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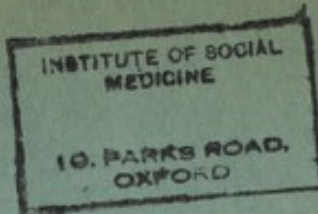


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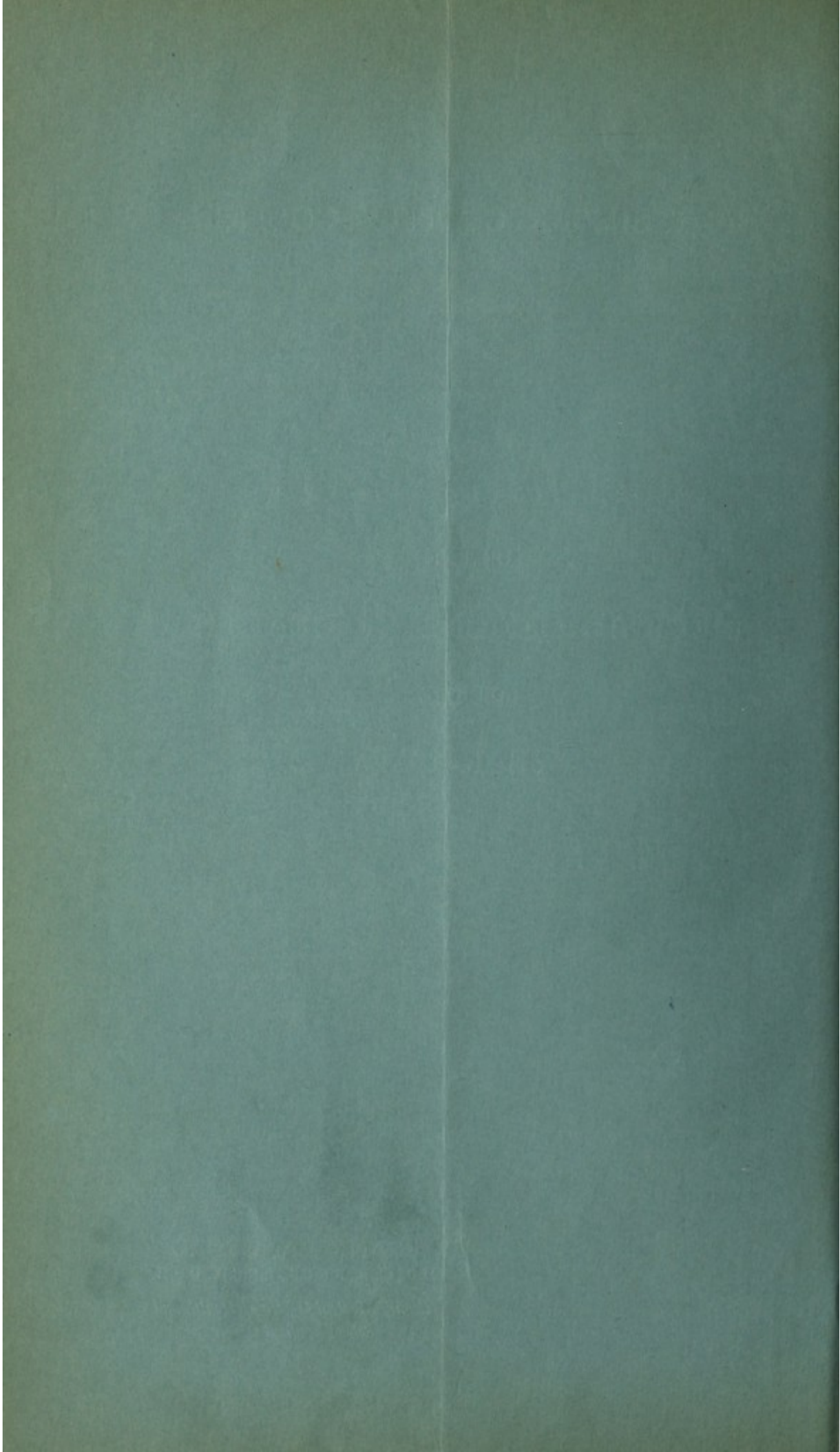
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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1948

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County Medical Officer of Health and
School Medical Officer



EAST SUSSEX COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH UPON THE HEALTH AND SANITARY CONDITION OF THE COUNTY FOR THE YEAR ENDED 31st DECEMBER, 1948.

To the Chairman and Members of the East Sussex County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit the fifty-fourth Annual Report on the Health of the Administrative County of East Sussex.

The statistical tables for the year show a generally satisfactory state of public health.

There has been a decrease in the number of live births and the birth rate, there being 4,894 live births, giving a birth rate of 14.72. There were 6 maternal deaths, which, taken with the substantially smaller number of births, give a maternal mortality rate of 1.2. More detailed reference to this matter is made later in this Report.

The infant mortality rate, however, has dropped to 25.54, easily the lowest figure so far recorded for this county. This improved figure confirms the general experience that a rise in the birth rate is commonly associated with a rise in the infant mortality rate, and vice versa. Even allowing for this, however, the improvement is very gratifying.

The main preoccupations of the departmental staff have been the work associated with the coming into force of several Acts of Parliament, almost all of which have a direct bearing on public health or what is now commonly termed "social medicine." The Local Government Act, 1948, and the National Insurance Act, 1948, can be passed over, however important the latter may be in helping to ensure some financial stability for the mass of the people: so may the National Insurance (Industrial Injuries) Act, 1948, which is equally important in its own way.

The National Assistance Act, 1948, not only finally extinguishes the Poor Law system, which in one form or another has been in existence for nearly 300 years, but provides a comprehensive outline of possible services for persons in need of accommodation and those who are "substantially and permanently handicapped," such as the blind, the deaf, the dumb, and cripples. Up till the appointed day for this Act (5th July, 1948) the County Council's duties under the Blind Persons' Acts were carried out by the East Sussex Association for the Blind as agents of the Public Health and Housing Committee, advised by the County Medical Officer and supported by a money grant; and a grant was also made to the East Sussex Association for the Care of Cripples through the estimates of the same committee. Under the reorganisation which took place during the year a Welfare Services Committee was appointed with the County Welfare Officer taking on the immediate responsibility to that Committee for the local authority services under the National Assistance Act. The County Medical Officer, however, remains Medical Adviser to this Committee as he was to the Public Assistance Committee. The effect of this and other Acts is to confine the making of money payments to those in need to the National Assistance Board, through their Area Offices.

The Children Act, 1948, intended as the charter of the ill-treated, neglected and unwanted child, came into force on 5th July, 1948. A Children's Committee was set up and a Children's Officer was appointed. Until 5th July, 1948, the County Council's duty in respect of foster children stood referred to the Maternity and Child Welfare Committee for whom the County Medical Officer was the responsible officer: the necessary visits and reports were made by nurses in the employ of the County Nursing Federation, usually in the course of combined duties. Administrative matters, including "handing over" children to other areas and tracing the more elusive ones, perhaps to far-distant counties or countries, were dealt with in the Public Health Department; and it is no doubt owing to the knowledge, thoroughness and enthusiasm of the office staff concerned that this arrangement, odd though it may appear on paper, did in fact work extremely well.

As a convenient carry-over until the Children's Officer had established a suitable staff and had made herself acquainted with all the local factors affecting her duties, the old procedure was retained, all particulars being passed to the Children's Officer. It was finally decided that this would cease at the end of the year and that from 1st January, 1949, the Children's Officer, with her own staff of Visitors, would be independently responsible to the Children's Committee. The passing of these duties, always intensely interesting to the office staff as well as to those actually visiting, has been a matter of some sorrow, and it is only fair to say that it is largely due to the personality of the Children's Officer that the transfer has been effected so cordially and

without even temporary disadvantage to any child concerned. To her capable care we handed over on 31st December, 1,180 children who were under our care as "deprived of a normal home life," classed as follows:

					Children under 9 years of age.
Foster Mothers with one child only	..	..	..	68	} 108
" " " two or more children	..	..	..	18	
Private Residential Nurseries	..	..	..	21	172
Private Boarding Schools	..	..	..	104	approx. 900
					1,180

It goes without saying, however, that such children will still retain the advantage of the advice of the Health Visitors when they call, not only at ordinary homes but also at larger establishments such as private boarding schools, of which East Sussex contains so many.

The National Health Service Act, 1946. Reference was made in the Annual Report for 1947 to the inception of this Act and to the preparation of "Proposals" by the Health Authority wherein they laid down the framework upon which they intended to build the services envisaged and empowered by the Act; and for record purposes this Report includes a copy of the Proposals as finally modified and approved by the Minister of Health. These are necessarily on general lines and an indication of the principles underlying them would not be out of place.

Firstly, reference should be made to the administrative framework, and to the systems of delegation collectively known as "decentralised (or divisional) administration." In Section 22 (4) of the Act provision is made for divisional schemes dealing with children under 5, in those areas where divisional administration already exists under the Education Act, 1944. Such a plan whereby mothers are separated administratively from their young children is manifestly open to criticism, and it is unlikely any regulations will ever be made under these powers. The 4th Schedule of the Act, however, gives extensive powers in paragraphs 6 and 7, enabling the Health Authority to set up sub-committees and to delegate to such sub-committees such functions under Part III of the Act as are thought fit. It is clear that in the larger counties, at least, the day-to-day work involved in the administration of the Act would be enormous, and from this point of view alone some form of delegation to smaller areas would be almost unavoidable, at least on officer level, even if no sub-committees were set up. More important, however, was the consideration that many counties included (before the appointed day) county districts such as boroughs which were "welfare authorities," which for many years had carried on many if not all the duties now allocated to county and county borough councils, in an enlightened and progressive manner, and which, in consequence, possessed accumulated knowledge and experience too valuable to lose. Many such areas, moreover, were larger than the smaller Health Authorities.

These and other considerations have led many counties, with the active encouragement of the Ministry of Health, to apply the principle of "decentralised administration," either partially or wholly. In East Sussex, however, the conditions were such that general decentralisation could not be recommended; there was only one area in which the claims of previous administrative experience of maternity and child welfare, and a sufficiently large population, could be regarded as valid. It was decided, therefore, that a sub-committee of the Health Committee should be formed for the combined area of the Borough of Hove and the Urban District of Portslade-by-Sea, and that to this sub-committee should be delegated all the day-to-day duties and powers under Part III of the Act except those under Section 51 (Lunacy and Mental Treatment, Mental Deficiency) and that aspect of Care and After-Care (Section 28) as is related to these matters. The Medical Officer of Health who serves both these county districts is the appointed medical officer to the sub-committee, for which purpose he is on the staff of the County Medical Officer.

It should be noted that although Proposals had to be submitted to the Minister for approval the powers of decentralisation given in the 4th Schedule are entirely a matter within the discretion of the Health Authority; they are not required to submit their arrangements for confirmation and, indeed, the Act does not give the Minister power to influence their plans for administration in this respect.

In the remainder of the county central administration is being continued, but local interest and contact will be maintained, partly by the enlistment of voluntary bodies (see below), and partly by a degree of personal delegation secured by the engagement for certain duties on a part-time basis of the medical officers of county districts (see Proposals for Sections 26 and 27).

Secondly, the Proposals were conditioned by existing practice and the longstanding tradition of voluntary service in this county. For many years the nursing and midwifery staff needed for maternity and child welfare have been obtained by agreement with the East Sussex County Nursing Federation, which was formed by, and represents, the 54 District Nursing Associations: the nursing staff are employed by the central body, and until the appointed day they also carried on what (till then) was a voluntary service, that of general nursing in the home. The standard of this work was a high one, largely owing to the co-ordinating and educative influence of the Queen's Institute of District Nursing. Now that general nursing, in its turn, has become a statutory duty, an extension of the existing Agreement with the County Nursing Federation appeared to be the natural and most satisfactory way of meeting the responsibility. In due course such an extension was negotiated, for the nursing and midwifery staff employed by the County Nursing Federation to be available for the Health Authority's services under Part III of the Act, and for the constituent Nursing Associations to continue all their supporting voluntary work: except, of course, that of collecting subscriptions. This

voluntary assistance will include support and encouragement of the nurses, obtaining and maintaining housing, providing and maintaining suitable transport such as motor-cars, and seeing that this is efficiently and economically used.

A County Nursing Superintendent has been appointed to be in immediate control of the midwives and nurses as Superintendent Health Visitor, Supervisor of Midwives and Superintendent of General Nursing. She is also seconded to act as technical adviser to the County Nursing Federation and thus is an important link between the official and the voluntary sides of the work.

The Health Authority, for their part, will repay the whole approved cost of carrying on the statutory duties imposed on the County Council whether incurred by the Federation itself or by its constituent Associations, and will lay no claim to any part of their voluntary funds and other assets, present or future. The Nursing staff will be eligible (if they so wish) for entry to the County Council's Superannuation Scheme under the Local Government Superannuation Act, 1937. The County Nursing Federation will continue to be affiliated to the Queen's Institute of District Nursing.

The Proposals for Sections 22 (Care of Mothers and Young Children), 23 (Midwifery), 24 (Health Visiting) and 25 (Home Nursing) are drawn up on lines consequential on the above Agreement: and owing to the fact that "generalised nursing" is largely the rule in East Sussex the Proposals are not very easy to follow as the same district-nurse midwives may appear several times in different Proposals. In the sub-committee area of Hove and Portslade, however, as is commonly the case in other town areas, "generalised nursing" is much less in evidence. "Generalised nursing" means the employment in a given area of a nurse-midwife who undertakes some or all of the following duties—general nursing, midwifery, health visiting (including that of tuberculous persons), school nursing, attendance at clinics. Such an arrangement has the advantages that highly-trained staff do not spend a large proportion of their time travelling, and also (a most important matter) that a knowledge of all the factors affecting an individual in a home is obtained and applied by one trained person. The stated disadvantages are the alleged risk of conveying infection from general cases to midwifery patients, a risk which, with properly-trained staff, can be shown to be negligible; and the possibility that although a variety of work lends interest to a nurse's duties, too great a variety may, in some cases, result in one or other of the items dealt with being regarded as less important than others. This difficulty is not often met with and can be dealt with by an adjustment of area or duties.

In the *Ambulance Service*, similarly, reliance has been placed almost entirely on voluntary bodies, mainly the St. John Ambulance Brigade and the British Red Cross Society, for ambulances, and the Hospital Car Service as reorganised for sitting-case cars. While compact areas such as boroughs and county boroughs may be able to run a whole time service without the aid of voluntary bodies, it would be difficult, or impossible, so to do in a largely rural county. This Health Authority is fortunate that the bodies named in the Proposals have been able and willing to take on these duties, though the increased demand already noticeable by the end of the year has given cause for thought.

In *Prevention of Illness, Care and After-Care*, the Sussex Rural Community Council with its Area Care Committees, have agreed to continue the tuberculosis care and after-care already provided by them, in consideration of an annual grant.

For the purpose of conducting a *Home Help Service* a whole-time Home Help Organiser, a member of the Women's Voluntary Services, has been appointed and the latter body have agreed to assist by allowing use of their district offices in consideration of a money grant towards the cost of administration.

The period from 5th July, 1948, to the end of the year has been too short to show much more than that in this county the Part III Services have started successfully. No legislation of this magnitude could have been put into force without a number of teething troubles and a succession of day-to-day puzzles or unexpected administrative points; but these have been mostly dealt with as they occur and, broadly speaking, the first modest desire of the staff has been satisfied, that during the change-over those served shall be at least no worse off than before.

It will be seen in the body of the Report that the day-to-day work arising from older legislation continues, and special note should be made of the steady attack being made by county districts, with the aid in most cases of the County Council, on unsatisfactory water supplies, polluted water courses, and defective arrangements for the disposal of sewage.

Individual acknowledgments, where all have worked so hard and so loyally, are out of place, but I offer my thanks not only to official colleagues but to all those in the county and elsewhere whose kindness and support have lightened the task.

F. LANGFORD, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.,
County Medical Officer of Health and School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL, LEWES.

November, 1949.

The **Estimated Population** increased from 320,120 in 1947 to 332,430 in 1948.

The **Birth Rate** for the county was 14.72 per thousand of the estimated population (3.26 per thousand less than in 1947) as compared with a rate of 17.9 for England and Wales. The live births in 1948 totalled 4,894, a reduction of 863 as compared with 5,757 in 1947. The number of illegitimate live births in East Sussex was 325, or 6.6 per cent. of the total.

The general uncorrected **Death Rate** was 13.21 per thousand in 1948, as compared with 14.53 in 1947.

The **Infant Mortality Rate** for the administrative county was 25.54 per thousand live births in 1948, as compared with 37.69 in 1947. The rate for the Welfare Authority area was 25.08. The illegitimate death rate was 32.79 per thousand illegitimate live births for the Welfare Authority area and 36.79 in respect of the whole of the administrative county, as compared with 61.22 and 67.9 respectively in 1947.

The **Maternal Mortality Rate** for the administrative county was 1.2 per thousand live and still births and 1.27 for the Welfare Authority area. The corresponding figures for 1947 were 1.02 and 1.23 respectively. There were 6 maternal deaths in the Registrar-General's figures for the administrative county.

Detailed enquiries have again been made into the circumstances of each maternal death.

Although six are listed by the Registrar-General there are records here of only five, the other no doubt being the case referred to in the Report for 1947. The five are as follows :—

1. Fourth pregnancy ; the home conditions were satisfactory and the ante-natal care given was complete. The mother, however, could not be persuaded of the necessity for ante-natal care and insisted, although she was developing an increasing toxæmia and phlebitis in the leg veins, that she was too busy to bother with ante-natal visits and reasonable precautions. Sixteen days after an uneventful confinement she died suddenly of a pulmonary embolism.

2. Second pregnancy ; a midwife's booked case but the family doctor paid several visits to the home on other grounds. A slow toxæmia built up over a period of several weeks and the patient was eventually admitted to hospital ; but, unfortunately, she died of a massive cerebral haemorrhage within a few hours. In this case the gradual rise in blood pressure over a period of weeks strongly indicated the development of a toxæmia and it could be suggested that the midwife might have officially summoned medical aid at an earlier date ; but the visits of the family doctor on other grounds may have misled her into supposing the condition was under medical supervision.

3. Third pregnancy ; the mother booked a hospital bed in this county but moved to a London borough for several weeks and was given full ante-natal care there during the period in question. Confinement (carried out in hospital) was difficult and the patient died six hours after delivery, apparently of obstetric shock, though post-mortem examination showed evidence of toxæmia. This was a particularly unsatisfactory case in that the respective roles of surgical shock and toxæmia could not be clearly evaluated, nor was the cause of the toxæmia clear ; no evidence of this had presented itself before labour started.

