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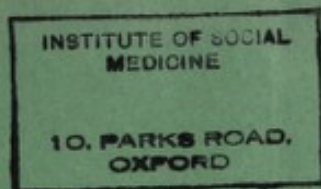
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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT

OF THE

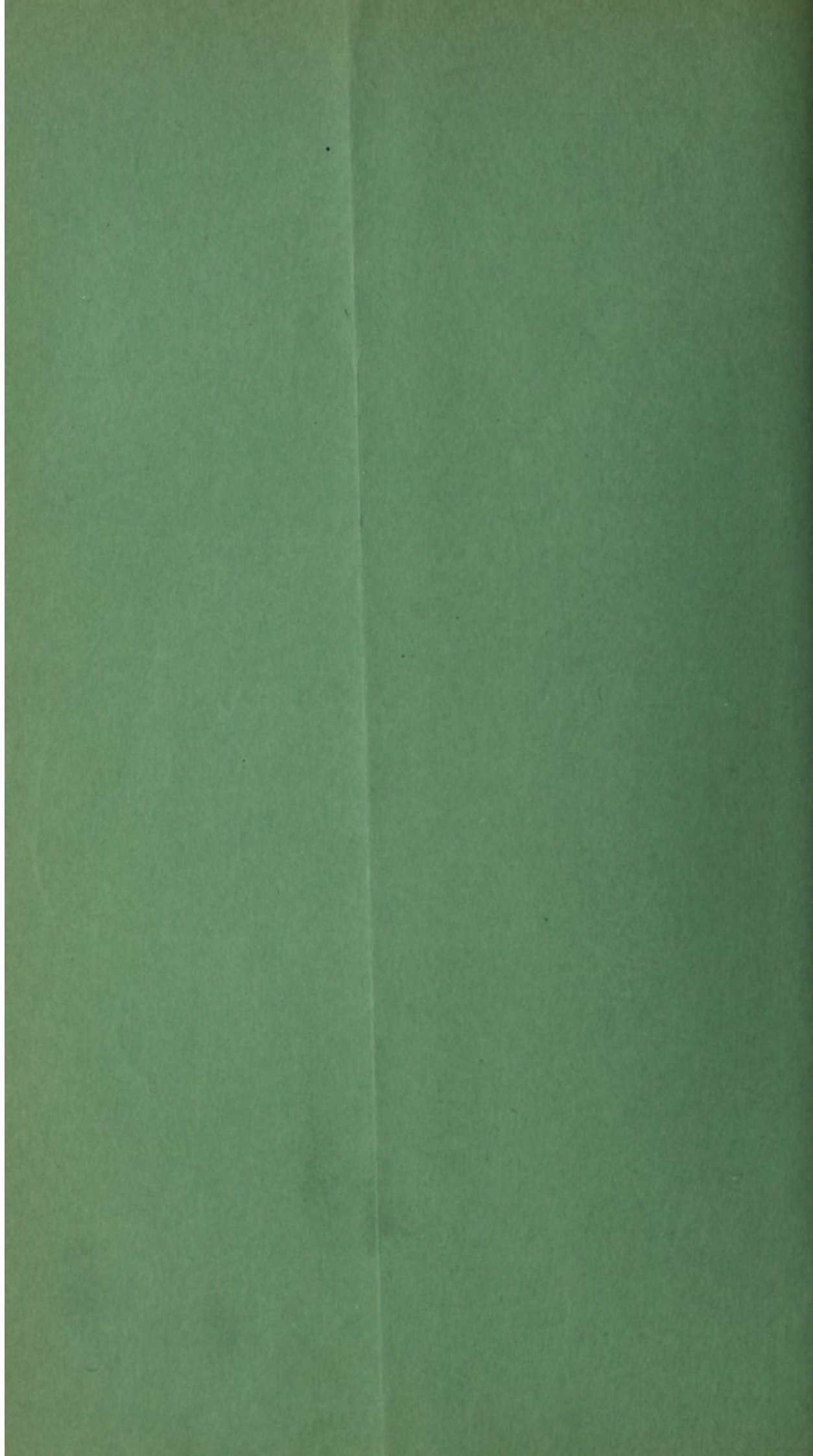
MEDICAL OFFICER OF HEALTH

FOR THE

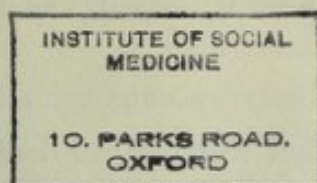
YEAR 1949

FRANK 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*



EAST SUSSEX COUNTY COUNCIL



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EAST SUSSEX COUNTY COUNCIL.

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-fifth Annual Report on the health of the Administrative County of East Sussex.

The state of the public health continues to be satisfactory, though reference to the statistical tables and the main body of the Report will show that the birth rate (13.8) fell just short of the death rate (13.9), an indication of the popularity of the county among older people seeking retirement.

The infant mortality rate at 21.1 per 1,000 live births (the figure for 1948 was 25.54) is lower than ever before, and the maternal mortality rate, 1.05, remains low.

With the exception of acute polio-myelitis, to which further reference is made, there has been no important variation in the incidence of infectious diseases.

By the end of the year the new legislature which came into force in July, 1948 (National Health Service Act ; Children Act ; National Assistance Act ; National Insurance Act), had been working long enough to run reasonably smoothly, but also to have shown up certain weaknesses and difficulties. Reference to some of these is made later, but the work of the last year has abundantly confirmed the statement made by the Minister of Health that an important present duty of the Medical Officer of a Health Authority is to secure liaison between the Health Authorities and other administrative bodies such as the Regional Hospital Boards and local Executive Councils. While it is readily agreed that representation by members and co-opted members of the County Councils on Committees of other bodies, and *vice versa*, secures desirable contacts, it has been found that close relationship on Officer level is essential if the work is to be dealt with smoothly and efficiently. The staff of the Public Health Department are now well accustomed, among other matters, to dealing with hosts of enquiries from hospitals, doctors and the general public, often relating to matters far outside the scope of Part III of the National Health Service Act, and the experience thus gained has aided them materially in keeping in touch with the work of other bodies. The contacts thus made are equally of value in helping staffs of the Health Authorities to deal with their own problems as they arise.

In the report for 1948 reference was made to Divisional Administration and the decision of the Health Authority to apply this method only in the case of the Hove and Portslade area. In this particular area the method has worked satisfactorily so far, apart from the occasional delays which are inevitable in any system which includes committee control in successive stages ; but observation of the system elsewhere as it has come to the administrative notice of the Department, suggests that it may have appreciable disadvantages. In such matters as, for instance, the prompt transfer of information and continuity of supervision in the case of an unsatisfactory family with weakly children moving to a new area, there may be a time lag which adds materially to the difficulties of the receiving Authority. The delay is caused, of course, by the information being sent to the main office of the receiving Authority and then passed to the appropriate Divisional Medical Officer and by him to the actual Visitor. Moreover, it has proved difficult or impossible in many cases to reduce this delay by sending particulars direct to the Divisional Officer concerned as detailed organisation varies from County to County and even from time to time, as the extent of delegation may be varied as time goes on. No doubt, as the Divisional arrangements in each County become stabilised and the conditions can be made generally known, these difficulties will lessen.

From the personal point of view of the Medical Officer, some degree of delegation from central office staff, whether Divisional or otherwise, has appreciable advantages and indeed is a general necessity, as there is a constant incidence of day-to-day work and special assignments which, if allocated to Assistant Medical Officers doing routine work, adds interest to their duties; the saving of time and travelling expenses is also appreciable. Examples are: Medical visits under the Nurseries and Child Minders (Regulation) Act; medical supervision of Old People's Homes set up under Part III of the National Assistance Act, and attendance at meetings of Hospital Management Committees or their corresponding Group Medical Committees. Such personal delegation is a much simpler matter to arrange in counties staffed by whole-time Officers than in those, such as East Sussex, where most of the medical staff are already Medical Officers of County Districts.

It has been found an advantage for the Medical Officer of the Health Authority to be a member of (or at least to be permitted to attend, with freedom of discussion, at meetings of) Hospital Management Committees; this has often been stressed, not only in medical circles. Whether such attendance, or membership of the corresponding Group Medical Committees is the more useful from the point of view of the Health Authorities' work, is a moot point, but there can be little doubt that such contacts are extremely valuable. It is seldom practicable for one County Medical Officer to attend meetings of several Hospital Management Committees (or Medical Committees) in addition to his other duties, but he could with advantage be represented by medical officers on his staff.

By far the most useful form of contact, however, has been membership of the Local Medical Committee, the professional body set up by the Minister to represent, in the main, the general medical practitioners in the County. The Health Services under Part III of the Act are so closely related to the General Medical Services under Part IV that the personal contact afforded by the County Medical Officer being a member of the Local Medical Committee gives an invaluable opportunity for exchange of views, clearing up of misunderstandings and getting things done with expedition and good will.

A feature often met in recent legislation is the sharing between two or more separate authorities of the responsibility for dealing with a matter which of its very nature is only artificially divisible. Examples are: The care of the old person in frail health; the domiciliary care of the tuberculous person; and the need for a safe milk supply. Of these, probably the most unsatisfactory is the administrative requirement that an old frail person changes his category and passes from one control to another as often as he is ill for a few weeks or recovers again. While much of this unseemly "pull devil pull baker" which now takes place when an old person requires care is due to the desperate shortage of beds, some at least is due to the artificial division of responsibility according to whether the victim is "ill" or merely frail, which makes it necessary to classify every such case. Perhaps in the fullness of time it will be possible to devise a scheme which enables hospital services to be planned for efficiency and yet leaves an old person under one roof during his declining years.

During the year there has been a marked increase in the number of areas for which water supply schemes or systems of sewage disposal have been prepared by the District Councils and have been placed before the County Council. The number of contaminated wells and polluted water courses has for long shown the need for action; it is hoped to refer to the matter in a more comprehensive way in the report for 1950. Other matters worthy of note are referred to in the body of the Report.

My grateful thanks are due to all members of the County Council and its Committees concerned with health matters for their consideration and support, to my colleagues in both local government and other services, and to the many others who have shared with us the work during the year.

I have the honour to be,

Your obedient servant,

F. LANGFORD,
*County Medical Officer of Health
and School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL, LEWES.
June, 1950.

GENERAL STATISTICS.

The **Estimated Population** increased from 332,430 in 1948 to 336,240 in 1949.

The **Birth Rate** for the county was 13.8 per thousand of the estimated population (9 per thousand less than in 1948), as compared with 16.7 for England and Wales. The live births in 1949 totalled 4,643, a reduction of 251 as compared with 4,894 in 1948. The number of illegitimate live births in East Sussex was 246, or 5.29 per cent. of the total.

The general uncorrected **Death Rate** was 13.9 per thousand in 1949, as compared with 13.21 in 1948. The rate for England and Wales in 1949 was 11.7.

