewer extension	286,000
Hambledon	Lowicks, Sandy Lane, Rushmoor Water Supply scheme (Mid Southern Water Company)	Not exceeding 4,000

*Estimate revised to take in additional properties

Up to June 1973 three further sewerage extension schemes had been approved, at a cost of approximately £105,000, and four water supply schemes, to cost over £33,000.

As mentioned in last years Report the Highways and Bridges Committee requested that a statement be prepared setting out the position with regard to sewerage and water supplies in the rural areas throughout the County, with particular reference to the number of properties which will remain without these facilities after completion of the Schemes which Districts have prepared for the next five to ten years.

I am grateful to my colleague, the County Engineer, Mr. W. C. Hall, for the following extracted information from his Statement:–

It will be seen that, of some 65,000 existing properties, there will be approximately 7,300 (about 11%) which will remain excluded from main drainage after the completion of schemes proposed for execution in the foreseeable future.

These remaining properties are for the most part situated in isolated outlying areas wherein the provision of main drainage becomes exceedingly costly.

There is no doubt that District Councils, and in particular their Medical Officers, would prefer that all permanent properties are connected to an adequate main drainage system and that cesspools and similar arrangements – especially pail closets – should be terminated. However, there must be a limit to the expense incurred in providing such facilities and as a general guide to an economic "ceiling" it may be mentioned that at present the Department of the Environment do not normally grant aid expenditure in excess of £500 per property and any cost over this amount has usually to be met entirely by the District Council. Already a number of schemes are in hand or in course of preparation where this rate is considerably exceeded and there is little doubt that almost all of the 7,000 properties remaining after the completion of the envisaged programmes would entail an even greater rate of expenditure. It must be accepted, therefore, that this residue of properties will have to be taken as the irreducible minimum and it can be said that the scope and purpose of the Rural Water Supplies and Sewerage Acts will have been, by all reasonable standards, fully implemented within the rural areas of Surrey as far as sewerage is concerned.

Sewage Disposal

The provision and maintenance of sewage disposal works do not come within the purview of the Acts and are not, therefore, the subject of this report. It should be mentioned, however, that the general policy throughout the County has been to avoid the provision of large centralised treatment works with the attendant lengthy trunk sewers, pumping stations, etc, and that the existing works are mostly on an optimum size with rationally and economically designed catchments. The District Councils, however, still have proposals for the improvement of existing works and the provision of at least one additional works in order to cope with the remaining proposed sewerage schemes and to improve further the general standard of effluent.

Water Supplies

Less than 200 permanent dwellings within the Rural Districts are without public mains supply and are dependent upon private wells, springs or rainwater. This extremely low figure may be reduced even further by minor schemes carried out in future by agreement with the statutory water undertakers. There are probably also a very small number of isolated properties wherein the public mains supply could be improved and the situation is under constant review with the intention of reducing this number wherever economically feasible.

Situation in Urban Areas

The provisions of the Rural Water Supplies and Sewerage Acts apply equally to Boroughs and Urban District Councils where the areas concerned are of a sufficiently rural character although it is very rarely that Urban Authorities seek to take advantage of this legislation. The situation has been investigated and it is found that there are less than a total of 4,000 permanent dwellings which are likely to remain without main drainage after envisaged schemes have been carried out. This number represents about 1% of the total permanent dwellings within the urban areas.

With regard to Water supplies, in the majority of urban areas all permanent dwellings are served from public mains and in the remaining authorities only a very small number indeed are dependent upon private sources.

It is considered that the provision of main drainage and mains water supply within the urban areas of the County is of a satisfactorily high standard.

FOOD AND DRUGS

I am indebted to the Chief Officer, Public Control Department, Mr. R. E. Kilsby, for the following report on the work of his Department dealing with the above Act and its associated Regulations, Orders, etc:–

The County Council is the Food and Drugs Authority for ten of the twenty-three County districts. The estimated population for 1972 in the area for which the County Council is responsible is 330,000.

The fundamental provisions of Food and Drugs legislation remain essentially simple but with the advent of modern mass produced foods it becomes at times quite impossible to show that a food has been adulterated or that its description is misleading. Under these circumstances the specific directions contained in the regulations made under the Act of 1955 are easier to enforce. The flow of new regulations is increasing and with the need to harmonise our standards with those of the E.E.C. the future prospect is that the increase will accelerate.

Regulations which extend the information required to be given to shoppers have recently taken effect. Although the regulations were written after several years of discussion with representatives of the food industry many trading firms were unprepared when the commencing date of the regulations approached.

In order to give the public the full protection the law provides, a special section has been established within the Department to concentrate on food composition and labelling matters. In their first three months the section have negotiated changes on over 30 labels distributed nationally and the Milk Marketing Board together with seven food packers have sought their advice. The new section are pleased to have been of some assistance to the County Supplies Department concerning the description of foods in school meals contracts.

A table at the end of this Report gives details of the 833 samples taken during the calendar year 1972. Once again the total number of samples taken annually has been increased, the figure for 1971 being 810. The percentage of unsatisfactory samples this year is 3.6%. This compares with 5.3% in 1971 and 7.66% in 1970.

Milk

373 samples of milk were taken and only 7 samples were found to be irregular. This position compares most favourably with last year when 292 samples were taken and 11 were found irregular. Legal proceedings were instituted against one dairy for selling skimmed milk which contained 5% added water. They were convicted and fined £25 with £10 costs. A second dairy was convicted of selling sterilized milk which was 16.3% deficient in milk fat. The owners were fined £30 with £12 costs. The other irregularities were natural variations from the minimum standards of fat and other solids in milk. The sellers were cautioned and given advice on maintaining the quality of their produce.

It is important that people do not take penicillin unknowingly or needlessly as this reduces its beneficial effect when needed medically. The problem does not arise with pasteurised milk as the process tends to destroy any penicillin that may be present. As a safeguard for the public raw milk is tested for penicillin as a matter of routine. The position in Surrey last year was found to be satisfactory.

Bread and Confectionery

There were two examples during the year of bread being contaminated by oil from either the mixing or the wrapping machinery in the bakery. Vegetable oil is used and although not dangerous it is unpleasant. The producers were cautioned.

A sliced loaf of bread, properly wrapped, was found to have floor sweepings amongst the slices. A thorough investigation showed that this could well have been caused by a deliberate act of sabotage by a person unknown.

Legal proceedings were instituted against a bakery firm for selling a fruit pie containing a piece of glass. It is believed that the glass was introduced into the pie with the fruit. The firm were fined £25 with £25 costs.

Butter and Cream

It is the normal practice for dairies to stockpile cream during the days leading up to Christmas in order to satisfy the enormous demand over the festive period. The refrigeration plant at one dairy ceased operating for a short period and some of the cream being distributed for Christmas became sour. By the prompt action of one of the Inspectors this was brought to the notice of the dairy and the cream was replaced before any Christmas dinners were spoilt.

A firm of butter importers were cautioned for selling New Zealand butter with 1.2% excess water.

Fish and Fish Products

Frozen fillets of fish are packed in cardboard for delivery from the docks. A manufacturer of fish fingers allowed some pieces of this cardboard to remain frozen to the fish and it was incorporated in the fish finger. He was cautioned.

Another manufacturer was cautioned for selling fish fingers containing a parasitic worm. Such worms are common in fish, particularly cod, and although aesthetically unpleasant they are natural to cod and harmless to man.

Meat and Meat Products

One firm of canned meat packers was cautioned for selling a tin of stewed steak containing a cotter pin. Cotter pins are used in large numbers in the working parts of meat preparation machinery. The circumstances under which the foreign body came to the Department's attention precluded the institution of legal proceedings. Another firm of meat packers were cautioned for selling a tin of stewed steak containing hairs from the animal.

Two butchers were cautioned for selling sausages containing preservatives without exhibiting the required notice declaring the presence of the ingredient. Both instances were due to carelessness and quickly remedied.

Other Irregular Samples

Other minor infringements included a bottle of sweetened orange juice which contained the remains of the abdomens of bees, and some chocolate confectionery which was made from mock cream containing a preservative. Preservatives are not permitted in chocolate confectionery. The manufacturers of both products were cautioned.

FOOD AND DRUGS

Articles	Number of Samples Taken	Results of Analysis	
		Satisfactory	Adulterated or Irregular
Milk, including condensed, evaporated and skimmed milk	373	366	7
Beer, Wines and Spirits	20	20	–
Beverages, Soft Drinks, Fruit Juices	39	36	3
Bread, Rolls, Flour and Cereals	9	6	3
Butter, Cheese, Cream and Yoghurt	70	68	2
Condiments and Sauces	14	14	–
Confectionery – Flour and Sugar	52	50	2
Cooking Oils and Fats, Lard and Dripping	19	19	–
Desserts, Ice Cream Powder	22	21	1
Drugs and Medicines	16	16	–
Fish and Fish Products – fresh and canned	17	15	2
Fruit and Vegetables – fresh and canned	51	48	3
Meat and Meat Products	59	57	2
Preserves	44	42	2
Sausages – fresh and canned	17	14	3
Soups and Savoury items	11	11	–
Totals	833	803	30

REFUSE DISPOSAL

Much time and consideration has been given to the problems which will face the new County Council in April 1974 when all refuse disposal functions will be transferred from the District Councils. A special Working Party on the subject was set up to advise on the future organisation of this vital service. It soon became clear that many District Councils were in serious difficulty in finding suitable sites for disposal operations.

Two factors mitigate against an easy solution to this problem. The first consideration is that: with the exception of that area of the County supplied with water taken from the River Thames at Laleham, virtually all the remainder consumes water derived from underground sources which must, of course, be fully protected against pollution from the tipping of refuse. The second consideration stems from the fact that, although there are considerable reserves of tipping space, the mineral excavations which could provide this are in locations where local residents naturally bitterly oppose these operations. As the whole of Surrey is an attractive residential area it is virtually impossible to carry out refuse disposal operations without detriment to someone's interests. All schemes result in eventual improvement by the restoration of areas of dereliction and infilling with refuse, IF CAREFULLY CARRIED OUT WITH DUE REGARD FOR LOCAL AMENITY and can provide a relatively speedy, if not too comfortable solution. Schemes of incineration and composting have proved so expensive to install and maintain that it seems inevitable that most town refuse will need to be transported to suitable sites for final disposal by controlled tipping, for many years to come.

Control of Tipping Operations

Considerable publicity was given during the year to the dumping of poisonous wastes in various parts of the country and an Act to control these activities was rushed through Parliament. Fortunately in Surrey, the control exercised through the operation of Section 94 of the Surrey County Council Act 1931, has ensured that such dumping of poisonous waste does not take place. In only one case was it found that waste cyanide had been tipped to the detriment of some fish and this had happened in a tip which though controlled by a local authority, was not one subject to licensing under the Surrey Act. The only cyanide drum found had no traces of cyanide left and had obviously not been used for very many years and had been dumped merely because of the old label on it.

At the close of 1972 there were 59 tips subject to special consents granted both by the County Council and the local District Council, the duties of inspection and control being shared by officers of both authorities. Full co-operation is maintained with the Thames Conservancy, the Water Companies and with both Planning and Highways Departments, to ensure that all relevant interests and objections are protected. There were few complaints and prompt action was taken to remedy matters brought to the attention of the operators.

CHAPTER EIGHT – OTHER SERVICES

PRIVATE NURSING HOMES

38 nursing homes were registered with the County at the end of 1972, one more than 1971, one home having withdrawn its registration and two new ones having been registered. A total of 1,090 beds is provided, the largest home having 108 and the smallest three. The majority of beds are registered for geriatric and chronic sick cases. Only two beds in one home are registered under the Abortion Act, 1967.

STAFF HEALTH SERVICES

Staff

The following health services were provided for the Council and the members of the staff:–

(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 Colleges of Education.

(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) Triennial re-X-ray examination of staff who work in contact with children.

(ix) Medical examination of fireman recruits and firemen over the age of 40 years.

(x) Medical examination of police cadets, recruits, drivers etc.

(xi) Medical examination of council employers applying for Heavy Goods Vehicle driving licences.

(xii) Advice to the council on retirement on medical grounds.

(xiii) Advice to the council on cases of long-term staff sickness or disablement.

(xiv) Medical reports for the licensing authority.

The total medical reports and medical history sheets relating to staff received in the Department during the year numbered 4,531.

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 Department of Health and 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	17 (39)	13 (18)
India	35 (37)	19 (11)
Pakistan	48 (79)	32 (45)
Other Asian	47 (13)	46 (3)
African	49 (66)	32 (26)
Other	316 (142)	177 (66)
Non-Commonwealth Countries:–		
European	80 (81)	54 (32)
Other	195 (226)	112 (120)
TOTAL	587 (683)	485 (321)

* 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 1970.

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, two inspection rooms, consulting room and 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 1972, there were 46,289 aircraft arrivals–a decrease of 5,014 over 1971. These flights involved 5,309,081 passengers in 1972–an increase of approximately 12.9 per cent. During this period the unit examined 6,758 Commonwealth immigrants. Of these 57 were classified as likely to require major treatment.

CHAPTER NINE – THE SCHOOL HEALTH SERVICE and Statistical Tables

INTRODUCTION

During the period under review every possible effort has been made by discussions between officers of the School Health Department, the Education Department and the Social Services Department to ensure that the closest possible links are established between both groups at all levels. It is felt by all concerned that the continuation of this close co-operation will be of the utmost importance after the 1st April, 1974 when the provision of the School Health Service becomes the responsibility of the Area Health Authority. The new authorities which have been created can only be united by a willingness of both sides to work together for the benefit of the children and the importance of the Joint Consultation Committees proposed under the National Health Service Reorganisation Act cannot be over-stressed.

SCHOOLS AND SCHOOL POPULATION

The following County Schools are served by the School Health Service in Surrey:–

		No. of Establishments
Primary Education		
	Infants Schools	73
	Junior Schools	59
	Junior & Infants Mixed	148
	First Schools	58
	First & Middle Schools	6
	Middle Schools	30
Secondary Education		
	Comprehensive Schools	8
	Grammar Schools	18
	Bilateral Schools	60
Special Schools		
	Day Schools and Units	13
	Residential Schools	9
	Hospital Schools	9
	Hostel	1

At the end of 1972 the number of children on School Rolls was 154,125. (This is the actual number as at January 1973 and compares with 152,308 children as at January 1972.)