4. This patient was an asthmatic under the care of a hospital and her own doctor, and the evidence is that at her last attendance at hospital there was no evidence of toxæmia or other abnormality. Thirteen days later she visited her own doctor on account of shortness of breath and swollen legs and she was sent straight into hospital, where she died of heart failure after another ten days.

It seems clear that this woman's death was due to a genuine misunderstanding on her part : being used to attacks of shortness of breath caused by asthma she did not realise that her symptoms were due to a more serious cause. Both the hospital and the private doctor did all they could ; but, in the course of enquiries, another matter transpired which, although not a factor in this case, might be relevant on some other occasion, which was that some doctors keep no written records of their ante-natal findings. It is beyond the ability of anyone, whether doctor or midwife, to memorise with accuracy particulars of urine examinations, blood pressure readings and so forth, and the latter, in particular, sometimes give very early warning of the onset of trouble.

5. This young woman, a primipara, spent the early part of her pregnancy in another county, where she attended a doctor before 5th July, 1948. On coming to this county she saw another doctor and hospital confinement was arranged on " social grounds," and her last visit to the hospital was on 12th October. Relatives report that during the next eight days the patient showed no evidence of illness apart from occasional vomiting, which did not cause concern as it had continued through her pregnancy ; and even the evening before her death she felt well enough to travel 19 miles by train to see her husband off on his return to work. During that night, 19th October, she vomited and had fits, and on the 20th was sent to hospital in a state of intense toxæmia, dying early next day.

It is difficult to see how this death could have been prevented, the onset of toxæmia being of extreme suddenness.

The deaths from all forms of **Tuberculosis** show a decrease of 2 in 1948 as compared with the previous year, there being 5 more deaths from pulmonary tuberculosis and 7 less from other tuberculous diseases.

There was an increase of 47 in the number of deaths from **Cancer** compared with the previous year. Deaths from **Heart Disease** decreased by 89.

Infectious Diseases. The returns given in Table IV, appended, refer only to civilians. Comparing them with those for the previous year it will be seen that in ten diseases there was an increase in the number of cases notified. Whooping cough notifications increased from 965 in 1947 to 1,074 in 1948. There were 3 deaths from whooping cough, all in children of under five years of age. Dysentery cases increased from 6 in 1947 to 29 in 1948 and scarlet fever cases from 179 to 215. The number of cases of measles decreased from 2,915 in 1947 to 2,636 in 1948; there was only one death from this cause. Diphtheria notifications fell from 9 in 1947 to 1 in 1948, and there was no death. There were only 11 cases of acute poliomyelitis as against 86 in 1947. Other infectious diseases show very little variation on the previous year.

Diphtheria Immunisation. The intended arrangements under Section 26 of the National Health Service Act, 1946, can be examined in the Approved Proposals; they consist mainly of delegation at officer level to the Medical Officers of county districts, in continuation of the work they were doing in the first half of the year. Table VI in Appendix "B" gives particulars of the actual immunisation carried out in each area up till the end of the year.

An interesting report has been made by Dr. W. B. Stott, Medical Officer of Health of Cuckfield and Burgess Hill Urban Districts and Cuckfield Rural District, on immunisation work carried on in his area during the year. While good work is being done in every county district, Dr. Stott has the advantage of having carried out pioneer work for a number of years and the following points, made by him, are extracted from his report.

Since 1940 only six children have contracted diphtheria, four of whom had not been immunised, in a population of about 28,000. The last deaths from the disease in the area were one in 1943 (Cuckfield U.D.) and one in 1939 (Cuckfield R.D.).

The area is used for research purposes in immunisation matters and since May, 1947, tests have been going on of the new antigen known as P.T.A.P., which so far appears to have marked advantages over the preparations commonly used against diphtheria. Investigations have also been made in the field of immunisation against whooping cough, a matter of both interest and importance as whooping cough is a widespread and often deadly disease, and preparations for the immunisation of children against the disease have been in use for some years, many reports being favourable. Recent investigations in this area suggest the possibility, however, that if whooping cough and diphtheria antigens are mixed before being given the efficacy of the latter is much less than it should be. It is clear that before mixed vaccines are supplied or encouraged by any public body further investigation is needed.

It is the aim to secure over the whole of the county a level of immunisation as uniformly high as that already attained in some of the county districts. Although this standard (i.e. 95 per cent. or more of all children up to the age of 15 years) may be regarded as unnecessarily high, no one who had experience of diphtheria in the days when it was a common disease will be willing to accept a lower standard if the higher can be reached. The fact remains, however, and the major part of the credit must be attributed to immunisation, that in this county, as in many other areas, diphtheria has ceased to be a problem and is, indeed, a clinical rarity, deaths and a vast amount of suffering having been avoided.

Maternity and Child Welfare. This service has continued to work satisfactorily under its new organisation and the following is a brief account of the activities under the various headings. Figures for the Sub-Committee Area of Hove and Portslade are excluded for the period 5th July, 1948, to 31st December, 1948—see separate Report in Appendix "A."

It should be noted that in addition to the revised Agreement with the County Nursing Federation, already referred to, it was decided that the increased statutory responsibilities of the County Council as Health Authority warranted the appointment of a full-time County Nursing Superintendent on the county staff, acting under the general direction of the County Medical Officer, and seconded for part of her time to act a technical adviser to the County Nursing Federation. The latter body agreed to the change from the previous arrangement whereby the County Nursing Superintendent was employed by the County Nursing Federation and seconded to the County Council as Supervisor of Midwives and Superintendent Health Visitor. Miss G. M. Hughes, S.R.N., S.C.M., was appointed to the post on 1st September, 1948.

Domiciliary Midwifery and Infant Health Visiting. The generalised nursing scheme adopted in the county continued during the year. Five Assistant County Nursing Superintendents were employed by the County Council to supervise the combined work of the midwives, nurse-midwives and health visitors and to carry out other public health duties for the County Council under the direction of the County Nursing Superintendent acting for the County Medical Officer.

During 1947 preliminary steps were taken to establish a Part II Midwifery Training School at the Cuckfield Maternity Unit, part of the institution then conducted by the Public Assistance Committee. Arrangements were completed in 1948 and the Training School was opened, with the approval of the Central Midwives Board, in March. It provided, and continues to provide, for a maximum of 15 pupils at any one time a "Part II" training, that is to say that part of the pupil's instruction which is mainly intended to fit her for domiciliary practice.

In accordance with the agreement with the County Nursing Federation this Training School is conducted by that body, advised by the County Nursing Superintendent and the County Medical Officer, the immediate control being maintained by a Sister Tutor appointed for the purpose. It has already shown its worth by obtaining 10 successful results by 31st December, 1948, out of a total of 10 trained and entering for examination.

At the end of 1948, 76 Infant Welfare Centres were holding regular sessions: 71 were established by Voluntary Bodies and 5 by the County Council. The County Council as Health Authority continue the existing practice of repaying to the voluntary committees of Welfare Centres 100 per cent. of the approved running costs.

The number of District Nursing Associations in the County was 54. The total number of nurses (including Emergency Nurses) employed in the county by the Nursing Federation was 91; 7 of these were engaged as whole-time health visitors and school nurses, and the remainder on combined work, now termed "generalised nursing."

The number of certified midwives who notified their intention to practise, either temporarily or permanently, in the area was 170. At the end of the year there were 139 certified midwives on the register. Twenty-two such notifications were received from maternity nurses.

Medical aid was summoned under the rules of the Central Midwives Board in 658 cases (581 to mothers and 77 to infants). The main reasons for which medical assistance was needed for the mother were as follows:

Abnormal conditions found during pregnancy	..	..	..	..	162
Abortions and miscarriages	..	..	..	..	46
Prolonged labour	..	..	..	..	48
Ruptured perineum	..	..	..	..	185
Other complications at delivery	..	..	..	..	66
Post-natal complications	..	..	..	..	71

Of 77 calls to infants, 41 were for discharging eyes.

Although the provision of "Maternity Medical Services" (i.e. medical attention and supervision to women during pregnancy, confinement and the lying-in period) is a function of the Local Executive Council set up under Part IV of the National Health Service Act, 1946, the Midwives Acts remain in force and the County Council as Health Authority are still the local supervising authority for the purpose of those Acts. The payment of doctors answering calls for medical aid made by midwives therefore remains the responsibility of the Health Authority.

Three cases of ophthalmia neonatorum were notified in the Maternity and Child Welfare Area; no impairment of vision was reported in any case.

Fifteen cases of puerperal pyrexia were notified. Of these, 9 received treatment in hospital and 6 in their own homes.

Twelve infants were admitted to hospitals under the County Scheme up till 4th July, 1948.

Child Life Protection. On the 31st December, 1948, there were 280 children on the Child Life Protection Register, in addition to a number of children in private boarding schools. 790 visits were made during the year by the Child Life Protection Visitors and Health Visitors. In one or two instances it was necessary to make other arrangements for foster children who were not being satisfactorily cared for. In addition there were 104 private schools, to which 211 visits were made.

The powers and duties under Part VII of the Public Health Act, 1936, as amended by the Children Act, 1948, are now vested in the Children's Committee and all records were transferred to the Children's Officer on 1st January, 1949.

Ante-Natal Services. The County Council have established, or have assisted to establish, ante-natal clinics separately from Infant Welfare Centres in 13 districts; in addition ante-natal consultations were held at 28 Infant Welfare Centres at the same session as the infant welfare work. In areas not provided with a Centre, or in cases in which women found it impossible to visit a Centre, arrangements were in force up to 4th July, 1948, whereby medical practitioners undertook ante-natal examinations at an agreed fee. Mothers booked for admission to hospital attended the hospital out-patient clinics. The District Nurse Midwives made 12,875 visits to 1,664 expectant mothers attended by them during the year.

Provision of Consultants. Before the National Health Service Act, 1946, came into operation on 5th July, 1948, the Council arranged for an Obstetric Consultant to be available for any medical practitioner who needed such assistance in difficulties or in complications arising during pregnancy or at or after delivery. Consultants were provided in 55 cases, and in some cases they carried out emergency treatment in the patient's own home. Since 5th July, this service has been provided through the Regional Hospital Boards.

Maternity Hospital Provision. Maternity Hospital treatment was provided under the County Scheme during the period 1st January to 4th July, 1948, for 713 women as follows:—

Cuckfield Hospital	..	..	..	..	..	215
Southlands Hospital, Shoreham	..	..	..	..	..	203
Hastings Municipal Hospital	..	..	..	..	..	127
Sussex Maternity Hospital, Brighton	..	..	..	..	..	128
Kent and Sussex Hospital, Tunbridge Wells	..	..	..	..	..	8
Crowborough Cottage Hospital	..	..	..	..	..	14
Other Hospitals or Homes	..	..	..	..	..	18

Home Helps. The Scheme for the employment of Home Helps for maternity cases was continued from the Central Office until 4th September, 1948. During the period 1st January to 4th September, 1948, 111 mothers were supplied with help who otherwise might have had to be admitted to hospital through lack of help at home. In addition, financial assistance was provided in 59 cases where the mother found her own help. During this period the scheme for the provision of domestic help in cases of general illness was carried out on behalf of the County Council by certain local District Councils, but on the 5th September, 1948, the two schemes were combined under a whole-time County Organiser.

At the end of 1948, 7 whole-time and 12 part-time helps were employed. From 5th September to 31st December, 1948, 155 cases were assisted.

Care of Premature Infants. The County Council provide special equipment on loan, including draught-proof cots, hot-water bottles, warm clothing, special feeding bottles, etc., for use in the care of premature infants. The midwives report immediately to the County Nursing Superintendent each premature birth and the equipment is provided on request. In addition the services of a Paediatrician (specialist in the treatment of children) can be called upon when required. During the year there were 186 notified premature births; 133 were born in hospital or maternity home and 53 at home. 156 of the 186 infants survived the age of one month.

Care of Illegitimate Children. Special attention to the care of illegitimate children was continued. 27 unmarried mothers were admitted to hostels during the year.

Adoption of Children (Regulation) Act, 1939. The Child Life Protection Visitors visited and inspected the homes of 73 persons who proposed to adopt children and paid 284 visits to children who were under supervision pending adoption. The total number of completed adoptions recorded by the Welfare Authority during the year was 41. The powers and duties under this Act were also transferred to the Children's Committee on 1st January, 1949.

Contraceptive Advice. Contraceptive advice was given during the year to 58 patients at clinics which are held at Brighton and Hastings. This instruction is given only to married women when pregnancy would be dangerous to health.

Supply of Sheets for Expectant Mothers. On the instructions of the Ministry of Health, coupon equivalent certificates were issued from the Public Health Department to expectant mothers whose confinements were to take place at home and who were in need of sheets. During 1948, 2,658 certificates were issued to 897 expectant mothers on the recommendation of the midwives or doctors.

Sterilised Maternity Outfits. Prior to 5th July, 1948, these were supplied to midwives for use in emergency cases, but since the operation of the National Health Service Act, 1946, any woman having her confinement at home is entitled to such an outfit free of cost.

Day Nurseries. The Day Nurseries at Burgess Hill and East Grinstead continued to provide for children of women engaged in useful work. There are 89 approved places at the two nurseries, all of which were filled at the 31st December, 1948.

Dental Treatment of Expectant and Nursing Mothers and Infants. The Council's scheme for dental treatment of expectant and nursing mothers and infants under the age of five years is co-ordinated with the scheme for dental treatment of school children. Treatment is carried out at County Clinics, on hired premises and, occasionally, at Voluntary Infant Welfare Centres. During the year, 477 expectant and nursing mothers and 326 infants received dental treatment under the scheme and dentures were provided in 172 cases. Mr. P. S. P. Jenkins, the Senior Dental Officer, reports as follows:—

Dental Care of Mothers and Young Children, 1948. A dental service for expectant and nursing mothers and infants was provided by the County Council before the National Health Service Act came into force on July 5th. It was run in conjunction with the School Health Service and certain payments were made by the patients for the treatment received. Dentures, when required, were provided at cost price. In some cases, part or the whole of the amount due was paid by the County Council, but it was found that in general the mothers paid the whole amount charged.

With the introduction of the Act on July 5th, all payments were abolished and since that date dental treatment has been provided free of charge to the patient. Treatment given during the year included fillings, extractions under local and general anaesthesia, scaling, gum treatment and the supply of dentures.

In those cases where X-ray or treatment in hospital was considered advisable, this was arranged with the hospital most readily accessible to the patient. The hospitals approached in this way have been most co-operative.

Complete records are not available for 1947, so it is not possible to make any comparison with regard to the number of patients who were inspected and completed.

Of those items in the tables for which complete statistics are available, apart from the number commencing treatment and the number of other operations carried out, the figures for 1948 (below) show an increase over those for 1947.

					Mothers		Pre-School
					Expectant.	Nursing.	Children.
Examined	..	..	..	..	363	216	455
Needing Treatment	..	..	..	..	347	209	*
Treated	..	..	..	..	297	180	326
Completed	..	..	..	..	226	166	*
* Records incomplete.							
Details of Treatment.					Mothers.		Pre-School
Attendances	..	..	..	..	..	2,480	608
Fillings	..	..	..	..	..	532	361
Extractions	..	..	..	..	..	2,537	510
Scalings	..	..	..	..	..	177	—
General Anæsthetics	..	..	..	..	..	424	148
Other Operations	..	..	..	..	..	1,285	213
Dentures fitted	..	..	..	..	..	272	—

Because of accommodation difficulties, it has not been possible for dental examinations to be carried out conveniently with the ante-natal clinics but provision was made that all expectant and nursing mothers and infants seen by the Health Visitors, Nurses and Midwives, should be given an opportunity of obtaining examination and treatment by the County Dental Service.

During 1948 clinic equipment was improved, particularly by the installation of electric engines in the main clinics. The provision of completely equipped dental surgeries is largely bound up with the possibility of obtaining increased accommodation for dental purposes either in the existing clinics or in other premises.

The great need is, therefore, the building of more commodious clinics where sufficient space is available for dental examination and treatment to be carried on at the same time as the other services using the clinics. At present, generally speaking, the rooms used for dental treatment are also used by the Ante-Natal and Infant Welfare Services so that dental treatment sessions cannot be held simultaneously with these.

The Dental Staff was three below the authorised establishment for the whole of the year and four for part of it. In addition, a part-time Dental Officer resigned owing to the claims of private practice. One Officer has been appointed and starts in January, 1949, but as long as the discrepancy exists between the salaries of Public Dental Officers and the remuneration obtainable under Part IV of the National Health Service, there remains the possibility of further resignations from the County Staff and any persuasive publicity for increased acceptance of the County Council Scheme is better deferred until a more adequate staff, larger clinics and settled conditions are available.

P. S. P. JENKINS,

Senior Dental Officer.

The Nurseries and Child Minders (Regulation) Act, 1948, came into force on 30th July, 1948, and laid down requirements for the registration and inspection of places, such as Day Nurseries, where children are cared for by the day, and the registration in certain cases of persons who look after other people's young children in their own homes. In this non-industrial county the operation of the Act is likely to prove a light additional load, no registrations having been made by the end of the year.

Registration of Nursing Homes. Eight Homes were registered for the first time during the year. Eight Homes were closed voluntarily and one was taken over by the Regional Hospital Board. At the end of 1948 there were 50 registered Nursing Homes in the Authority's area.

All the powers and duties of the County Council in respect of Nursing Homes in the Borough of Hove were delegated to the Borough Council in 1928; the above particulars, therefore, relate only to the county area outside Hove.

Tuberculosis. There were 253 notifications of pulmonary tuberculosis in 1948, of which 170 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis, mainly of glands, bones and joints numbered 62, of which 45 were under 15 years of age. The number of notified cases on the registers of the district sanitary authorities at the end of the year was 1,975 (1,354 pulmonary and 621 non-pulmonary).

The deaths from tuberculosis, although 2 less in total in 1948 than in 1947, show an actual increase in the deaths from pulmonary disease, a slight indication of what in other areas has been a somewhat disturbing rise in the figures. Such a small figure, however, as 5, in one year only, is as likely to be chance as any indication of a genuine trend.

For the first part of the year the arrangements in force in previous years were continued.

Treatment Allowances in accordance with the conditions laid down by the Ministry of Health in Circular 2741 were continued until the 4th July, 1948, from which date payments were made by the National Assistance Board. 36 applications were received for these allowances and 30 patients were found to be eligible for them and received appropriate allowances during the period. 54 patients were receiving treatment allowances on the 4th July.

Chest Clinics were held regularly at Bexhill, East Grinstead, Haywards Heath, Hove and Lewes.

Darvell Hall Sanatorium. The Sanatorium at Darvell Hall, Robertsbridge, provided, under the able direction of Dr. J. R. Dingley, treatment on modern lines for 193 in-patients during the period from 1st January to 4th July. Of these, 140 were admitted from East Sussex, 15 from Hastings, 9 from Brighton, 27 from Eastbourne and 2 from another area.