The **Infant Mortality Rate** was 21.1 per thousand live births in 1949, as compared with 25.54 in 1948. This is the lowest figure ever recorded in the county and represents for the first time less than 100 deaths. The illegitimate death rate was 40.65 per thousand illegitimate live births, as compared with 32.79 in 1948.

The **Maternal Mortality Rate** was 1.05 per 1,000 live and still births, there being five maternal deaths during the year. The following are particulars of each case:—

(i) During this second pregnancy the patient had prominent varicose veins in both calves and developed phlebitis in the later stages. The clinical record shows that on the third day after a normal confinement the phlebitis recurred and led to a succession of emboli, the last being a fatal pulmonary embolism on the twenty-second day.

(ii) This woman was Rhesus negative, the second child dying at birth of hydrops foetalis. In the third pregnancy she was under close hospital supervision throughout and was admitted at the twenty-sixth week on account of vomiting, drowsiness and oedema, at which time there was no evidence of foetal life. Nineteen days later there was spontaneous delivery of a macerated foetus, followed by progressive deterioration and death the following day. Post-mortem examination confirmed a toxæmia of pregnancy.

(iii) In this case the patient was said to be unaware of pregnancy, which was her fourth. In the absence of information from the patient, who died suddenly at the third month, it was impossible to arrive at a satisfactory explanation of the fatality, though post-mortem examination suggested a toxæmia of some kind.

(iv) In this case the patient was not known to the Department in any way till long after her death and enquiries could only be limited in scope. During the previous pregnancy, in 1936, a toxæmia occurred, followed by albuminuria and gradually increasing renal failure, which caused her death in 1949. Both the doctors who attended her in another county in 1936 are dead, so it is not possible to confirm that the chronic nephritis did, in fact, originate during pregnancy.

(v) This was a multipara in the thirties, who already had five children. At about the tenth week in the sixth pregnancy she died in hospital of shock and hæmorrhage resulting from a ruptured ectopic gestation.

It is difficult to see, in reviewing these cases, what could have been done to prevent any one of the deaths, unless perhaps in No. 4 pregnancy could have been prevented.

INFECTIOUS DISEASES.

Table IV in the Appendix sets out the number of notified cases of the diseases listed, scabies now being omitted. As far as this disease is concerned, the county has returned to its previous state of stability when scabies was met so infrequently that it was a trifling matter. Now that, in addition to low incidence, we possess anti-sarcoptic preparations of great efficiency, convenience and comfort, there is no difficulty in treating individual cases and including in the benefits offered all the members of the family.

In the case of malaria, although the requirement is only to notify the disease if acquired in this country, the disease is listed because notifications are received from time to time, though the cases are almost certainly nothing more than recurrences of infection contracted abroad. A genuine "indigenous" case occurs only once in several years in this county, an interesting contrast with the not-so-far-distant days when "ague" was one of the trials suffered by our country people, in Sussex as well as elsewhere.

Measles increased in numbers from 2,636 last year to 3,506. The number of cases notified, moreover, bears no strict relation to the number of cases occurring, as, in a great many cases, the patient is only slightly ill and may never be seen by a doctor. The same applies to whooping cough and scarlet fever; also to dysentery (partly because this condition is so ill-defined as an entity or group) and food poisoning.

Although whooping cough and measles may in some children leave permanent lung damage, their severity in general has been very slight, and it is gratifying to note that among the 4,212 patients recorded as contracting scarlet fever, whooping cough or measles during the year, only 3 deaths occurred.

Scarlet fever has risen from 215 to 341, while whooping cough has dropped from 1,074 last year to 365 this year. While as yet no antigen of a reliability and efficiency comparable with the preparations used for immunisation against diphtheria is yet available for whooping cough, it is very probable that the extensive use made during recent years of proprietary pertussis vaccines has had an appreciable effect in reducing the incidence, and what is more important, the severity of the disease. As there is no morbidity notification we do not know how much residual disability results in the form of chronic bronchitis or bronchiectasis; but there can be no doubt that in spite of the better physique and health of the modern child, a substantial amount of impaired health may follow an attack of whooping cough.

During the year 48 patients were notified as suffering from acute polio-myelitis (including four cases of acute polio-encephalitis), of whom 44 were confirmed cases; there were three deaths, all of men aged 32, 36 and 37 years. In addition, a man aged 60 and a woman aged 28 who died elsewhere, belonged to the county. As in previous years, a substantial proportion of the cases were in older patients; of the 44 cases, only 11 were 5 years old or less, while 12 were over 20. The oldest was a man of 66, while the average age was 16. The incidence again tended to be more heavy in the western half of the county (excepting Hove and Portslade), the outbreak starting with seven cases in Newhaven Urban District (population 7,572), in less than four weeks from 27th May, yet no further case occurred there although Peacehaven and Telscombe Cliffs, immediately to the west, had three cases in July and August. As elsewhere in the country, cases continued to occur, though less and less often, right up till December.

TUBERCULOSIS.

There were 234 notifications of pulmonary tuberculosis in 1949, of which 148 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis numbered 55, of which 33 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 2,053 (1,415 pulmonary and 638 non-pulmonary).

It will be noted that the number of notified pulmonary cases on the registers has risen from 1,354 in 1948 to 1,415, i.e., the number per 1,000 of the population has risen from 4.0 to 4.2. This small increase is probably largely due to better ascertainment. The deaths from pulmonary disease, however, have dropped from 111 in 1948 to 97, which, taking into account the increased population, shows an appreciable reduction in the mortality rate.

An unsatisfactory feature which is noticed year by year is the high proportion of persons who have never been notified as suffering from tuberculosis before they die of the disease. In 1948, of the 111 deaths from pulmonary tuberculosis, no fewer than 42 (37.8%) had not been notified, and of the 13 dying from non-pulmonary disease three (or 23%) had similarly never been notified. Thus, in 1948, over 36% of all the deaths from tuberculosis were of patients who had not been notified in this area and who in the great majority of cases

were not known to the public authorities whose duty it is to prevent the spread of infection. In 1949 the figures are much the same: out of 97 deaths from pulmonary disease 39 (40.2%), and of eight from non-pulmonary conditions three (37.5%) had not been notified, a total of 42 (40%).

While the patients suffering from non-pulmonary disease may be regarded as a small problem, both numerically and from the point of view of infection, the same cannot be said of the chest cases, and such a high proportion of omissions to notify cannot be regarded with equanimity. In some few cases there are adequate reasons for genuine misunderstanding, but it is to be feared that in most the cause is inadequate regard for the statutory requirement, which (it is often necessary to remind doctors) has been in force for over 30 years and should by now have become familiar to all concerned. Although no branch of the profession is blameless, it has been noted that a substantial proportion of cases occur in connection with hospital practice. A patient with, say, a doubtful chest condition or undiagnosed swelling of cervical glands is seen by his family doctor and sent to a general hospital for investigation. The patient is admitted, treated, and a diagnosis of tuberculosis is made, perhaps in the first place by the consultant; but all too often the patient is discharged in due course and notification is made weeks or months late or not at all. The hospital resident (whose stay is generally short) may be too young in the profession to appreciate fully his statutory duty and the importance in preventive medicine of notifying the patient; and it appears in many hospitals to be nobody's duty or privilege to educate him in these matters. The consultant may be too far divorced from the ordinary rough and tumble of day-to-day work to concern himself with such matters. The general practitioner to whom the patient is returned in due course with, or perhaps without, a letter of particulars may, perhaps naturally, assume that doctors who have had a patient under treatment for weeks or months will already have done their duty.

The other important cause of non-notification is the failure to remember that notification is required in every sanitary district in which the patient lives. There is no duty on the patient to intimate his change of address; consequently he may, and often does, move to a new district or county, and for the purpose of his new home area may be as much a new, and unknown, case as if he had never been notified in some other district.

Whatever the causes may be, delayed notification very seriously hampers those concerned in tracing the source of infection and preventing (as far as may be possible) further harm; and it is hoped that the doctors serving this county will more often remember that it is their duty, in the public interest, to notify the case "on becoming aware" that a patient is suffering from tuberculosis in any form. A substantial improvement in this direction might well have a noticeable effect in accelerating the reduction in mortality rate indicated above.

Responsibility for the prevention and treatment of tuberculosis, like some other work affected by the National Health Service Act of 1946, has been divided among several bodies: the general practitioners who look after the patient at home; the hospital authority providing specialist supervision and treatment, both at home and in hospital; the health authority providing tuberculosis care and after care; and the district councils who share with the health authorities their duties in respect of prevention of infection. Before the Act came into force, the chest physicians in the employ of the county councils and county borough councils dealt with the welfare of the patient as one problem, the clinical side and the domestic or social side being quite inseparable. It seems clear, therefore, that this must be taken into account in devising a satisfactory care and after-care scheme, and that expert advice should be provided by the chest physician who, on behalf of the Regional Hospital Board, is dealing with the clinical aspects of the work. Agreement in principle on these lines was secured with the South-East Metropolitan Regional Hospital Board that their chest physicians in this area would be made available for care and after-care on a basis of allocation of three-elevenths for this purpose and eight-elevenths for the clinical work of the Board. There are several chest physicians working in the area, however, nearly all of whom also work in the areas of other health authorities; and it was further agreed therefore, in order to avoid tedious calculations, that the repayment to the Board of the cost of the services of their chest physicians would be met by this Authority paying over a lump sum.

This arrangement not only has the merit of simplicity, but recognises that the preventive and social side of anti-tuberculosis schemes is at least as important, and requires professional advice of at least as high grade as the clinical and treatment side.

There has already been established a close and cordial co-operation between the various chest physicians on the one hand and the Health Department, aided by the Sussex Rural Community Council (to whom has been entrusted the carrying out of the scheme for care and after-care), on the other. This team is augmented by the district medical officers whose help is invaluable in the prevention of the spread of infection (the Tuberculosis Regulations, 1930, are still in force), and the Area Officers of the National Assistance Board, through whom money grants are paid out.

Unfortunately, indications were received before the end of the year that the above arrangement between the Authority and the Regional Hospital Board was looked upon with disfavour at high administrative levels, apparently on the technical ground that the Board's powers did not extend to employing doctors and seconding them for duties outside the scope of Part II of the Act. At the end of the year the matter was still under discussion.

As a result of reorganisation, based by the Regional Hospital Board on distribution of population and natural lines of communications unhindered by county boundaries, Chest Clinics are now able to provide a better service than was possible before. The Clinics in the coastal towns of Hastings, Bexhill, Eastbourne, Brighton and Hove serve any patients who can conveniently reach them, as do also those at Lewes, Haywards Heath, East Grinstead and Tunbridge Wells. This is an example of the interests of patients having previously been impaired by the fortuitous barriers of county boundaries.

Owing to limitations of space and equipment, it has not yet been possible for the Board to relate all Chest Clinics closely to hospitals; the Bexhill Clinic, for example, being still in the London Road Clinic building. It is hoped that as other accommodation is made available by the Board, the Health Authority's Clinics now being used will be freed for other purposes.