MEDICAL INSPECTIONS AND TREATMENT

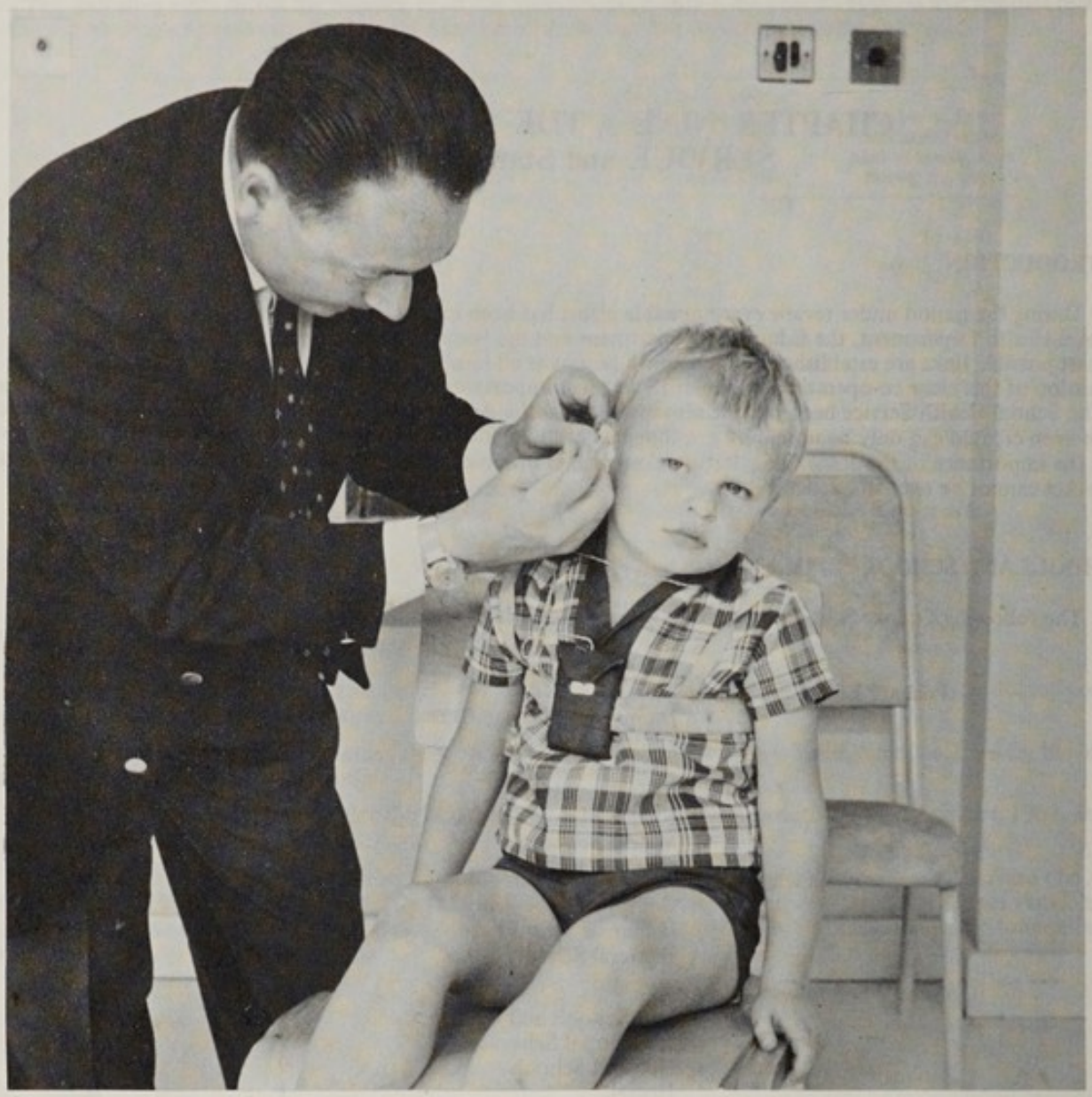
The selective system of school medical inspections has been in full operation throughout the County and in 1972 12,838 pupils were found not to warrant a medical examination. This number included 6,371 school leavers who had a leaver's interview rather than a full medical inspection. Full details of the numbers of pupils examined and defects found are given in Table A page 68.

Visual Defects

While it has not yet been practical to obtain the ideal of annual vision testing of all school children the County Council accepted in April, 1973, that an additional vision test at 7 years of age should be carried out as soon as possible. This principle is being implemented in some parts of the County already and it should be part of the regular routine vision testing programme throughout Surrey by 1974. Vision tests will then take place at the ages of 5, 7, 9, 12, 13 and 15 years. The ultimate goal will be to test vision annually. Table D, page 69 gives details of children found to have visual defects.

Audiometric Screening

Recruitment difficulties and sickness have again adversely affected the number of children who received routine pure tone screening at age 6 years. The establishment of qualified audiometricians is rarely up to its full strength of the equivalent of five posts including one allocated to the Social Services Department. The work of the service is shown in Table F page 71.



AUDIOMETRY

A Surrey audiometrician, having obtained an ear mould from an impression, is now checking the fitting for size, comfort and efficiency.

Personal Hygiene

It is pleasing to be able to record that after two consecutive years in which an increase in head infection had to be reported, the current year shows a small but noticeable diminution. 724 pupils were found to be infested, and 18 had to be excluded as opposed to 753 and 28 in 1971. The fact that individual examinations were able to be reduced by some 8,000 also reflects an improvement in the situation and a significant saving in time. However, there is no room for complacency on this subject, the staff are continuously reminded of the problem and it is too early to say exactly what effect the recently introduced new insecticides will have on the total situation. Future years should supply the answer.

SPECIAL FORMS OF TREATMENT

AUDIOLOGY

Dr E. Beet, Senior Medical Officer Audiology Service, reports:–

The main event of the year was in many ways a sad one when in September the children at the Riverview Partially Hearing Unit were transferred to a new unit at West Stoneleigh Infants School thus starting the break up and finally the complete removal of this well-known establishment. The Riverview unit was started as the first Partially Hearing Unit in Surrey in September 1961 with a small class of six children. It has been an unqualified success expanding as time passed and at the end of July 1972 held 30 children in 3 classes. In the early days there were some difficulties as was to be expected, e.g. when handicapped children in small classes were accepted into a normal school, and were expected to integrate with ordinary classes as they developed and were capable of taking up the challenge.

Eventually, however, Riverview Partially Hearing Unit flourished and became well known over a wide area of Surrey and the neighbouring London Boroughs; ultimately more children from Kingston, Morden, Sutton and Croydon attended the Unit than from Surrey itself. A tremendous effort went into making Riverview the excellent Partially Hearing Unit it became, and the staff are to be congratulated and thanked for what they achieved. Many parents of hearing impaired children are grateful to them and the children themselves will retain happy memories of the days they spent there.

Ultimately, however, a change became necessary as it was decided that Riverview School which was a combined primary and infants school taking children from 5 to 11+ was to become a first school for children aged 5–8, the elder children being transferred to a middle school elsewhere. It was not possible to split up the Partially Hearing Unit in this way, and it was not right that it should continue at Riverview as the bigger children would not be able to mix with children of their age group. The only possibility was to move the Partially Hearing Unit to another site where infant and junior children were together. This is the case at Stoneleigh West where there are two separate schools but on the same campus. The Partially Hearing Unit at the Infant School was opened in the autumn and in late 1973 or 1974 a unit will be available at the Junior School. While there is no difficulty in transferring material things such as equipment, and people such as teachers and children, it is not possible to transfer tradition. However, we look forward to building a new tradition at Stoneleigh which in time will equal the old tradition at Riverview.

SPEECH THERAPY

There are three Senior Speech Therapists with area responsibilities and an establishment of 22 Speech Therapists covering school clinics and special schools.

SPEECH THERAPY IN SCHOOLS FOR EDUCATIONALLY SUB-NORMAL PUPILS

In June 1972 a Working Party of officers was set up with the following terms of reference:–

"To survey the speech therapy provision in schools for educationally sub-normal pupils at the present time and to make recommendations for any improvements which may be required."

The Working Party held several meetings and obtained the views of the speech therapists working at the Special Schools. They also met the Heads of the Special Schools concerned.

The aims of speech therapists in special schools are defined by the Working Party as:–

"To help each child to develop as fully as he is capable his ability to communicate verbally with other people. This involves clarity of articulation and the development of general language skills. Within the school to co-operate with the teaching staff to bring this about."

After carefully considering the evidence obtained, the Working Party recommended that one full-time speech therapist post be established at each school for educationally sub-normal pupils and the grading of one of these posts be that of Senior Speech Therapist. These recommendations were subsequently approved by the County Council in principle and some additional sessions were authorised for the 1973/74 financial year in order to make a start at some of the schools, most of which have an existing establishment of only 4 speech therapy sessions per week. The senior appointment is also to be made in 1973 in order to co-ordinate the work of all speech therapists employed at Special Schools. (The report is printed in full as Appendix I to this Chapter page 65.)

SPEECH THERAPY

A young Surrey school child receives treatment from one of the speech therapists.

CHILD GUIDANCE SERVICE

The number of children referred to Child Guidance Clinics during the year was 1,274 (1,273 in 1971) and the detailed work undertaken by the Clinics is shown in Table J.

The information contained in the table below indicates the staffing and establishment of the Clinics and is followed by a selection of reports from Medical Directors of Child Guidance Clinics.

Clinic, School or Hostel	Professional and clerical staff employed expressed as a proportion of full-time									
(1) Establishment (2) Staff in post at 31.12.72	Psychiatrists (1)	(2)	Educational Psychologists (1)	(2)	Social Workers (1)	(2)	Psychotherapists (1)	(2)	Clerical (1)	(2)
Farnham	0.6	0.5	1.0	1.0	1.0	1.3	0.4	0.6	1.5	1.5
Godalming	0.4	0.4	1.0	–	1.0	0.8	0.4	0.4	1.0	1.0
Guildford	0.8	0.8	3.0*	3.0*	2.0	1.8	1.0	–	2.0	2.0
Chipstead/Oxted	0.6	0.6	1.0	1.0	1.5	2.2	0.4	–	1.5	1.5
Redhill	1.0	1.0	2.0	1.3	2.0	1.9	0.6	0.3	2.0	2.0
Epsom	0.6	0.6	2.0	2.0	1.0	1.3	0.6	0.6	2.0	2.0
Leatherhead	0.1	0.1	0.5	–	0.5	–	0.4	0.2	–	–
Hersham	0.6	0.6	1.0	1.0	1.0	1.2	0.4	0.4	2.0	2.0
Woking	0.6	0.6	2.0	1.5	2.0	0.6	0.5	–	2.0	1.7
Staines	0.6	0.6	2.0	1.4	2.0	2.0	0.4	1.0	2.0	2.0
Chertsey	0.6	0.5	1.0	1.0	1.0	1.0	0.2	0.2	1.5	1.5
The Lindens	0.4	0.3	–	–	–	–	–	–	–	–
Thornchace	0.1	0.2	–	–	0.2	0.2	–	–	–	–
Starhurst	0.1	0.1	–	0.1	0.8	0.4	–	–	–	–
Wishmore Cross	0.1	0.1	–	–	0.4	0.4	–	–	–	–
Wey House	0.2	0.2	–	–	0.4	0.4	–	–	–	–
Total equivalent full-time	7.4	7.2	16.5	13.3	16.8	15.5	5.3	3.7	17.5	17.2

* This includes the Senior Educational Psychologist.

Dr. Macrae-Gibson, Chipstead and Oxted:–

During this period, the number of new cases referred and seen has more than doubled, particularly since the Oxted Clinic was opened in October 1972 and staffed by the Chipstead team without, as yet, the provision of any increase of time or staff. The referral of cases to Oxted has by no means implied a falling off of the referrals to Chipstead. On the contrary, these in themselves have also increased considerably.

As a result, there had to be a reappraisal of the various ways in which the Clinic can provide help. This was however a useful situation, since we are anyway at a time when consideration and reappraisal of Child Guidance Clinics is necessary in view of the reorganisation of the National Health Service, and the effect of this upon the organisation of Child Guidance Clinics which as a result have been subjected to some rather critical reviews.

One of the unique aspects of any good Child Guidance Clinic is how the staff functions as a team. This has been unfortunately emphasised at Chipstead and Oxted by the absence of our educational psychologist through illness.

The Chipstead Clinic in its 14 years so far has nearly always been fortunate in its team. The Medical Director has been there since the beginning. The educational psychologist has worked with the director elsewhere before joining the Clinic 6 years ago when she carried on the tradition of two previous colleagues, integrating her work in the schools with that in the clinics and emphasising the value of educational psychologists sharing their time half and half between the School Psychological Service and one particular Child Guidance Clinic. She was able to see a number of children, particularly young ones, for relationship therapy which will be described later.

There are four social workers, though none is full time. The senior social worker has been with the clinic for 12 years, the others for 9, 6 and 3 years respectively. Social work time is provided for very adequately according to the present establishment. New staff have come in when someone was away on a course, and then wished to continue when their colleague returned; thus, only the original social worker has left, and that only because she remarried.

The only area where we are short of staff is in psychotherapy, although in the past we have had psychotherapists who added notably to the functioning of the team. The vacancy now reflects a widespread problem of insufficient numbers in this speciality.

The team is completed by two secretarial assistants. Like the other members of the team, they have been with the Clinic a long time, one for ten and the other for four years.

The functions of the clinics can be divided into three groups. Firstly, to provide diagnosis and then various types of relationship therapy to help families whose problems present through difficulties of or with their children. Secondly, to provide expert advice and help to various other agencies in the area who are dealing with children, and thirdly, to provide training for members of staff and students.

Whatever other work Child Guidance Clinics do, I would regard the provision of relationship therapy of various kinds as the prime function, and would maintain that it is essential that the amount that can be provided should not be decreased by the numerous other claims on time; indeed that the important necessity is to be able to provide more, and that of a higher quality.

The provision of the best available therapy depends upon the diagnosis of the problem. Owing to the limited time of the Director and the increased demands, together with the improved training and experience of other members of the team and the mutual confidence which has been so well earned over the years, the Director does not now see all the new referrals, although by his knowledge of them he maintains overall supervision, and may see cases at later stages if consultation is necessary.

Various types of relationship therapy can be and are provided, and as more staff gain more specialised training and experience, more expert therapy can be provided. In our two clinics, no one type of therapy is regarded as paramount, but a basic understanding of, and sympathy with, psychoanalytical ideas and also group therapy is necessary.