On 5th July the Sanatorium and the Chest Clinics, including the Chest Physicians, passed out of the orbit of the County Council and became satellites of that greater sun, the South-East Metropolitan Regional Hospital Board. In order to assist the latter in their heavy work of organising a new service the Clinic organisation and administration continued under the care of the County Council on an agency basis, as it was felt that any less willing attitude would result in poor service to the public. By the end of the year, therefore, there was little change in actual practice.

The organisation of hospitals and specialists on a regional basis is unquestionably capable of giving a better and more efficient service as far as the actual Chest Clinics in East Sussex are concerned. The neighbouring county boroughs had their own Chest Clinics serving only their own population, and patients in the hinterland of each who might have had a shorter and easier journey into the adjacent large town have often been under the necessity of travelling much further afield. Moreover, the new organisation makes it at least possible in the future to hold Chest Clinics in hospitals, which is where they should be.

Orthopaedic Treatment. Up till 4th July the existing arrangements continued, the Chailey Heritage Crafts Hospital and Schools conducting out-patient clinics at Burgess Hill, East Grinstead, Hailsham, Haywards Heath, Lewes and Portslade, staffed by one or other of their surgeons, assisted at and between surgeon's days by two physiotherapists. In addition a certain number of children attended Orthopaedic Clinics in voluntary hospitals in Hove, Brighton, Eastbourne, Hastings and Tunbridge Wells.

The number of children who received treatment at the Heritage Hospital, Chailey, and at other hospitals for the period 1st January to 4th July, 1948, is given below :—

Classification.	Nature of Deformities.													Total.
	Rickets.	Tuberculosis.				Talipes.	Torticollis.	Con. Dislocation of Hips.	Other Congenital Defects.	Infantile Paralysis.	Osteomyelitis.	Spastics.	Other Deformities.	
		Spine.	Hip.	Knee.	Other.									
Children under 5 years of age	—	2	2	2	—	1	—	4	—	7	2	—	3	23
Children between 5 and 16 years of age	—	3	14	—	—	1	—	—	1	7	4	2	16	48
TOTALS	—	5	16	2	—	2	—	4	1	14	6	2	19	71

During the same period there were 1,986 attendances of school children and 635 of infants at the orthopaedic clinics during the year. Each of the six clinics is open three times in each week.

On 5th July these services were taken over by the South East Metropolitan Regional Hospital Board in the same way as the Chest Clinics; though, similarly, those based on Chailey Heritage Crafts Hospital and Schools continued to be assisted by the County Council on an agency basis.

A regional organisation will enable the orthopaedic work to be replanned and make the best use of the existing facilities to meet the enormous demand.

Venereal Diseases. The Clinics at Brighton, Hastings and Tunbridge Wells continued to serve out-patients as before although, on the 5th July, they, with their parent hospitals, were taken over by the South-East Metropolitan Regional Hospital Board. The total number of new patients from East Sussex attending the clinics was 428 and the total number of attendances of patients from the area was 5,341 as compared with 6,597 for 1947.

The Health Visitors, and occasionally, where desirable for special reasons, medical officers, have continued to reinforce the work of the clinics by following up defaulters and making special enquiries.

Mental Health. A Mental Health Sub-Committee of the Health Committee was established to take over the functions of the statutory Committee for the Care of the Mentally Defective, and exercise control over duties under the Lunacy and Mental Treatment Acts, 1890-1930, which were formerly the responsibility of the Public Assistance Committee dissolved on 4th July, 1948. After the appointed day, the Sub-Committee (seven Council members and a co-opted representative of the East Sussex Association for Mental Welfare) met quarterly in accordance with arrangements designed to give the necessary close control.

The County Medical Officer is responsible to the Authority for the organisation and medical direction of the service, with the assistance of his deputy and an administrative medical officer who both devote a considerable proportion of their time to mental health matters, and who are specially experienced in this direction.

Up to the appointed day the work of ascertainment, supervision and care of mental defectives was carried out by two male and three female mental deficiency visitors. Their numbers were augmented on the 5th July, 1948, by the employment of two relieving officers taken over from the Poor Law Services abolished on that date. The three female home visitors remain wholly employed on mental deficiency work, while the four male officers carry out duties as "duly authorised officers" to take initial proceedings in providing care and treatment for persons suffering from mental illness, and also the community work for mental defectives. A fifth male officer on the central office staff, engaged mainly on administrative duties, is available in emergency as a duly authorised officer.

It has not been necessary to arrange for the joint use of officers of the Regional Hospital Board, but the services of all mental health officers are available to institutions under the control of Hospital Boards for the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives.

Duties delegated to Voluntary Associations. The county is fortunate in having a well-organised voluntary body, the East Sussex Association for Mental Welfare, who undertake the "voluntary supervision" of persons not subject to be dealt with under the Mental Deficiency Acts, and it maintains the friendly supervision which is so often a help to patients discharged from Order and anxious to establish themselves in the community.

The Guardianship Society of Brighton have set up adult occupation centres in Brighton and Hastings and also a junior occupation centre in Brighton. By arrangement with the Society the Health Authority make use of these centres for those defectives who either live near enough to attend from their own homes or can be boarded-out near the centres.

The National Association for Mental Health reported the existence of a number of psychotic and neurotic persons in this area for whom they were providing care or after-care, and although expenditure on case work in this direction was recompensed by Government grant, consideration has had to be given to the lines upon which after-care arrangements were to operate when the cases became the responsibility of the County Council. An expansion of the scope of the East Sussex Association for Mental Welfare seems to be the obvious solution.

Patients who leave mental hospitals are in general not primarily the responsibility of the Local Health Authority but a certain amount of after-care work has been done by arrangement with the hospitals concerned and the case needs of 10 patients have been assessed and help provided by the County Council staff in the light of the special circumstances in each case.

Training of Mental Health Workers. There has been an exchange of information between the male officers now jointly operating the mental health service and whose former spheres of activity were separate, but up to the end of the year no opportunity for arranging attendances at special courses has arisen.

Care of Mental Defectives. On the 1st January, 1948, there were 769 mentally defective persons on the County Register. 211 were maintained in Certified Institutions, 2 in Approved Homes, 30 were on licence from Institutions and 175 under Guardianship. 10 were detained in a "Place of Safety" (of these, 7 were in an Emergency Home), 341 not under Order were under supervision.

On the 5th July, 1948, the County Council ceased to be responsible for the provision of institutional accommodation for mental defectives, and on the 31st December, 1948, 528 cases in community care were subject to be dealt with under the Mental Deficiency Acts. 185 were under guardianship, 4 in a "Place of Safety," while 326 were under Statutory Supervision, and the future of the remaining 13 cases had not on that date been officially decided.

Eighty-six new cases of certified mental defect were brought to notice during the year and there were 21 removals from the register. In addition to these, 39 defectives were known to this Authority but were not subject to be dealt with, although it is possible that the Local Health Authority may subsequently become liable. 32 cases were also reported as under "friendly" supervision by the East Sussex Association for Mental Welfare.

Seventeen defectives were awaiting admission to institutional care at the end of the year.

Reference to Guardianship Society occupation centres has already been made; at the end of the year eight defectives under 16 years of age were attending the Brighton Junior Occupation Centre, and 18 over that age the Adult Occupation Centres. The Health Authority have not yet formulated a training scheme for the rural areas in the county.

Action under Lunacy and Mental Treatment Acts, 1890-1930. From the appointed day to the 31st December, 1948, the work involved can be summarised as follows:—

Admissions.

Lunacy Act, 1890.

Urgency Orders	11
Summary Reception Orders	85
Transfers between Mental Hospitals	2
Three Day Orders	1

Mental Treatment Act, 1930.

Cases admitted for six months as "Temporary Cases"	3
Voluntary Cases	28
Advice and assistance only	18

The County Ambulance Service has been used whenever removal of patients by ambulance has been necessary and in suitable cases the mental health visitors have used their cars for conveyance; but a wide discretion has been given to duly authorised officers in respect of private car hire to ensure that persons of unsound mind, whose condition calls for speedy initial action, are conveyed without delay to receiving mental hospitals.

Public Vaccination. The Vaccination Acts were repealed on the 4th July, 1948, and from that date arrangements for the vaccination of children against smallpox were made as required under Section 26 of the National Health Service Act, 1946. The new arrangements provide for the administration of the vaccination service with the service for immunisation against diphtheria by the District Medical Officers of Health under the direction of the County Medical Officer.

The returns made by the former Vaccination Officers for the period from 1st January to 30th June, 1948, shew that 1,344 certificates of successful primary vaccination of children under 14 years of age were received during that period.

No useful opinion had been formed by the end of 1948 as to the state of vaccination after the "appointed day," partly because the period was too short for any tendencies to exert a noticeable effect, partly because it was not possible to put into force all the details of the proposed scheme, and partly because the repeal of the Vaccination Acts had at last removed what many considered the stigma of compulsion. It is intended,

in accordance with the Act and the general advice of the Minister, to give every medical practitioner the opportunity of taking part in this work ; but by the end of the year a decision had not been reached by the negotiating bodies what fee should be paid by health authorities to doctors supplying records in approved form of vaccinations carried out. It is highly probable, in consequence, that many vaccinations have been carried out of which the health authority has as yet no record (the same applies in the case of immunisation against diphtheria, q.v.).

Cancer Act, 1939. The Interim Arrangements of the County Council for the diagnosis and treatment of Cancer were discontinued on the 4th July, 1948, when the powers of the Council under this Act were transferred to the Regional Hospital Boards under the National Health Service Act, 1946. The county service commenced on the 1st October, 1944, and until its termination 169 cases were dealt with, the majority of whom received treatment at hospitals with the appropriate specialist staff and the necessary apparatus. The County Council had an agreement with the Westminster Hospital under this Act and most of the patients were treated there, but the Interim Arrangement provided for treatment to be given at other hospitals or institutions subject to the approval of the Minister of Health. The following details show the number of patients sent to each hospital for treatment since 1st October, 1944 :

Westminster Hospital	117
Royal Cancer Hospital	1
St. Bartholomew's Hospital	3
Brompton Hospital	1
St. Luke's Hospital, Guildford	10
Hammersmith (L.C.C. Hospital)	3
University College Hospital	2
Lambeth Hospital	1
Horton (E.M.S.) Hospital	1
Middlesex Hospital	2
Mount Vernon Hospital, Middlesex	3
	<hr/>
	144

Of the remainder, some patients were considered to be unsuitable for treatment whilst others obtained treatment privately or from other sources.

Looking back on this period and on the particulars of patients dealt with, it is gratifying to record the impression that the Interim Arrangements, although limited in scope, showed it was possible to meet the needs of patients with speed and flexibility. All the hospitals concerned co-operated willingly to this end, but on grounds of numbers our thanks are mainly owed to the Westminster Hospital, whose uniformly sympathetic response leaves a very pleasant memory.

Health Education. The main work of carrying on health education in East Sussex has again been entrusted to the Sussex Rural Community Council, who have an extensive programme embodying varied methods of approach to the public, both personal (as by lectures and talks) and documentary, such as the use of films, magazines, papers, leaflets and posters. In addition, however, a considerable amount of personal guidance and advice is given on health matters by midwives, district nurses and health visitors to individuals in their own homes, in circumstances which increase the receptivity of those approached. Courses of instruction in Mothercraft are given to the older girls in the County Secondary Schools and certificates are issued to those who pass a simple test.

There is little doubt that the importance of health education is increasing and that a higher standard will be required of all those doing this work, such as medical and nursing staff.

Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940. Fifty-seven samples of food were examined under the regulations during the year.

Bacon	1
Butter	1
Coffee	4
Condiments, sauces and pickle	21
Confectionery and preserves	8
Flavourings and cordials	6
Meat and meat soups	4
Pastes	8
Pudding mixtures	2
Tinned vegetables	1
Yeast extract	1
	<hr/>
	57

Informal samples of two sauces were found to contain sulphur dioxide but subsequent samples were unobtainable.

One sample of sauce contained benzoic acid, which, subject to a declaration on the label, is permitted as a preservative. In this case, no such declaration was made and its presence was accepted as being introduced in one of the ingredients used in the manufacture.

A sample of salad cream was found to contain a high content of benzoic acid and in this case proceedings were instituted.

Food and Drugs Act (Milk and Dairies), 1938. Notifications were received from Medical Officers of Local Authorities concerning 4 tubercle-infected milk supplies produced on farms in East Sussex. Investigations were carried out by Veterinary Officers of the Ministry of Agriculture and Fisheries and by this Department. As a result 5 cows were slaughtered under the provisions of the Tuberculosis Order, 1938. Post-mortem examinations revealed that lesions were present in the udders of four animals.

Local Authorities also forwarded information concerning 11 cows and heifers, 4 bulls and steers, and 1 calf, which on slaughter at central slaughtering establishments were found to be suffering from tuberculosis. Enquiries made at the farms concerned failed to reveal any additional source of infection.

Veterinary Inspections. Details of the inspection of non-designated dairy herds by Veterinary Officers of the Ministry of Agriculture and Fisheries are as follows :—

No. of Farms Visited.	Animals Examined				Animals found to be diseased and slaughtered under the Tuberculosis Order.
	Cows in Milk.	Dried-off and In-calf Cows.	Other Bovines.	Total.	
1,395	19,016	3,620	1,771	24,407	9

Ministry of Food—Defence (General) Regulations, 1939. Milk Heat-Treatment Plant. At the end of the year eight heat-treatment plants in the county were authorised by the Ministry of Food to operate under Regulation 55G. They consisted of two pasteurising plants (holder type) and six heat-treatment plants (four flash, one H.T.S.T. and one batch type).

The following table shows the results of 222 milk samples obtained from these plants and submitted to the prescribed tests :—

Class of Milk.	Number of Samples Tested.	Prescribed Tests.	Passed.	Failed.
Pasteurised ..	80	Phosphatase Methylene Blue	78 70	2 10
Heat-treated ..	142	Phosphatase Methylene Blue	139 141	3 1

In those instances where samples failed to pass the laboratory tests, the attention of the operators was drawn to the need for improving control of the heat-treatment and other dairy equipment, and assistance was given in effecting the necessary improvements.

Milk (Special Designations) Regulations, 1936-48. Applications in respect of designated milk licences and referred to this Department by the Agricultural Committee for reports on the dairy premises were received in considerable numbers throughout the year, and in addition many enquiries from owners and agents requesting advice on matters involving the provision of new dairy structures, adaptation and improvement of existing premises.

Where water supplies are from private sources it is regarded as essential that assessment of the quality should include bacteriological examination. Eighty-eight samples of water were obtained for bacteriological examination and 37 proved to be totally unsatisfactory or required attention to effect an improvement in the quality. A somewhat disturbing factor is the number of applicants who desire to use or have been using supplies of a totally unsuitable character.

Milk in Schools Scheme. Supervision of supplies under the Scheme continued to be maintained throughout the year and with the increased sources of Tuberculin Tested, Pasteurised and Heat-treated Milk, the provision of these classes were substituted where possible.

Of 209 schools, supplies were provided as follows : Pasteurised and other heat-treated, 188 ; Tuberculin-tested, 15 ; Accredited, 4 ; Non-designated, 2.

Routine samples taken for bacteriological examination, in general, satisfied the prescribed tests, and where submitted to the biological test all were negative to tubercle infection. Close and continued supervision is exercised over all milk supplies to schools, whatever the category may be.

Rivers Pollution (Prevention) Acts, 1876-1893. Rivers Pollution—Sewerage and Sewage Disposal. Examination of rivers and streams continued during the year and where necessary samples of stream waters and sewage effluents were obtained and submitted for analysis.

Representations were received in January, 1948, regarding the admission of polluting matter to the Birchgrove Stream and Cockhaise Brook, tributaries of the River Ouse. A survey revealed the discharge of trade

waste to be the responsible factor, and the matter of providing adequate treatment was requested. Subsequently, by reason of default in abating the pollution, the position was represented to the Ministry of Health. No improvement had been effected by the end of the year.

The discharge of domestic sewage from a Labour Camp also gave rise to pollution by its admission to the Cockhaise Brook, and representations were made to the Authority concerned and abatement secured.

A complaint of alleged nuisance arising from the discharge of crude sewage into open ditches in the parish of Burwash, Battle Rural District, was investigated and confirmed. Temporary remedial measures were proposed to be adopted, pending the provision of a comprehensive scheme of sewerage and sewage disposal for the locality, and preparation of this scheme is in hand.

Local enquiries have been held by the Minister of Health in respect of schemes of sewerage and sewage disposal proposed by the following Authorities :—

Seaford Urban District	..	Provision of a system of sewerage for the purpose of draining the Rookery Hill Estate at Bishopstone.
Chailey Rural District	..	Provision of sewerage and sewage disposal in respect of the village of Offham and, also, the locality of Cooksbridge—Parish of Hamsey.
Cuckfield Rural District	..	Provision of sewerage providing for the major centre of population in the Parish of Albourne.
Uckfield Rural District	..	Provision of sewerage and sewage disposal in respect of the village of Nutley, Parish of Maresfield, also a similar scheme providing for the locality of Best Beech, Parish of Wadhurst.
Crawley Development Corporation		Proposals for the construction of a scheme of sewerage and sewage disposal. This scheme, as affecting the East Sussex area, concerned only the provision of a section of trunk sewer.

REPORT ON THE HEALTH SERVICES OF THE AREA OF THE HOVE AND PORTSLADE

HEALTH SUB-COMMITTEE

FOR THE PERIOD 5th JULY TO 31st DECEMBER, 1948

By N. E. Chadwick, M.A., M.D., D.P.H., Divisional Medical Officer, Town Hall Annexe, Hove.

HOVE AND PORTSLADE HEALTH SUB-COMMITTEE.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

In view of the fact that many of the statistics in my Annual Report for the Borough of Hove are incomplete by reason of the transfer of functions from the Maternity and Child Welfare and other Committees of that Council on 5th July, 1948, to the East Sussex County Health Committee in accordance with Part III of the National Health Act, 1946, and also holding the opinion that a short review of the work and progress of the new scheme of administration might be of interest not only to the members of the Health Sub-Committee but to others who although not members of that body retain an interest in its doings, I have added this short supplement dealing with the period 5th July to 31st December, 1948. I would, however, point out that statistics dealing with such a short period as six months are of little scientific value and that very few changes in the existing organisation were made during that time.

Formation of the Sub-Committee.