Tuberculosis Care and After-Care. The Sussex Rural Community Council continue to act as the Authority's agents in providing a tuberculosis care and after-care scheme. Funds obtained from voluntary sources such as "Seals Sales" are augmented by annual money grants, and the care work is carried out by the six District Committees (including one for Hove and Portslade), whose meetings are attended by the chest physicians and the Assistant County Nursing Superintendents who act as Tuberculosis Visitors. The latter also attend the Chest Clinics for the purpose of maintaining contact and continuity and to assist with Refill Clinics.

Liaison among and advice to the District Committees is provided by the County Care Almoner, a whole-time officer on the county staff. In addition to this co-ordinating work and assistance in individual cases, the Care Almoner pays regular visits to the Darvell Hall Sanatorium in order to link services with officers of the Regional Hospital Board.

NATIONAL HEALTH SERVICE ACT, 1946.

HEALTH CENTRES (SECTION 21).

Partly owing to the restrictions applied by the Ministry of Health, no Health Centres have been planned in detail during the year, though in a number of areas possible sites have been sought and in some cases have been noted by the Planning Authority.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22).

(Excluding Hove and Portslade Sub-Committee area.)

As indicated in the Report for 1948, advantage has been taken of the system of "generalised nursing" in staffing the midwifery, general nursing and health visitor services. Although, therefore, separate reference is made to individual services provided under Part III of the National Health Service Act, 1946, it will be understood that to a very large extent the same nursing staff is used in common for all, and also for the School Medical Services. In the Hove and Portslade Sub-Committee area, however, upon which a Report by Dr. N. E. Chadwick is included, separate staff is employed in the main. In the Sub-Committee area all the health visitors and school nurses and the Assistant Nursing Superintendent for that area, are in the direct employ of the Authority; while the midwives or general nurse-midwives are appointed by the Hove and Portslade District Nursing Association, or in the case of midwives of the Sussex Maternity Hospital, by the Brighton Group Hospital Management Committee.

The service as now constituted gives satisfactory results, and the hope has been realised that the various voluntary bodies concerned, including the new Hove and Portslade District Nursing Association, retain or have been given a large enough part in the service and scope for their activities to retain a lively interest in the work.

The number of District Nursing Associations in the county was 54. The total number of nurses (including emergency staff) employed in the county by the County Nursing Association was 100; 14 of these were engaged as whole-time health visitors and school nurses, 19 carried out combined nursing duties (midwifery and general nursing in the home), 1 was engaged on general nursing only and the remaining 66 on generalised nursing (midwifery, general nursing and health visiting).

Ante-Natal Services. During the year Ante-Natal Clinics, separately from Infant Welfare Centres, have been conducted in 10 districts, and in addition ante-natal consultations were held at 25 Infant Welfare Centres at the same session as general work. The district nurse-midwives made 7,907 visits to 1,058 expectant mothers attended by them during the year.

Supply of Sheets for Expectant Mothers. The Department continued to supply coupon-equivalent certificates to expectant mothers whose confinements were to take place at home and who were in need of sheets. Until 15th March, 1949, when clothes rationing ceased and the scheme became unnecessary, 390 certificates were issued to 133 expectant mothers on the recommendation of the midwives or doctors.

Sterilised Maternity Outfits. In accordance with the instructions of the Ministry of Health, outfits were made available for any woman having her confinement at home, financial need being disregarded. During the year 1,992 outfits were supplied to midwives for distribution to those requiring them.

Dental Treatment of Expectant and Nursing Mothers and Infants. The Authority'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. There follows below a report by Mr. P. S. P. Jenkins, Senior Dental Officer; but reference should be made to the impossibility of obtaining sufficient dental surgeons to give the service desired, owing to the discrepancy between the salaries available in the General Dental Services (Part IV) and Health Authority Services (Part III). While the position here is much less serious than in many places (chiefly the larger county boroughs),

it is bad enough to prevent the County Council, as authority for education and health, providing the standard of supervision and treatment it is willing and anxious to give. It will be seen from the report by the Senior Dental Officer that the demand for services provided by the Authority has lessened, partly owing perhaps to treatment by general dental practitioners being now available without extra charge.

Dental Care of Mothers and Young Children, 1949. Arrangements for the dental examination and treatment of expectant and nursing mothers and infants were on the same lines as in previous years. By the co-operation of the doctors, health visitors, nurses and midwives, these priority classes were able to apply for dental treatment under the County Council Scheme and appointments were then made by the dental officers for their examination and treatment where this was found to be necessary.

The scheme is co-ordinated with the dental scheme for school children and treatment is carried out at County Clinics, or hired premises, and occasionally at Voluntary Infant Welfare Centres.

X-rays and hospital treatment, when considered necessary by the Dental Officers, have been readily made available by the hospitals in the various districts. Dentures were provided for the patients needing them, the construction being carried out by firms of dental technicians.

Statistics for the year are given in the tables below.

(a) *Numbers provided with dental care:*

	Examined.	Needing Treatment.	Treated.	Completed.
Expectant and Nursing Mothers	311	301	281	341
Children under five	461	369	347	312

(b) *Forms of dental treatment provided:*

	Extractions.	General Anaesthetics.	Fillings.	Scalings.	Other operations.	Radio-graphs.	Dentures provided	
							Complete.	Partial.
Expectant and Nursing Mothers	1227	214	307	107	1195	6	161	131
Children under five ..	690	222	278	—	275	—	—	—

An encouraging feature is the increase shown in the figures for young children, reflecting a greater awareness of the importance of dental hygiene in the very young. Undoubtedly, the logical approach to a dentally fit nation is through initial concentration on this group which, unfortunately, is not possible under present conditions.

The number of dentures provided for expectant and nursing mothers (some having started treatment previously) is greater than last year, but otherwise there is a decline. This had been anticipated from the trend during the second half of 1948, after the introduction of the National Health Service Act had made it possible for them to obtain free treatment from private practitioners. It is often more convenient for this type of patient to visit a private dental surgery near her home than to travel, sometimes a considerable distance, to a central clinic where treatment sessions are usually held at weekly intervals.

One dental officer joined the staff in January, but throughout the year the actual number employed was two below the authorised establishment. This County has been very fortunate in the loyalty of its dental officers despite the attractions of private practice. It is to be hoped, however, that the national negotiations which are now proceeding will come rapidly to a successful conclusion, and that this will result not only in retaining the Dental Officers in the Public Service, but attract more to it, so that the treatment schemes for priority classes may indeed be adequately staffed.

P. S. P. JENKINS,

Senior Dental Officer.

Infant Welfare Centres. At the end of 1949, 71 Infant Welfare Centres were holding regular sessions: 65 were established by voluntary bodies and 6 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. As in the case of District Nursing Associations, the voluntary committees have found that there is as much need as ever for their interest and helpful support, and this opportunity is taken to thank them for continuing their work.

During the year it was decided that "approved expenses" for the purpose of 100 per cent. repayment would no longer include moneys expended on providing transport for mothers and children who lived too far from the nearest Welfare Centre to make their own

journeys by public transport or otherwise. Several voluntary committees had developed transport systems of various kinds at one time or another, but while their enterprise was appreciated, it was felt impossible to accept the principle in a largely rural area that Welfare Centres must be made available to every mother and young child. It was considered that a "cover" of 71 Welfare Centres was a reasonably generous provision, while the needs of mothers in remote areas would continue to be met by the health visitors carrying out their primary duties of seeing and advising people in their own homes. It is not unlikely that these transport arrangements were sometimes the result of the same voluntary committee conducting both a District Nursing Association and a Welfare Centre and being influenced by the size of the former in conducting the Welfare Centre.

It follows, especially in a rural area with many small Welfare Centres, that the demand varies from time to time and that a place which may have had a Welfare Centre for a few years may not need one for a similar period. On balance, at the end of 1949 there were five fewer Welfare Centres than a year previously.

Care of Premature Infants. The Authority provide special equipment on loan, including draught-proof cots, hot water bottles, warm clothing, special feeding bottles, etc., for use in the case of premature infants. The midwives report immediately to the County Nursing Superintendent each premature birth and the equipment is provided on request. During the year there were 191 notified premature births; 124 were born in hospital or maternity home and 67 at home. 168 of the 191 infants survived the age of one month.

Care of Illegitimate Children. Special attention to the care of illegitimate children was continued; 19 unmarried mothers were admitted to hostels during the year.

Contraceptive Advice. Contraceptive advice was given during the year to 63 patients at clinics which are held at Brighton and Hastings. The instruction is given only to married women when pregnancy would be dangerous to health.

Welfare Foods. The Ministry of Health's welfare foods are distributed either at actual Welfare Centre sessions or at other times and places at least as convenient to the mothers. Other welfare foods are distributed if the welfare or expectant or nursing mothers or their children so require.

Rest and Holiday Homes. During the year 3 mothers with their children were provided with recuperative spells at holiday homes or the like.

Day Nurseries. During the year it was considered advisable to arrange, if possible, that both Day Nurseries should be made suitable for the training of nursery staff, a scheme for which had been established by Brighton Education Authority.

Park House, in which the Burgess Hill Nursery is conducted, was found unsuitable for the purpose, mainly because the structural defects would necessitate an expenditure on repairs which would not be justified in a property not belonging to the Authority. Other premises were sought, therefore, and Newick House, situated not far away, was found suitable and bought during the year. The planning and carrying out of the necessary adaptations and alterations, in which advantage was taken of advice from officials of the Ministry of Health, unfortunately took so long that they were not completed by the end of the year.

When opened as a Training Nursery, Newick House will have accommodation for a maximum of 49 children of all ages up to five years.

Similar search for new premises was made in East Grinstead as the premises there, which are held on requisition, would have required structural alterations not justifiable in the circumstances. By the end of the year several properties had been inspected, but unfortunately none was found suitable for the purpose.

Residential Nurseries. Residential nurseries have not been established by the Authority but those conducted by the Children's Committee have been available for children for short periods where this has been necessary on account of lying-in of the mothers, illness or other good reason.

Nurseries and Child Minders (Regulation) Act, 1948. Up till the end of the year one daily minder had been registered. This is partly because there is little factory work in the county, and partly owing to the very desirable arrangement in the Act whereby overlapping of supervision is prevented; where a given establishment is within the scope of this Act and also the Child Life provisions of the Children Act, it is supervised by only one set of officials and dealt with by one committee only, that concerned with the larger number of children present. In addition, of course, the numbers on the register are reduced by the exemption of children "in any school," an exemption which could be regarded as reasonable if it applied only to those in schools recognised as "efficient" by the Ministry of Education, the term as now used taking into account not only actual educational facilities, but also the whole environment affecting the pupils. Unfortunately this is not so, and children may still be looked after during the day in schools which the Minister of Education is not prepared to recognise as "efficient."

MIDWIFERY SERVICE (SECTION 23).

(Excluding Hove and Portslade Sub-Committee Area.)