At any time, there will be children having individual weekly psychotherapy, either long term or with limited aims, while the parents will be having casework with another member of staff. An occasional parent will prove to be the member of the family for whom the psychotherapy has to be provided. There will be at least one small group of children, with suitable problems, having weekly group psychotherapy, while their mothers also have group therapy with a social worker.

Family therapy will be being provided, in some circumstances with two, or occasionally one, worker; in some cases this has to be provided at home, in others attendance at the Clinic is possible.

Some children and their parents will be able to be helped sufficiently by casework with the parents and with the children. Children will also be attending the clinics singly or in very small groups for tutorial work with home tutors. Recently too, it has been possible to run group work with adolescent girls in one school, while a junior school is considering the possibilities of group work by the Clinic team in the school.

This does demonstrate how different functions overlap and develop, for these two schools are the ones where the whole Clinic team has been attending every term for some time to discuss children in need of help, children in treatment and children who have had help. Other schools do not yet request this help, though they may welcome an occasional visit, and value the work of the educational psychologist in the School Psychological Service.

Contact with the Social Service Department and co-operation has increased over children in homes in need of psychotherapy or casework and children in need of placement in Care. Regular termly meetings with the Educational Welfare Officers have continued.

The Director has continued his work with the local Marriage Guidance Council and the local National Childbirth Trust, and will shortly be attending the new Day Maladjusted Unit at St. Nicholas. Unfortunately, it has not been possible to provide what would be one of the most valuable additions to the scope of the Clinics, and that is a Day Maladjusted Unit or class actually attached to the Clinics.

Students now attend the Clinic regularly from both the Croydon and Guildford Technical College Social Worker training courses. More members of staff have themselves had ongoing training in external settings, as well as the internal ongoing training provided by the very valuable regular case conferences upon which the functioning of the clinics as a team so much depend.

Dr. Daw, Godalming:–

In reviewing the work over the last year the rather special function of Godalming Child Guidance Clinic is seen to be much influenced, if not dominated by the high concentration of Children's Homes in the area.

This situation encourages an attempt at closer evaluation of the role of the Child Guidance Clinic in seeking to find the most effective form of help and support of deprived, and often extremely disturbed children of all ages in Children's Homes.

The possible contribution of clinics could be summarized:–

1. The traditional approach of child centred individual psychotherapy and parental support.
2. Effective work in an advisory capacity with particular reference to discussion and counselling of House Parents.
3. The maintenance of adequate liaison with concerned authorities aiming to achieve a sense of continuity for deprived children. With the replacement of one time Child Care Officers by generic Social Workers these aims become especially urgent when to the child the concerned person may be all too often subject to change.

An objective appraisal of these methods would suggest:–

1. In general the psychiatric services in this area of function are inadequate.
2. Traditional methods of approach are only rarely the treatment of choice in the setting of distant, absent, or deceased parents, and children already too damaged emotionally to benefit from this procedure.
3. That particular problems arise out of children under Section 2 care, in ensuring adequate control. Occasionally parents are seen as sufficiently disruptive to the child's emotional growth to suggest the advisability of limited or even refused access. There have been occasions when attempts to implement this recommendation have foundered seriously because of apparent reluctance to have recourse to legally backed sanctions.
4. That a promising area of expansion in some depth would be an increase in working directly with House Parents which is being attempted by regular visits to the Homes concerned by Social Workers already attached to this Clinic.

Dr. Hertzog Redhill:–

One of the main developments is that Dr. Gaitonde, Consultant Psychiatrist, who until recently carried out sessions here and also in connection with Wey House, is now doing one session at Leatherhead per week, and one on alternate weeks at Dorking, with a view to developing a fuller service eventually, based on the Leatherhead Clinic. The number of cases on the waiting list for diagnostic interview at Dorking has grown so quickly that the present provision of one session per fortnight is grossly inadequate. Dr. Gaitonde is eager for more sessions at Dorking to cope with the increased need.

A noteworthy and interesting development is that in September, 1972, we were fortunate enough to be allocated a remedial teacher to this unit, and although in the first two or three weeks the number of children seen was few, she has become increasingly busy and greatly in demand, as the fact that she was available for this work became known. In a sense, her joint appointment with Starhurst School for Maladjusted Boys was a pioneering venture and I think that both in the school and in our own clinic her sessions have proved a great success. We see her work as partially remedial, but in many ways as therapeutic and she has not only seen children within the age range with which she was familiar in her past experience as a headteacher, but also a number of adolescents. At this stage, we would like to emphasise the need for the post of remedial teacher to continue as a permanent appointment within the framework of the Child Guidance Clinic.

Another welcome development in the region with which we are closely associated, has been the Redhill Assessment Centre, which is situated next to the children's in-patient unit at Redhill General Hospital. At regular monthly meetings, which Dr. Clay, Consultant Paediatrician has inaugurated, paediatricians, psychiatrists and senior medical officers meet with social workers to discuss cases that are under review and attending the centre for observation. At the moment, the arrangements for sessions within the unit are not complete, but are gradually falling into a pattern so that our own Educational Psychologists will be able to utilize the facilities available. It is a development which has greatly facilitated communication between different branches of medicine as well as the important disciplines of psychology and social work generally. It appears to provide a means of swift contact, which has never before been possible between all agencies.

Of the major problems throughout the 18 month period, the most pressing has been the ever growing number of adolescents who have been excluded from school and who are not yet catered for in a day capacity. Some of the number have been successfully placed at boarding schools for the maladjusted, but there remain a considerable group who need day placement; thus we are eagerly awaiting the opening of a temporary unit to be housed at Sidlow Bridge, when the junior unit moves to St. Nicholas School. At this point I must note our interest in and co-operation with the development of a Special Opportunity Class, at Court Lodge C.S. School, Horley. Here, a number of adolescents who would otherwise be excluded from school are being coped with on lines that are forward looking and imaginative.

The most significant development in the last six months appears therefore to have been the highly inflated waiting list, which has obviously been influenced by this situation, but may also have been produced by conditions we have not yet recognised. The only other possible factor could be the raising of the school leaving age, which we envisaged would lead to greater numbers of truancy and school phobic cases.

The number of cases referred in the half-year January–June, 1973 was 134, as compared with 93 for January–June, 1971 and 99 for January–June, 1972. As a consequence of the rise in referral of adolescents, so the number of requests for placement as maladjusted has increased.

Dr. Vorster, Staines:–

A marked increase in referral of infants below age six has occurred in the past year, primarily as a result of earlier referral from developmental clinics. We were able to offer those in this age group likely to benefit more psychotherapy, due to the increased number of psychotherapy sessions and the especial interest of our psychotherapist in pre-school children.

An increased number of seriously disturbed and psychotic teenagers have posed problems, in that in-patient facilities in the area are non-existent, and it is considered that a hostel for this age group would serve a vital need. Adolescent group therapy, and increasing use of family therapy in this area, have been necessary to cope with the increasing "difficult" teenage school phobics and truants.

This year, we arranged a series of film shows and discussion seminars attended by general practitioners, school medical officers and health visitors. Films included three on infantile autism, and one on the use of painting in the therapy of neurotic and psychotic children. Similar liaison film shows and seminars on topics of mutual interest are planned for the non-medical professional groups: head teachers, other interested teachers, and the Social Services Department.

It is hoped to discuss possible arrangement of "social awareness" groups in schools, peer help for the shy child, groups for the "acting out" child, and discussion on interpersonal relationships, parenthood (already the Educational Psychologist has commenced a class of fifth form girls on child development), sex education and many other preventative aspects, through the local education department and teaching staff. At times, work in the school has assisted the school phobic child to return, even though the intrafamily pathology is unaltered or unalterable. It is hoped that the Child Guidance Clinic will play a part in helping the Social Services and Education Departments to make use of preventative community resources, to supplement direct therapy with the child and family or provide ego-strengthening experiences where family treatment fails.

During the last year, major developments have included preparations for the new day maladjusted unit to open shortly, and the move of the Child Guidance Clinic to the new Health Centre early in 1974.

Dr. Mirza, Farnham:–

After the unhappy experience of being without an Educational Psychologist for a year we have a replacement and are a complete team again. In consequence our referrals from schools have increased and our liaison with Heads and their staff has greatly improved.

Attempts have been made to form an Adjustment Class as this appears to be a pressing need. This requirement could be said to be twofold:–

(a) To establish a tutor in the clinic for school phobics. Already home tutors have been used in the clinic and we would like to extend this service.

(b) The need for a Day Maladjusted Class in the district for those children who benefit from treatment at the clinic but are not easily contained in the ordinary school and cannot learn easily in this setting, but are not sufficiently disturbed to require boarding school.

We are now well established at Ash and have good liaison with the Health Visitors there who can refer informally. Both mothers and children can be seen separately and the work is extending. This appears to be an excellent opportunity for preventive work.

Our weekly conference continues to be a focal point of the clinic's work as it enables us to communicate with a variety of people from other disciplines such as heads of schools, social workers, students and house parents. It is also an invaluable opportunity for part-time social workers to keep in touch with all members of the team.

Dr. Mirza, Chertsey:–

It would be fair to say that the period from January, 1972 to 30th June, 1973, was a period of consolidation. Our efforts to achieve closer links with the local medical services, schools and social services have reached a stage that one could describe as very satisfactory. There is a constant two-way flow of information with the minimum of formality.

The referral rate remained similar to that of last year, but it was noticed that a higher proportion of the cases referred to the clinic, particularly from the schools, were of the type that needed active treatment. During the past years we have been making every effort to explain the role of the clinic, and other services provided, to the schools, G.P.'s and other interested bodies. I feel that their better understanding helped to improve their selection of the cases they referred to us.

There has been an increase in the number of school refusals referred to the clinic this year. Almost all of these were such that they were resistant to short term treatment at the clinic and were largely due to family attitudes and stresses at home. There have been a lot of problems which can be traced directly to the raising of the school leaving age. The reluctance to go to school was not related to the intellectual ability; they were almost all of above average intelligence and were often unusually mature in comparison with others of their age. This would seem to indicate the need for an intermediate establishment (elsewhere called tertiary colleges), which would provide a learning situation whose environment and approach is best suited to a mature 16 year old. I would like to see, in the interim, the extension of school counselling services in the secondary schools in the Chertsey area. This would greatly facilitate the preventitive and therapeutic work where advice is needed within the school setting. There are indications that some of these cases are influenced by family attitudes or financial needs and by the fact that some of their contemporaries who are only a little older have been able to leave school.

The pattern of work load of the psychologist in the clinic has changed throughout the year as an aftermath of the period when no psychologist was available or help was intermittent. The psychologists now report that the expectation of the schools has changed from one of seeing the clinic as an agency for removal of the problem children to that of a source of outside help whilst the child remains in the school. It has been suggested by a group of local teachers that there is a definite need for a special unit possibly attached to the school, in certain difficult areas, for maladjusted pupils not requiring residential care.

The clinic team has laid particular emphasis upon prevention and this approach has been extended in the community since the team members are involved in lecturing groups of mothers and adolescents about child development and child rearing techniques. There has also been a noticeable increase in the number of requests by mothers for advice and consultation about their problems in handling their children. We felt this was facilitated by the informal nature of a neighbourhood clinic. In such cases, perhaps after only one or two interviews, there would be a considerable decrease in the parents' anxiety and beneficial results from their reappraisal of the family dynamics.

I would like to make a few comments about the functioning of the Child Guidance Clinic and the role played by the Child Psychiatrist. During the past three years I have become increasingly aware that, besides the clinical work, the Child Psychiatrist has an important role to play as an administrator within the clinic, and towards a variety of other agencies. The provision of diagnostic facilities for the child is only the beginning of the overall work of planning treatment, liaison with others dealing with the child and co-ordinating these efforts towards a practical solution. This work is outside the clinical scope of a psychiatrist and could not be accomplished without the efficient and tactful help of first class secretarial staff.

THE SCHOOL PSYCHOLOGICAL SERVICE

Mr. J. Walker, Senior Educational Psychologist reports:–

The role of the School Psychological Service has been progressively consolidated during 1972, particularly in relation to the proposals for a more effective deployment of staff, skills and resources, which were initiated in 1971.

It is envisaged that this re-organisation of the Service will provide a sound basis for the future development when the educational psychologists become fully administered by the Education Department, prior to National Health Service reorganisation in 1974

The School Psychological Service has therefore continued to be committed to the systematic screening of children in Primary Schools. This procedure has now been progressively extended and is currently involving about 8,000 pupils.

It is anticipated that by 1973/4 all children in the 7/8 year age group in the County will be screened in order to identify those pupils with learning difficulties. Those children shown to be at risk by these procedures, are further considered by the local educational psychologist in conjunction with the teaching staff of the schools concerned, and appropriate arrangements are made for the educational needs of the children. The screening procedure is generally well accepted by teachers, and proposals are now being considered by a Working Party concerning the introduction of such procedures at the Secondary level.

The Area Educational Psychologists also contribute to lecture programmes specifically designed to enable local teachers to deal with the learning problems.

The problem of adequate recruitment of personnel, both at a local and national level continues, although the secondment scheme of three trainees annually has probably solved the initial recruitment situation for Surrey. However, the problem of the relatively high turnover of staff is likely to continue, and it is hoped that a plan for the development of specialist responsibilities for educational psychologists will be considered shortly, a proposal which could only improve the services provided for teachers, children and the allied supporting services. It is felt that a plan of this nature would provide further opportunities within the service and help with retention of staff in the County.

The shortage of trained educational psychologists is serious, and in order to promote the improvement in training facilities, an arrangement for the practical placement of student educational psychologists has been adopted in conjunction with the North East London Polytechnic. The scheme provides appropriate placement for specific periods of trainee educational psychologists in Surrey School Psychological Service/Child Guidance Clinics as part of their course for the MSc in Educational Psychology. At present seven trainees have been allocated to Surrey, and it is hoped to increase this to fourteen next year. No payment is made by the Authority for the attachment of these trainees.

An area of special development this year has been a re-examination of the future priorities of the School Psychological Service, namely with regard to lecturing and research. This reappraisal has suggested that quite apart from the traditional responsibilities for assessment, diagnosis, advice and treatment facilities for individual children, that emphasis should be given to an increasing participation in various in-service training programmes for teachers throughout the County. Local educational psychologists are therefore, being increasingly committed to this preventive aspect of their work in relation to the specific needs of schools in their area. Requests for the provision of lectures, discussions groups, and courses by educational psychologists are increasing from various departments throughout the County, particularly the Careers Service and health visitors. It is envisaged that this lecturing role would expand in relation to both teaching and allied personnel.