Although no direct delegation of Health, and Maternity and Child Welfare functions to County Districts was permitted the Act did provide for two alternative methods of decentralisation:—(1) Under Section 22 that where a scheme of divisional administration is in force under the Education Act, 1944, a corresponding scheme may be made relating to functions of the local health authority respecting the care of children under school age and in the notification of Births and Child Life Protection, and (2) under the Fourth Schedule by the establishment of a special Sub-Committee for the exercising on its behalf all or some of the functions of the County Health Committee. The first alternative is so limited in its scope as to be of little value particularly as it would separate maternity from child welfare services and it was generally recognised that the second which was favoured by the Minister of Health was the only practical one for the area of Hove and Portslade. Discussions on these lines therefore took place in the earlier part of 1947 and eventually the County Council set up a Health Sub-Committee composed of three members of the County Council, six of the Hove Borough Council, two members of the Portslade Urban District Council and three co-opted members with special experience—i.e. 14 in all to which was delegated all the functions of the Local Health Authority with the exception of matters under the Lunacy and M.D. Acts and with certain reservations in respect of expenditure, acquisition and disposal of land and legal proceedings. This Sub-Committee met for the first time in January, 1948, and at its second meeting in April I submitted a composite report in which I described the responsibilities of the Sub-Committee and made certain recommendations for the additional staff which would be required if the new service was to start on the right lines and cope successfully with the many problems that would arise in the successful fusion of the two sections of the area which hitherto had been administered in very different ways. The new appointments included an additional Assistant Medical Officer, a Nursing Officer, a Clerk for Immunisation Services, and an Organiser for the Domestic Help Service. All these posts were filled during the year with the exception of the last one. I also made certain suggestions for the establishment of a new Infant Welfare Centre—ultimately to be a complete Health Centre—in the Hangleton area of Hove, and for earmarking a piece of land in Portslade for the same purpose.

Maternity Services.

The arrangements for providing a Domiciliary Midwifery Service under the Midwives Act, 1936, differed in Hove and Portslade—in the former the service was provided by agreement with the Board of Management of the Sussex Maternity Hospital, and in the latter by the employment of midwives on the staff of Portslade District Nursing Association, who worked not only in their own area, but also in the western portion of Hove. The ante-natal arrangements also varied—in Hove at a centre in connection with the Portland Road Branch of the Sussex Maternity Hospital, and in Portslade at a centre provided by the District Nursing Association with a Medical Officer supplied by the County Council. A suggestion was put forward that the Sussex Maternity Hospital should take over the responsibility for the whole area but it was considered that such a radical alteration was not advisable.

At the time when Hove was a Welfare Authority and was responsible for the provision of a Hospital Maternity Service, an ante-natal clinic was established at 33 Clarendon Villas for Hove mothers who desired to enter Southlands Hospital, the Hospital supplying the medical staff, and the bookings being done through the Public Health Department. This arrangement was continued after the appointed day but discussions have subsequently taken place with the Brighton, Hove and Lewes Hospital Management Committee with regard to the future of this Clinic.

Administration of Analgesics.

The number of Midwives in Domiciliary practice trained in the use of Analgesics was 7; 4 sets of apparatus are provided and of the 107 deliveries 59 received this form of treatment.

Infant Welfare Centres.

There are three Infant Welfare Centres actually established and two contemplated, one in the Hangleton area of Hove and the other in the Mile Oak area of Portslade. It is also hoped to provide centres for the western area of Hove and in the southern part of Portslade if premises can be obtained. It is anticipated that at a later date some of these will be turned or expanded into Health Centres where will be gathered under one roof all the Local Health and Education authorities' medical and nursing services, together with facilities for General Practitioners to carry on their group practices, but this desideratum must wait, not only on the building position, but also on information on design and layout derived from experimental centres to be set up and tried out in different parts of the country.

Dental Services.

In accordance with an old standing arrangement the School Dentist has devoted a portion of his time to the examination of expectant and nursing mothers and children under the age of 5. The table under this heading sets out the work carried out since the 5th July, 1948. Unfortunately the demands of the school-children have been so great that it has been necessary to limit the number of adults applying for treatment, but inasmuch as they can obtain treatment under the National Health

Act from private dentists it was felt that priority should be given to the children who are not so well catered for under that scheme and in whose case an introduction to the School Dental Service at an early age will facilitate their continuance in their later school life.

Dental Treatment—Mothers. From 5th July, 1948, to 31st December, 1948.

No. of examinations	14
No. needing treatment	12
No. treated	11
No. of expectant mothers	11
No. of nursing mothers	1
No. of dressings	7
No. of scalings	1
No. of fillings	10
No. of extractions	5
No. made dentally fit	6

Dental Treatment—Infant Welfare Centres. From 5th July, 1948, to 31st December, 1948.

No. of examinations	23
No. needing treatment	22
No. treated	22
No. of extractions	14
No. of dressings	16
No. of scalings	2
No. of fillings	29
No. made dentally fit	17

(5 children's treatment not completed until 1949.)

Health Visiting.

On the appointed day there were transferred to the County Council five Health Visitors for Hove combining Child Welfare and School Medical duties, and one in Portslade employed by the Portslade District Nursing Association. Subsequently the County Council agreed that the establishment should be raised to nine and that all should be in the direct employ of the County Council through the Health Sub-Committee. Previously two appointments had been made to the staff of the Divisional Executive and three to the Hove Maternity and Child Welfare Committee and this dual method of control raised considerable administrative difficulties so that by mutual agreement it was decided that after October, 1948, the Health Sub-Committee should be the appointing Committee, the Divisional Executive sharing in the cost of the service according to the proportion of time allocated to School Medical duties.

Day Nursery.

The Hove Day Nursery, established by a voluntary committee and later in 1941 taken over and extended as a War-time Nursery comprises two sections—12 Goldstone Villas, with 25 places for children between 0-2, and 57 Clarendon Villas, with 50 places for those between 2-5. A condition of admission is that the mother must be actually working and preference is given to unmarried mothers, widows with children to support, and households where the mother is the mainstay of the home. There has been much controversy since the end of the war about the desirability of nurseries and certainly one would prefer young babies to be brought up in their own homes wherever that is possible but there are, and probably always will be, cases in which it is essential for the mother to go out to work and in that case the baby is much better off in a nursery than left to the care of neighbours and elderly relatives.

In October the nursery at 57 Clarendon Villas was recognised as a Training School for candidates for the Nursery Nurses' Training Certificates and an intimation was received that similar recognition would be granted to 12 Goldstone Villas if certain improvements were made in the laundry and toilet facilities. These the Committee authorised at its meeting in November, 1948. Four students were enrolled for the two-year course and are now undergoing their practical training at the nursery and their theoretical at the Nursery Training Centre in Brighton.

Nurseries and Child Minders Act, 1948.

This Act designed in the first place to provide supervision of private day nurseries run either in connection with factories or by private individuals came into force on 30th October, 1948, and the County Council delegated its powers in this respect to the Sub-Committee. It was also supposed to deal with the problem of child minders—persons who take charge in their own homes of young children whilst their mothers go out to work. Unfortunately as its terms only apply to those taking at least three children who must be from different households, it is of very little value in achieving its object of debarring unsuitable people from undertaking the day-time care of babies and young children.

Home Nursing.

A new responsibility placed upon the Health Authority was the provision of a Home Nursing Service and in East Sussex it was agreed that this should be supplied by the District Nursing Associations who hitherto had worked on a voluntary basis assisted by financial grants. In this area the situation was complicated by the existence of two Associations—the Brighton, Hove and Preston, and the Portslade—and it was obvious that no satisfactory agreement could be entered into with these two bodies in their present constitution. Negotiations were therefore commenced for the formation of a new association, the Hove and Portslade—composed of the union of the original Portslade with the Hove section of the Brighton, Hove and Preston—and the new association was launched in April, 1948, and affiliated to the Queen's Institute but not to the East Sussex County Federation. Owing to difficulties connected with the division of the funds of the old Brighton, Hove and Preston Association, the new body was unable to finance itself and so by an interim arrangement all accounts were passed by the Health Sub-Committee and paid by the County Treasurer. Up to date no formal agreement has been entered into with the County Council but it is hoped that this will be possible during the present year. Along with other services the Home Nursing has had to meet rising demands upon its nurses and the problems of the increase and replacement of staff have become as acute as that of the hospitals, with as little prospect of its alleviation. Great credit is due to the two Superintendents and their staffs for the way in which they have carried out their obligations to their patients, often at considerable sacrifice of off-duty time. During the last six months of the year the number of cases attended was 1,284, involving 20,928 visits.

It is with very real regret that I refer to the retirement through ill-health of Miss G. Pates, the Superintendent in Hove, after 27 years' service in the town—a regret shared, I am certain, by all who have come into contact with her, whether as patient, staff or official.

Domestic Help Service.

As far back as 1942, even before the Ministry of Health had given it any official financial encouragement, Hove had promoted a Home and Domestic Help Service and by 5th July, 1948, had four whole-time Helps fully occupied in alleviating difficulties inseparably connected with domiciliary confinements and illnesses. By December this number had increased to 11—five full-time, one half-time and five part-time, and between them they had attended 65 families for varying periods. Unfortunately it was necessary either to refuse altogether or only send very limited help to old people and those suffering from chronic illness who really require some permanent form of assistance. It was always difficult to find suitable and experienced women to undertake this type of work but it was found possible in some cases to overcome this by allowing the applicant to find her own part-time help who is then taken temporarily on the department's staff. By this means we were able to assist some very deserving tuberculous patients.

The system of charging for this service was at first a source of difficulty and in some cases of discontent, inasmuch as the family was assessed on its income irrespective of the hours that the Domestic Help put in. This anomaly was particularly noticeable when it was necessary to reduce the allocation of time from a whole-time to a part-time basis when the charge still remained the same. This method of assessment has now been revised in favour of payment calculated on an hourly basis modified by an income scale.

It had been calculated that the service in Hove and Portslade, if it was to be adequately controlled and developed, would necessitate the appointment of a whole-time supervisor, but unfortunately this was not provided for in the original proposals submitted to the Ministry of Health and therefore could not be implemented. In the rest of the County much of the day-to-day administration is carried out by the W.V.S. but in both Hove and Portslade neither of the local branches of this organisation felt able to undertake this extensive responsibility without paid assistance, both administrative and clerical, and it has now been agreed that the original appointment can be proceeded with.

Immunisation and Vaccination.

Section 26 of the Act requires the Health Authority to make arrangements with medical practitioners for both Immunisation against Diphtheria and Vaccination against Smallpox, and at the same time abolishes the so-called compulsory vaccination under the Vaccination Acts of 1867-1907. It was clear that the Minister regarded these provisions as coming within the contract of service of those practitioners who entered the National Health Service and that therefore the Health Authority could only pay those doctors for the completion and return of a record card but not for the injections. This contention has been resisted by the British Medical Association and until this dispute is resolved and the fees decided upon the position must remain unsatisfactory in that at the moment I have no exact knowledge of how much immunisation and vaccination is being carried out in domiciliary practice throughout the area, but my records show that 53 cards in respect of immunisation and 111 of vaccination were received from 36 doctors up to 31st December, 1948.

So far as the local Health Sub-Committee's organisation is concerned an additional Assistant Medical Officer of Health and a clerk for record-keeping were appointed in November, 1948. Facilities are available at all Infant Welfare Clinics and at a special clinic held monthly on a Saturday morning for immunisation against diphtheria. Special visits are also paid to the Schools, particularly in connection with Boosting Doses and missed cases.

A thorough revision of the records has been carried through—many of which in the earlier years were unsatisfactory—and as a result many children who were either missed or incompletely treated in earlier years have been included in the scheme. For vaccination, special sessions have been established in both Hove and Portslade—a facility which has been greatly appreciated by many mothers who are thereby enabled to have their babies vaccinated with the minimum of inconvenience.

The opportunity for inoculation against whooping cough has also been continued at the Infant Welfare Centres and although the same guarantee of good results cannot be given as with the other two protective measures, there is a considerable body of evidence to support the contention that it can prevent or minimise this very disabling disease of early childhood.

Ambulance Service.

Under Section 27 of the Act it became the duty of the Local Health Authority to make provision for securing that "ambulances and other means of transport are available where necessary for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area." This at once widened the scope of the Borough Ambulance Service which had been reserved for street accidents and other emergencies including maternity cases, and towards the end of the year increasing demands for the transport of patients to and from hospital for out-patient treatment, long-distance journeys, and the growing recognition on the part of the general public that they were entitled to such means of conveyance on the production of a medical certificate, made it apparent that the one vehicle—a 1930 model—and a staff of six drivers and attendants was no longer sufficient. With the consent of the Sub-Committee an arrangement was entered into with a private firm to undertake some of the long-distance journeys for which our own vehicle could not be spared, and a reciprocal agreement was entered into with Brighton to assist wherever possible in emergencies. Difficulties also arose in connection with the transport of infectious disease cases, a duty which had hitherto been carried out in a separate ambulance driven by the staff of the Isolation Hospital, and in October the vehicle, a 1932 model, was transferred to the Ambulance Service whose members then became responsible for removing this type of case, not only in their own area, but also in the County as far as Lewes, Chailey and Newhaven. In addition the Hospital Car Service assisted in the conveyance of patients whose disability or condition did not require an ambulance and I should like to pay tribute to the work of the Honorary Organiser, Mrs. Higgins, and the voluntary drivers who co-operated at all times to the best of their ability in meeting the calls, but as normally they require 48 hours' notice, emergencies cannot be dealt with in this way. Allegations of widespread abuse of the Ambulance Service have been made at different times but investigation does not support this view to any extent. The fact is that the general public are becoming increasingly aware of their rights in this and other provisions of the National Health Act and are exercising them. Up to 31st December, nearly 1,000 patients of various types had been transported and the ambulances had travelled nearly 10,000 miles.

This rising demand, the age of the vehicles, and the institution of a 44-hour week for the staff made increases imperative, and at the time of writing one more vehicle has been purchased, two more are on order with delivery during the present year, and the staff increased to 11, but it is doubtful if these extensions will be sufficient to meet the rising demands.

Up to 5th July, 1948, when cases were mostly limited to accidents and emergencies, the method of calling for an ambulance had been via the Police, but the increasing complexity of the requests and the desirability of attempting some kind of classification as to urgency made an alteration in the system imperative. By the new arrangement all calls are made to the Ambulance Depot direct unless all the drivers are out, when they are diverted to the telephonist on duty at the Fire Station.

Use of Voluntary Agencies.

In some quarters it was felt that 1948 would see the virtual disappearance of most if not all of the voluntary organisations who for so many years had filled in the gaps in the state provision for Health Services but fortunately this gloomy forecast was not realised in most parts of the country and certainly not in East Sussex. I have already mentioned the arrangement with the Hove and Portslade District Nursing Association for Midwifery and Home Nursing, and I would also refer to the Chichester Diocesan Moral Welfare Association who deal with the care of the unmarried mother; the Sussex Rural Community Council with the after-care of tuberculous cases, and the British Red Cross with the loan of equipment and appliances to those requiring them in their own homes. The latter organisation prepares tea at the Hove Infant Welfare Centres and is

conjunction with the W.V.S. provide at all the centres voluntary workers for record-keeping and clerical duties, in this way releasing the Health Visitors for their proper duties of advising the mothers. Financial assistance is rendered to these bodies by way of annual grants, supplemented in some cases by the payment of fees for residential treatment.

General Administration.

In addition to the Health Visitors and other members of the staff who being employed solely on Maternity and Child Welfare Services were automatically transferred to the County Council, by agreement with the Hove Borough Council certain of the clerical and administrative staff of the Public Health Department whose duties had been mainly concerned with the transferred functions continued to act in a similar capacity (part-time) for the County Council. In this way it has been possible to retain the interest and the experience of all those who had been responsible for directing those services in Hove in the past. I, myself, was appointed the Medical Officer to the Sub-Committee with the Town Clerk as the Secretary. To all the older members of my staff as well as those newly appointed I am deeply grateful for their enthusiasm and loyal co-operation and to the County Council officials, in particular Dr. Langford, I am indebted for unfailing assistance and understanding, and to the Chairman and members of the Health Sub-Committee I am conscious of my indebtedness for whole-hearted support at all times.

I am, Madam, Chairman, Ladies and Gentlemen,

Your obedient Servant,

N. E. CHADWICK, M.D.,

Divisional Medical Officer.

CHIEF VITAL STATISTICS FOR THE YEAR 1948.

TABLE I.

Group.	Population estimated by Registrar General 1948.	Live Births.		Deaths.		Infant Deaths (under 1 year).		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis.		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases, not including Influenza.		Deaths from Cancer.
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.
3 Large Towns	106710	1371	12.84	1663	15.58	35	25.52	542	5.07	43	.40	7	.06	129	1.20	324
7 other Urban Districts	70300	1074	15.27	797	11.33	26	24.21	257	3.65	20	.28	2	.02	66	.93	142
5 Rural Districts	155420	2449	15.75	1960	12.61	64	26.13	630	4.05	48	.30	4	.02	153	.98	328
Whole County	332430	4894	14.72	4420	13.21	125	25.54	1429	4.29	111	.33	13	.03	348	1.04	794

† Rates calculated per 1,000 of the registered live births.

* Rates calculated per 1,000 of the estimated population.

TABLE II.

District.	Area in statute acres (land and inland water).	Population esti- mated by Regis- trar General, 1948.	Live Births.		Stillbirths.			Deaths under 1 year of age.		Deaths at all Ages belonging to the District.	Death Rate
			Number.	Rate per 1,000 population.	Number.	Rate per 1,000 population.	Rate per 1,000 Total Births.	Number.	Rate per 1,000 Live Births Registered.		
<i>Three Large Towns.</i>											
Bexhill	7993	25820	314	12.16	6	.23	18.75	9	28.66	359	1.10
Hove	3953	67940	812	11.95	16	.24	19.32	21	25.86	1170	1.10
Lewes	1988	12950	245	18.92	2	.15	8.09	5	20.40	134	1.10
TOTALS ..	13934	106710	1371	12.85	24	.22	17.20	35	25.52	1663	1.10
<i>Seven other Urban Districts.</i>											
Burgess Hill	2024	8320	111	13.34	5	.60	43.10	4	36.03	102	1.10
Cuckfield	3912	16290	224	13.75	7	.43	30.30	4	17.85	168	1.10
East Grinstead	6600	10840	164	15.13	4	.37	23.81	3	18.29	115	1.10
Newhaven	1772	7520	139	18.48	4	.53	27.97	4	28.77	86	1.10
Portslade-by-Sea	1953	13210	245	16.28	6	.45	27.14	7	32.55	147	1.10
Rye	1627	4390	84	19.13	—	—	—	2	23.81	56	1.10
Seaford	4274	9730	137	14.08	2	.21	14.38	2	14.59	123	1.10
TOTALS ..	21562	70300	1074	15.28	28	.39	25.40	26	24.21	797	1.10
<i>Five Rural Districts.</i>											
Battle	117053	29890	504	16.86	9	.30	17.54	9	17.85	377	1.10
Chailey	60038	20080	315	15.69	5	.25	15.62	15	47.61	252	1.10
Cuckfield	74335	28400	422	14.86	6	.21	14.01	17	40.28	365	1.10
Hailsham	94629	36150	568	15.71	9	.24	15.59	13	22.88	464	1.10
Uckfield	112096	40900	640	15.65	9	.22	13.86	10	15.62	502	1.10
TOTALS ..	464151	155420	2449	15.76	38	.24	15.27	64	26.13	1960	1.10
Whole County	499647	332430	4894	14.72	90	.27	18.05	125	25.54	4420	1.10

TABLE III.