The number of certified midwives who notified their intention to practise, either temporarily or permanently, in the area was 168. At the end of the year there were 148 certified midwives on the register; 22 such notifications were received from maternity nurses. Every opportunity was taken during the year to send midwives for training in the administration of gas and air, as and when the work permitted. By the end of the year 75 midwives employed by the County Nursing Association were qualified to give gas and air analgesia.

The Part II Midwifery Training School at the Cuckfield Maternity Unit (part of the Cuckfield Hospital, conducted by the Mid-Sussex Hospital Management Committee) has continued on most satisfactory lines under the immediate direction of Miss E. E. Paul, appointed as Assistant County Superintendent for this purpose. All concerned have benefited from the friendly co-operation of the medical and administrative staffs of the hospital, while the latter appreciate for their part the value of the service given by the pupils during their turns of resident training. All concerned wish also to express appreciation of the valuable help given on the districts by the general practitioners who have assisted with training and by the midwives with whom pupils have been placed.

Since the School was opened in March, 1948, 56 pupils have been received from all over the country and in some cases from abroad. 36 of the pupils were successful, and of 7 who failed the examination, some at least intended to enter again; the remaining 13 were still under training at the end of the year.

Medical aid was summoned under the rules of the Central Midwives Board in 402 cases (338 to mothers and 64 to infants). The main reasons for which medical assistance was needed for the mothers were as follows:—

Ruptured perineum	101
Abnormal conditions during pregnancy	78
Abortions and miscarriages	27
Prolonged labour	39
Other complications at delivery	50
Post-natal complications	37

It is interesting to note the substantial drop in the number of calls for medical aid as compared with the previous year:—

1948	658 calls, 25% of 2618 births.
1949	402 " 15½% of 2549 "

This does not indicate any appreciable alteration in the actual clinical work, but is, rather, one of the effects of the new administrative arrangements. Before the Act, every midwife knew that when acting as a midwife she was required to send in a call for medical aid if there were actual and suspected abnormality in mother or child, whereas when acting as a maternity nurse under the direction of a doctor she did not need to do so as the doctor was already present or available. In present circumstances it is not always easy for a midwife to know, where a doctor has agreed to render maternity medical services to an expectant

mother, whether she is technically a maternity nurse or a midwife ; and no doubt many midwives in such cases assume with some justice that the doctor is already available and need not be summoned.

Of 64 calls to infants, 39 were for discharging or " sticky " eyes.

Six cases of ophthalmia neonatorum were notified in the Health Authority's area ; none was serious and no impairment of vision was reported in any case.

The County Council as Health Authority no longer have any powers or duties to provide hospital treatment for infants suffering from ophthalmia neonatorum, but admission is arranged by or on behalf of the private doctor, and this branch of hospital benefit is provided as promptly and efficiently as before. The same applies to puerperal pyrexia (see below).

Twenty-two cases of puerperal pyrexia were notified, 13 in hospital and 9 in their own homes or private nursing homes. Of these 9, two were removed to hospital for treatment. One mother unfortunately died.

Two unsatisfactory features of the new services for the expectant and nursing mother have given cause for concern and indeed some ill feeling during the year, by the end of which neither had been fully remedied although great improvements had been brought about.

(i) It was one of the Minister's basic principles in framing the Bill that every patient, including every expectant mother, should have the right, without further payment than that made through taxation and rates, to the services of her own doctor of choice ; and in particular to have a doctor to attend her at confinement if she so wished. Prior to the Bill becoming an Act, many mothers looked to the district midwives to see them through their confinements, and although the latter were required by the Midwives' Rules to call in a doctor if any abnormality of mother or child were suspected, the midwife was the responsible person in charge of the case. This feeling of responsibility was unaffected by the advice of the Central Midwives Board that a midwife taking a case should always arrange with the doctor of choice to carry out two ante-natal examinations as a precautionary measure. Since the Act and Regulations made under it came into force, however, a mother may always have a doctor if she wishes, and a doctor arranging with her to give " maternity medical services " may supervise the case throughout ; or, at his discretion, may get the same fee for as little as two ante-natal examinations (one at the 36th week) and one post-natal examination (at the 6th week).

The immediate effect of these provisions, felt here as well as elsewhere, was that a midwife was often quite uncertain whether she was in charge of any given case, as the result of referring a booked midwifery patient to her own doctor for two ante-natal examinations as previously required by the Board was that the patient forthwith asked him to " render maternity medical services "—or asked him to be available if needed, which was likely to be interpreted as having the same meaning. The midwife might not even know whether a doctor had been booked as well as herself ; she was certainly unlikely to know which of the various attentions required by every patient (ante-natal, confinement, post-natal) the doctor intended to give and which he would be quite willing for the midwife to give. The position was made no better by the inevitable tendency in some parts of the country of certain doctors who felt their practices withering away to book as many maternity cases as they could, secure in the knowledge that they could collect the full fee and yet leave almost the whole work to the midwife. While doctors who would do this without securing their patients' proper safety and welfare are rare, it needs very few to give a bad impression among their colleagues the midwives and in the public mind in general.

Many discussions and meetings took place in the hope of clearing this matter up and convincing the midwives that they were not, as many feared, relegated merely to the subsidiary position of clearing up those items of work the doctors did not care to do. It was explained that the small number of attendances *required* of a doctor as compared with the number needed by every maternity case was in itself an indication that most of the work could be done by the midwife : it was in fact a perpetuation of the " pre-Act " arrange-

ments where the midwife taking a case referred her to the doctor of choice for two ante-natal examinations, and enabled a doctor to be ready in reserve without compelling him to take over the case entirely. It was also arranged that the midwife on first being booked should seek out the doctor of choice and come to a clear understanding with him how the work was to be shared; which of the ante-natal examinations would be done by him; whether he intended to conduct the delivery, to be present, or merely to be available as required; and so on. The doctors, for their part, were acquainted with the feelings of the midwives and were asked to co-operate with them in arranging for the patient's needs to be met, and it is very pleasing to note that as a result of goodwill working together by doctors and midwives, a very satisfactory relationship has been maintained—not "established," because it was already present before the Act, and it was earnestly desired to prevent it breaking down. Partly as a result of this goodwill, the midwives and pupil midwives have had a great deal of valuable assistance from the general practitioners, certain of these who take great interest in midwifery going out of their way to give special training and advice, to the great advantage of the Part II Midwifery School.

(ii) The other unsatisfactory feature has been the method of booking expectant mothers for confinement in maternity units and hospitals. Prior to the Act the Welfare Authority, knowing that the demand for beds exceeded the supply, provided beds only if one of two requirements was satisfied: that some obstetrical difficulty was present or expected, or that the home conditions were such that a confinement there could not be approved. While the latter requirement caused a good deal of heart-burning among those with sufficiently satisfactory homes, the restriction was an absolutely necessary alternative to overcrowding of maternity units and the evils which result from it.

The South-East Metropolitan Regional Hospital Board appreciated this and an instruction was issued on 5th July, 1948, to all its hospitals that admissions to maternity beds were to be dealt with in the same way as before, and this Health Authority agreed to continue to assess on behalf of the Board the validity of claims for admission on social grounds. Decisions have been made conscientiously in the interests of the mothers and babies themselves; but it is to be regretted that several hospitals either mislaid their instructions or ignored them, as many complaints have been received over a long period, indeed until the time of writing, that expectant mothers need only apply to such and such hospital to be booked without question. These deviations from agreed procedure, which have been proved in many cases, not only cause understandable ill-feeling among our mothers but increase the already rapid turn-over which has caused, among other undesirable results, discharge of the mother and baby at or even before the 10th day.

Several appeals have been made to the Board to enforce the standards laid down by them, but although their officers are sympathetic, the results have so far been incomplete. It is to be feared that in some cases the willingness to admit all and sundry may have been due to the over-enthusiasm of individuals who are specially interested in midwifery and the kudos which may be mistakenly attached to a large turn-over or enlarged premises.

Provision of Consultants. The obstetric consultants are now within the province of the Hospital and Specialist Services organised under Part II of the Act and have been made available by the respective Hospital Management Committees. All the consultants called out during the year continued to give the prompt and efficient service which had been their practice before the Act came into force, but for a time were hampered by what in charity might be described as an ill-judged administrative decision. As long ago as October, 1948, it was learnt from an obstetrician that he was not permitted as a consultant under Part II of the Act to advise the private doctor of a maternity patient in a private nursing home, even if the doctor were on the Part IV Medical List and the patient were on his list. This seemed so improbable that enquiries were made, and it was confirmed that the consultant had correctly interpreted his instructions, which were the more remarkable in that the consultant could have attended the patient if confined in her own home, while a patient who obtained her general medical services from a doctor outside the Act could nevertheless avail herself of hospital services if she chose. Although a decision more in the interests of patients was expected at any time, it was not until July, 1949, i.e., eight months later, that the Health Authority were informed "it has now been decided that" obstetricians under Part II of the Act might attend patients in a private maternity home.

Maternity Hospital Provision. As indicated above, the Health Authority have continued to assess on behalf of the Regional Hospital Board all applications for admission to maternity units which have been made on "social" grounds. Applications on "medical" grounds are made by the doctor concerned direct to the hospital of choice, and there is at present no certain way of knowing the total number of such admissions ; but approved admissions on "social" grounds were as follows :—

Cuckfield Hospital	..	..	..	..	..	..	..	230
St. Helen's Hospital, Hastings	..	..	..	..	..	..	..	96
Southlands Hospital, Shoreham	..	..	..	..	..	..	..	79
Sussex Maternity Hospital, Brighton	..	..	..	..	..	..	..	12
Eastbourne Maternity Home	..	..	..	..	..	..	..	9
Crowborough Hospital	..	..	..	..	..	..	..	1
Pembury Hospital	..	..	..	..	..	..	..	5
Maternity Home, Tunbridge Wells	2
Northfields, Langton	1
Brighton General Hospital	2

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HEALTH VISITING (SECTION 24).

(Excluding Hove and Portslade Sub-Committee Area.)

The generalised nursing scheme which has been found so suitable in rural areas has been maintained for the most part, though it has been found that owing to the wider scope of a health visitor's duties under Section 24, it is becoming desirable in areas including a substantial proportion of built-up territory to appoint whole-time health visitors. This is indicated by the increased number of whole-time health visitors employed at 31st December, 1949 (14), as compared with, say, 31st December, 1947 (7).

In the rural areas where generalised nursing is in force, health visiting is carried out by district nurse midwives, there being 66 on generalised duties. In addition there are in the more urban areas 14 whole-time health visitors who also act as tuberculosis visitors and school nurses.

The generalised system anticipated in one sense the widened scope of health visiting as defined in Section 24, in that a generalised nurse has always been regarded as the trusted family adviser on all nursing and related matters in the home, whether maternity, general nursing or anything else. New duties, however, often require new training, and every effort has been made and is being continued to send generalised nurses for health visitor training as opportunities permit.

HOME NURSING (SECTION 25).