The research function of the educational psychologists has been somewhat restricted in the past due to the demands of individual case work in the clinic and schools. The improved recruitment and staffing structure of the present School Psychological Service has fortunately, made it possible to initiate several small evaluation studies, surveys, projects etc., at the request of individual schools, and they have proved to be of value. However, large investigations are necessary if administrative procedures and County policies are to be influenced, and this aspect of the work of the School Psychological Service is likely to become increasingly important for the future.

The number of children seen this year has remained wholly constant in relation to previous years. (See Table page 75). This is partly explained by the current shortage of psychologists (1.5) throughout the year, and partly by our increasing commitment to other aspects of psychological work, such as the Hospital Schools, Social Services, and evaluation studies, where the nature of the work is advisory, rather than a specific assessment of a child. It is envisaged that in 1973 there should be an improvement in the number of children seen, because we will then be operating with a full establishment of staff.

This year has therefore been one of consolidation, the educational screening being progressively extended, associated with schemes for the development of in-service training programmes for teachers in relation to the children identified, together with the provision of facilities for the practical placement of trainee educational psychologists being initiated, lecturing commitments extended generally, and various evaluations studies carried out by specific request.

HANDICAPPED PUPILS

The following table shows the number of children newly ascertained as handicapped during 1972:–

Category	Boys	Girls	Total
Blind	1	–	1
Partially sighted	1	3	4
Deaf	–	1	1
Partially hearing	6	5	11
Educationally sub-normal	123	82	205
Epileptic	3	1	4
Maladjusted	43	17	60
Physically handicapped	11	7	18
Delicate	10	8	18
Speech defect	3	–	3
Totals	201	124	325

A 20 place day centre for physically handicapped children of primary school age was opened at Badshot Lea, Farnham in May, 1972. An additional class was established at Bisley Remedial Centre in January 1972 and during the year additional classrooms were provided at Carwarden House School (10 places) and Claybourne School (10 places).

A 92 place school for ESN(S) children opened in January, 1973, at Portesbury Road, Camberley and a 130 place day ESN school opened in September, 1973, at Bakers Croft, Horley.

A special centre for severely disturbed children opened in September, 1973 at Windlesham. This caters for 25 children aged 5–11 years, of both sexes. Also in January 1974, a day centre for physically handicapped children is scheduled to open in Bagshot which will accommodate 10 children in the primary school age range while at Ashford a day maladjusted unit is due to open at approximately the same time. The day maladjusted unit at Sidlow Bridge is being transferred to purpose built accommodation in the grounds of St. Nicholas Special School, Redhill, towards the end of 1973 and the Sidlow Bridge premises are due to be used for a maladjusted unit which will cater for older children.

EMPLOYMENT OF CHILDREN

The bye-laws regulating the employment of children provide for an annual medical examination of children in part-time employment.

1,374 children were medically examined during the year as to their fitness to take part-time employment and all but 4 were found to be fit. The examinations are undertaken by School Medical Officers at clinics nearest to the homes of the applicants.

There were 90 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.

TUBERCULOSIS IN SCHOOLS

There were no notifications of tuberculosis incidence in schools during 1972. Only one notification was received in the first 6 months of 1973 and as a result of epidemiological investigations 479 pupils were Heaf tested and all were found to be mantoux negative. No further incidents arose out of the investigations.

THE REGISTER OF HANDICAPPED CHILDREN

The register of handicapped children has continued to be maintained in the Central Health Department. This is a time-consuming task, and the possibility of transferring this information onto a computer is a subject which requires urgent attention.

PROMOTION OF HEALTH

Health Education

The survey of Health Education in Primary and Secondary schools in Surrey by H.M. Inspectors of Schools which was commenced in 1971 continued throughout the whole of the following year. The aim of the study was to attempt to identify, together with members of the LEA Inspectorate and the staff of the schools visited, the influences in schools which help children and young people to live safely and with satisfaction in a changing world. In phase I of the study some 20 primary and 11 secondary schools were visited jointly by HMI and the Inspectors of the authority. Their findings were then discussed at a meeting which included the Principal Medical Officer, the County Dental Officer and the Health Education Officer. Subsequently H.M. Inspectors visited a 10% random sample of Surrey schools in phase II of the study. The survey was followed by a conference of heads of schools concerned to consider points arising and to develop in discussion groups problems raised and future developments. The introductory lecture was given by the Chief Inspector of the County. Group leaders were selected from officers of the education and county health departments. Topics chosen were: health education and the curriculum; health education and the community; health education – attitudes and behaviour; the way ahead in health education.

The survey is under detailed consideration by the Education Committee and will, no doubt, provide a basis for further extension of the work in schools and colleges. One practical outcome was the inauguration of a mobile health education book exhibition for use in schools. In collaboration with the County Librarian the Health Education Officer has arranged for five study collections – 3 primary and 2 secondary – of about 100 books each to be made available to schools. The collections contain items both for teachers and pupils and will be lent to schools for a month at a time, the delivery and collection being undertaken by the School Library Service.

A further development resulting from the survey was a renewed interest by many schools resulting in requests to health department staff at divisional and central office levels for further assistance in this field. Doctors and health visitors have responded to this increased demand by providing more teaching sessions than ever. These cover School Health Service, drugs, general hygiene, child care, personal health, dental health, nutrition, hair care, child growth and development, personal relationships, smoking and health, Duke of Edinburgh's Award, public health, healthy living, youth and development, growing up, mothercraft, foot care, community responsibility, preparation for family life, first aid, home safety, food and diet, framework of the body, infestation, biology, venereal diseases, learning to live, together with a good deal of personal health counselling for those with special problems.

The health education unit provided staff with assistance on teaching methods and the provision of teaching aids of an ever-widening variety. The extended course for health visitors included special emphasis on new communication media without omitting work on the well-tried principles and practice of teaching. Teachers and health visitors called upon the advisory services of the health education staff to a greater extent than ever.

Special assistance has been given to schools in drawing up schemes of work incorporating aspects of health teaching over the whole age range. It is interesting to note that schools have tackled this work from various standpoints depending upon the particular needs of the school. Thus, in many Primary schools, the need has frequently been to incorporate sex education into the curriculum, while in others the need to extend the pupils' knowledge of animal and plant biology into the human field has been uppermost. Some Secondary schools have embraced health education through the need to discuss preparation for family life or parenthood. Indeed many child care courses have been urged to develop along these lines so as to impinge more pointedly upon aspects of personal and community health. At least one Secondary school with a strong sporting tradition succeeded in obtaining permission to institute a C.S.E. Mode 3 examination syllabus entitled "Sport, Health and Society". Other comprehensive Secondary schools approach the problems of personal health by means of a syllabus based on the Child Care Services and facilities for the child deprived of a normal life. Another interesting development was a pilot linked course between a County Technical College and a Secondary school working one day a week for an academic year. Topics to be studied in this joint venture were: preparing for work, preparing for marriage, preparing for a family, coping with problems arising in the home and family, leisure activities and the community and the environment. Many such schools are now taking the examination in child care under the auspices of the National Association for Maternal & Child Welfare. In one Grammar School a health visitor provided an interesting 10-week course on the care of children from 0 to 5 for students contemplating entering the teaching profession.

Because of the high incidence of dental disease special attention is given to dental health education by the dental and nursing staff in the schools, health centres and clinics directed to parents, prospective parents and pupils. To assist teachers and others in the vital field of Primary education, a new handbook was devised by the Chief Dental Officer and the Health Education Officer entitled: *"Dental Health: Projects for Primary Schools"*. The 16-page illustrated publication centred upon educational projects in which the children actively participate. Copies of the booklet, containing also specimens of leaflets available, were distributed to all schools and requests for copies were received from a wide range of education authorities at home and overseas.

The lecturer in dental health education continued her work in Primary and Special schools throughout the County and extended her field into the first-year forms of Secondary schools. During the period January 1972 to June 1973 the following summary indicates the extent of the work:–

No. of schools or establishments visited		199
No. of groups taken		709
No. of individuals attended		48,198
Details of schools:		
Secondary	15	
Junior	33	
Infant	36	
Primary	42	
First	37	
Middle	17	
Nursery	4	
Special	6	
First/Middle	4	
Further education	5	

The areas covered during the period included Epsom & Ewell, Staines, Esher, Woking, Bagshot, Frimley & Camberley, Walton & Weybridge, Chertsey, Egham, Dorking and Banstead. Sessions were also taken in a Community Home for boys. New teaching charts and films were acquired for use by the lecturer to add impetus to the teaching in this field.

Officers have kept in touch with the project work of the Schools Council, and in particular the projects on Health Education for 5–13 year olds and for 13–18 year olds. In the latter case Surrey was chosen as one of twelve authorities to nominate a member of the preliminary Working Party.

PHYSICAL EDUCATION AND SWIMMING

As a result of the County's re-organisation of the educational system, some problems have been posed for teachers who are responsible for their pupils' physical education, particularly in the First and Middle Schools where a "new look" has been given to the number of activities included in the physical education programme.

Teachers' Centres have been widely used and many courses held, where the teachers have had the opportunity to discuss their problems of finding suitably challenging activities for the varied age ranges.

R.O.S.L.A. has been particularly spotlighted and the needs of the senior pupils discussed.

First and Middle Schools

In addition to a one week course for First School teachers held at the recently opened Pewley Down First School, courses have been held in each area of the County, staffed by the Inspectors and Teacher/Advisers for Physical Education. Teachers and pupils have been involved in practical work covering all aspects of the recommended programme for physical education which has included Gymnastics, Creative dance, Playground skills, Swimming and work on Adventure Playgrounds. There have been close links with the classroom skills of Art, Music and Creative Writing.

The Middle School courses have covered a wide range of activities and have included Camping, Orienteering, Athletics, Swimming, Gymnastics, Creative Dance and all games skills leading to the major games.

Education for Leisure – Secondary Schools

Once again a one week residential course was held for 30 physical education specialists at the National Recreation Centre. In addition to the activities covered in previous years, judo, fencing, ice skating, ski-ing, volleyball, archery, swimming, squash, badminton, table-tennis and trampolining, some time was spent on learning the skills of roller skating and the coaching of golf for beginners.

The Guildford Sports Centre has continued to be used by the senior pupils of schools within easy travelling distance of the Guildford and Woking areas. Sub-Aqua has been added to the list of activities offered which has proved very popular.

The Advisory Staff have recommended that each pupil attends a 6 weeks' course either in their own schools, where a block programme is arranged, or off site where facilities are available. Heads of P.E. Departments are now constantly searching for convenient off-site facilities where new skills may be mastered. They now look forward to the opening of the Woking and Leatherhead Sports Centres, which will give much more scope to their limited programmes.

A certificate is awarded to the pupils who have satisfactorily completed a course on a number of activities.

Creative Dance Circle

A number of enthusiastic teachers have met in different areas of the County to see the promising work being produced by Middle and Secondary school pupils, and have enjoyed practical participation in sessions taken by lecturers from the Art of Movement Studio.

Swimming

Fifteen school learner pools have been added this year to the impressive number already available in the County. There has been close co-operation between the County Architects, Health and Education Departments to advise on good filtration, heating and chlorination.

Schools with their own pools are now producing 90–100% swimmers.

Courses for the teaching of swimming have been held for teachers and a limited number of parents who wish to assist with the younger age groups, 25 of whom have qualified as A.S.A. Teachers.

In recent years the trend has been for Infant and First Schools to have their own pools and with the increasing number of Nursery Departments, there should be a greater opportunity for the very young children to learn water confidence.

The Education Committee are encouraging the use of the school pools in out of school hours, in the evening and during the holidays, which has meant more involvement of parents for supervisory duties. Public pools are also being used to full capacity and there is always an urgent demand for extra swimming time from Secondary schools.

Outdoor Education

More and more Surrey schools are involved to a greater or lesser degree in some form of "outdoor education". This has been a tendency in "general education" and is certainly, no longer, the province of just the physical educationalist or the geographer. The stage has been reached when most teachers have become convinced that classroom studies will really only be meaningful when some outdoor work forms an integral part of the school curriculum. It is not surprising, therefore, that physical education programmes have become more intermingled with many other areas of the curriculum.

The now well-established Alpine Village Projects are only one example of the teacher making the best and the most of an off-school site situation. Four projects were organised again this year by members of the County Inspectorate and three centres in the Austrian Tyrol and one Italian Alpine centre were visited.

Teachers from both Middle and Secondary Schools, whose specialisms varied from modern languages and geography to physical education attended an in-service training course at Annency, France. Members of the course had an opportunity of participating in such activities as studying many aspects of life in the village (including water pollution), a variety of water activities, and geographical and botanical studies of the environment. Some of these teachers have already started to make arrangements for schoolchildren to attend the centre for outdoor pursuits/ environmental studies projects.

Many courses for teachers in mountaineering, canoeing and sailing have been organised throughout the year; amongst these courses was one on canoe construction, another example of integration of disciplines, i.e. craft and physical education. There was also a day's conference held at the Thames Young Mariners Base, Ham, and the John Jacobs Golf School and the Sandown Ski School at Sandown Park. The whole day was spent looking at "outdoor education" and included lectures and discussions on safety in outdoor work. Tragedies which have occurred in mountainous areas have highlighted the importance of safety in physical education. Surrey teachers involved in trampolining must have a qualification and similar demands will be made on teachers engaged in organising outdoor activities. There is particular concern shown for the physical preparation of the pupils, and a medical inspection before departure is regarded as an important safety factor.

School Swimming Pools

Mr. W. L. Leach, County Health Inspector comments:–

During 1972 there was again a steady increase in the number of new teaching pools coming into operation. It was gratifying to note that proposals for new schemes now being put forward are generally to improved standards and tend to be permanent installations rather than the temporary "plastic" types. There was virtually no change in methods of water treatment, except that the chlorinating devices tended to fail and not to be replaced immediately. This means that operators must have resort to "hand dosing" and whilst this can be done quite well by conscientious staff, nevertheless it takes up valuable time, is not automatic or precise and generally relies too much on the human element.

Regular sampling and inspection is maintained through the co-operation of the Supplies Department Laboratory, local Public Health Inspectors and the County Health Inspector. Problems arising receive prompt attention and the position concerning school swimming pools can be considered to be generally satisfactory, providing always that these small installations are not overloaded and abused, especially through excessive use out of school hours.