Number of deaths at different periods of life in the Administrative County during the year 1948.

Sex.	Urban Districts.							Rural Districts.						
	All ages.	Under 1 year.	1-5.	5-15.	15-45.	45-65.	65 and over.	All ages.	Under 1 year.	1-5.	5-15.	15-45.	45-65.	65 and over.
Males	1077	35	6	12	56	239	729	951	41	3	5	52	197	511
Females	1382	26	5	6	39	218	1068	1010	23	4	7	46	162	500
Totals ..	2459	61	11	18	115	457	1797	1961	64	7	12	98	359	1011

TABLE V (b).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1948 IN THE RURAL DISTRICTS.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.							Deaths in or belonging to each District, at all ages.				
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 45.	45 and under 65.	65 and over.	Battle.	Chailey.	Cuckfield.	Hailsham.	Uckfield.
1. Typhoid and Paratyphoid Fevers ..	—	—	—	—	—	—	—	—	—	—	—	—
2. Cerebro-Spinal Fever ..	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever ..	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough ..	1	1	—	—	—	—	—	—	—	1	—	—
5. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—
6. Tuberculosis of the Respiratory System ..	48	—	—	—	22	12	14	11	4	12	7	1
7. Other forms of Tuberculosis ..	4	—	—	—	3	—	1	1	—	1	1	—
8. Syphilitic Diseases ..	8	1	—	—	—	2	5	1	1	1	4	—
9. Influenza ..	5	—	—	—	1	1	3	2	—	—	1	—
10. Measles ..	1	—	1	—	—	—	—	1	—	—	—	—
11. Acute Poliomyelitis and Polio-encephalitis ..	3	—	—	—	3	—	—	—	—	1	—	—
12. Acute Infectious Encephalitis ..	1	—	—	—	—	1	—	—	1	—	—	—
13. Cancer of Mouth, Throat and Uterus ..	26	—	—	—	—	8	18	7	3	3	6	—
14. Cancer of Stomach and Duodenum ..	41	—	—	—	—	7	34	6	4	11	12	—
15. Cancer of Breast ..	50	—	—	—	2	18	30	9	6	9	12	—
16. Cancer of all other sites ..	211	—	—	—	5	60	146	34	26	43	53	—
17. Diabetes ..	9	—	—	—	1	2	6	1	3	1	2	—
18. Intra Cranial Vascular Lesions ..	292	—	—	—	4	43	245	58	35	55	74	—
19. Heart Disease ..	630	—	—	1	13	93	523	143	68	110	141	—
20. Other Diseases of Circulatory System ..	70	—	—	—	1	5	64	7	9	9	19	—
21. Bronchitis ..	54	—	—	1	—	9	44	9	7	7	15	—
22. Pneumonia ..	71	6	2	1	2	9	51	5	11	25	15	—
23. Other Respiratory Diseases ..	28	—	—	—	—	9	19	4	5	6	6	—
24. Ulcer of Stomach or Duodenum ..	24	—	—	—	—	8	16	4	2	3	2	—
25. Diarrhoea, etc. (under 2 years) ..	3	3	—	—	—	—	—	—	1	2	—	—
26. Appendicitis ..	4	—	—	—	—	2	2	—	1	—	3	—
27. Other Digestive Diseases ..	38	1	—	1	2	9	25	8	10	2	10	—
28. Nephritis ..	64	—	—	1	3	13	47	13	10	5	19	—
29. Puerperal and Post Abortion Sepsis ..	—	—	—	—	—	—	—	—	—	—	—	—
30. Other Maternal Causes ..	2	—	—	—	2	—	—	1	1	—	—	—
31. Premature Birth ..	17	17	—	—	—	—	—	3	5	3	4	—
32. Congenital Malformations, Birth Injury, Infantile Disease, etc. ..	32	27	—	—	3	2	—	5	7	6	8	—
33. Suicide ..	24	—	—	—	4	15	5	1	2	7	8	—
34. Road Traffic Accidents ..	22	—	1	3	10	4	4	4	3	5	7	—
35. Other Violent Causes ..	26	2	2	1	7	5	9	4	1	8	5	—
36. All other Causes ..	152	6	1	3	10	22	110	35	25	29	30	—
All Causes ..	1961	64	7	12	98	359	1421	377	252	365	464	50

Deaths of Infants under 1 year

{ Total 64
 Illegitimate 4

TABLE VI.
DIPHTHERIA IMMUNISATION.
Summary of Returns for the year ended 31st December, 1948.

IMMUNISATION IN RELATION TO CHILD POPULATION.

District.	Number of Children (in age groups as given) who at 31st December, 1948, had completed a course of Immunisation at any time since 1st January, 1934.							Total Number of Children under 15 Immunised.	Estimated Mid-Year Child Population, 1948.		Total Estimated Mid-Year Child Population 1948.
	Under 1 Born 1948.	1 Born 1947.	2 Born 1946.	3 Born 1945.	4 Born 1944.	5-9 Born 1939-43.	10-14 Born 1934-38.		Children Under 5.	Children 5-14.	
<i>Boroughs</i>											
Bexhill ..	15	277	271	223	246	1,115	1,118	3,265	1,811	3,771	5,582
Hove ..	3	470	564	507	514	2,009	1,136	5,203	4,109	6,314	10,423
Lewes ..	13	186	124	82	107	576	477	1,565	1,019	1,662	2,681
Rye ..	12	65	55	49	51	251	176	659	389	562	951
<i>Urban Districts</i>											
Burgess Hill ..	15	130	124	121	125	619	685	1,819	675	1,095	1,770
Cuckfield ..	30	248	233	168	220	1,169	1,102	3,170	1,233	2,295	3,528
East Grinstead ..	8	190	198	130	163	755	772	2,216	926	1,579	2,805
Newhaven ..	33	156	128	96	97	458	275	1,243	674	908	1,582
Portslade ..	—	107	125	77	169	512	199	1,189	1,142	1,863	3,005
Seaford ..	25	139	140	103	95	138	158	798	665	1,815	2,483
<i>Rural Districts</i>											
Battle ..	20	317	324	237	291	1,680	1,506	4,375	2,273	3,780	6,053
Chailey ..	13	222	170	132	124	572	432	1,665	1,019	2,717	4,336
Cuckfield ..	29	431	385	339	367	1,760	2,083	5,394	2,233	4,296	6,529
Hailsham ..	41	360	390	310	371	2,116	2,223	5,811	2,732	4,381	7,193
Uckfield ..	39	599	532	651	572	2,869	2,094	7,356	3,201	5,105	8,356
Totals ..	296	3,897	3,763	3,225	3,512	16,599	14,436	45,728	24,701	42,143	66,844

EAST SUSSEX COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946. SECTION 22.

Proposals for the
CARE OF MOTHERS AND YOUNG CHILDREN
 as modified and approved by the Minister of Health.

PART I.

General Statistical Data.

(N.B.—These statistics include those relating to the Borough of Hove, which is at present a separate Welfare Authority.)

1. Total mid-1946 population	310,830
2. Total mid-1946 number of children under five	21,950
3. Number of registered live births, legitimate and illegitimate :—	
(a) 1945	4,329
(b) 1946	5,353

Existing Service.

The present arrangements for the care of mothers and young children, apart from midwifery and infant health visiting, are as follows :—

A.—ANTE-NATAL CLINICS.

Ante-Natal Clinics for the supervision of, and advice to, expectant mothers are combined with the Child Welfare Centres or are held separately in the larger towns. Where there is no Welfare Centre, or where non-insured women find it impossible to visit a Centre, arrangements are available in the County Welfare Area for ante-natal examination by local medical practitioners upon application to the local district nurse-midwife or private midwife, the Authority paying the fee of a panel doctor for any written report they require on an ante-natal examination of an insured patient. Ante-Natal Clinics are also held at, or in connection with, the maternity units of the Public Assistance Committee at Southlands Hospital, Shoreham, and at the West Hylands Hospital, Cuckfield, and ante-natal examinations are carried out at other Hospitals with which the Authority have arrangements in respect of patients booked to enter for confinement.

In the Borough of Hove Ante-Natal Clinics are held at the Hove Branch of the Sussex Maternity and Women's Hospital, and by the Southlands Hospital at premises in Hove.

The following statistics relate to the whole of the Administrative County :—

(i) Number of Ante-Natal Clinics (including Hospital Clinics) :—	
(a) Ante-Natal Clinics only	22
(b) Infant Welfare Centres at which ante-natal examinations are also made	33
(ii) Number of expectant mothers who attended in 1946	3,401
(iii) Number of Sessions held : Sessions are mostly held once a month, others are held twice a month and a few are held weekly.	

B.—POST-NATAL CLINICS.

There is only one Post-Natal Clinic established by the County Welfare Authority solely for the purpose, namely at East Grinstead, but facilities are available at the two County Maternity Units and at voluntary Maternity Hospitals, and post-natal examinations may be carried out by the medical officers of all Welfare Centres.

The following statistics include the Borough of Hove :—

(i) Number of Post-Natal Clinics (including Hospital Clinics) :—	
(a) Post-Natal Clinics only	1
(b) Infant Welfare Centres at which post-natal examinations are also made	23
(c) Hospital Clinics	5
(ii) Number of sessions held : The one Post-Natal Clinic is held monthly and women are examined at the Infant Welfare Centres and Hospital Clinics as occasion arises. In the Borough of Hove post-natal examinations are made at the Ante-Natal Centres at two sessions each week ; no separate Clinics are held.	

C.—ARRANGEMENTS MADE WITH GENERAL PRACTITIONERS.

- (i) Number of women ante-natally examined in 1946—697.
 (ii) Number of women post-natally examined—No arrangements.

D.—CHILD WELFARE CLINICS.

Child Welfare Centres are held throughout the County Welfare Area and are staffed by part-time medical officers approved by the Welfare Authority and by nurses who are also, in most cases, practising midwives, infant health visitors and school nurses. Seventy Centres are controlled by voluntary committees, the County Welfare Authority paying the whole of their approved expenditure, while six Centres provided by the Authority are assisted by voluntary committees. At most of the Centres vitamin supplements are available in accordance with the regulations of the Ministry of Food, and also national dried milk and some other preparations when ordered by the medical officer. Children found to require medical treatment are referred to their family doctor, who if he so desires can take advantage of any of the treatment schemes provided by the Local Authority.

Two Infant Welfare Centres have been established by the Hove Borough Council.

Numbers are as follows :—

- (i) Clinics : 78 (including two at Hove).
 (ii) Sessions held : Sessions are mostly held once a month, but some are held twice a month and a few, in urban districts, weekly. In the Borough of Hove there are seven Child Welfare Clinic sessions each week.

E.—DAY NURSERIES.

- (i) Number of Day Nurseries (on hired premises at Burgess Hill, East Grinstead and Hove) .. 3
 (ii) Number of places for children 164

F.—RESIDENTIAL NURSERIES.

No Residential Nurseries are provided in the Administrative County under maternity and child welfare powers.

G.—MOTHER AND BABY HOMES.

Mother and Baby Homes are not provided in the Administrative County, but arrangements are made for the care of suitable cases in Homes such as The Bell Hostel, Eastbourne, and Garton House, Brighton, which are controlled by voluntary organisations.

H.—DENTAL TREATMENT.

In the County Welfare Area a Dental Service provided jointly by the Education Authority and the Welfare Authority is available for the treatment of any expectant or nursing mother or infant who is recommended by the medical officer of an Infant Welfare Centre or a midwife; application for treatment may also be made independently by the mother, and mothers and young children are encouraged to attend for supervision and treatment, which is provided at County Clinic buildings equipped with dental surgeries or on hired premises.

The existing Dental Service in the County Welfare Area employs a Senior Dental Surgeon, most of whose time is occupied with administrative duties, and six full-time County Dental Surgeons, of whom the equivalent of one full-time is regarded as being allocated to mothers and young children.

Expectant and nursing mothers and those children under five who require dental treatment are referred by the doctor or district nurse to the County Medical Officer, or in urgent cases direct to the dental surgeon. Conservative work is carried out by the dental surgeon and dentures are provided at cost price, the County Council assisting in payment of part or whole of the cost in necessitous cases. Arrangements are made for X-ray examination at the nearest convenient hospital when the dental surgeon wishes it, and patients are also referred to hospital as in-patients when necessary.

In the Borough of Hove dental treatment of expectant and nursing mothers and young children is carried out by a part-time dental surgeon employed jointly by the East Sussex Education Authority and the Hove Welfare Authority.

Dental treatment given in 1946 :—

(i) To expectant or nursing mothers	..	..	..	..	..	..	..	..	..	908
(ii) To children under five	..	..	..	..	..	..	..	..	..	516

I.—CONTRACEPTION.

Clinics for the instruction of married women in contraceptive methods are conducted by neighbouring Welfare Authorities and by a voluntary organisation in the county. The Authority pay the fees in necessitous cases where it is shown that pregnancy or childbirth is likely to have a harmful effect on the women's health.

J.—CONVALESCENT TREATMENT.

Periods of convalescent treatment are provided on the recommendation of the doctor in attendance for expectant or nursing mothers whose condition might be expected to benefit by a short rest period.

PART II.

DESCRIPTION OF THE SERVICE WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

A. General Arrangements.

1. ADMINISTRATIVE ARRANGEMENTS.

(i) The Authority's administrative arrangements for the care of mothers and young children will be under the control of the County Medical Officer of Health, assisted by his Deputy and a woman Administrative Medical Officer.

In the Borough of Hove and the Urban District of Portslade-by-Sea (together constituting an area for which a divisional executive has been established under the Education Act, 1944) the County Medical Officer will be assisted by the Medical Officer of Health for the Borough and Urban District, who for this purpose will act as an Assistant County Medical Officer of Health and will be in executive charge of the arrangements in that area.

(ii) In the Local Health Authority's area outside Hove and Portslade a whole-time County Nursing Superintendent on the county staff will be responsible to the County Medical Officer for co-ordinating the Midwifery, Health Visiting and Home Nursing Services and for maintaining effective liaison with the County Nursing Federation, as well as acting as Supervisor of Midwives. She will be assisted by a Deputy and four Assistant County Nursing Superintendents.

In the area of Hove and Portslade a Superintendent Nursing Officer, also appointed to the county staff, will act under the immediate direction of the Medical Officer of Health for the area in respect of the Midwifery, Health Visiting and Home Nursing Services.

(iii) The medical staffing of the Child Welfare Centres will be provided by the appointment of medical officers with special experience in maternity and child welfare. Medical Officers of Ante-Natal and Post-Natal Clinics will be chosen from those with the necessary obstetrical experience, and the Regional Hospital Board will be consulted with the object of securing the part-time services of selected medical officers on their staff.

(iv) Rationalisation and expansion of the existing services on the appointed day is expected to be necessary and possible only in matters of detail.

2. PARTICULARS OF ANY JOINT ARRANGEMENTS WITH OTHER LOCAL HEALTH AUTHORITIES.

Mutual arrangements with adjacent Local Health Authorities are proposed to enable mothers and young children living close to an Authority's boundary to make use of Welfare Centres and other services in whichever area is more convenient. The Local Health Authorities concerned are those of Kent, Surrey, West Sussex, Brighton, Eastbourne and Hastings.

3. ARRANGEMENTS WITH VOLUNTARY ORGANISATIONS.

(i) *The East Sussex County Nursing Federation* : Their midwives and health visitors will be available to carry out ante-natal examinations, attend Welfare Centres, visit Day Nurseries, visit mothers and children under five in their own homes and carry out any other appropriate duties.

(ii) *Welfare Centres* : The voluntary committees will conduct their present centres, on such terms as may be agreed from time to time.

(iii) *Mother and Baby Homes* : The voluntary organisations conducting these homes will continue to admit cases from the Authority's area.

(iv) *British Red Cross Society and Order of St. John* : These organisations will continue to assist the County Nursing Federation when required.

(v) *The Chichester Diocesan Moral Welfare Association* : This organisation will assist with certain expectant and nursing mothers and young children.

(vi) The Authority will enter into arrangements for the use of services and accommodation they may require provided by any other voluntary organisation.

4. LIAISON WITH OTHER BODIES.

After discussion with the Regional Hospital Board arrangements for the care of mothers and young children will be co-ordinated with the hospital and specialist services provided by the Board and agreement reached as to the type of confinements requiring institutional maternity accommodation. Where a confinement is to be in an institution, the patient's records will be available for the institution from the Authority's Ante-Natal Clinic, the medical staffing of which will where possible be provided by selected medical officers secured through arrangements made with the Executive Council for East Sussex and the Board.

Co-ordination with general practitioners will be secured through the Executive Council and by personal contacts.

B. Particular Arrangements which it is Proposed to Operate on the Appointed Day.

1. CLINICS (INCLUDING CLINICS PROVIDED BY VOLUNTARY ORGANISATIONS) :—

(a) Number of Ante-Natal Clinics	.. .. .	28
Number of ante-natal sessions to be held each month	.. .. .	39
(b) Number of Post-Natal Clinics	.. .. .	29
Number of post-natal sessions to be held each month	.. .. .	44
(c) Number of Infant Welfare Clinics	.. .. .	80
Number of infant welfare sessions to be held each month	.. .. .	159

At certain of the Infant Welfare Clinics ante-natal and post-natal examinations will be made as occasion requires.

2. CARE OF PREMATURE INFANTS.

The Authority's arrangements for the care of premature infants will be on the lines recommended in Ministry of Health Circular 20/44, dated the 22nd March, 1944. The services of paediatricians will be made available, in co-operation with the Regional Hospital Board, and particular attention will be given to premature infants by the midwives and health visitors ; suitable special equipment will be used when required.

3. DENTAL CARE.

(i) (a) *Expectant and Nursing Mothers* : All expectant and nursing mothers, whether attending Ante-Natal Clinics or not, will be encouraged to take advantage of the facilities for dental supervision and treatment, which will include instruction on diet to prevent dental disease or defect in the mother and child.

(b) *Young Children* : All mothers and guardians having the care of children under five years will be encouraged at Welfare Clinics and by personal visits by the health visitors to take their children for dental inspection, advice and any necessary treatment.