(Excluding Hove and Portslade Sub-Committee Area.)

Although this service is now a responsibility of the Authority, it has been continued on the same lines as before the appointed day, that is to say, by the employment of district nurses or district nurse-midwives appointed to the staff of the County Nursing Association. Although on occasion it has been necessary to employ State-enrolled assistant nurses, the established policy is to appoint Queen's Nurses.

As the needs of the whole county were already covered on the appointed day, it has not been necessary to make any major reorganisation or additions ; but as might have been expected, the demand for home nursing has increased considerably, though without any indication that it is augmented by unreasonable requests. It is not yet possible to provide for more than a morning and evening visit to any given patient, or to give night nursing.

The question has been raised at intervals whether a large district nursing staff should not include a proportion of male nurses. The opinion so far is that such appointments are only appropriate in town areas and none has yet been made in this county ; but the matter will be reconsidered at intervals.

Among the cases nursed are many patients who ought to be in hospital but who cannot get a bed owing to the great shortage. Some of these have stayed at home for long periods in conditions of dreadful squalor and unhappiness.

During the year 140,858 visits were paid to 10,013 patients.

IMMUNISATION AND VACCINATION (SECTION 26).

(Excluding Hove and Portslade Sub-Committee Area.)

Diphtheria Immunisation. The system of personal delegation of the duties under Section 26 of the National Health Service Act, 1946, to the Medical Officers of County Districts has worked satisfactorily. Table VII in the Appendix gives statistical particulars.

Six notified cases of diphtheria occurred during the year, all of whom recovered. One was a girl of 16 who had never been immunised. One was a girl of 11 who appeared to be one of those persons who are unable to maintain a continuously satisfactory level of resistance. At the age of two years she was given three doses of T.A.F., and was found Schick negative two years later. By the age of 10, when the Schick test was repeated, she had relapsed to the Schick positive state and was given 0.5cc. A.P.T. at once (May, 1948). She developed diphtheria in February, 1949, but was not a serious case and made a complete recovery. The other four cases were in a children's home receiving children from a wide area and usually retaining them only for short periods. In three cases no evidence is available that the children had ever been immunised. The fourth case, a girl, had had two doses of A.P.T. three years previously but no Schick test was done afterwards. Hers was not a serious attack. It should be noted that established arrangements exist for immunisation of new arrivals at the home at frequent intervals.

We have so rapidly become accustomed to the almost entire absence of illness and death due to diphtheria, that it is well to recall what conditions were only a few years ago. The Annual Report for 1939, only ten years ago, records the occurrence of 118 cases of diphtheria with seven deaths; in 1929, ten years further back, there were 196 cases with 9 deaths—and those in a population 65,500 less than in the current year. As will be seen, the number of cases now occurring is less than the number of deaths in the old days.

Vaccination. In the absence of records from the general practitioners, it was not possible by the end of the year to form an accurate opinion as to the extent, if any, to which the proportion of persons vaccinated is less than before; but it is safe to assume that the decrease is material. Table VI in the Appendix gives statistical particulars.

AMBULANCE SERVICE (SECTION 27).

(Excluding Hove and Portslade Sub-Committee Area.)

As indicated in the report for 1948, the ambulance service is secured mainly by an agency arrangement with voluntary bodies, of whom the St. John Ambulance Brigade and the British Red Cross Society are the chief. (The conditions in Hove and Portslade have separate reference in Dr. N. E. Chadwick's report.) Sitting-case cars are provided by the Hospital Car Service.

The demand for sitting-case cars has continued to rise enormously through the year, as will be seen from the following table:—

Month.	Ambulances.		Sitting-Case Cars.	
	Patients.	Mileage.	Patients.	Mileage.
January	778	17,565	1,901	38,089
February	690	17,123	2,127	42,098
March	790	19,836	2,531	49,019
April	702	17,845	2,058	47,426
May	761	18,401	2,645	58,997
June	717	16,704	2,295	53,936
July	760	19,986	2,513	55,037
August	745	19,426	2,688	58,475
September	763	19,471	2,691	55,602
October	713	17,604	2,882	53,270
November	747	17,242	2,803	51,054
December	842	18,084	2,502	47,787

It must be made clear that when a service of this kind is available free of charge for the very large numbers of persons permitted by the terms of Section 27, huge increases in the demand are to be expected, quite apart from any question of abuse or bona-fide mistakes, though the latter cannot be avoided when, say, the Hospital Car Service operating under a set of instructions on 4th July, 1948, changes over at midnight to different terms of reference.

As to actual abuses of the service, we have had our share of these in this county as elsewhere; but by repeated reminders to hospital staff (including almoners, doctors, nurses and so on) and others, the position was reached by the end of the year that unjustified journeys were negligible. The ambulance staff and the Hospital Car Service Organiser (whose co-operation has been invaluable) have referred to the Department every case in which doubts arose regarding the reason for a journey, and every case in which an unjustified journey has been discovered has been followed up. It has been necessary on occasion to refuse to return to his home area a person whose request for transport could not be approved in spite of the fact that some other Authority had provided the transport to bring him here.

The continuing increase in the number of journeys has made it necessary to reconsider in some cases the provisional dates for replacement of ambulances set out in the table embodied in the approved proposals under Section 27. Many of the ambulances used, though sufficiently satisfactory, are several years old and cannot be expected to stand up to hard wear indefinitely. Unfortunately it is so difficult to obtain new ones that replacements can only be made in really pressing cases.

During the year five of the St. John Ambulance Brigade vehicles and three of the British Red Cross Society vehicles were replaced by new ambulances.

The National Health Service (Amendment) Act, 1949, came into force on 16th December 1949, one of the provisions being to the effect that an Authority sending a patient to another area is responsible for the cost of the return journey if made not more than three months later. This removes the unfair load placed on the finances of those Authorities having hospitals in their area visited by many patients from elsewhere.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28).

(Excluding Hove and Portslade Sub-Committee Area.)

The Authority's arrangements during the year consisted mainly of tuberculosis care and after-care and mental care and after-care, to which reference is made elsewhere. In addition to these services a good deal of work in the sphere of prevention of illness is carried on by nurses and health visitors in the course of their ordinary duties. From time to time, also, requests for assistance to individual patients are received from hospitals and are dealt with according to the circumstances of each case. These patients include a few who, suffering from venereal disease, require visits of advice.

The Authority have made grants in recognition of the continuation by the St. John Ambulance Association and the British Red Cross Society of the "loan cupboards" from which may be obtained items of nursing equipment needed in the treatment and care of patients at home. They have also agreed to provide short holidays for recuperation purposes in the case of selected children recommended by hospitals or other doctors. Seven children were provided for in this way during the year.

HOME HELP SERVICE (SECTION 29).

(Excluding Hove and Portslade Sub-Committee Area.)

Although this service is a power, not a duty, its value as an ancillary to other services has proved so great that one can now hardly imagine how the people of the county could do without it. The scope of the service as it should be provided has not yet been defined, but the maternity patients, people with acute or chronic illness, old people, and tuberculous homes causing application to be made have been so numerous, and are so difficult to assess in order of urgency or importance, that an increase in the number of Home Helps will probably be required. It is certainly the case that requests for help have frequently been refused.

During the year 855 households were served ; by the end of 1949 the following Home Helps were employed each week :—

Whole Time (mobile)	10
„ „ (daily)	1
Half Time	5
Payment per case	7
Part Time other than regular Half Time	101

MENTAL HEALTH (SECTIONS 28, 50 and 51).

(Including Hove and Portslade Sub-Committee Area.)

The Mental Health Sub-Committee of the Health Committee discharge the Authority's functions relating to the care of mentally defective persons and their duties in respect of the Lunacy and Mental Treatment Acts, 1890-1930. The Sub-Committee, consisting of seven County Council members and one co-opted member of the Health Committee, meet quarterly.

The County Medical Officer of Health 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.

The work of ascertainment, supervision and care of mental defectives is now carried out by a total of six home visitors. The number of female home visitors, reduced by resignation to two, will remain at that figure, and the vacancy on the establishment will be filled by the appointment of a home teacher for mental defectives.

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, as well as 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. The services of all mental health officers have continued to be available to institutions under the control of Hospital Boards for the supervision of patients on trial from Mental Hospitals or on licence from Institutions for Mental Defectives.

Duties delegated to Voluntary Associations. There has been an expansion in the scope of the work delegated to the East Sussex Association for Mental Welfare, which has undertaken on behalf of the Local Health Authority, duties in respect of persons discharged from mental hospitals who require help and after-care which is not to be provided through the hospital's own psychiatric workers or mental treatment clinics.

A substantial grant has been made to the Association on terms which specified that a whole-time paid secretary and a psychiatric worker should be appointed. Both these workers have now taken up their duties. The Association have accepted on transfer from the National Association for Mental Health a number of psychotic and neurotic persons in this area requiring care or after-care.

The existing arrangements with the Guardianship Society of Brighton have continued, so far as the attendances of county cases at Adult Occupation Centres in Brighton and Hastings, and the Junior Occupation Centre in Brighton, are concerned. Suitable foster mothers look after the needs of adults and children who do not live close to the Centres and have consequently to be boarded out nearby so that they may attend.

A change in the financial arrangements for the care of mental defectives has taken place during the year. The National Assistance Board were already paying grants to unemployable defectives who were not under Order. The Ministry of Health intimated that the service could be extended to meet the monetary needs of all defectives over the age of 16 living in the community, including those whose reasonable requirements were not met by part-time employment.

On the 4th April, 1949, the County Council's direct payment responsibilities were transferred to the National Assistance Board, and at the beginning of September the requirements of East Sussex cases in the care of the Guardianship Society and other specified voluntary agencies were taken over, leaving whole or partial responsibility still vested in the Authority in three categories of defectives :—

(a) Those who were under a whole-time contract of service and who were therefore debarred from receiving National Assistance by the terms of Section 9 of the National Assistance Act, 1948.

(b) Those whose requirements were such that a supervision element had to be allowed for in addition to the purely maintenance payments made to the foster-mothers.

(c) Children under the age of 16 years whose parents were not already in regular receipt of National Assistance for the family needs.

One hundred and twelve cases have been transferred to the Board, leaving 25 defectives wholly or partially maintained by the County Council. The Ministry of Health, in outlining the transfer scheme, put forward the suggestion that where Orders were obtained primarily for the purpose of giving financial aid, the Local Health Authority, if satisfied that the needs of the cases could be met by supervision, should consider submitting recommendations for discharge from Order. This suggestion will be borne in mind when Orders are due for reconsideration by the Visiting Justices.

The principle that monetary needs shall be met by one body, the National Assistance Board, is clearly a reasonable one, and should be applied in place of the casual method of collecting odd grants from all kinds of sources which was often in force before July, 1948. It is a pity, therefore, that Section 9 of the National Assistance Act, referred to in (a) above, prevents the Board making up the wages of a defective to a reasonable subsistence level, even when he is earning too little to live on; as, for example, a man working on a farm and whose rate of pay has been fixed by the Agricultural Wages Board.