SCHOOL DENTAL SERVICE

Report of Principal School Dental Officer

The announcement that the present local authority dental services would be transferred from the Department of Education and Science to the Department of Health and Social Security in connection with the reorganisation of the National Health Service which will take place in 1974 ended a rather long period of uncertainty as to the future position of the School Dental Service. Divisional Staff meetings have been held for information and discussion concerning reorganisation and a meeting of dental officers attended by Mr. R. L. Brown, Principal Administrative Officer, was held at County Hall.

At the end of 1972 staff in post included 18 full time and 26 part time officers equivalent to an additional 8.2 full-time officers. These figures include 2 full-time and 4 part-time orthodontists. This compares with the position on 31st December, 1971 when there were 16 full-time officers including 2 orthodontists and 32 part-time officers including 4 orthodontists with a whole-time equivalent of 10.4.

There were many changes during the course of the year particularly in part-time staff but there was a welcome increase of two in the number of full-time officers in post. We were sorry to lose the services of Miss D. E. M. Warner, Orthodontist in the South Western and North-Western Divisions. A period of six months elapsed before the vacancy was filled but satisfactory arrangements were made by the dental staff at the various clinics to provide continuity of treatment for the patients.

Difficulties were encountered in the recruitment of other staff including dental auxiliaries, dental surgery assistants and dental technicians.

The clinic at the Poplars, Camberley was demolished to provide a site for a new health centre which will include a dental clinic. During the period of reconstruction the dental service is being maintained by the use of a mobile dental unit permanently sited at Camberley. The new health centre at Sunbury-on-Thames was built adjacent to the existing clinic and the services were transferred to the new building when it was completed. The dental suite on the first floor provides accommodation for two surgeries. The new health centre at Oxted includes a single surgery dental clinic. These new clinics are equipped for low-seated dentistry and provided the opportunity for replacement of obsolete equipment. On completion of the adaptations and an extension to Stafford Road Health Centre, Caterham Valley, the dental clinic was reopened in May. During its closure the dental sessions had been held at Caterham Hill Clinic.

Increasing emphasis is being placed on preventive dentistry and dental officers at several clinics have been using fissure sealants. In this procedure a resin is applied to the fissures on the biting surfaces of the teeth. While these materials are comparatively new, methods of prevention by treatment of the fissures have been used with other materials in the past. This technique could be a useful adjunct to the prevention afforded by fluoridation of water supplies where the greatest reduction in dental caries is on the smooth surfaces of the teeth. While fluoridation of water supplies is the most satisfactory method of prevention, topical applications of both fluoride gels and solutions have been undertaken as measures of prevention. Regular correct toothbrushing has always been recommended in dental health education and the use of fluoride toothpaste is generally encouraged.

Arrangements were made by the Social Survey Division of the Office of Population Censuses and Surveys for a national survey of the dental health of school children to be undertaken to complete the information already available for adults from the Survey of Adult Dental Health in England and Wales 1968. Sixty areas of which Surrey was one were selected on a random basis and the Education Committee agreed to the survey being carried out in Surrey schools. The examination of a randomly selected sample of children age 5–15 years in schools in the South-Eastern Division and Woking was carried out by Mr. J. H. Pitman, Senior Dental Officer who had attended a training and calibration course so that all examiners standardised their criteria of examination. Additionally a trained interviewer approached a proportion of mothers of children examined for a voluntary and confidential interview regarding their experiences and attitudes towards dentistry and dental health. Co-operation of heads and staffs of schools, parents and children enabled the study to be carried out smoothly and with the minimum of interruption.

Following a request by a manufacturer of dentifrices the Education Committee approved a survey to study the tooth-brushing methods of children in the 5–16 age range and with the exception of one senior school which will be visited after the Summer holidays the examinations have been completed with the helpful co-operation of the schools, children and parents.

The Education Committee gave consideration to a letter from the Department of Health and Social Security which drew attention to the high level of dental disease among the adult population of the country and asked for the co-operation of all agencies in combating dental disease amongst school children. Particular reference was made to the sale of damaging foods such as biscuits, chocolates and sweets in schools and it was suggested that consideration should be given to the sale of less harmful foodstuffs if there were compelling reasons for selling food within schools. A survey of the sale of food in schools in the county had shewn that of 446 schools, 300 sold no food at all, 24 sold only the less harmful foods and 122 in addition to selling the more dentally acceptable foodstuffs also sold the less acceptable foodstuffs. It was recommended that all appropriate officers of the County Health Department when visiting schools should discuss the problem with Heads and draw their attention to the suggestions of the Department of Health and Social Services.

The number of children examined at routine school inspections was 83,730 and 14,166 were first inspected at clinics making a total of 97,896. In addition 11,516 were re-inspected at schools or clinics. Fillings in permanent teeth numbered 37,804 and in deciduous teeth 21,992.

Orthodontic treatment was carried out by the orthodontists specially engaged for this purpose who attend 18 clinics in the County. In addition some dental officers undertake a limited amount of orthodontic treatment either on their own initiative or in consultation with an orthodontist. As a course of treatment for a complex case may last two years or more it is essential to have the enthusiastic co-operation of both patient and parents. 794 new cases were commenced during the year and 1,296 removable and 52 fixed appliances were fitted. The County Dental Laboratory provided facilities on a cost-sharing basis for the London Boroughs of Kingston upon Thames, Merton, and Sutton. The work of the laboratory for the school dental services included the construction of 2,126 orthodontic appliances, 61 dentures, and 2,910 reference models. Both dental apprentices have passed the intermediate examination for the Dental Technician's Certificate of the City and Guilds of London Institute.

The following courses and meetings were attended by various members of the staff:– Residential Postgraduate Study Course, Keele University; Refresher Course for Local Authority Dental Officers, Oxford; British Dental Association Annual Conference; Course of Dental Radiography, London; Meetings of British Society for Study of Orthodontics; Course in Orthodontic Diagnosis, Kingston Hospital; National Health Service Integration Course, Leicester Polytechnic.

Statistical information is given in Table E and details of work undertaken in dental health education are given under Promotion of Health.

APPENDIX I

REPORT OF WORKING PARTY ON SPEECH THERAPY IN SCHOOLS FOR EDUCATIONALLY SUB-NORMAL PUPILS

1. Terms of Reference:–

To survey the speech therapy provision in schools for educationally sub-normal pupils at the present time and to make recommendations for any improvements which may be required.

2. Composition of Working Party:–

Miss M. W. Alston	Senior Speech Therapist
Miss R. F. Barnes	Senior Speech Therapist
Miss G. Marston	Senior Speech Therapist
Mr. J. F. Martin	Assistant Education Officer (Special Education)
Mr. B. J. Pitchers	General Inspector for Special Schools
Dr. C. J. Radway	Principal Medical Officer (Chairman)
Mrs. H. J. Williams	Speech Therapist
Mr. A. C. Ive	Administrative and Secretarial Officer

3. Introduction

It has long been recognised that speech and language are a key factor in the general intellectual development of children. In recent years, however, increasing knowledge coupled with improved techniques has enabled us increasingly to enhance children's capacity to develop verbal skills. Not only do these factors apply to children attending ordinary schools, but are of particular significance in the case of intellectually retarded children, many of whom suffer not only from defective speech as such but are also seriously deficient in the ability to think and express themselves in words. This is a part, and a very basic part, of our growing awareness of the latent potentials of the retarded child which can be developed if sufficient attention is given to his needs. It is self-evident that developing the overall potential of intellectually retarded individuals to enable them to live and work successfully within the community depends greatly upon the level of their ability to communicate.

The development of the Surrey Speech Therapy Service generally has highlighted the points referred to in paragraph 3 and the recent alteration in provision for severely sub-normal children has provided a logical moment to review the speech therapy provided for educationally sub-normal children as a whole.

4. Method of Working

The Working Party met on five occasions between June and September 1972. The existing provision of speech therapy in special schools was reviewed (see Appendix 'A') and written evidence was obtained from speech therapists in post at the schools. The Working Party subsequently met with all the speech therapists concerned and thereafter with the Heads of the special schools. All views expressed have been taken into account in preparing this report.

5. Aims of Speech Therapy in Special Schools

At the meeting with the speech therapists at which they were given the opportunity to discuss their written evidence in detail certain points were stressed. Firstly, that with one exception the therapists felt they were allotted insufficient time to meet fully the needs of the children. The duties are diverse and when viewed in the light of present day training and practice of speech therapy impose far wider responsibilities than simply treating individual pupils. Secondly, arising from this broader approach, the therapists requested that their activities within the school should involve them to a greater extent in the classroom in conjunction with the teaching staff.

In the light of the above it was evident that a clear definition of the aims of speech therapists in special schools was required and the following was agreed:–

"To help each child to develop as fully as he is capable his ability to communicate verbally with other people. This involves clarity of articulation and the development of general language skills. Within the school to co-operate with the teaching staff to bring this about."

Breaking this general statement down into the form of practical application, a job description was drawn up for the therapists and this appears as Appendix 'B'.

6. Achievement of Aims

It appeared to the Working Party that it would be advantageous to devise a formula for the allocation of a given number of speech therapy sessions to individual schools based on such factors as number of pupils, type of area in which the school is situated, the particular requirements of each school, the accommodation available and so forth. Although considerable time was given to discussion of this approach with the speech therapists it soon became evident that this was neither advisable or practical. An approach of this nature taking absolute account of all variables involved would be too complex in the light of the continual variations experienced within the school situation. In fact, when the Working Party analysed the estimates submitted for increased requests of time by the speech therapists which were perforce based on this form of approach in the absence of any other form of guidance, no useful pattern had emerged. The only common factor was a noticeable increase of time required at all establishments.

7. The Educational Viewpoint

The Working Party met with the Heads of the schools for educationally sub-normal pupils on a separate occasion. The speech therapist members of the Working Party did not attend this meeting at their own request, as they felt that their presence might possibly deter a frank exchange of views.

In the first instance the Heads were asked to comment on the definition of aims as laid down in paragraph 7 and this was unanimously accepted. It was therefore immediately apparent that no disagreement existed over the present day concept of the place of speech therapy in the school setting.

The major issue for discussion was therefore the amount of therapy required in the schools in the light of the agreed role of the speech therapist. It was notable that the major plea from the Heads was for much closer integration of the service with the teaching side and for more time to be allocated for this purpose. While this was fully accepted and indeed had been requested by the therapists themselves, it was pointed out that considerable numbers of children did require the more intensive approach of individual therapy, often to a greater degree than is at present possible. However, the provision of sufficient extra therapy time would allow for flexibility in deciding on the approach required towards each individual child.

Having discussed the problems in considerable depth it was clear that the situation was seen by each of the Heads in much the same light in spite of the individual differences existing between their schools. The Heads confirmed the view that a formula for varied provision was neither desirable nor workable. They therefore proposed that the only effective solution was to attach a full-time speech therapist to the staff of each school. It was unanimously agreed that the need existed and that sufficient work would be available to warrant this proposal.

The proposal obviously raised the question of accommodation but it was agreed that this was a matter which could be overcome and did not present a reason for foregoing an increase in therapy.

8. Conclusions

The Working Party, having taken evidence from all those concerned with the provision of speech therapy in special schools for educationally sub-normal pupils, are of the opinion that the time has come when a policy of providing full-time speech therapy cover at these schools is warranted.

They are not unmindful of the difficulties standing in the way of implementing such a policy, for example the difficulty of recruiting the necessary staff, the need to provide suitable accommodation in the long term, and the increased financial commitment. However, if the needs of the children are to be met in the light of present day knowledge and practice the desirability of this provision is apparent.

The proposed increase in speech therapists in these schools can only be utilised to the full if there is a co-ordinated approach throughout the County. While it is not suggested that a uniform approach is desirable within the working of the schools, the therapists are of the opinion that those working within a specialised environment should have the opportunity of belonging to a group. The benefits arising from such a procedure e.g. the opportunity to exchange views, to benefit from shared experience and organised professional activities, are recognised in many spheres. It is therefore felt that the expansion should include one post at senior level which, by carrying a reduced case load, would allow a proportion of time to be available for co-ordination duties.

9. Recommendations

(i) The establishment of one full-time speech therapist post at each school for educationally sub-normal pupils.

(ii) The grading of one post of speech therapist at schools for educationally sub-normal pupils to be that of a Senior Speech Therapist.

APPENDIX 'A'

Name of School	Number on Roll	Present establishment of Speech Therapy Sessions
Gosden House	120	4
St. Nicholas	120	4
Carwarden House	140	4
Claybourne	130	4
Greystones	160	6
Leacroft	120	4
The Park	130	4
Temple Court	150	7
West Hill	160	4
Clifton Hill	75	30
Manor Mead	92	
Pond Meadow	80	
The Ridgeway	70	
Walton Leigh	105	
Woodlands	50 school 20 Nursery Annexe	
	Total	71

APPENDIX 'B'

(a) To carry out an initial assessment of all entrants to the school using standardised tests of articulation and language development.

(b) From the results of these tests decide whether treatment is required and if so whether as an individual or in a group.

(c) To discuss the individual needs of the children with the teaching staff in order to evolve a programme of treatment to be carried out by the therapists with the full co-operation of the teachers in the classroom situation.

(d) To meet with parents to discuss their contribution to their child's linguistic development.

(e) Having initiated such treatment as required, to re-assess progress at regular intervals. This will entail not only repetition of standardised tests but also consideration of the findings in conjunction with assessment of the child's educational progress.

STATISTICAL TABLES – AS SUBMITTED TO THE DEPARTMENT OF EDUCATION AND SCIENCE

Medical inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools).