(ii) Number of dentists in addition to the Senior Dental Officer to be employed on this work :—

(a) Full-time	.. .. .	None.
(b) Part-time	.. .. .	Eight, equivalent in terms of full-time officers to two and a half.

It is proposed also in appropriate cases and areas to use the services of private dental practitioners equivalent to half a full-time practitioner.

(iii) Twenty sessions will be held each week.

(iv) All forms of dental treatment, including dentures, where necessary, will be provided by the Authority's dental officers. All dentures will be made in the Authority's own dental workshop, or by mechanics to the profession, or, if the dental officer concerned is a part-time officer of the Authority, by any mechanic employed by him in his private practice.

4. SUPPLY OF WELFARE FOODS.

The Council propose to distribute, on behalf of the Ministry of Food, those welfare foods which are included in the Government's Welfare Food Scheme, and to arrange for other welfare foods to be supplied where the welfare of expectant or nursing mothers of young children so requires.

5. PROVISION OF MATERNITY OUTFITS.

Maternity outfits will be provided for all domiciliary confinements.

6. NURSERY PROVISION.

(a) *Day Nurseries* : The Day Nurseries at Burgess Hill, East Grinstead and Hove will be continued.

(b) *Residential Nurseries* : There are no Residential Nurseries established under maternity and child welfare powers. It is intended that residential accommodation shall be provided in discharge of the duty which it is anticipated will rest on the County Council under the Children Bill now before Parliament and shall be administered in such a manner as may be provided in the Act and the Regulations made thereunder.

(c) *Other forms of provision for the care of children* : It is not proposed to provide crèches nor to arrange for registered daily guardians.

7. CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The Local Health Authority will continue the present arrangements for the admission of unmarried mothers and their children to the Bell Hostel, Eastbourne, to Garton House, Brighton, to Salvation Army and Church Army Homes, and to other Hostels as occasion may require. Provision will be made for the care of the unmarried mother for a total period of twelve months, that is from three months before confinement, for the confinement period and until the child reaches the age of nine months, or in special circumstances until the child reaches the age of twelve months. While at the Hostel the mother will be instructed in the care of the infant, trained in domestic work, and employed either at the Hostel or in a post within easy reach.

The Local Health Authority will continue the existing arrangements with the Chichester Diocesan Moral Welfare Association for the care, guidance and supervision of unmarried mothers and their children who are not admitted to Hostels.

8. CONTRACEPTION.

Arrangements will be made for any married woman to attend a contraceptive clinic if there are reasonable grounds for believing that pregnancy or childbirth would be detrimental to her health.

9. REST AND HOLIDAY HOMES.

It is proposed to provide in suitable selected cases a period in a rest or holiday home for expectant and nursing mothers whose condition is likely to benefit by a short rest away from home.

PART III.

DEVELOPMENT PLAN.

The Council propose to make such minor variations in the number of sessions held, staff employed, etc., as are from time to time necessary, in order to meet changes in the extent and incidence of the need for maternity and welfare services.

1. ANTE-NATAL CLINICS AND POST-NATAL CLINICS.

So far as local conditions permit, ante-natal examinations will be held separately from child welfare sessions. In general combined clinics will be provided dealing with ante-natal and post-natal examinations, but in the larger towns there will be separate sessions for each as the service expands. The policy for medical staffing will be to use the services of "general practitioner obstetricians" and of consultants employed by the Regional Hospital Board.

2. CHILD WELFARE CLINICS.

It is considered unlikely that Clinics will be required in places additional to those already provided for in Part II of these proposals. The number of sessions, however, will be increased when and where occasion arises; it is anticipated that by April, 1949, 12 of the existing Clinics will require approximately 144 additional sessions in a year. Should an increase in the number of clinics be found necessary, these will be provided as soon as suitable accommodation and trained personnel are available.

3. PREMISES.

Every attempt will continue to be made to obtain better premises, the need for which is felt in the majority of cases. It is proposed to ask voluntary bodies intending to provide Village Halls, Memorial Institutes and the like to incorporate in their plans additional accommodation which may be made available on agreed terms for Child Welfare Clinics. In due course some Child Welfare Clinics will be housed in Health Centres.

4. DENTAL CARE.

It is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of five so as to provide adequate facilities for every expectant mother to be examined by a dental officer following her first attendance at an ante-natal clinic; for the periodical examination of children under the age of five; and for the necessary treatment to be provided for expectant and nursing mothers and young children, particular attention being given to conservative treatment.

It is considered that the equivalent of one additional full-time County Dental Surgeon will be needed to meet the ultimate demand for dental treatment of mothers and young children; this appointment will be made as soon as the need can be accurately assessed.

As with Child Welfare Clinics every attempt will be made to obtain better premises for dental work, as the lack of these is the main limiting factor on expansion. It is proposed, if the Authority find on further investigation it would be an advantage, to provide mobile dental units.

5. NURSERY PROVISION.

It is considered that the existing Day Nurseries meet all present requirements, but the Authority will provide further Day Nurseries where the need arises and as soon as suitable accommodation and trained personnel can be obtained.

Dated the 9th June, 1948.

EAST SUSSEX COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946. SECTION 23.

Proposals for
MIDWIVES SERVICE

as modified and approved by the Minister of Health.

PART I.

Statistical Data.

(N.B.—These statistics include those relating to the Borough of Hove, which is at present a separate Welfare Authority.)
Total number of domiciliary births notified in the area :—(a) in 1945 : 1,702 ; (b) in 1946 : 2,248.

Existing Service.

1. The domiciliary midwifery service now operating in the County Welfare Authority's area is provided by certified midwives—most of whom also act as infant health visitors, general nurses and school nurses—in the employment of the East Sussex County Nursing Federation. The Authority make a payment to the Federation towards the salaries, travelling and other incidental expenses of these midwives in respect of all County duties and the Federation collect the remainder, in respect of general nursing, from the local District Nursing Associations.

2. The County Welfare Authority employ five Assistant County Nursing Superintendents, one of whom is Deputy to the County Nursing Superintendent. The County Nursing Superintendent is appointed by the County Nursing Federation and is seconded to the County service as part-time County Supervisor of Midwives ; the Assistants are Assistant Supervisors.

3. In the Borough of Hove, which is a separate Welfare Authority, a domiciliary midwifery service is provided under agreements with the Sussex Maternity and Women's Hospital, Brighton, and the Brighton, Hove and Preston District Nursing Association. Midwifery is also undertaken in the Borough of Hove by midwives employed by the Portslade and West Hove District Nursing Association. Supervision of midwives is carried out by a woman medical officer.

4. The numbers of midwives and nurse-midwives engaged at present are :—

(i) Whole-time midwives	6 (including 3 in the Borough of Hove).
(ii) Nurse-midwives	89

5. As an ancillary part of the service the County Welfare Authority make arrangements to train suitable candidates in midwifery. Refresher courses and periods of instruction in special subjects, such as gas and air analgesia, are arranged for midwives through the County Nursing Federation.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. (a) The Local Health Authority will provide a Midwifery Service whereby certified midwives will be available for attending women in their own homes as midwives or as maternity nurses.

(b) The Local Health Authority will encourage domiciliary confinement in all cases where the home conditions permit and there are no ante-natal or obstetric reasons against this course.

(c) It is proposed that on the appointed day the service will be provided as follows :—

- (i) in the Administrative County, excluding the Borough of Hove and the Urban District of Portslade-by-Sea, by making arrangements with the East Sussex County Nursing Federation for the employment by them of midwives who, except in a few urban areas, will work as at present under the "combined system," that is to say, in addition to acting as midwives they will act as health visitors, general nurses and school nurses ;
- (ii) in the area of Hove and Portslade, by making arrangements with the local Nursing Association or Associations for the employment by them of midwives who will act also as general nurses, and with the Sussex Maternity and Women's Hospital, for the employment by them of midwives.

(d) The administrative arrangements of the Authority's scheme will be under the general control of the County Medical Officer of Health ; he will be assisted in Hove and Portslade (together constituting an area for which a divisional executive has been established under the Education Act, 1944) by the Medical Officer of Health for the Borough of Hove and the Urban District of Portslade-by-Sea, who for this purpose will act as an Assistant County Medical Officer of Health and will be in executive charge of the arrangements in that area.

2. It is proposed that no midwives will be directly employed by the Local Health Authority.

3. (a) (i) The general lines of the proposed arrangements with the County Nursing Federation, which will be subject to review after a year's working, are that the Federation will employ an adequate number of midwives, preferably Queen's nurses, for midwifery and other duties. The Authority will pay to the Federation in accordance with an approved estimate the whole cost of the services rendered by them to give effect to these proposals ; the accountancy arrangements will be centralised in the hands of the County Treasurer, except as regards the Federation's voluntary funds and assets which they will retain. The Authority will continue to appoint representatives on the Executive Committee of the Federation.

(ii) The number of midwives to be employed by the Federation will be two whole-time, and 108 part-time who will be employed whole-time by the Federation on the combined system ; as regards the part-time officers, the equivalent in terms of whole-time midwives is 36.

(b) (i) The general lines of the proposed arrangements with the local Nursing Association or Associations in the area of Hove and Portslade are similar to those referred to in the preceding paragraph 3 (a), and will also be subject to review after a year's working.

(ii) The number of domiciliary midwives to be employed for duty in that area will be a maximum of five whole-time, including the appropriate proportion of the time of midwives who are occupied part-time on duties other than domiciliary midwifery.

4. It is not considered necessary to make any joint arrangements with other Local Health Authorities.

ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES.

5. (a) It is not proposed to appoint a separate medical supervisor of midwives.
- (b) In the Administrative County, excluding the area of Hove and Portslade, a whole-time County Nursing Superintendent on the staff of the County Council will be Supervisor of Midwives, responsible to the County Medical Officer; her Deputy and four Assistants will be Assistant Supervisors. She will also be responsible for co-ordinating the combined services and for maintaining effective liaison with the County Nursing Federation.
- (c) In the area of Hove and Portslade, a whole-time Superintendent Nursing Officer on the staff of the County Council will be Supervisor of Midwives, responsible to the Medical Officer acting for the area; she will also be responsible for maintaining effective liaison with the local Nursing Association or Associations.

TRANSPORT.

6. Cars will be provided for the transport of all midwives.

GAS AND AIR ANALGESIA.

7. The Authority will provide Minnitt apparatus for all midwives trained in its use, and will take every opportunity of so training midwives. Advantage will be taken of any other method of inducing analgesia which may be developed and approved.

TRAINING.

8. The Authority will continue to arrange for training suitable candidates as midwives, and for holding special courses of instruction for midwives practising in the Authority's area.

PART III.

DEVELOPMENT PLAN.

The whole of the area of the Administrative County will, on the appointed day, be adequately covered by the domiciliary services described in Part II, so that it will not be necessary to make any further provision for immediate development. It will, however, be the policy of the Authority to keep the needs of the area in this respect under frequent review.

Dated the 8th June, 1948.

EAST SUSSEX COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946. SECTION 24.

**Proposals for the Provision of a
HEALTH VISITING SERVICE**
as modified and approved by the Minister of Health.

PART I.**Statistical Data.**

(N.B.—These statistics include those relating to the Borough of Hove, which is at present a separate Welfare Authority.)

1. Area in square miles of Local Authority's area	780.7
2. Total mid-1946 population	310,830
3. Number of births in 1946	5,353

Existing Service.

1. Health visiting is carried out in the County Welfare Area by nurses employed by the East Sussex County Nursing Federation, who in most cases also undertake midwifery, general nursing, school nursing and child protection duties. In a few cases in urban areas whole-time health visitors also employed by the Federation are engaged. The health visitors visit all infants at intervals from 14 days after birth until the age of five years to give advice and assistance in their general management and upbringing. The work is supervised by the County Nursing Superintendent, her Deputy and four Assistant County Nursing Superintendents. Instances of unsatisfactory conditions or inadequate care are reported to the County Medical Officer of Health for suitable action.

2. In the Borough of Hove, which is a Welfare Authority outside the area of the County Nursing Federation, health visitors are employed whose duties do not include midwifery or general nursing. They are of the same rank, no Senior or Superintendent Health Visitor being appointed. The nature and scope of their services are similar to those in the County Welfare Authority's area.

3. The number of health visitors employed is sufficient for the present needs of the Local Health Authority's area, except in certain urban areas where additions to the staff are contemplated before the appointed day. The health visitors now employed are two whole-time, and 87 part-time, including five in the Borough of Hove; the equivalent of the part-time in terms of whole-time health visitors is 23.

PART II.**DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.****GENERAL ADMINISTRATIVE ARRANGEMENTS.**

1. (a) The Local Health Authority will provide a complete health visiting service to give advice on the care of persons suffering from illness, including mental illness, and any injury or disability requiring medical or dental treatment or nursing; to expectant and nursing mothers; to mothers and others having the care of young children, and as to the measures necessary to prevent the spread of infection.

(b) It is proposed that on the appointed day the service will be provided as follows:—

- (i) in the Administrative County, excluding the Borough of Hove and the Urban District of Portslade-by-Sea, by making arrangements with the East Sussex County Nursing Federation for the employment by them of nurses who, except in a few urban areas, will work as at present under the "combined system," that is to say, in addition to acting as health visitors they will act as midwives, general nurses and school nurses;
- (ii) in the area of Hove and Portslade, partly by employing health visitors directly under the Local Health Authority, and partly by making arrangements with the Nursing Association or Associations for the employment by them of health visitors; in this area the health visitors will also act as school nurses.

(c) The administrative arrangements of the Authority's scheme will be under the general control of the County Medical Officer of Health; he will be assisted in Hove and Portslade (together constituting an area for which a divisional executive has been established under the Education Act, 1944) by the Medical Officer of Health for the Borough of Hove and the Urban District of Portslade-by-Sea, who for this purpose will act as an Assistant County Medical Officer of Health and will be in executive charge of the arrangements in that area.

(d) In the Administrative County, excluding the area of Hove and Portslade, a whole-time County Nursing Superintendent on the staff of the County Council will be responsible to the County Medical Officer for co-ordinating the combined services and for maintaining effective liaison with the County Nursing Federation, as well as acting as Supervisor of Midwives.

(e) In the area of Hove and Portslade a whole-time Superintendent Nursing Officer on the staff of the County Council will be responsible to the Medical Officer of the area for the services in that area and for maintaining effective liaison with the local Nursing Association or Associations, as well as acting as Supervisor of Midwives.

2. It is proposed that six part-time health visitors will be employed by the Local Health Authority for duty in the area of Hove and Portslade, their equivalent in terms of whole-time health visitors being four.

3. (a) (i) The general lines of the proposed arrangements with the County Nursing Federation, which will be subject to review after a year's working, are that the Federation will employ an adequate number of nurses, preferably Queen's nurses, for health visiting and other duties. The Authority will pay to the Federation, in accordance with an approved estimate, the whole cost of the services rendered by them to give effect to these proposals; the accountancy arrangements will be centralised in the hands of the County Treasurer, except as regards the Federation's voluntary funds and assets which they will retain. The Authority will continue to appoint representatives on the Executive Committee of the Federation.

(ii) The number of nurses to be employed by the Federation will be four whole-time health visitors, and 93 part-time health visitors who will be employed whole-time by the Federation on the combined system; as regards the part-time officers, the equivalent in terms of whole-time health visitors is 25.

(b) (i) The general lines of the proposed arrangements with the local Nursing Association or Associations in the area of Hove and Portslade are similar to those referred to in the preceding paragraph 3 (a), and will also be subject to review after a year's working.

(ii) The number of nurses to be employed by the Association or Associations for duty in the area of Hove and Portslade will be three part-time health visitors, who will be employed whole-time by the Association or Associations and also undertake school nursing; the equivalent in terms of whole-time health visitors is two.

4. It is not considered necessary to make any joint arrangement with other Local Health Authorities.

TRANSPORT.

5. Cars will be provided for health visitors in rural areas, and in urban areas where necessary.

PART III.

DEVELOPMENT PLAN.

The whole of the area of the Administrative County will, on the appointed day, be adequately covered by the health visiting service described in Part II and no provision for immediate development is necessary.

It is considered impossible, before the appointed day, to estimate the increase in the work of health visitors by their being concerned with the health of the household as a whole and not only the care of mothers and young children as at present. Under the combined system the nurse visiting the house is already concerned with any matters of illness which arise and the range of advice given therefore approximates to that prescribed by the Act, but it will be the policy of the Authority to keep the needs of the area in this respect under careful consideration.

The Authority will be ready to take advantage of any facilities which may become available for the further training of health visitors to fit them for the extended scope of their duties under the Act.

Dated the 28th May, 1948.

EAST SUSSEX COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946. SECTION 25.

Proposals for
HOME NURSING
as modified and approved by the Minister of Health.

PART I.

STATISTICAL DATA.

1. Area in square miles of Local Health Authority's area	..	..	..	..	..	..	780.7
2. Total mid-1946 population	..	..	..	..	..	..	310,830

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. (a) The Local Health Authority's Home Nursing Service will provide nurses to attend persons who require nursing in their own homes by day or night.

(b) It is proposed that on the appointed day the service will be provided as follows :—

(i) in the Administrative County, excluding the Borough of Hove and the Urban District of Portslade-by-Sea, by making arrangements with the East Sussex County Nursing Federation for the employment by them of nurses who, except in a few urban areas, will work as at present under the "combined system," that is to say, in addition to acting as general nurses they will act as midwives, health visitors and school nurses ;

(ii) in the area of Hove and Portslade, by making arrangements with the local Nursing Association or Associations for the employment by them of nurses some of whom will act also as midwives.

(c) The administrative arrangements of the Authority's scheme will be under the general control of the County Medical Officer of Health ; he will be assisted in Hove and Portslade (together constituting an area for which a divisional executive has been established under the Education Act, 1944) by the Medical Officer of Health for the Borough of Hove and the Urban District of Portslade-by-Sea, who for this purpose will act as an Assistant County Medical Officer of Health and will be in executive charge of the arrangements in that area.

(d) In the administrative County, excluding the area of Hove and Portslade, a whole-time County Nursing Superintendent on the staff of the County Council will be responsible to the County Medical Officer for co-ordinating the combined services and for maintaining effective liaison with the County Nursing Federation, as well as acting as supervisor of midwives.

(e) In the area of Hove and Portslade, a whole-time Superintendent Nursing Officer on the staff of the County Council will be responsible to the Medical Officer of the area for the services in that area and for maintaining effective liaison with the local Nursing Association or Associations, as well as acting as supervisor of midwives.