The Regional Hospital Board have not yet been able to increase the amount of accommodation available in this area to cover the needs of all defectives requiring institutional care and training; the Regional Psychiatrist at the Board's offices found it difficult in practice to distinguish between different degrees of urgency for admission, and some form of decentralisation of the machinery for making use of available accommodation became inevitable. The Brighton County Borough Council agreed to refer their cases to the County Council and a common waiting list is maintained at this office. In spite of the obvious difficulties, the scheme appears to be working satisfactorily and impartially. The arrangement does not apply to children as the South-East Metropolitan Regional Hospital Board does not yet administer any institution for mentally defective children. Seventeen cases were awaiting vacancies at the end of the year.

Training of Mental Health Workers. When opportunity arises, it is intended that the officers engaged in mental health work shall attend recognised courses of instruction.

Care of Mental Defectives. A comparison with statistics for 1948 will show that there has been a marked increase in the number of mental defectives ascertained. At the end of the year there were 942 known East Sussex cases, including those in institutional care, as compared with 769 mentally defective persons on the County Register at the end of 1948.

The total is made up as follows :—

<i>Cases " subject to be dealt with ":</i>	Males.	Females.	Total.
In Institutions (and on licence from Institutions)	147	157	304
Under Guardianship (and on licence from Guardianship)	81	89	170
In " Places of Safety "	3	1	4
Under Statutory Supervision	208	153	361
Action pending	10	22	32
<i>Cases not at present " subject to be dealt with " but over whom some form of voluntary supervision is maintained</i>	40	31	71
	<hr/> 489	<hr/> 453	<hr/> 942

At the end of the year six defectives under 16 years of age were attending the Brighton Junior Occupation Centre and 19 over that age the Adult Occupation Centres. The Health Authority have not yet formulated a training scheme for the rural areas in the county.

During the year a total of 1,919 supervision visits were paid to defectives in community care in the county area.

Action under Lunacy and Mental Treatment Act, 1890-1930. The year's work can be summarised as follows :—

ADMISSIONS.	
<i>Lunacy Act, 1890.</i>	
Urgency Orders	28
Summary Reception Orders	104
Transfers between Mental Hospitals	1
Three Day Orders	108
<i>Mental Treatment Act, 1930.</i>	
Cases admitted for six months as " Temporary Cases "	0
Voluntary Cases	40
Advice and Assistance only	47

There were in addition 220 visits of enquiry into care and after-care cases during the ten months up to the end of October, and a total of 44 cases were awaiting transfer to the East Sussex Association for Mental Welfare at the end of the year.

REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE AREA HEALTH SUB-COMMITTEE DURING THE YEAR 1949

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

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

Last year when I issued my interim report covering the six months, July to December, 1948, the National Health Act had been in force for so short a time that virtually the continuance of the previous organisation and arrangements was all that could be recorded. It was, moreover, difficult in that transitional period to appreciate the limits of the powers of delegation and to understand the new administrative machinery and procedure. With a full year's experience now behind us, many of these initial difficulties have been overcome and it has, therefore, been possible to fill in some of the gaps, expand the services and to plan if only in ideas and visions for the future. The fusion of the two Sections of the Division into one whole has steadily progressed so that there are now, except in Midwifery and Home Nursing, no longer any boundaries between Hove and Portslade. In these introductory remarks, I am reviewing briefly the achievements of the first complete year under the new conditions, commenting on the statistics and records and outlining and discussing the developments which have taken place or are envisaged for the future when the opportunity arises.

General Working of the Act.

It was obvious from the commencement that the division of responsibility between the Executive Councils for the General Practitioner, the Regional Hospital Boards for the Hospitals and the County Councils for the Preventive and Welfare Services was likely to lead to some administrative confusion, particularly where, as in Midwifery and Tuberculosis, that responsibility was shared between two of those bodies, but in a compact area such as Hove and Portslade Division it has been possible by personal contact, discussion and co-operation to minimise the adverse effect of this divided control. So far as the Services with which the Sub-Committee is concerned, it can be said that they are on a fuller scale and meet to a greater extent the standards of our modern welfare state than would have been possible under the earlier organisation, and although one may at times lament the loss of complete independence, the extent and degree of delegation has allowed a wide field for individual initiative in accordance with local requirements.

Maternity Services.

The Domiciliary Midwifery Service is shared between the Portland Road Branch of the Sussex Maternity Hospital and the Portslade Queen's Nurses, and although the staff vary from pupil in the one case to the trained midwife in the other, the general standards of care of both mother and baby were equally satisfactory. Out of 131 deliveries there were only two cases of eye infection and two of Puerperal Pyrexia. The Act provides that a mother is entitled to the services of a doctor at her confinement, and in some areas there has been friction between doctor and midwife as to which, in a normal case, should conduct the actual delivery. In this area I am glad to relate that the relationship between doctors and midwives has been uniformly friendly. For the compilation of the list of general practitioners with special obstetric experience who normally would carry on the bulk of the abnormal midwifery in the home, particularly in emergency, a special sub-committee composed of two general practitioners and one obstetric specialist under the chairmanship of the County Medical Officer of Health was set up, to which I was co-opted, and although the selection or rather disallowance of an individual doctor was sometimes a matter of some intricacy and delicacy, the members throughout endeavoured to include only those practitioners adequately fitted either by experience or post-graduate instruction.

Although hospital midwifery is no longer our concern, we have co-operated with Southlands Hospital by supplying additional staff to their Ante-Natal Clinic, established originally at 33 Clarendon Villas by the Hove Maternity and Child Welfare Committee, and also by "vetting," through the Health Visitors, cases applying for admission on social and domestic grounds. In this way it has been possible to ensure that hospital accommodation has been available not only for those who require it because of their medical condition but also for those who, although quite normal obstetrically, could not have their confinements at home because of inadequate facilities or lack of domestic assistance. It is natural that the mother in many cases elects to have her baby in hospital if only because it is more convenient and cheaper, but a new arrival is a family event in which all members should share, and there is less danger of psychological upset amongst the older children if the mother remains at home. Quite frequently this has been rendered possible only by the allocation of a Domestic Help who relieves the mother during the lying-in period of her household cares and responsibilities.

Prematurity.

It is noteworthy that of the 75 premature infants, i.e., those under 5½lbs. in weight, no less than 64 were born in hospital, but of the 11 born at home, 10 were surviving after a period of 28 days from the date of their birth. The chances of survival depend largely upon the baby's birth weight and not on the degree of prematurity, although there is some correspondence between the two. With such a large proportion born in hospital or nursing home and with hospital accommodation available for the most severe cases, it has not been considered necessary so far to provide special outfits for the home treatment of those cases, although they always receive close supervision from the Health Visitors and the Nursing Officer.

Administration of Analgesia.

Six midwives in domiciliary practice are trained in the use of portable Gas-Oxygen apparatus for relieving the pains of childbirth, and 102 mothers asked for and received this form of alleviation.

Contraceptive Clinic.

The Report of the Royal Commission on Population and the issue of a model bye-law by the Home Office prohibiting the sale of contraceptives have led to special emphasis on the question of Birth Control. Under present regulations, advice at the Contraceptive Clinic is limited to married women on medical grounds. At present mothers from Hove and Portslade have to attend the Clinic provided by the Brighton Corporation at Whitehawk, which entails not only an inconvenient journey but a long wait, and the establishment of a clinic in this area would certainly be a great boon and could serve a large area around.

Infant Welfare Centres.

The number of centres at the end of 1949 was still three, two in Hove and one in Portslade, the latter, however, housed in more adequate and suitable premises at Sellaby House, but negotiations were proceeding for renting the Congregational Hall in St. Aubyn's Road, Portslade, and St. Cuthbert's Presbyterian Hall in Holland Road, Hove, to meet the needs of the surrounding neighbourhood which had not previously been catered for. Apart from the fact that none of the premises has been built for the purpose and are therefore not ideal, it can be said that the requirements of the central and southern sections of Hove and Portslade are reasonably well provided for until Health Centres can be built, and there only remain, therefore, the outlying portions of Mile Oak and Hangleton. Unfortunately, no halls are available there and it will, therefore, be necessary to build. Sites in both these areas have been selected and although up to the present all the obstacles involved in the erection of any type of building today have not been overcome, some progress has been made. Despite the re-arrangement of the sessions, which has reduced the monthly total from 40 to 36, the total attendances of children under one year amounted to 12,000. The actual running, although at times hampered by congestion, has always been efficient—a state of affairs greatly assisted at Sellaby House by the appointment, in conjunction with the Divisional Executive, of a part-time clerk, and at all the centres by a team of voluntary helpers supplied by the British Red Cross and the Women's Voluntary Service, who undertake the recording of attendances and the provision of tea for the mothers.

Dental Treatment.

Owing to staff difficulties, it has not been possible for the School Dentists to devote as much time as they would like to the dental care of the under fives, but they carried out during the year treatment in 87 cases. With the recent appointment of a half-time dentist at Portslade it may be possible to increase the time devoted to this essential service and thus ensure that a larger proportion of children enter school life with clean mouths.

Health Visiting.

The establishment of Health Visitors approved by the County Council is nine and they spend approximately one-third of their time on school work and two-thirds on child welfare. The increase in the number of clinics means less time can be devoted to Home Visiting, and unfortunately quite a proportion of these visits are ineffective because the mother is out. Despite these encroachments on their time and the restricted hours during which they are welcome in the home, they managed to make 16,192 visits during the year, of which 1,000 were first visits to new babies. Only one of them possesses a car, and among the problems to be faced in the future will be the provision of some form of transport for those responsible for the outlying districts in the northern part of Hove.

Day Nursery.

From the table it will be seen that out of 24 babies on the books between the ages of 0-2, the average daily attendance was 23.5, and 51.75 for the 60 older children between the ages of 2-5. This high record is to some extent due to the absence of any widespread attack of infectious disease, but it also shows the value attached to a place in the Nursery by the mothers fortunate enough to secure one. Every mother with a child in attendance has to be in regular essential work of at least 30 hours per week, but even so there is a waiting list of 80, of whom about a quarter at least are really urgent cases.

During the year the Baby Nursery at 12 Goldstone Villas was recognised by the Ministry of Health—57 Clarendon Villas had received a similar recognition in the previous year—so that we are now a complete Training School for the practical training of students taking their two-years' course for the Nursery Nurse's Certificate. Their theoretical and vocational instruction is given at the Centre in Brighton and all the students during the course attend both Nursery Schools and Day Nurseries.

One of the difficulties the Nursery has been up against ever since its inception has been the appointment of a suitable Warden—the member of the staff responsible for the educational training of the older children. This problem was finally solved by sending two of the staff who showed special aptitude in this field to a course in November, 1949, and with their return the whole of this side of the work was reorganised and greatly improved.

During the year some improvements in the premises were carried out—new linoleum laid throughout—laundry and bathing facilities improved at the baby nursery and a modern gas cooker installed at No. 57 Clarendon Villas.