Table A – PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (by year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	310	310	–	–	6	47	48
1967	6,067	6,057	10	–	240	815	917
1966	6,867	6,857	10	–	229	917	1,045
1965	997	996	1	753	51	132	166
1964	2,843	2,835	8	3,581	181	336	457
1963	1,502	1,500	2	1,136	111	198	285
1962	559	559	–	312	58	106	156
1961	2,088	2,086	2	17	151	261	372
1960	6,726	6,713	13	7	530	752	1,169
1959	2,803	2,800	3	–	238	307	494
1958	344	343	1	661	32	36	57
1957 and earlier	1,105	1,103	2	6,371	89	94	165
TOTAL	32,211	32,159	52	12,838	1,916	4,001	5,331

Column (3) total as a percentage of Column (2) total 99.11%
Column (4) total as a percentage of Column (2) total 0.89%

Table B – OTHER INSPECTIONS

Number of Special Inspections	4,964
Number of re-inspections	5,983
Total	10,947

Table C – INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	51,173
(b)	Total number of individual pupils found to be infested	724
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	18
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	–

Table D

(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	334
Errors of refraction (including squint)	7,404
Total	7,738
Number of pupils for whom spectacles were prescribed	2,503

(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	102
(b) for adenoids and chronic tonsillitis	297
(c) for other nose and throat conditions	89
Received other forms of treatment	144
Total	632
Total number of pupils in schools who are known to have been provided with hearing aids:–	
(a) in 1972	8
(b) in previous years	227

(c) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with.
(a) Pupils treated at clinics or out-patients departments	978
(b) Pupils treated at school for postural defects	154
Total	1,132

(d) DISEASES OF THE SKIN

	Number of cases known to have been treated.
Ringworm –	
(a) Scalp	–
(b) Body	3
Scabies	10
Impetigo	14
Other skin diseases	1,395
Total	1,422

(e) CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	2,400

(f) SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	3,712

(g) OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	823
(b) Pupils who received convalescent treatment under School Health Service arrangements	91
(c) Pupils who received B.C.G. vaccination	9,376
(d) Other than *(a)*, *(b)* and *(c)* above:–	
Lymphatic Glands	4
Abdomen	99
Heart	21
Lungs	73
Development	93
Nervous System	58
Psychological	14
Other	213
Total *(a)* to *(d)*	10,865

Table E – DENTAL INSPECTION AND TREATMENT

Attendances and Treatment	Ages –	5 to 9	10 to 14	15 and over	Total
First visit		10,864	9,513	2,286	22,663
Subsequent visits		16,377	21,782	5,301	43,460
Total visits		27,241	31,295	7,589	66,125
Additional courses of treatment commenced		3,345	2,133	564	6,042
Fillings in permanent teeth		8,681	21,580	7,408	37,669
Fillings in deciduous teeth		19,198	2,794	–	21,992
Permanent teeth filled		7,154	18,564	6,509	32,362
Deciduous teeth filled		17,041	2,417	–	19,458
Permanent teeth extracted		490	2,539	512	3,541
Deciduous teeth extracted		5,312	2,513	–	7,825
General anaesthetics		1,949	1,260	104	3,313
Emergencies		1,177	659	170	2,006
Number of pupils X-rayed					3,382
Prophylaxis					5,712
Teeth otherwise conserved					2,145
Number of teeth root filled					293
Inlays					17
Crowns					233
Courses of treatment completed					22,296
Orthodontics.					
New cases commenced during year					794
Cases completed during year					432
Cases discontinued during year					81
Number of removable appliances fitted					1,296
Number of fixed appliances fitted					52
Pupils referred to hospital consultant					32
Dentures.					
No. of pupils fitted with dentures for the first time:					
(a) With full denture		0	0	0	0
(b) With other denture		1	15	22	38
Total		1	15	22	38
Number of dentures supplied (first or subsequent time)		1	15	23	39
Anaesthetics.					
General anaesthetics administered by dental officers					15
Inspections.					
(a) First inspection at school. Number of pupils					83,730
(b) First inspection at clinic. Number of pupils					14,166
Number of *(a)* and *(b)* found to require treatment					39,135
Number of *(a)* and *(b)* offered treatment					37,185
(c) Pupils reinspected at school or clinic					11,516
Number of *(c)* found to require treatment					6,829
Sessions.					
Sessions devoted to treatment					10,652
Sessions devoted to inspection					743
Sessions devoted to dental health education					424

OTHER SCHOOL HEALTH STATISTICAL TABLES

Table F – AUDIOMETRY IN SCHOOLS 1972

Total for Administrative County 1972	No. of Children Tested	No. of Children who failed	% Failure
Routine Sweep Tests in Schools	10,175	876	8
Other Tests	1,561	695	44

Table G – AUDIOLOGY

No. of new cases referred to Audiology Clinic from all sources						No. found to have remedial hearing loss						No. found to have impaired hearing but not necessitating hearing aid						No. found to have impaired hearing necessitating hearing aid and Auditory training					
0-2	2-5	5-7	7-11	11+	TOTAL	0-2	2-5	5-7	7-11	11+	TOTAL	0-2	2-5	5-7	7-11	11+	TOTAL	0-2	2-5	5-7	7-11	11+	TOTAL
244	584	229	133	58	1,248	16	85	106	60	13	280	–	10	19	32	15	76	10	11	4	11	7	42

Table I (1) – CHILDREN RECEIVING AUDITORY TRAINING FROM PERIPATETIC TEACHERS OF THE DEAF DURING 1972

Age	New Cases	Discharged to		Left District	Remaining Dec. 1972
		Special School	Supervision		
0-2 years	8	–	1	–	9
2-5 years	11	11	3	3	27
5-7 years	5	4	2	–	7
7-11 years	8	5	7	7	40
11+ years	9	3	8	9	29
Total	41	23	21	19	112

Table I (2) – CHILDREN UNDER SUPERVISION BY PERIPATETIC TEACHERS OF THE DEAF DURING 1972

Age	New Cases	Discharged to		Left District	Remaining Dec. 1972
		Special School	Supervision		
0-2 years	–	–	–	–	–
2-5 years	2	1	2	–	3
5-7 years	6	–	1	2	8
7-11 years	46	–	3	3	106
11+ years	45	5	28	7	176
Total	99	6	34	12	293

Table H – SPEECH THERAPY 1972

	COUNTY TOTAL	72	JAN-JUNE 73
No. of sessions held			
Treatment by therapists			
In clinic	4,519	4,391	2,078
In ordinary schools	685	1,055	570
In special schools	1,465	2,167	931
Treatment by students	329	290	143
1st year	15	10	19
2nd year	23	24	9
3rd year	1	3	4
No. of cases on register at beginning of year	1,992	2,182	2,621
Added during year	1,383	1,748	715
Discharged	1,191	1,133	857
At end of year			
Under treatment	1,267	1,404	1,363
Under supervision	1,132	1,430	1,365
Awaiting admission	446	521	390
Analysis of cases			
Delayed language	684	860	
Dysphasia	41	39	34
Dyslalia	2,134	1,900	1,876
Dysarthria	31	24	18
Dyspraxia	8	16	11
Dyseneia	73	75	69
Cleft palate	67	52	44
Hypernasality	17	18	17
Hyponasality	9	10	6
Dysphonia	10	12	11
Stammer	282	203	197
Clutter	9	3	9
Analysis of cases discharged			
Achieved normal speech	625	567	333
Were greatly improved	262	268	180
Showed some improvement	208	239	107
Little or no improvement	96	69	44
By clinic	840	716	467
Non co-operation of parents	112	60	38
Left district	111	130	71
Transfer to special school	87	120	68
Left school	22	29	10
For other reasons	19	45	11

Table J – THE WORK OF THE CHILD GUIDANCE CLINICS 1972

	Chertsey	Chipstead	Epsom	Farnham	Godalming	Guildford	Hersham	Leatherhead	Redhill	Staines	Woking	TOTAL
No. of cases on waiting list at 31.12.71	19	12	27	17	31	23	73	13	58	134	8	357
No. of cases referred during year	135	65	63	89	82	152	169	29	185	152	153	1,274
No. of cases on waiting list at 31.12.72	33	18	41	41	69	56	54	23	58	110	17	520
No. of new cases seen	132	40	46	59	57	124	102	23	136	145	109	973
No. of cases discharged	92	47	34	71	30	146	182	27	90	88	59	866
Analyses:–												
(a) Treatment completed	43	36	9	26	9	73	97	6	84	35	28	446
(b) No treatment required	10	2	10	20	3	27	23	6	1	20	19	141
(c) Non co-operation of parents	15	–	12	10	4	26	31	13	–	22	4	137
(d) Other arrangements made	24	9	3	15	14	20	31	2	5	11	8	142
No. of cases under treatment at end of year	279	114	81	148	121	544	239	46	756	403	460	3,191
No. of cases under supervision at end of year	67	651	113	230	227	349	25	51	1,020	248	503	3,484
No. of cases withdrawn from waiting list during year	15	8	15	3	23	7	53	11	21	25	30	211
Diagnosis at Initial Interview:–												
(a) Emotional disturbance	57	29	46	37	48	117	64	23	126	67	72	686
(b) Emotional disturbance with organic disorder	2	5	–	4	3	1	1	–	3	8	10	37
(c) Psychosomatic disorders	3	4	–	–	–	1	–	–	–	1	15	24
(d) Psychotic illness	–	1	–	–	2	1	18	–	3	1	–	26
(e) Educational problems	5	1	–	18	4	2	19	–	4	7	14	74
(f) Diagnosis not stated	–	–	–	–	–	–	–	–	4	–	–	4
No. of sessions held												
(a) Psychiatrists	282	304	320	219	171	472	257	7	458	333	228	3,051
(b) Educational psychologists	437	462	168	118	245	484	459	91	524	304	498	3,790
(c) Psychotherapists	139	18	466	262	190	–	172	81	109	221	–	1,658
(d) Social workers	473	1,130	237	580	354	1,021	567	36	850	684	321	6,253

	Chertsey	Chipstead	Epsom	Farnham	Godalming	Guildford	Hersham	Leatherhead	Redhill	Staines	Woking	TOTAL
No. of cases on waiting list (31.12.72)	33	18	41	41	69	56	54	23	58	10	17	520
No. of cases referred during 6 months	54	65	20	47	38	72	76	5	134	60	89	737
No. of cases on waiting list (30.6.73)	10	10	10	23	22	33	13	4	54	45	23	247
No. of cases seen	68	27	21	22	28	61	52	6	93	54	61	493
No. of cases discharged	59	14	16	22	21	51	40	8	10	53	22	316
Analyses:–												
(a) Treatment completed	28	8	5	13	8	23	32	3	9	44	7	180
(b) No treatment required	9	2	5	5	5	11	3	3	–	–	8	51
(c) Non-co-operation of parents	12	1	4	2	1	11	5	2	1	3	4	46
(d) Other arrangements made	10	3	2	2	7	6	–	–	–	6	3	39
No. of cases under treatment at end of June	172	65	23	78	54	181	125	8	370	238	315	1,634
No. of cases under supervision at end of June	12	30	28	88	133	181	14	10	881	150	276	2,083
No. of cases withdrawn from waiting list during June	6	10	3	2	14	8	5	–	16	6	22	85
Diagnosis at Initial Interview:–												
(a) Emotional disturbance	24	18	21	15	24	56	31	6	87	37	42	361
(b) Emotional disturbance with organic disorder	4	–	–	–	–	–	2	–	3	1	2	12
(c) Psychomatic disorders	4	4	–	–	–	–	3	–	–	–	2	13
(d) Psychotic illness	1	–	–	–	–	–	–	–	–	–	–	1
(e) Educational problems	3	5	–	7	4	5	16	–	3	–	8	51
(f) Diagnosis not stated	–	–	–	–	–	–	–	–	–	–	7	7
No. of sessions held												
(a) Psychiatrists	114	132	85	113	96	227	72	–	233	164	129	1,365
(b) Educational Psychologists	294	97	110	200	–	328	235	25	164	241	236	1,912
(c) Psychotherapists	85	–	135	88	62	16	84	7	50	129	–	656
(d) Social Workers	228	560	92	158	182	493	234	6	458	307	163	2,881

Table K – HANDICAPPED PUPILS

The following table shows the number of Surrey children as at 31st December, 1972, who were ascertained as handicapped pupils and the provision made for their education:–

Category	Recommended for Special School or Hostel										To continue under observation at Ordinary School		Home Tuition		Tuition in Hospital or Special Units		Total handicapped Pupils		
	In Special School or Hostel						Parents refused consent		On waiting list										
	Provided by Surrey		Other		Total														
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	Total
Blind	–	–	4	6	4	6	–	–	–	–	–	–	–	–	–	–	4	6	10
Partially sighted	–	–	15	22	15	22	–	–	1	–	2	8	–	–	–	–	18	30	48
Deaf	26	31	13	6	39	37	–	–	3	1	–	–	1	–	–	–	43	38	81
Partially hearing	27	18	26	13	53	31	–	–	19	6	53	54	–	–	–	–	125	91	216
Educationally sub-normal	885	605	94	127	979	732	25	12	104	66	9	5	–	–	–	–	1,117	815	1,932
Epileptic	–	–	15	2	15	2	–	–	1	–	9	3	–	1	–	–	25	6	31
Maladjusted	106	22	94	48	200	70	3	2	44	14	2	3	8	9	–	–	257	98	355
Physically handicapped	11	3	90	66	101	69	2	1	15	2	16	15	5	2	–	6	139	95	234
Delicate	37	22	13	5	50	27	1	2	8	14	1	1	1	1	–	1	61	46	107
Speech defect	–	–	1	1	1	1	–	–	5	–	1	–	–	–	–	–	7	1	8
Totals	1,092	701	365	296	1,457	997	31	17	200	103	93	89	15	13	–	7	1,796	1,226	3,022

There were also 78 boys and 55 girls attending ordinary school who were under consideration for ascertainment as handicapped pupils, and a further 24 boys and 22 girls who were at home, in hospital, or in private schools.