2. It is proposed that no whole-time nurses will be employed directly by the Local Health Authority.

3. (a) The general lines of the proposed arrangements with the County Nursing Federation, which will be subject to review after a year's working, are that the Federation will employ an adequate number of nurses, preferably Queen's nurses, for home nursing and other duties. The Authority will pay to the Federation, in accordance with an approved estimate, the whole cost of the services rendered by them to give effect to these proposals ; the accountancy arrangements will be centralised in the hands of the County Treasurer, except as regards the Federation's voluntary funds and assets which they will retain. The Authority will continue to appoint representatives on the Executive Committee of the Federation. The number of home nurses to be employed by the Federation will be one whole-time, and 108 part-time who will be employed whole-time by the Federation on the combined system ; as regards the part-time officers, the equivalent in terms of whole-time home nurses is 36. In addition the Federation will meet special needs by employing nurses not in whole-time service, equivalent in the aggregate to two whole-time home nurses.

(b) The general lines of the proposed arrangements with the local Nursing Association or Associations in the area of Hove and Portslade are similar to those referred to in the preceding paragraph 3 (a), and will also be subject to review after a year's working. The number of home nurses to be employed by the Association or Associations for duty in that area will be two whole-time, and ten part-time who will be employed whole-time by the Association or Associations and also undertake midwifery : the equivalent in terms of whole-time home nurses is 9½.

4. It is not considered necessary to make any joint arrangement with other Local Health Authorities.

TRANSPORT.

5. Cars will be provided for the transport of home nurses and their equipment in rural areas, and in urban areas where necessary.

PART III.

DEVELOPMENT PLAN.

Although for some years there has been a tendency for the demand for general nursing to decrease in rural areas, and to increase in the towns, it is expected that after the appointed day there will be an increasing demand for home nursing in all types of communities, and the needs of the Authority's area will be kept under constant review. The employment of assistant nurses to work under the direction of fully-trained nurses, which would effect economy in the use of highly-trained staff without impairing efficiency, is already being considered and this course will be taken where justified.

Part-time nurses are already employed ; the employment of male nurses will also be considered.

Dated the 29th May, 1948.

EAST SUSSEX COUNTY COUNCIL.
NATIONAL HEALTH SERVICE ACT, 1946. SECTION 26.

**Proposals for
VACCINATION AND IMMUNISATION
as modified and approved by the Minister of Health.**

**PART I.
Statistical Data.**

District Medical Officer.	Dr. N. E. Chadwick.		Dr. W. T. Donovan.	Dr. W. B. Stott.		Dr. J. Petrie.		Dr. G. M. D. Lobban.				Dr. L. A. Collins.	Dr. E. C. Downer.		
County District.	Hove Borough.	Portslade U.D.	Bexhill Borough.	Cuckfield U.D.	Cuckfield R.D.	Burgess Hill U.D.	East Grinstead U.D.	Uckfield R.D.	Lewes Borough.	Seaford U.D.	Newhaven U.D.	Chailley R.D.	Hailsham R.D.	Rye Borough.	Battle R.D.
Total Population Mid-1946.	64940	12670	22540	14820	26610	7763	10580	39270	12250	8334	6388	18410	34660	4155	27440
Child Population Mid-1946 :—															
(a) Under 5	3670	1010	1560	1040	2090	540	745	2840	860	608	563	1460	2540	344	2080
(b) 5—15	6190	1820	2620	1740	3540	910	1310	5090	1550	1010	880	2660	4210	540	3400
No. of Registered Live Births :—															
(a) 1945	873	185	283	214	399	128	137	572	193	132	117	266	409	57	376
(b) 1946	953	235	355	246	445	145	194	727	233	160	148	308	603	85	516
Estimated percentage of mid-1946 child population immunised up to 31st December, 1946 :—															
(a) Under 5	60%	85%	45.4%	78%	81%	84%	67%	76%	31.8%	30%	46%	27%	57%	47.6%	42.6%
(b) 5—15	70%	65%	56.9%	98%	98%	96%	90.8%	97%	14%	14%	58%	10%	94%	63%	91.8%
Estimated number of vaccinations and immunisations of children 0—15 likely to be undertaken in year ending 31st March, 1949 :—															
(a) Vaccinations	400	144	174	152	254	55	136	254	84	64	47	204	167	60	189
(b) Immunisations	550	230	700	300	500	160	200	650	163	115	299	187	600	292	696

PART II.

Diphtheria Immunisation.

The general plan is to make arrangements with the District Medical Officers of Health to administer the service in their respective areas under the direction of the County Medical Officer of Health.

The areas, and the Medical Officers of Health concerned, are set out in Part I of these proposals. In each such area the Medical Officer of Health will be seconded by the Council or councils of the County Districts concerned to act part-time on behalf of the Authority.

Under his direction there will be employed an immunisation clerk, whole-time in the larger areas and assisted if necessary, who will maintain accurate records by means of a card filing system, and secure the necessary following up.

The clerical staff and recording system will be housed in, and closely associated with, each Medical Officer of Health's public health department.

A.—CHILDREN UNDER 5.

(a) *The Authority's general plan to secure that as many infants and young children as possible receive immunisation.*

Parents will be approached in the second six months of each infant's life and the case for immunisation presented to them. Parents will be given the opportunity of having the protection carried out by their own doctors, or of attending organised sessions. General practitioners carrying out individual immunisations will be supplied with material and arrangements will be made for them to furnish, for an agreed payment, records of their work.

(b) *The general plan on which sessional arrangements will be provided.*

The recording system will enable the consents obtained in each village, etc., to be kept under observation and an immunisation session provided there as soon as the numbers are sufficient. Each session will be held in an accessible school, clinic, hall, welfare centre or similar place and an appointment will be sent to each parent.

In general, immunisation during and part of welfare centre sessions will not be encouraged. When necessary, transport will be arranged.

(c) *The organised measures to be taken for the encouragement of immunisation.*

The teachers in maintained schools throughout the Authority's area will be asked to encourage immunisation by regularly notifying the District Medical Officer of new pupils in their schools and of those who have not been immunised, and by personal contacts with pupils and parents.

The staff of the combined nursing service (health visitors and district-nurse-midwives) will take every opportunity of reminding parents of the importance of immunisation and will assist in collecting and forwarding the necessary information to the Medical Officer of Health.

Medical Officers of the Authority and of county districts will give talks to District Nursing Associations, Women's Institutes, and the like.

(d) *The steps to be taken to keep the facilities for immunisation before the public.*

See (b) and (c) above. At all buildings where regular immunisation sessions are held a notice board will make the fact public. All welfare centres, school clinics and other similar establishments will display particulars of the services.

(e) *The means to be adopted for maintaining local propaganda.*

See (d) above. National publicity material will be used, largely through the Sussex Rural Community Council's publicity service, the Authority making a money grant.

B.—CHILDREN OF SCHOOL AGE.

The arrangements outlined in A above apply also to school children, with obvious modifications.

(f) *The arrangements to be made for giving reinforcing injections.*

It is proposed that all children primarily immunised in early infancy as they reach the age of five years shall receive reinforcement of their immunisation, either by a "routine" reinforcement injection or by Schick test followed by a reinforcement dose for all reactors, according to the county district concerned.

Further reinforcement doses at further age intervals are being considered.

C.—RECORDS AND PAYMENT OF FEES.

See A above. The Authority's proposals embody an accurate recording system which will enable the returns to the Minister to be prepared as he requires. Each Medical Officer of Health undertaking this work will be responsible for maintaining the efficiency of the immunisation clerk and the recording system.

General practitioners will all be offered an opportunity to participate in the service, on the clear understanding that records in approved form are supplied. Those practitioners providing immunisation privately (e.g., as in private residential schools) will be asked to co-operate in maintaining accurate records.

D.—MEDICAL ARRANGEMENTS.

See preamble to Part II.

The Medical Officer of Health in each area will, according to local conditions, arrange for immunisation sessions to be carried out by

- (i) himself or other medical officers of the Authority; or
- (ii) one or more selected general practitioners.

The Authority's medical officers are too few to take more than a limited part in the work.

All medical practitioners will be given an opportunity to provide diphtheria immunisation for payment to be negotiated on a national basis, subject to the requirement that they furnish approved records.

It is desired to continue research with a view to improving the service and to extend its benefits if found practicable and desirable.

Smallpox.

A.—INFANT VACCINATION.

The Authority's proposal is to provide for vaccination through the same organisation as outlined above under Diphtheria Immunisation. Modifications will be needed, such as an earlier approach to parents, a much smaller part played by teachers, and the intention that a high proportion of the children will be treated by general practitioners.

B.—RECORDS AND PAYMENT OF FEES.

It is proposed that these shall be on the same lines as, and maintained by the same staff as provided for, diphtheria immunisation. The proposal at the present stage is to use the same filing card for recording particulars of both methods of protection.

C.—ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX.

For mass vaccination, if necessary, arrangements will be made to enlist the services of an appropriate number of general practitioners to conduct vaccination sessions in premises engaged for the purpose, and to provide technical and clerical assistance. The Authority will also arrange for the public to be advised about vaccination (or revaccination) as a precaution and to be fully informed of all the facilities available, including the services of the family doctor. Arrangements in this connection will be co-ordinated with the county district councils responsible under the Public Health Act, 1936, for the control of infectious disease.

D.—MEDICAL ARRANGEMENTS.

The arrangements as set out above under Diphtheria Immunisation (D), apply equally in the case of vaccination and smallpox.

Other Diseases.

The Authority propose to provide facilities for immunisation against whooping cough in those county districts in which facilities for the purpose are at present available and may extend the provision of facilities for this purpose to other county districts if the County Medical Officer of Health should at a later date so recommend. The County Medical Officer of Health will be responsible for deciding the antigen(s) to be used, and for maintaining such records as will enable the results of this type of inoculation to be assessed.

If in exceptional circumstances it is considered expedient by the Authority's Medical Officer of Health, and he so advises the Authority, temporary arrangements may be made under his direction for group inoculation against a disease other than those referred to in the preceding proposals as regards persons to whom it is thought advisable to offer this inoculation to protect them against exceptional risk.

Dated the 20th April, 1948.

EAST SUSSEX COUNTY COUNCIL.
NATIONAL HEALTH SERVICE ACT, 1946. SECTION 27.

**Proposals for
AMBULANCE SERVICE
as modified and approved by the Minister of Health.**

PART I.


1. TOTAL MID-1946 POPULATION OF THE AUTHORITY'S AREA—310,830.

2. AREA IN SQUARE MILES—780.7.

3. PARTICULARS OF EXISTING AMBULANCE SERVICES.

(1) AMBULANCES FOR GENERAL PURPOSES.

Ambulance Station.	District Served.	No.	Type and date of manufacture.	Capacity.	Anticipated date for replacement.	Arrangements for servicing and maintenance.	Staff.	No. of Calls and Total Mileage 1.1.46 to 31.12.46 Ambulances. Calls. Mileage.
<i>British Red Cross Society.</i> Crowborough (Beacon Garage).	Crowborough. Rotherfield. Mayfield. Buxted (part). Withyham.	2	(a) Austin—20 h.p. 1938. (b) Ex-Army Austin.	2	(a) 1950. (b) According to amount of use.	By Commercial Garage.	1 Paid Driver. 4 Unpaid Drivers. 11 Unpaid Attendants.	304 6,833
East Grinstead (Kings Garage, London Road) (Dawson & Steer).	East Grinstead. Forest Row. Hartfield. West Hoathly. Worthing.	2	(a) Austin—16 h.p. 1936. (b) Morris—25 h.p. 1936.	2	(a) 1950. (b) According to amount of use.	do.	2 Paid Drivers. 9 Unpaid Attendants.	542 11,661
Haywards Heath (Griffins Garage).	Balcombe. Cuckfield U.D. Burgess Hill. Horsted Keynes. Ardingly. Cuckfield Rural Parish. Slaughtham. Bolney. Twineham. Wivelsfield. Lindfield.	2	(a) Austin—20 h.p. 1925. (b) Austin—18 h.p. 1939.	2	(a) 1948 (should be ordered at once). (b) 1951.	do.	2 Paid Drivers. 14 Unpaid Orderlies.	466 9,919
Hurstpierpoint (Cuckfield R.D.C.'s Depot).	Hurstpierpoint. Clayton. Keymer. Ditchling. Albourne. Fulking. Poynings. Newtimber. Pyecombe. Westmeston. Streat. Stanmer.	1	Austin—27 h.p., 1943.	4	1953.	By Garage or Depot.	1 Paid Driver. 1 Unpaid Driver. 1 Paid Attendant. 4 Unpaid Attendants.	125 3,557

Ambulance Station.	District Served.	No.	Type and date of manufacture.	Capacity.	Anticipated date for replacement.	Arrangements for servicing and maintenance.	Staff.	No. of Calls and Total Mileage 1.1.46 to 31.12.46 Ambulances. Calls. Mileage.
Uckfield (Caffyns Garage).	Uckfield. Maresfield. Danehill. Hadlow Down. Fletching. Newick.  Chailey. Isfield. Laughton. East Hoathly. Framfield. Little Horsted. Buxted (part).	1	Austin—24 h.p., 1945.	3	1955.	By Commercial Garage.	2 Paid Drivers. 30 Unpaid Attendants.	388 12,998
St. John Ambulance Brigade. Battle (Jenner & Matthews).	Battle Rural District.	1	Bedford — 26 h.p., 1936.	2	1948 or as soon as possible.	do.	1 Part-time Paid Driver. 1 Paid Attendant. 6 Unpaid Attendants.	267 8,265
Bexhill (Russell's Garage).	Bexhill Borough.	2	(a) Vauxhall — 25 h.p., 1938. (b) Minerva—30 h.p., 1928.	1 2	(a) 1952. (b) 1948—should be ordered at once.	do.	2 Part-time Drivers. Attendants supplied by St. John Ambulance Brigade rota.	568 9,400
Hailsham (Divisional Headquarters, "Grovelands").	Hailsham Rural District.	2	(a) Vauxhall — 25 h.p., 1938. (b) Sunbeam—25 h.p., 1932.	2 1	(a) 1950. (b) To be replaced by Austin W.D. 1942 when converted.	do.	1 Paid Driver. 9 Unpaid Drivers. 17 Unpaid Attendants.	359 10,838
Lewes (The Market Tower).	Hamsey. Plumpton. Ringmer. Falmer. Glynde. Barcombe. East Chilmington. Wivelsfield. Beddingham. Kingston. Hord. Rodmell. Lewes.	2	(a) Austin—25 h.p., 1942. (b) Morris—25 h.p., 1932.	2 2	(a) 1953. (b) 1948 or as soon as available.	By full-time Drivers or Commercial Garage.	2 Paid Drivers. Other staff by St. John Ambulance Brigade.	919 44,936

Ambulance Station.	District Served.	No.	Type and date of manufacture.	Capacity.	Anticipated date for replacement.	Arrangements for servicing and maintenance.	Staff.	No. of Calls and Total Mileage 1.1.46 to 31.12.46.
Rye (Conduit Hill House, Rye Head-quarters).	Rye. Broomhill. East Guldeford. Iden. Northiam (part). Beckley. Peasmarsh. Udimore. Icklesham. Winchelsea. Pett (part).	2	(a) Ford—V8, 1937. (b) Austin—1942.	2 2	(a) 1951. (b) According to amount of use.	By Commercial Garage.	14 Unpaid Drivers. 39 Unpaid Attendants.	200 4,856
Newhaven and District Nursing Association. Newhaven (Southern Engineering Garage).	Newhaven. Peacehaven. Telscombe. Piddington. Tarring Neville. South Highton.	1	Austin—18 h.p., 1938.	2	1951.	do.	Drivers from Garage. Attendants from St. John Ambulance Brigade.	166 3,850
Seaford Urban District Council. Seaford (Lock-up Seaford Garage) (Seaford Council Depot).	Seaford. East Blatchington.	1 1	(a) Austin—20 h.p., 1939. (b) Morris—15 h.p., 1931 (reserve ambulance).	2 1	(a) 1952. (b) Not to be retained; 1 vehicle sufficient for present needs.	By whole-time staff and local garage.	2 Paid Drivers. Staff from St. John Ambulance Brigade.	168 4,477
Southlands Hospital, Shoreham (East Sussex County Council). Southlands Hospital, East and West Sussex Shoreham.	Shoreham. for hospital cases only.	1 1	Austin—20 h.p., 1937.	2		By Driver and local garage.	1 Full-time Driver. 1 Relief Driver. Hospital Staff.	724 10,278
Heathfield and Waldron Ambulance Committee. Heathfield (Caffyns Garage).	Dallington. Warbleton. Heathfield. Waldron. Hadlow Down. Parts of — Hellingly. Framfield. Mayfield.	1	Sunbeam Talbot—27 h.p., 1938.	2	1951.	By Commercial Garage.	6 Drivers and 3 Attendants on call.	133 5,099

Ambulance Station.	District Served.	No.	Type and date of manufacture.	Capacity.	Anticipated date for replacement.	Arrangements for servicing and maintenance.	Staff.	No. of Calls and Total Mileage 1.1.46 to 31.12.46 Ambulances. Calls. Mileage.
<i>Hove Borough Council and Portslade Urban District Council.</i> Hove (Corporation Depot).	Hove. Portslade.	1	Morris—25 h.p.	2	1951.	Corporation Repair Depot.	3 Drivers. 3 Attendants.	595 3,810

(II) AMBULANCES FOR INFECTIOUS DISEASE CASES.

<i>Hove Borough Council and Portslade Urban District Council.</i> Hove Isolation Hospital, Portslade, and adjoining areas for hospital cases.	Hove. Portslade.	1	Bedford—29 h.p.	2 or 1 and 3 sitting.	1951.	Corporation Repair Depot and local garage.	Hospital Engineer acts as Driver.	63 544
<i>Mid-Sussex Joint Isolation Hospital.</i> Isolation Hospital, Cuckfield Rural District. Hurstpierpoint Cuckfield Urban District. Burgess Hill Urban District. East Grinstead Urban District. Uckfield Area.	Cuckfield Rural District. Cuckfield Urban District. Burgess Hill Urban District. East Grinstead Urban District. Uckfield Area.	2	(a) Austin—24 h.p. (b) Austin—18 h.p.	2 1		By Commercial Garage.	1 Full-time Driver. 1 Part-time Relief Driver.	74 3,932

(III) SITTING-CASE CARS.

<i>Lewes—St. John Ambulance Brigade.</i> Lewes (Market Tower). Lewes and parishes covered by ambulances.	Lewes and parishes covered by ambulances.	1	Vauxhall—12 h.p., 1933.	2		By Drivers and local garage.	St. John Ambulance Brigade Full-time Drivers.	(Included in calls and mileage of Ambulances on page 2).
<i>Seaford Urban District Council.</i> Seaford (Lock-up Garage). East Blatchington.	Seaford (Lock-up Garage). East Blatchington.	1	Hillman—14 h.p., 1938.	3		By whole-time Ambulance Staff (see p. 3).	As Ambulance Staff. (see p. 3).	65 2,038

HOSPITAL CAR SERVICE.