It would be idle to pretend that either building is ideal or that they could ever become so, but bearing in mind the limitations of situation—the Nursery must be in the built-up area of central Hove and on good bus routes—it is not likely that any more suitable premises will be available or that until redevelopment of the whole area takes place a building site will become vacant. It seems, therefore, inevitable that if the Nursery is to continue it must remain in the two present houses which, if redecorated, repaired and improved could provide for the needs of those mothers who through economic circumstances must go out to work.

Nurseries and Child Minders Act, 1948.

As mentioned in last year's report, this Act was designed to control those women who take charge of small children during the daytime, but in practice it is not of great value. There were at the end of the year two homes registered with a total membership of 16 children. These homes are very carefully supervised by the Nursing Officer and the number of children strictly limited to the maximum who can receive adequate care and attention.

Home Nursing.

This Service is carried out on an agency basis by the Hove and Portslade District Nursing Association who, on the 31st December, 1949, employed a total staff equivalent to 17 whole-time nurses engaged solely on general nursing in the home. These attended over 2,000 individual cases and paid in all 50,000 visits. For the majority of the nurses the only means of transport is a bicycle, and many of the patients they attend are chronic cases or the aged often living under trying, not to say squalid, conditions. The Association at the outset encountered many difficulties, primarily on the financial side, but many of these have now been overcome and a satisfactory agreement with the County Council has now been negotiated. Just as with the hospitals, the modern trend is towards "living out" instead of "living in," and it is obvious that the old style of communal district nurses' home no longer satisfies the staff. At Portslade a conversion scheme was carried out in the nurses' home so as to provide three separate flats, two comprising one sitting room and two bedrooms, and one comprising one sitting room and one bedroom, which are leased to the nurses at a reasonable rent. At Hove, where the building is older and less adaptable, it has been decided that the nurses' bedrooms shall be improved and furnished as comfortable bedsitting rooms, an alteration to be completed during the present financial year.

Domestic Help Service.

It had been recognised from its inception that for the efficient and economic running of this service an organiser was really required, but the appointment was delayed until October, 1949, because it had not been included in the original proposals. The service has very greatly improved as a result of the personal attention and investigation which can now be given to individual requests and the closer supervision which can be exercised over the personnel. No help is sent except in extreme emergency before a visit is paid to the home, all circumstances gone into and a provisional assessment made of the cost and the amount of help necessary. The number of Helps fluctuates to some extent according to the demand, but on the 31st December there were six full-time, eleven part-time—the latter sub-divided into those who give a regular number of hours per week and those who are engaged on a temporary basis for a particular case. It has been found more economical to reduce the number of full-time Helps, although a minimum must be retained for confinement cases, and if the baby has not arrived by the estimated date and the Help cannot be transferred to another case, she is sent to work at the Day Nursery. During the year 263 families were assisted for varying periods, but it is anticipated that it will be possible to improve on this total without any great increase in the staff during the present year. This service is in one way an expensive one, although it is interesting to note that at least 80 per cent. of those using the service paid up their contributions quite readily, but it does meet a very real need and in many cases provides

the only solution to an otherwise insoluble problem. It is a curious reflection on the vagaries of the working of the Act that although hospital treatment is entirely free, no charge being made even for the food consumed, the Home Help Service has to be paid for even when its employment saves a hospital admission.

It is unfortunate that except for occasional and sporadic assistance Domestic Helps cannot be provided for the aged and chronic, but an endeavour is being made to remedy this by grouping the cases and allocating special helps to attend them at intervals during the week. Many do not require daily visits but can manage if they are given some intermittent assistance.

Another type for whom it is often difficult to provide assistance is the tubercular. It is not possible to direct one of the regular staff to an infectious case, and many of them are unwilling or unsuitable as volunteers. It has, therefore, been usual in most cases to ask the patient to find his own help who, if approved, is taken over and becomes a temporary member of the regular staff. The nature of her duties and the precautions necessary to avoid infection are explained both verbally and by means of a leaflet, she is interviewed by the chest specialist and an X-ray of her chest taken and repeated in six months if necessary. With these safeguards the risks of contracting Tuberculosis can be regarded as negligible.

Ambulance Service.

In last year's report I referred to the rising demand on this service, and further experience during the first six months of 1949 showed that the calls had not yet reached their peak. In August, therefore, a special sub-committee was appointed to examine the whole position, and in my report I enumerated some instances in which the daily calls had risen from 10 to 25 and the mileage from 141 to 257, and between April and June the total monthly calls had risen from 253 to 371. To meet this increasing strain on the service there were only three vehicles, a 1939 Morris, overdue for a complete overhaul, a 1932 Bedford, too old for regular work, and a 1937 converted shooting brake. Two new ambulances were on order, but the date of delivery was uncertain. As a result of this enquiry one additional ambulance was ordered immediately and two more men taken on, making 13 in all. By this means, within the limits of the 44-hour week, two teams are always on duty from 8 a.m. to midnight, but for long journeys men off duty usually have to be brought in and paid overtime rates. At the present time the total number of vehicles is six, four new and two old vehicles, and two smaller types, suitable for sitting cases, on order, but even so it is impossible to say yet whether saturation point has been reached, and it may be necessary to put an additional crew on duty for the first day shift when both the normal and emergency cases are at their zenith. The total number of patients conveyed from 1st January to 31st December was 3,993 and the mileage 41,651, compared with 972 and 9,740 for the previous six months. This takes no account of the Hospital Car Service, whose volunteer drivers using their own cars transport patients not requiring the larger types of vehicles. A very careful check is kept on the journeys ordered and in all long-distance ones a visit is paid beforehand to ascertain the necessity for the journey and the type of vehicle required. I am satisfied that there is no abuse of the service generally and that all the requests are legitimate except that sometimes an ambulance is ordered where a car would be sufficient. The arrangement whereby all calls are relayed *via* the Fire Service who can hold them back, or if urgent make alternative arrangements if there is no driver available, has worked very satisfactorily. In the design and equipment of the new vehicles many improvements in the light of our experience have been incorporated and have resulted in smoother running and greater comfort to the patients. One matter which should receive serious consideration as soon as possible is the erection of an adequate depot with garage accommodation for all the vehicles and living quarters for the personnel. The present arrangements, which necessitate three of the vehicles being garaged $1\frac{1}{2}$ miles away, is not satisfactory. Unfortunately, although an extensive search has been made, no site has yet been found in the right quarter of the town, *i.e.*, south of the Old Shoreham Road.

Prevention and After-Care.

The County Council's proposals provided for the delegation to the Sub-Committee of its responsibilities under this section of the Act, and attention has been directed primarily to measures in connection with Tuberculosis. In November, approval was given to the appointment of a special Health Visitor to combine duties at the Chest Clinic with visits to patients in their own homes. In addition, the County Council Almoner pays periodic visits to the area and arranges for supplementary assistance, either financial or in kind, through such statutory bodies as the National Assistance Board or the Voluntary After-care Committee, working in conjunction with the Sussex Rural Community Council. She also arranges for the boarding-out of contacts of tuberculous families and a start has been made by the chest physician in immunising contacts of tuberculous cases by the B.C.G. vaccine. This vaccine, which is flown over specially from Denmark, consists of a harmless live culture of the Tubercle Bacillus, which, after injection into the body, produces all the immunising effects of a natural infection which has not progressed to an active attack of the disease itself. For the time being, offers of this form of preventive treatment are being limited to contacts of cases admitted to sanatoria, since normally it is only under these circumstances that the necessary segregation of the subject to be inoculated can be arranged.

Suitable cases are provided with open-air shelters, and one case was sent to Preston Hall with a view to becoming a permanent member of the colony, but unfortunately he found after a short time that he was unable to settle down there. In addition several adults and children have been sent away to ordinary convalescent homes and open-air schools to recuperate after other illnesses.

Children Act, 1946.

Although the administration of this Act dealing with the welfare of children deprived of normal home care is in the hands of a separate Committee, close liaison is maintained with the Children's Office and in one particularly unsatisfactory case this co-operation resulted in a conviction after a prosecution for exceeding the permitted numbers.

Diphtheria Immunisation and Vaccination.

The general scheme for providing facilities for immunisation against diphtheria and vaccination against Smallpox has not been altered since last year, but agreement has now been reached with the British Medical Association regarding the payment of General Practitioners for completing and returning the record cards. A fee of 5s. is payable in respect of both diphtheria immunisation and vaccination, but no fee is due for the actual injection—it is included under the terms of service under the National Health Act, and in the case of private patients is a matter of arrangement with the doctor concerned. The tables show that according to our returns, 55 per cent. of the children between 0 and 14 in the two towns have been immunised.

In the case of vaccination, there has been a very grave decrease throughout the country since the element of compulsion was removed in 1948, and it has been calculated that the average percentage for the whole country was only 16.1 in 1949. In Hove and Portslade provisional figures show about 30 per cent. of infants vaccinated. Against Whooping Cough, protection by means of vaccine is offered, and about 450 mothers availed themselves of this facility in 1949, although it was explained that the expectation of successful avoidance of an attack could not be guaranteed to anything like the same extent as in the other two diseases. Extensive tests of different preparations are at present being carried out by the Ministry of Health, and the results are awaited with interest and in the hope that a more reliable method will be evolved.

Recently controversy and some alarm has arisen through the reported connection between injections against Diphtheria and Whooping Cough and the incidence of Poliomyelitis. The whole matter is under very close investigation by the Ministry of Health and it is by no means certain that there is such a connection, but it is quite clear that the injections themselves cannot produce Poliomyelitis and there is, therefore, no question of abandoning our campaign of immunisation except that in times of widespread outbreaks it might be desirable to suspend it temporarily.

General Administration.

The arrangements whereby most of the medical and nursing staff are directly employed by the County Council, and the administrative and clerical are the servants of the Hove Borough Council, devoting part of their time to the work of the Sub-Committee, has worked reasonably satisfactorily, although at the expiration of the three years of the original agreement it is probable that some revision of the respective Council's share of their officers' time will have to be made.

To all my colleagues on the medical, nursing and clerical staff I am deeply appreciative of their loyalty, enthusiasm and willingness at all times to relieve me of the burden of routine administration.

I am also indebted to the members of many voluntary services for their valuable assistance in filling the gaps in some of our official schemes. To all the county officials, and in particular Dr. Langford, I am conscious of a deep debt of gratitude for the unfailing assistance at all times, and to the Chairman and members of the Sub-Committee I am appreciative of their support and encouragement throughout the year which was not without its difficulties.

I have the honour to be,

Your obedient servant,

N. E. CHADWICK,

Divisional Medical Officer.

REGISTRATION OF NURSING HOMES.

Two Homes were registered for the first time during the year. Ten Homes were closed voluntarily, and at the end of the year there were 42 registered Nursing Homes in the Authority's area (i.e., outside Hove). The Borough of Hove retain the duties in this respect delegated to them in 1928.