Table L – SCHOOL PSYCHOLOGICAL SERVICE

Statistical Report for the year ending 31st December, 1972

		Boys		*Girls*	
1.	*Number of new referrals*	1971 1,460	1972 1,442	1971 618	1972 563
2.	*Referring agency – New Cases*				
	School – Nursery	8	12	2	6
	Infant	184	162	78	69
	Junior	696	680	257	240
	Secondary	155	139	74	81
	Special	55	67	–	38
	Parent	79	85	45	26
	D.E.O. and Inspectorate	42	38	34	38
	D.M.O. (including Speech Therapist and Health Visitor)	140	160	45	51
	Others	101	99	83	74
		1,460	1,442	618	623
3.	*Number of children under supervision from previous class*	631	522	240	207
4.	*Primary reason for referral – New Cases*				
	Learning difficulties	1,117		406	290
	Personality and behaviour problems	343		212	333
		1,460		618	623
5.	*Remedial Teaching*				
	Number of children receiving remedial help from psychologist	32		40	
	Number of children attending remedial Centres, Units and Classes	373		479	
	Number of children on waiting list for remedial help	130		137	

Table M – SPECIAL SCHOOLS AND HOSTELS
The following are provided by the Education Committee:–

Handicap	Name and Address of School/Hostel		Accommodation	Age Range	No. attending at December, 1972			
					Surrey Pupils		Out-County Pupils	
					Boys	Girls	Boys	Girls
Educationally Sub-normal	Bramley, Gosden House	80 G.	Boarding	G. 7–16	12	62	3	13
		20 B.		B. 7–10				
		20 M.	Day		5	9	–	–
	Redhill, St. Nicholas	100 B.	Boarding	10–16	60	–	19	–
		20 B.	Day		6	–	1	–
	Addlestone, Claybourne	130 M.	Day	7–16	74	64	–	–
	Camberley, Carwarden House	130 M.	Day	5–16	68	54	3	5
	Guildford, Temple Court	150 M.	Day	7–16	81	54	5	–
	Leatherhead	160 M.	Day	5–16	98	57	3	2
	Merstham, Greystone	160 M.	Day	5–16	101	55	1	3
	Woking, The Park	130 M.	Day	7–16	83	33	3	4
	Staines, Leacroft	130 M.	Day	7–16	50	41	–	1
	Caterham, Clifton Hill	75 M.	Day	2–16	28	19	10	10
	Ewell, Woodlands (with Leatherhead annexe)	70 M.	Day	2–16	33	25	–	2
	Farnham, The Ridgeway	60 M.	Day	2–16	39	27	1	2
	Guildford, Pond Meadow	80 M.	Day	2–16	44	34	–	1
	Shepperton, Manor Mead	92 M.	Day	2–16	53	32	–	–
	Walton, Walton Leigh	105 M.	Day	2–16	50	39	–	1
Delicate and physically handicapped	Guildford, Sunnydown	40 B.	Boarding	10–16	27	–	12	–
	Oxted, Limpsfield Grange	30 G.	Boarding	G. 5–16	10	22	2	–
		8 B.		B. 5–10				
		6 M.	Day		5	1	–	–
	Badshot Lea, Spray Bridge	20 M.	Day	5–11	6	2	–	–
Deaf	Caterham, Portley House	60 M.	Boarding	3–11½	18	17	14	12
	Redhill, Nutfield Priory	80 M.	Boarding	11½–16	8	14	20	32
Partially hearing	Ewell, Riverview	30 M.	Day	4½–11	7	7	10	6
	Woking, Woodlands Broadmere	30 M.	Day	4½–11	20	11	–	–
Maladjusted	Bramley, Wey House	45 G.	Boarding	10–16	–	11	–	8
	Camberley, Wishmore Cross	40 B.	Boarding	11–16	26	–	7	–
	Dorking, Starhurst	50 B.	Boarding	11–16	44	–	7	–
	Guildford, Thornchace, Merrow (Hostel)	18 M.	Boarding	G. 5–12	7	7	1	1
				5–11				
	Guildford, Grove Class, Merrow (day class)	15 M.	Day	7–12	20	4	–	–
	Reigate, Sidlow Bridge, Day Centre	16 M.	Day	5–11	9	–	–	–
Special Unit for severely disturbed children	Epsom, The Lindens, c/o St. Ebba's Hospital	30 M.	Day	4–11	20	11	1	1
Remedial Centres	Bisley	30 M.	Day	5–11	31	6	–	–
	Caterham Hill	40 M.	Day	5–11	32	5	7	–
	(Epsom), Clayhill Centre	40 M.	Day	5–11	40	6	3	–
	Normandy	30 M.	Day	5–11	23	3	–	–
	Ottershaw	30 M.	Day	5–11	24	2	–	–
	(Redhill), Ardmore Centre	30 M.	Day	5–11	27	15	–	–
	Dorking De Clare	30 M.	Day	5–11	25	6	–	–
	Merrow	30 M.	Day	5–11	35	6	–	–
	Walton	30 M.	Day	5–11	23	4	–	–

CHAPTER TEN – TABLES

HEALTH SERVICES

Table 1

Population of each Sanitary District at the censuses of 1951 and 1961, and the Registrar-General's mid-year estimates for 1971 and 1972:–

	DISTRICTS	Area in Acres 31.3.1971	Census Population 1951	Census Population 1961	Registrar-General's Estimates of Mid-year populations 1971	Registrar-General's Estimates of Mid-year populations 1972
	M. B. and Urban					
1.	Banstead	14,231	33,529	41,559	45,030	44,970
2.	Caterham and Warlingham	8,233	31,293	34,869	36,770	36,350
3.	Chertsey	9,983	30,852	40,390	45,830	45,610
4.	Dorking	9,511	20,252	22,604	22,680	22,810
5.	Egham	9,350	24,690	30,571	31,470	31,350
6.	Epsom and Ewell	8,427	68,055	71,159	72,120	72,170
7.	Esher	14,846	51,432	60,610	64,760	64,630
8.	Farnham	9,039	23,928	26,934	31,300	31,850
9.	Frimley and Camberley	7,768	20,386	28,522	45,960	46,930
10.	Godalming	2,393	14,244	15,780	18,970	19,170
11.	Guildford	7,322	48,048	53,976	58,090	58,200
12.	Haslemere	5,751	12,003	12,523	13,440	13,510
13.	Leatherhead	11,187	27,206	35,582	41,050	41,160
14.	Reigate	10,255	42,248	53,751	56,320	56,260
15.	Staines	8,271	39,995	49,259	56,370	56,730
16.	Sunbury	5,609	23,394	33,403	39,990	40,210
17.	Walton and Weybridge	9,049	38,112	45,510	51,850	51,820
18.	Woking	15,712	47,596	67,519	76,360	77,290
	Total	166,937	597,263	724,551	808,260	811,020
	Rural					
1.	Bagshot	16,083	14,109	16,180	21,180	21,330
2.	Dorking and Horley	53,943	25,832	31,710	33,990	33,970
3.	Godstone	53,517	32,823	40,225	43,390	43,500
4.	Guildford	59,644	44,936	54,888	63,060	63,310
5.	Hambledon	68,175	31,851	34,524	41,350	41,760
	Total	251,362	149,551	177,527	202,970	203,870
	Administrative County	418,299	746,814	902,078	1,011,230	1,014,890

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.

Note: The Guildford Rural District forms part of three divisional areas and the following local estimates have been made to apportion the area's total figures.

Divisions	Population – Mid-1972
North-Western	10,860
South-Eastern	1,100
South-Western	51,350
	63,310

A summary of the current population statistics of each divisional area is given below (Epsom and Ewell, Esher and Woking Excepted Districts are shown in the table above).

Divisions	Population – Mid-1972
Northern	96,940
North-Western	207,900
South-Eastern	237,860
South-Western	257,000

Table 2

Live birth rate, still birth rate and percentage of illegitimate births in past years.

Year	Live birth rate	Rate of still births per 1,000 live and still births	Illegitimate births Percentage of total live births
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
1969	13.90	10.00	6.00
1970	13.60	12.00	6.00
1971	13.60	11.00	6.00
1972	13.00	10.00	5.00

Table 3

Infant mortality rate in past years in Surrey and in England and Wales.

	SURREY			ENGLAND AND WALES		
Year	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
1961	17.79	13.29	4.50	21.4	15.5	5.9
1962	16.57	12.15	4.42	20.7	15.1	5.6
1963	17.08	12.01	5.07	20.9	14.2	6.7
1964	16.64	12.71	3.93	20.0	13.8	6.2
1965	15.29	10.84	4.45	19.0	13.0	6.0
1966	16.46	11.94	4.52	19.0	12.0	6.1
1967	14.78	10.43	4.35	18.3	12.5	5.8
1968	15.74	11.07	4.67	18.0	12.3	5.7
1969	15.00	10.00	5.00	18.0	12.0	6.0
1970	14.00	10.00	4.00	18.0	12.0	6.0
1971	15.00	10.00	5.2	18.0	12.0	6.0
1972	13.00	9.00	4.00	17.0	12.0	5.0

Table 4 – Administrative County of Surrey

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1972/73

The causes of all deaths during 1971 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											
		All Ages	0-	1-	4-	5-	15-	25-	35-	45-	55-	65-	75+
Bacillary dysentery, amoebiasis	M	1	–	–	–	–	–	1	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
Enteritis and other diarrhoeal diseases	M	2	1	–	–	–	–	–	1	–	–	–	–
	F	4	1	–	–	–	–	–	–	–	–	2	1
Tuberculosis of respiratory system	M	9	–	–	–	–	–	–	–	1	4	1	3
	F	2	–	–	–	–	–	–	–	–	–	1	1
Late effects of respiratory T.B.	M	5	–	–	–	–	–	–	–	2	1	2	–
	F	3	–	–	–	–	–	–	–	1	1	1	–
Other tuberculosis	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	2	–	–	–	–	–	–	–	1	1	–	–
Meningococcal infection	M	1	–	–	–	–	–	–	–	–	–	1	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
Syphilis and its sequelae	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	3	–	–	–	–	–	–	–	–	1	2	–
Other infective and parasitic diseases	M	7	–	–	–	–	1	–	–	–	4	2	–
	F	10	–	–	–	1	–	1	–	–	–	4	4
Malignant noeplasm, buccal cavity etc.	M	11	–	–	–	–	–	–	–	1	6	2	2
	F	6	–	–	–	–	–	–	–	–	2	3	1
Malignant neoplasm, oesophagus	M	24	–	–	–	–	–	–	–	1	4	11	8
	F	16	–	–	–	–	–	–	–	–	1	8	7
Malignant neoplasm, stomach	M	100	–	–	–	–	–	–	3	6	22	37	32
	F	59	–	–	–	–	–	–	1	2	6	15	35
Malignant neoplasm, intenstine	M	106	–	–	–	–	–	–	4	13	21	34	34
	F	158	–	–	–	–	–	–	1	13	37	38	69
Malignant neoplasm, larynx	M	8	–	–	–	–	–	–	–	–	4	4	–
	F	5	–	–	–	–	–	–	–	–	–	3	2
Malignant neoplasm, lung, bronchus	M	365	–	–	–	–	–	1	4	30	98	148	84
	F	109	–	–	–	–	–	1	4	5	32	44	23
Malignant neoplasm, breast	M	3	–	–	–	–	–	–	–	–	–	1	2
	F	219	–	–	–	–	–	2	17	50	56	50	44
Malignant neoplasm, uterus	F	59	–	–	–	–	–	1	2	11	11	15	19
Malignant Neoplasm, prostate	M	71	–	–	–	–	–	–	–	1	7	29	34
Leukaemia	M	22	–	–	1	2	2	–	2	2	4	3	6
	F	25	–	–	–	–	–	1	2	–	5	6	11
Other malignant neoplasms	M	220	–	2	3	1	2	5	5	26	60	69	47
	F	277	–	1	1	–	1	5	4	25	74	84	82
Benign and unspecified neoplasms	M	13	–	–	–	–	–	1	–	–	5	7	–
	F	7	–	–	1	–	1	–	–	1	1	2	1
Diabetes mellitus	M	20	–	–	–	–	–	–	–	2	5	10	3
	F	35	–	–	–	–	–	–	–	–	2	12	21
Avitaminoses, etc.	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	2	–	–	–	–	–	–	–	–	–	1	1
Other endocrine etc. diseases	M	10	–	–	–	3	–	1	–	2	1	3	–
	F	11	–	–	–	1	–	1	1	1	2	2	3
Anaemias	M	7	–	–	–	–	–	–	–	1	2	–	4
	F	9	–	–	–	–	–	–	–	1	–	2	6
Other diseases of blood, etc.	M	2	–	–	–	–	–	–	–	1	–	–	1
	F	–	–	–	–	–	–	–	–	–	–	–	–
Mental disorders	M	21	–	–	–	–	1	–	–	4	1	7	8
	F	23	–	–	–	–	–	1	1	3	2	3	13

Causes of death	Sex	Aggregate of Urban Districts											
		All Ages	0–	1–	4–	5–	15–	25–	35–	45–	55–	65–	75+
Meningitis	M	4	1	–	1	–	–	1	1	–	–	–	–
	F	4	–	–	–	–	–	–	1	–	–	2	1
Multiple sclerosis	M	6	–	–	–	–	1	1	–	2	1	1	–
	F	13	–	–	–	–	1	1	1	4	3	3	–
Other diseases of nervous system	M	36	–	1	–	4	5	–	2	3	7	7	7
	F	41	–	–	1	–	–	2	2	3	7	9	17
Chronic rheumatic heart disease	M	32	–	–	–	–	1	–	1	1	7	12	10
	F	78	–	–	–	–	–	–	3	7	11	18	39
Hypertensive disease	M	44	–	–	–	–	–	–	2	3	10	17	12
	F	70	–	–	–	–	–	–	–	1	7	13	49
Ischaemic heart disease	M	1,210	–	–	–	–	–	3	21	111	296	420	359
	F	971	–	–	–	–	–	2	6	17	61	242	643
Other forms of heart disease	M	157	–	–	–	–	1	–	3	4	14	30	105
	F	299	–	–	1	–	–	–	–	7	8	35	248
Cerebrovascular disease	M	422	–	–	–	–	1	–	4	19	57	123	218
	F	784	–	–	–	–	–	–	6	10	59	137	572
Other diseases of circulatory system	M	192	–	–	–	–	–	1	2	7	33	51	98
	F	313	–	–	–	–	1	2	2	5	11	54	238
Influenza	M	19	–	–	–	–	2	–	–	2	5	4	6
	F	32	–	–	1	–	1	–	1	1	6	6	16
Pneumonia	M	377	2	7	1	2	6	3	8	7	31	114	196
	F	563	1	3	2	–	1	3	1	11	21	80	440
Bronchitis and emphysema	M	236	–	1	–	–	–	–	–	3	37	101	94
	F	74	–	–	–	–	–	–	–	5	9	18	42
Asthma	M	9	–	–	–	1	–	–	1	1	4	1	1
	F	13	–	–	–	–	–	–	–	5	–	3	5
Other diseases of respiratory system	M	31	3	4	2	1	–	1	1	2	5	5	7
	F	45	–	1	2	–	–	–	–	1	4	9	28
Peptic ulcer	M	30	–	–	–	–	–	–	–	2	8	10	10
	F	34	–	–	–	–	–	–	–	2	1	10	21
Appendicitis	M	3	–	–	–	1	–	–	–	–	–	1	1
	F	4	–	–	–	–	–	–	–	–	1	1	2
Intestinal obstruction and hernia	M	14	1	–	–	–	–	–	–	2	1	5	5
	F	21	–	–	–	–	–	–	–	1	3	8	9
Cirrhosis of liver	M	12	–	–	–	–	–	–	–	3	4	3	2
	F	12	–	–	–	–	1	–	–	2	5	3	1
Other diseases of digestive system	M	33	–	–	–	–	1	–	–	5	6	9	12
	F	56	–	1	–	–	–	–	2	2	2	13	36
Nephritis and nephrosis	M	17	–	–	–	–	1	1	–	4	3	3	5
	F	14	–	–	–	–	–	–	–	–	3	6	5
Hyperplasia of prostate	M	10	–	–	–	–	–	–	–	–	–	4	6
Other diseases, genito-urinary system	M	29	–	–	–	1	–	–	–	2	5	9	12
	F	42	–	–	–	–	–	1	1	3	4	10	23
Abortion	F	1	–	–	–	–	–	–	1	–	–	–	–
Other complications of pregnancy, etc.	F	1	–	–	–	–	–	1	–	–	–	–	–
Diseases of skin, subcutaneous tissue	M	1	–	–	–	–	–	–	–	–	–	1	–
	F	8	–	–	–	–	–	–	–	–	1	1	6
Diseases of musculo-skeletal system	M	9	–	–	–	–	1	–	1	–	–	1	6
	F	49	–	–	–	–	–	–	–	–	4	12	33
Congenital anomalies	M	36	14	3	4	1	5	2	1	1	4	1	–
	F	36	14	4	2	4	2	2	2	1	2	1	2
Birth injury, difficult labour, etc.	M	18	18	–	–	–	–	–	–	–	–	–	–
	F	14	14	–	–	–	–	–	–	–	–	–	–