Area.	Cars on Call.	Patients Carried.	Miles Run.
Bexhill ..	75	4,374	50,267
Hove ..	35	1,093	17,000
Lewes ..	48	2,945	22,189
East Grinstead ..	30	900	27,172

PART II.

1. SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY.

Ambulance Cars for General Purposes.**A.—CO-ORDINATION OF EXISTING SERVICES.**

For the better co-ordination of the service, the County Medical Officer of Health as the executive officer of the Health Committee will be in general charge of the service, and the District Medical Officer of Health of the area in which the ambulance station is sited will be responsible for the local supervision of the general management of the vehicles, and their maintenance, and the general smooth running of the organisation.

The County Council, in association with the St. John Ambulance Brigade and the British Red Cross Society, will be concerned with the training of drivers and attendants.

B.—RE-DISTRIBUTION AND AUGMENTATION OF EXISTING RESOURCES.

(i) It is proposed that the existing ambulance stations which are run at present by voluntary organisations, i.e., the St. John Ambulance Brigade, the British Red Cross Society, the Newhaven and District Nursing Association, and the Heathfield and Waldron Ambulance Committee, should be maintained with the vehicles shown in the table in Part I. The areas normally to be served by the respective stations will be as determined by the County Council from time to time.

(ii) The services in Hove and Seaford are, at present, provided by the Borough and Urban District Councils respectively. It is understood that they will no longer have power to do so, and that the existing ambulances and staff will be transferred to the County Council as the Local Health Authority responsible for providing the service. It is proposed that by arrangement with the Borough and District Councils the vehicles will be maintained at their present stations and with the present staff of drivers and attendants, while arrangements will be come to with these authorities for the assistance of their Medical Officers of Health in a supervisory capacity similar to that proposed in the areas of the other County Districts, together with the use of such clerical and other facilities as may be needed.

(iii) There are certain areas in the County which, by reason of geographical situation, lay-out of road communications and their natural hospital "drainage," cannot so conveniently be served from ambulance stations within the Administrative County. In those cases it is proposed to make arrangements (after consultation with the Local Health Authority of the area) with the St. John Ambulance Brigade to provide the service from their stations at Eastbourne, Hastings and Tunbridge Wells for certain areas in the County.

C.—CONSULTATIONS WITH OTHER LOCAL HEALTH AUTHORITIES IN REGARD TO JOINT ARRANGEMENTS.

The County Council will make sufficient arrangements with the Local Health Authorities of Brighton, Eastbourne, Hastings, West Sussex, Surrey, and Kent for rendering mutual assistance in emergency and, if practicable, for securing, through joint user, a more economical use of vehicles.

D.—STAFF.**(1). EMPLOYED BY VOLUNTARY ORGANISATIONS AND OTHER BODIES.**

The existing staff is to be maintained.

(2). EMPLOYED BY THE LOCAL HEALTH AUTHORITY.

The County Medical Officer of Health is to be the chief executive ambulance officer in general charge of the service.

The District Medical Officer of Health of each county district is to be locally responsible to the County Medical Officer for the general supervision of the service. It is estimated that one forty-eighth part of his time would be occupied in this way.

(3). The Council will make arrangements for securing that, as far as possible

(i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association, or such other first-aid qualification as may be approved or prescribed by the Minister of Health;

(ii) all full-time drivers and attendants shall be so trained as to be interchangeable in their duties.

E.—MAINTENANCE AND SERVICING.

The arrangements set out in Part I are to be continued. It is not considered that any specific steps are possible or needed to secure further priority than is at present given, except by personal liaison and supervision by the staff as set out above.

Ambulance Cars for Infectious Diseases.

The conveyance of infectious disease cases will be effected partly by the ambulances stationed at Infectious Disease hospitals as indicated in Part I, and partly by the use of general purposes ambulances. Adequate arrangements will be made for disinfecting these ambulances. The ambulances at the Hospital will be staffed by the part-time services of hospital employees. The ambulance at the Hove Isolation Hospital will also be used as a relief vehicle for general ambulance work.

Sitting-Case Cars.

Under existing arrangements, sitting-case cars are available at the Lewes and Seaford ambulance stations only, and it is understood that that at Seaford will not be available under the new scheme. All demands for sitting-case cars are met by utilisation of the "hospital car service," in East Sussex under the local management of the British Red Cross Society, with area offices (as shown in Part I) at Bexhill, Brighton, Lewes and East Grinstead. This organisation makes use of the services of private owners and their cars, who are willing to answer calls of this nature in return for their out-of-pocket expenses.

It is proposed that this arrangement should continue, and it is felt that provided the Society is paid its administrative expenses, and that the drivers are paid a reasonable mileage rate, a satisfactory service can be provided at an economic cost. The existing area offices should be maintained, but the Lewes office should be the central and co-ordinating one for the entire area.

Conveyance of Patients by Railway.

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can, without detriment to his health, most conveniently be conveyed for part of it by railway, as a stretcher case, or in some similar way involving special arrangements with the railway undertaking the Local Health Authority propose to arrange accordingly.

Call Out Arrangements.

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

2. DEVELOPMENT PLAN.

It is estimated that, in order to provide adequately for the conveyance, where necessary, at any time of the day or night of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946), or mental defectiveness or expectant or nursing mothers from places in the County to places in or outside the County and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service, whether provided directly or through the agency of voluntary organisations, will need to comprise a total of 25 to 31 ambulances, 2 to 3 sitting-case cars, and 24 to 50 whole-time drivers and attendants, in addition to the services of volunteers and the part-time services of hospital employees. The requirements of the ambulance service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting-case cars and staff. Any such increases in the total establishment of vehicles and staff as may be effected under this Development Plan will be deployed at such places as the needs of the service may require. Such temporary redistribution of vehicles and staff between the stations will be made as may from time to time be deemed necessary to ensure the most effective use of the authority's ambulance resources.

Dated the 19th May, 1948.

EAST SUSSEX COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946. SECTION 28.

Proposals for
PREVENTION OF ILLNESS, CARE AND AFTER-CARE
 as modified and approved by the Minister of Health.

A. Tuberculosis.

WORKSHOPS, HOSTELS AND SETTLEMENTS.

It is proposed, if the Local Health Authority so decide in connection with their Development Plan, to provide a Hostel or Hostels for the accommodation in homely surroundings of tuberculous patients not able to benefit from hospital or sanatorium treatment but in whose cases there are nevertheless personal or social reasons for providing accommodation other than in their own homes. It is not expected that this proposal will receive detailed consideration until experience of the working of the Act has clarified the relative positions and powers of the Authority and the Regional Hospital Board in respect of such accommodation.

It is not proposed to provide workshops, hostels or settlements other than as indicated above, but in selected cases the Authority will send patients to establishments of a like character conducted by other Authorities or by voluntary organisations.

By arrangement with the Regional Hospital Board the Authority will continue to lend open-air sleeping shelters from Darvell Hall Sanatorium to patients living in the Authority's area.

NIGHT SANATORIA.

It is not proposed to provide night sanatoria.

CARE COMMITTEES.

It is proposed to continue the existing arrangements whereby tuberculosis care and after-care in the county (outside the Borough of Hove) are provided on the welfare side by the Sussex Rural Community Council, a voluntary body to whom the Authority will make an annual grant. At present there are five areas with Rural Community Council organisers and care committees, which meet at regular intervals and are assisted by a chest physician, one or more health visitors, and the newly appointed care almoner.

It is also proposed that from the appointed day the area of Hove and Portslade shall come within the purview of the Rural Community Council as an additional care committee area.

The Local Health Authority will make arrangements for affording all necessary care and after-care to persons suffering from tuberculosis and to their families in general accordance with the functions of a care and after-care organisation as described in Ministry of Health Circular 118/47 (paragraph 42): and for assisting tuberculous persons, where necessary, to obtain suitable work either through the arrangements of the Ministry of Labour and National Service under the Disabled Persons (Employment) Act or otherwise.

The care almoner's duties will include visiting and assisting patients in their own homes, attending care committee meetings and securing liaison with the Rural Community Council in respect of this work; and (subject to arrangements to be made with the Regional Hospital Board or Boards concerned) visiting patients from the area who are in a sanatorium or hospital so that their needs may be met. She will attend the Chest Clinics as required.

Arrangements will be made to obviate any overlapping of the duties of the care almoner, the health visitor, and the general nurse concerned with any individual or family.

SERVICES OF CHEST PHYSICIANS.

In order that patients in the Authority's area shall continue to have the advantage of the advice and supervision of a chest physician it is proposed that by agreement with the Regional Hospital Board the Board's chest physicians shall render joint service to the Authority in respect of a part of their time, which will be spent in preventive and care work.

In order to integrate tuberculosis care work with other branches of public health service the County District Medical Officers of Health (some of whom are part-time School Medical Officers) will be invited to attend and take part in care committee meetings. A similar invitation will be extended to other Assistant School Medical Officers.

B. Mental Illness or Defectiveness.

The Authority's proposals for after-care are set out in their proposals in respect of Mental Health Services. They include home supervision by home visitors employed by the Authority and acting under the direction of the Authority's medical officers, the secondment to the Authority on a part-time basis of the social worker attached to the County Mental Hospital and the continuation of existing arrangements whereby assistance is given by the East Sussex Association for Mental Welfare. This and any other voluntary organisation will receive grants from the Authority for their services.

C. Care and After-Care of Patients Discharged from Hospital or other Invalids.

The Local Health Authority will develop arrangements, in the light of circumstances and experience, for affording all necessary care and after-care to patients discharged from hospital or other invalids, and will endeavour to secure suitable participation in these arrangements of nursing associations or other voluntary bodies so far as the work of these comes within the scope of Section 28. The Authority's arrangements, including the work of any voluntary organisations in connection therewith, will not be such as fall within the scope of Part III of the National Assistance Act or as are within the ambit of the hospital and specialist services under Part II of the National Health Service Act.

D. Loan of Equipment.

For this purpose it is proposed to make use on agreed terms of "loan cupboards" and the like maintained by the East Sussex County Nursing Federation, the British Red Cross Society, the St. John Ambulance Brigade and the East Sussex Cripples' Association. It is proposed also to maintain a central store of certain items of equipment.

Subject to the agreement of the Regional Hospital Board the present arrangements will be continued whereby patients who would normally be admitted to hospital but are being kept at home owing to the shortage of hospital beds may be lent items of bedding and the like obtained from the nearest Local Authority hospital, to which they are returned for laundering and when finished with.

E. Venereal Disease.

The nursing staff engaged in the health services of the Authority will be available, as at present, for special visits to persons under treatment for venereal disease and to persons known or believed to be sources of venereal infection, and the arrangements in this connection will be carried out in co-operation with the medical officers of the treatment centres.

F. Health Education.

The Authority will develop health education in its area through all available means, including the co-operation of the Central Council for Health Education.

Dated the 16th April, 1948.

EAST SUSSEX COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946. SECTION 29.

Proposals for the Provision of a
DOMESTIC HELP SERVICE
as approved by the Minister of Health.

PART I.

Statistical Data.

(N.B. These statistics include the Borough of Hove which is at present a separate Welfare Authority.)

1. Area in square miles of Local Health Authority's area	.. .. .	780.7
2. Mid-1946 population	.. .. .	310,830

Existing Service.

(a) COUNTY WELFARE AUTHORITY.

Home Helps. Four whole-time home helps have been appointed in the County Welfare Authority's area to assist in the homes of mothers during the confinement period. In addition the Welfare Authority employ part-time helps when necessary and obtainable, and also assist mothers towards the cost of home helps obtained by them locally. The whole-time home helps are paid up to £4 a week and part-time helps at varying rates up to two shillings an hour for a 48 hour week; out-of-pocket expenses are also paid. The householder is required to contribute according to means on a scale which fixes a flat rate of payment for the whole confinement period.

Domestic Helps. The scheme for the provision of domestic helps in the County Welfare area is administered by the seven Borough and Urban District Councils who have accepted delegation, but the extent of the service has been limited by the difficulty in obtaining women willing to undertake the work. One whole-time and eight part-time domestic helps are now employed, and paid at the rate of two shillings an hour, persons using them being required to contribute according to their means.

(b) HOVE WELFARE AUTHORITY.

In the Borough of Hove substantially the same provision is made as in the County Welfare Authority's area. Four whole-time helps are employed and paid from £3 to £3 10s. od. a week, with travelling expenses, persons making use of them being required to contribute according to their means.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

A whole-time Organiser will be appointed to work under the control of the County Medical Officer of Health for the purpose of recruiting and supervising suitable women, conducting publicity campaigns, etc. She will invite such assistance in recruiting as may be available from district nurses, district nursing associations and other organisations. She will be provided with a whole-time clerical assistant. The Organiser appointed will cover the whole of the Authority's area. In the area of Hove and Portslade she will be immediately responsible to the Medical Officer of the area.

It is proposed to apply the Scheme in the first place to Boroughs and Urban Districts and to extend the service to rural areas by the recruitment of suitable helps (both whole-time and part-time) wherever these can be obtained. The number of domestic helps to be employed will depend on the need arising from time to time, but is expected to increase. Householders will be required to contribute toward the cost according to their means.

PART III.

DEVELOPMENT PLAN.

All the Boroughs and Urban Districts will be covered by the service described in Part II. Gradual development will aim at securing that ultimately the Local Health Authority will meet any demand for domestic help within their powers, whether in urban or rural areas. As the service expands the Authority may decide that one Organiser is insufficient to meet the needs of the whole area.

Dated the 9th April, 1948.

EAST SUSSEX COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946. SECTIONS 50 and 51.

Proposals for carrying out the Local Health Authority's duties under
THE LUNACY AND MENTAL TREATMENT ACTS AND THE MENTAL DEFICIENCY ACTS
 as modified and approved by the Minister of Health.

PART I.

Statistical Data.

Population of the Local Health Authority's area—estimated mid-1946	310,830
Patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts	1,040
Patients dealt with under those Acts by the Relieving Officers of the area in the year ending the 30th June, 1947	442
Defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the year ending the 31st December, 1946	44
Persons reported to the Local Authority as mentally defective in the year ending the 31st December, 1946	131
Defectives known to the Local Authority on the 31st December, 1946 :—	
In Certified Institutions	180
In an Approved Home	1
On Licence from Institutions	40
Under Guardianship	148
" Place of Safety " Cases and Children in Emergency Homes	17
Home Supervision	375
	761

PART II.
 PROPOSALS.

A. General.

1. A Lunacy, Mental Treatment and Mental Deficiency Sub-Committee of the Health Committee will be established for the service provided by the Local Health Authority in carrying out their duties under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.
2. The County Medical Officer will be responsible to the Authority for the organisation and control of the service.
3. He will also be responsible for the medical direction of the service.

B. Medical.

1. The County Medical Officer and his Deputy will give certificates of mental defect to accompany petitions for Orders under the Mental Deficiency Acts. General practitioners with the requisite experience will also give these certificates. It is anticipated that in the nine months following the appointed day some 40 certificates will be necessary.
2. Arrangements will be made with the Regional Hospital Board for their consultants to be available to give specialist opinions in cases of suspected mental defect or illness. It is anticipated that some 24 consultations will be necessary during the nine months following the appointed day.
3. In suitable cases the Authority will by arrangement obtain advice from the qualified psychiatrists on the staff of the Child Guidance Service established by the County Education Authority in conjunction with the Education Authorities for Eastbourne and Hastings County Boroughs.

C. Non-Medical.

1. The Authority's duties under the Mental Deficiency Acts include ascertaining what persons in their area are defectives and providing them with suitable supervision or securing that they are placed under institutional care or guardianship. Their duties under the Lunacy and Mental Treatment Acts include those now carried out by relieving officers, who as " authorised officers " take the initial proceedings in providing care and treatment for persons suffering from mental illness.
2. The Authority will develop their proposals with regard to the foregoing duties in two stages :—
 - (i) SERVICE ON THE APPOINTED DAY.
 - (a) The work of ascertainment, supervision and care of mental defectives will be carried out by the two male and three female mental deficiency visitors now employed. Arrangements will be made with the appropriate Regional Hospital Boards for the care and supervision of mental defectives in the Authority's area on licence from Institutions.
 - (b) A sufficient number of authorised officers will be appointed and suitably stationed to ensure that their services are readily available in all parts of the County.
 - (c) The two male mental deficiency visitors will also be appointed authorised officers to act during relief periods and for emergency purposes. They will receive instruction from qualified officers and will also attend any special courses of training that become available.
 - (ii) ULTIMATE DEVELOPMENT.
 - (a) The Administrative County will be divided into appropriate areas, and a whole-time Mental Health Visitor will be appointed for each area. These whole-time officers will be appointed authorised officers and primarily engaged on those duties, but in addition they will be engaged so far as may be necessary in the care and supervision of the mentally ill and mentally defective.
 - (b) To ensure full integration with the work of the Regional Hospital Board there will be available to the Authority by arrangement with the Board the services of the Board's social health workers who will be seconded to the Authority's service for a proportion of their time.
 - (c) It is anticipated that this stage of development will be reached within two years from the appointed day.

D. Voluntary Supervision and After-Care.

The Authority consider that the voluntary supervision of persons not subject to be dealt with under the Mental Deficiency Acts and of patients discharged from Orders under the Acts, and also the after-care of persons who have been suffering from mental illness on their discharge from hospital, can in the main be better carried out by voluntary workers than by officers of the Authority, particularly having regard to the reluctance of the majority of patients and their relatives to accept "official" supervision. The Authority will arrange with the East Sussex Association for Mental Welfare for them to carry out voluntary supervision and after-care on behalf of the Authority.

E. Training of Mental Defectives.

1. In the rural parts of the Authority's area, where the scattered nature of the population and transport difficulties make occupation and training centres and formal schemes of training impracticable, the mental deficiency visitors and the authorised officers will visit and assist the defectives and, where desirable, arrange for their employment locally. In suitable cases the East Sussex Association for Mental Welfare and the Guardianship Society will continue to co-operate.

2. The Guardianship Society have established Adult Occupation Centres in Brighton and Hastings, and also a Junior Occupation Centre in Brighton. By arrangement with the Society the Authority will continue to make use of these Centres for those defectives who either live near enough to attend from their own homes or can be boarded-out near the Centres.

F. Ambulance Service.

The ambulance service provided by the Local Health Authority will be used, and by arrangement with the Regional Hospital Board the ambulances at the Board's Mental Hospitals at Hellingly and Haywards Heath will be available when required. In suitable cases the mental health visitors will use their cars for the conveyance of patients, and when specially experienced escorts are needed they will be obtained either from the hospital concerned by arrangement with the Board or by the employment of other suitable persons.

Dated the 9th April, 1948.