Table 4 – CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1972/73 continued

Causes of death	Sex	Aggregate of Urban Districts											
		All Ages	0–	1–	4–	5–	15–	25–	35–	45–	55–	65–	75+
Other causes of perinatal mortality	M	17	17	–	–	–	–	–	–	–	–	–	–
	F	7	7	–	–	–	–	–	–	–	–	–	–
Symptoms and ill defined conditions	M	20	–	1	–	–	–	–	–	–	–	1	18
	F	99	–	–	–	–	–	–	–	–	1	1	97
Motor vehicle accidents	M	75	–	–	–	6	19	13	6	7	8	7	9
	F	31	–	–	–	2	7	1	2	5	5	4	5
All other accidents	M	58	1	–	2	3	10	5	7	10	11	5	4
	F	47	–	–	4	–	4	–	1	6	5	8	19
Suicide and self-inflicted injuries	M	46	–	–	–	–	8	8	6	9	8	4	3
	F	27	–	–	–	–	1	3	4	8	5	2	4
All other external causes	M	9	–	–	–	1	1	–	1	2	3	–	1
	F	7	1	–	1	–	1	1	1	–	–	1	1
TOTAL ALL CAUSES	M	4,242	58	19	14	27	69	48	87	305	817	1,321	1,477
	F	4,855	38	10	16	8	22	32	70	221	484	1,008	2,946

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1972/3 continued

Enteritis and other diarrhoeal diseases	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	–	–	–	–	–	–	1
Tuberculosis of respiratory system	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	–	–	–	–	–	1	–
Late effects of respiratory T.B.	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	–	–	–	–	–	–	–	–	–	–	–	–
Other tuberculosis	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	–	–	–	1	–	–	–
Other infective and parasitic diseases	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	2	–	–	–	–	–	1	–	1	–	–	–
Malignant neoplasm, buccal cavity, etc.	M	7	–	–	–	–	–	–	–	2	–	3	2
	F	2	–	–	–	–	–	–	–	–	–	1	1
Malignant neoplasm, oesophagus	M	9	–	–	–	–	–	–	1	1	1	5	1
	F	5	–	–	–	–	–	–	–	1	1	2	1
Malignant neoplasm, stomach	M	23	–	–	–	–	–	–	–	2	3	12	6
	F	14	–	–	–	–	–	–	1	–	1	–	12
Malignant neoplasm, intestine	M	20	–	–	–	–	–	–	2	1	5	6	6
	F	35	–	–	–	–	–	–	–	5	7	10	13
Malignant neoplasm, larynx	M	2	–	–	–	–	–	–	–	1	1	–	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
Malignant neoplasm, lung, bronchus	M	104	–	–	–	–	–	–	–	8	30	41	25
	F	31	–	–	–	–	–	–	–	–	8	11	12
Malignant neoplasm, breast	M	1	–	–	–	–	–	–	–	–	1	–	–
	F	47	–	–	–	–	–	4	4	5	18	12	4
Malignant neoplasm, uterus	F	10	–	–	–	–	–	–	–	1	3	3	3
Malignant neoplasm, prostate	M	23	–	–	–	–	–	–	–	1	1	8	13
Leukaemia	M	11	–	–	–	1	1	–	–	–	4	2	3
	F	10	–	–	1	2	–	–	–	2	2	1	2
Other malignant neoplasms	M	35	–	–	–	–	1	1	2	3	10	12	6
	F	58	–	–	–	–	1	–	1	6	16	14	20
Benign and unspecified neoplasms	M	1	–	–	–	–	–	–	1	–	–	–	–
	F	3	–	–	–	–	–	–	–	–	1	–	2
Diabetes mellitus	M	8	–	–	–	–	–	–	–	1	1	3	3
	F	3	–	–	–	–	–	–	–	–	–	2	1
Avitaminoses, etc.	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	1	–	–	–	–	–	–	–	–	–	–	1

Causes of death	Sex	Aggregate of Urban Districts											
		All Ages	0-	1-	4-	5-	15-	25-	35-	45-	55-	65-	75+
Other endocrine etc. diseases	M	3	–	–	1	–	–	–	–	1	1	–	–
	F	6	–	1	–	–	–	–	1	1	–	–	3
Anaemias	M	4	–	–	–	–	–	–	–	–	–	1	3
	F	4	–	–	–	–	–	–	–	–	–	2	2
Other diseases of blood, etc.	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
Mental disorders	M	1	–	–	–	–	–	–	1	–	–	–	–
	F	4	–	–	–	–	–	–	–	–	1	–	3
Meningitis	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	1	1	–	–	–	–	–	–	–	–	–	–
Multiple sclerosis	M	1	–	–	–	–	–	–	–	–	–	1	–
	F	5	–	–	–	–	–	–	1	1	1	1	1
Other diseases of nervous system	M	7	–	–	–	–	1	–	–	2	1	2	1
	F	12	–	–	1	–	1	–	–	1	1	2	6
Chronic rheumatic heart disease	M	11	–	–	–	–	–	–	–	2	1	4	4
	F	13	–	–	–	–	–	–	–	–	2	4	7
Hypertensive disease	M	11	–	–	–	–	–	–	–	1	2	4	4
	F	12	–	–	–	–	–	–	–	–	1	5	6
Ischaemic heart disease	M	306	–	–	–	–	–	–	5	18	71	91	121
	F	215	–	–	–	–	–	1	–	5	12	48	149
Other forms of heart disease	M	39	–	–	–	–	1	–	–	2	2	8	26
	F	60	–	1	–	–	–	–	–	2	3	3	51
Cerebrovascular disease	M	96	–	–	–	1	–	1	–	4	10	23	57
	F	146	–	–	–	–	–	–	1	2	4	27	112
Other diseases of circulatory system	M	40	–	–	–	–	–	–	3	2	8	13	14
	F	65	–	–	–	–	–	–	2	2	4	9	48
Influenza	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	5	–	–	–	–	–	–	–	–	1	3	1
Pneumonia	M	79	1	3	–	–	–	–	1	3	7	16	48
	F	105	–	–	–	–	–	–	–	3	2	11	89
Bronchitis and emphysema	M	51	–	–	–	–	–	–	–	1	6	18	26
	F	8	–	–	–	–	–	–	–	1	2	1	4
Asthma	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	2	–	–	–	–	–	–	–	–	1	–	1
Other diseases of respiratory system	M	6	–	1	1	–	–	–	–	1	2	1	–
	F	8	–	1	–	–	–	–	–	1	–	–	6
Peptic ulcer	M	6	–	–	–	–	–	–	–	1	–	2	3
	F	6	–	–	–	–	–	–	–	–	1	1	4
Appendicitis	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	2	–	–	–	–	–	–	–	–	1	1	–
Intestinal obstruction and hernia	M	5	–	–	–	–	–	–	–	–	–	2	3
	F	6	–	–	–	–	–	–	–	–	–	–	6
Cirrhosis of liver	M	2	–	–	–	–	–	–	–	–	1	–	1
	F	4	–	–	–	–	–	–	–	2	1	–	1
Other diseases of digestive system	M	10	1	–	–	–	–	–	–	–	1	3	5
	F	8	–	–	–	–	–	–	–	–	1	3	4
Nephritis and nephrosis	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	5	–	–	–	–	–	–	–	–	2	1	2
Hyperplasia of prostate	M	1	–	–	–	–	–	–	–	–	–	1	–
Other diseases, genito-urinary system	M	5	–	–	–	–	–	–	–	1	1	2	1
	F	13	–	–	–	–	1	–	–	–	1	3	8
Diseases of musculo-skeletal system	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	15	–	–	–	–	–	–	–	–	–	4	11
Congenital anomalies	M	9	1	6	–	–	–	–	1	–	–	1	–
	F	9	5	1	–	1	–	–	–	1	–	–	1

Table 4 – CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1972/73, continued

Causes of death	Sex	Aggregate of Urban Districts											
		All Ages	0–	1–	4–	5–	15–	25–	35–	45–	55–	65–	75+
Birth injury, difficult labour, etc.	M	5	5	–	–	–	–	–	–	–	–	–	–
	F	5	5	–	–	–	–	–	–	–	–	–	–
Other causes of perinatal mortality	M	3	3	–	–	–	–	–	–	–	–	–	–
	F	5	5	–	–	–	–	–	–	–	–	–	–
Symptoms and ill defined conditions	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	8	–	1	–	–	–	–	–	–	–	–	7
Motor vehicle accidents	M	18	–	–	–	–	4	4	2	1	2	3	2
	F	11	–	–	–	1	2	–	2	–	1	3	2
All other accidents	M	7	–	–	–	–	2	2	1	–	1	1	–
	F	4	–	–	–	1	–	–	–	–	–	2	1
Suicide and self-inflicted injuries	M	7	–	–	–	–	1	–	1	2	1	2	–
	F	8	–	–	–	–	–	–	2	4	1	–	1
All other external causes	M	2	–	–	–	–	2	–	–	–	–	–	–
	F	5	–	–	–	–	–	–	2	1	1	–	1
TOTAL ALL CAUSES	M	984	11	10	2	2	13	8	21	62	175	291	389
	F	1,011	16	5	2	5	5	6	17	49	104	191	611

Table 5 – INFECTIOUS DISEASES

		Total
Measles		846
Dysentery		116
Scarlet Fever		102
Diphtheria		–
Meningococcus	Acute Meningitis	17
Other specified organism	Acute Meningitis	5
Unspecified organism	Acute Meningitis	4
Paralytic	Acute Polio	–
Non-paralytic	Acute Polio	–
Whooping Cough		39
Infective	Acute Encephilitis	1
Post Infectious	Acute Encephilitis	3
Leptospiriosis		–
Paratyphoid Fever		6
Typhoid Fever		2
Food Poisoning		177
Malaria		4
Smallpox		–
Anthrax		–
Ophthalmia neonatorum		1
Yellow Fever		–
Tetanus		–
Infective Jaundice		158
Meningis and Central Nervous System	Tuberculosis	1
Other	Tuberculosis	20
Respiratory	Tuberculosis	72
Salmonella		11

Table 6 – IMMUNISATION AND VACCINATION

Table A – Completed Primary Courses – Number of Persons under age 16

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
Diphtheria	456	8,450	2,691	456	1,308	211	13,572
Pertussis	462	8,360	2,603	418	451	52	12,846
Tetanus	456	8,453	2,699	463	1,325	995	14,391
Polio	349	7,974	2,643	470	1,322	453	13,211
Measles	49	4,311	3,005	657	1,259	192	9,473
Rubella	–	–	–	–	–	8,433	8,433

Table 6 – IMMUNISATION AND VACCINATION continued

Table B – Reinforcing Doses – Number of Persons under age 16

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
Diphtheria	–	101	264	115	13,134	1,699	15,313
Pertussis	–	73	210	55	1,015	115	1,468
Tetanus	–	100	267	134	13,229	8,361	22,091
Polio	–	77	238	100	12,414	9,002	21,831

Table 7 – Chiropody Service

Number of patients and number of treatments provided during 1971

		County Council Chiropodists	Voluntary Organisations	Grand Total
Patients				
Elderly		17,164	3,486	20,650
Handicapped Persons		318	–	318
Expectant Mothers		11	–	11
Others		127	–	127
	Total	17,620	3,486	21,106
Treatments				
In Clinics		13,603	19,651	33,254
In Patients Homes		20,659	–	20,659
In Old People's Homes		6,348	–	6,348
In Chiropodists Surgeries		39,936	–	39,936
	TOTAL	80,546	19,651	100,197

Table 8 – MASS RADIOGRAPHY SERVICE – STATISTICS – 1972

Type of Survey	Total x-rayed	Numbers showing evidence of significant pulmonary tuberculosis			Combined Incidence Rate per 1,000 examinations
		Male	Female	Total	
General Public attending regular weekly sites	34,003	5	2	7	0.3
Industrial groups Mental Hospitals and Institutions Contacts at work	26,247	11	11	22	0.8
Referred by Medical Officers of Health					
Totals	60,250	16	13	29	0.5
General Practitioner referrals	21,597	24	10	34	1.5

Abnormal Findings	General Practitioner Chest x-ray Service			Normal Mass Radiography Service		
	Male	Female	Total	Male	Female	Total
Pulmonary Tuberculosis	38	20	58	27	30	47
Non-Tuberculous Conditions	954	802	1,756	217	238	455

	General Practitioner Chest x-ray Service			Normal Mass Radiography Service		
	1970	1971	1972	1970	1971	1972
Total Number x-rayed	24,316	22,629	21,597	67,324	58,735	60,250
Significant Pulmonary Tuberculosis	26	26	34	37	15	29
Primary Lung Cancer in men aged 45 and over	132	132	120	32	31	37
Incidence Rate per 1,000 examinations	26.1	24.2	21.9	2.2	3.2	3.5
Primary Lung Cancer in women aged 45 and over	27	25	20	6	12	11
Incidence Rate per 1,000 examinations	5.3	5.2	4.2	0.4	1.8	0.9

Table 9 – NEW BUILDINGS INTO USE, 1972

Project	Total Cost, £	Date Taken into use
Oxted Health Centre	80,892	3/7/72
Caterham Valley Health Centre	14,686	1/1/72
Sunbury Health Centre	70,284	15/12/72

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