Nursing Homes, in common with many other private enterprises, are finding considerable difficulty in securing sufficiently high-grade staff without having to charge their patients fees outside their ability to pay. Although one of the reasons the Nursing Homes Registration Act was brought into force was the huge charges made by some of the establishments existing before that year, it is fair to say that over the past years in this county the difficulty has been to persuade keepers to charge enough to permit them to maintain a good standard and obtain a fair return for their money, rather than in preventing them overcharging. The Homes which have not from time to time taken and cared for patients at or less than the cost of the services given must be in a small minority.

NATIONAL ASSISTANCE ACT, 1948.

Part IV of the National Assistance Act, 1948, which deals with the registration and supervision of Homes for Old Persons and for Disabled Persons, came into force in the latter part of the year, but by instruction of the Minister of Health, legal proceedings for alleged contraventions could not be taken in respect of any actions or omissions prior to 1st June, 1950, giving in effect a period of grace during which the requirements of the Act might be made public and those in charge of existing Homes might consider their position.

These provisions fill an administrative gap which for a long time has given rise to difficulties. In carrying out the duties imposed by the Public Health Act, 1936, in respect of Nursing Homes, one has repeatedly come across establishments providing accommodation for elderly people and claiming, with varying degrees of truth, that nursing was not being provided. As it was generally not possible, even in fairly obvious cases, to prove that nursing was being given, many places with a regrettably low standard continued in existence and the old people for which they provided could look to no one for protection.

INSPECTION AND SUPERVISION OF MILK AND OTHER FOODS.

Public Health (Preservatives, etc., in Food) Regulations, 1925-48. Forty-eight samples of food were examined under the Regulations during the year:—

Butter	..	..	..	..	..	2
Coffee Essence	..	..	..	..	..	2
Condiments and Sauces	..	..	..	..	..	20
Confectionery and Preserves	..	..	..	..	..	5
Flavourings and Cordials	..	..	..	..	..	4
Meat	..	..	..	..	..	1
Pastes	..	..	..	..	..	13
Smoked Fish	..	..	..	..	..	1
						<u>48</u>

The above samples were found to be satisfactory, with the exception of a sample of sauce containing 310 parts per million sulphur dioxide. This is not a permitted preservative unless necessarily introduced with an ingredient which is itself permitted to contain sulphur dioxide as a preservative, such as, for instance, apple pulp, which was used in this case.

Legislation Dealing with Milk. The Food and Drugs (Milk and Dairies) Act, 1944, the Milk (Special Designations) Act, 1949, and several Regulations giving effect to their provisions came into force in October, 1949, and brought about the long-expected change in the control of milk production, processing and sale. For too long there had been bitter criticism of the overlapping of the various bodies who shared the responsibility and whose numerous officers by their visits made the dairy farmer's life a burden to him. The effect of this legislation has been, in broad terms, to make the Ministry of Agriculture responsible for the conditions in which raw milk is produced; the district councils for the water supplies,

drainage, prevention of spread of infection and conditions of retail sale ; and the county councils for prevention of milk-borne tuberculosis and the conditions under which heat-treatment of milk is carried on. As other bodies such as the Milk Marketing Board are so closely concerned with milk sales, it is questionable whether the new legislation will do much to reduce the number of persons concerned with milk.

The duties of the Ministry of Agriculture in respect of licensing of dairy farmers, whether working under a designation or otherwise, have been delegated to County Agricultural Executive Committees ; but the delegation is, in practice, so hedged about by limitations (such as of the power to cancel the registration of a milk producer) that the Committee's powers to maintain a reasonably high standard of milk production are very seriously limited. It should surely be possible to give these Committees more power, leaving an aggrieved person the right of appeal to the Minister.

The three months during which the new legislation has been in force is too short a time to assess its value in raising the standard of milk production, but it gives the impression on paper, that the maintenance of quantity, rather than quality, in production is regarded as the important factor.

Food and Drugs Act (Milk and Dairies), 1938-44. The Minister of Health defined the 1st October, 1949, as the date of operation of the Act of 1944. In consequence the following came into operation as from that date:—

The Milk (Special Designations) Act, 1949.
Milk and Dairies Regulations, 1949.
Milk (Special Designation) (Raw Milk) Regulations, 1949, and the
Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Whilst the following were repealed:—

Milk and Dairies Regulations, 1926-43.
The Milk (Special Designations) Regulations, 1936-48, and the
Defence (General) Regulation 55G, which related to the heat-treatment of milk.

Notification of Tubercle-Infected Milk. Notifications were received from Medical Officers of Local Authorities concerning eight cases of tubercle-infected milk supplied. Investigations were conducted at the farms involved by the Veterinary Officers of the Ministry of Agriculture and Fisheries and by this Department. As a result six cows were slaughtered under the provisions of the Tuberculosis Order, 1938, and post-mortem examinations revealed lesions present in the udders.

Local Authorities also forwarded information concerning 15 cows and heifers, three bulls and steers and seven calves which on slaughter at central slaughtering establishments were found to be suffering from tuberculosis. Enquiries at the farms concerned failed to reveal any additional source of infection.

Veterinary Inspection. Details of the inspection of non-designated dairy herds by the 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.	
1,216	14,983	2,997	1,628	19,608	10

Ministry of Food—Defence (General) Regulations, 1939. *Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.* Under the new legislation, Defence Regulation 55G was repealed as from the 1st October, 1949, and in those cases where heat-treatment plant operated under a Pasteuriser's licence granted by a Local Authority the enforcement and execution of the 1949 Regulations became the duty of the Food and Drug Authority.

Up to the 1st October, 1949, nine heat-treatment plants were operating under authorisation from the Ministry of Food, of which four were also pasteurising under licence. The following table shows the results of 251 milk samples obtained from these plants and submitted to the prescribed tests:—

Class of Milk.	No. of Samples Tested.	Prescribed Tests.	Passed.	Failed.
Pasteurised ..	110	Phosphatase Methylene Blue	109 108	1 2
Heat-treated ..	141	Phosphatase Methylene Blue	138 138	3 3

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. Milk (Special Designation) (Raw Milk) Regulations, 1949. Applications and enquiries in respect of the production of designated milk continued to be dealt with up to the 1st October, 1949, by the Department, as affecting the standard of premises, from which date all administrative functions relating to raw milk were transferred to the Ministry of Agriculture and Fisheries.

"Milk in Schools" Scheme. Supervision of supplies provided under the scheme continued to be maintained, and at the end of the year, of the total of 210 schools participating, all were receiving milk from designated or heat-treated sources with the exception of three.

Routine samples covering all sources taken for bacteriological examination, and prescribed tests, were, in general, satisfactory, and in no instance were tubercle bacilli found.

SANITARY CIRCUMSTANCES.

Rivers Pollution (Prevention) Acts, 1876-93. Investigations of rivers and stream continued throughout the year and samples of stream waters, sewage and trade effluent were obtained where necessary and submitted for analysis.

In respect of a tributary of the River Ouse polluted by the discharge of a trade waste and which had been the subject matter of representations to the Ministry of Health by reason of the failure to abate the nuisance, the case was kept under continual observation. Towards the end of the year the position was under examination by consulting engineer appointed for the purpose of preparing a scheme for the treatment of the waste.

Complaints were received concerning the alleged pollution of tributaries of the River Adur and River Ouse, including the tidal portion at Lewes, and were the subject of investigations and reports.

Rural Water Supplies and Sewerage Act, 1944. Public Health Act, 1936—Section 307 (1) Contemplated schemes in respect of water, sewerage and sewage disposal were examined and reported upon in respect of the following:—

Battle Rural District:

Parish of Ashburnham ..	Provision of a public supply of water.
Parishes of Brightling and Dallington	Do.

Chailey Rural District:

Parish of Kingston, nr. Lewes	Provision of sewerage and sewage disposal in respect of Kingston village.
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Cuckfield Rural District:

Parish of Lindfield Rural ..	Provision of a system of sewerage in respect of the Scaynes Hill area.
Parish of Horsted Keynes ..	Provision of sewerage and sewage disposal in respect of the village of Horsted Keynes.

Hailsham Rural District:

Parishes of Ninfield and Hooe	Proposed extension of water mains.
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Uckfield Rural District:

Parish of Fletching	Proposed reconstruction of sewage disposal works.
Parish of Frant	Provision of sewerage and sewage disposal for the village of Frant.

Sewerage and Sewage Disposal. Local Inquiries have been held by the Ministry of Health in respect of schemes of sewerage and sewage disposal proposed to be undertaken in the following districts:—

Battle Rural District	Provision of scheme of sewerage and sewage disposal in respect of Burwash Common and Burwash Weald areas—parish of Burwash.
" " "	Proposed scheme of sewerage and sewage disposal in respect of the village of Icklesham—parish of Icklesham.
Chailey Rural District	Proposed scheme for the reconstruction of the existing sewage disposal works and for extension of sewers—parish of Ditchling.
Cuckfield Rural District ..	Proposed scheme of sewerage and sewage disposal for the village of Horsted Keynes—parish of Horsted Keynes.
" " "	Proposed scheme of sewerage in respect of the Scaynes Hill area—parish of Lindfield Rural.

ADMINISTRATIVE COUNTY OF EAST SUSSEX.

CHIEF VITAL STATISTICS FOR THE YEAR 1949.

TABLE I.

Group.	Population estimated by Registrar General 1949.	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.	Rate.
Large Towns.	107760	1310	12.15	1726	16.01	24	18.32	581	5.39	35	.32	3	.02	129	1.19	308	2.85
Other Urban Districts.	71180	1080	15.17	924	12.98	22	20.37	319	4.48	16	.22	1	.01	78	1.09	151	2.12
Rural Districts.	157300	2253	14.32	2025	12.87	52	23.08	680	4.32	46	.29	4	.02	220	1.39	309	1.96
County	336240	4643	13.80	4675	13.90	98	21.10	1580	4.69	97	.28	8	.02	427	1.26	768	2.28

† 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 estimated by Registrar General, 1949.	Live Births.		Stillbirths.			Deaths under 1 year of age.		Deaths at all ages belonging to the District.	Death Rate per 1,000 Population.
			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.		
Large Towns.											
Chichester	7993	26230	311	11.85	7	.26	22.01	1	3.21	376	14.33
Portsmouth	3953	68580	784	11.43	15	.21	18.77	19	24.23	1172	17.08
Southsea	1988	12950	215	16.60	3	.23	13.76	4	18.60	178	13.74
TOTALS	13934	107760	1310	12.15	25	.23	18.72	24	18.32	1726	16.01
Other Urban Districts.											
Worthing	2024	8090	124	15.32	4	.49	31.25	3	24.10	105	12.97
Brighton	3912	16370	227	13.86	2	.12	8.73	6	26.43	200	12.21
Grinstead	6600	11000	163	14.81	2	.18	12.12	3	18.40	170	15.45
Haslemere	1772	7572	156	20.60	5	.66	31.05	4	25.64	92	12.15
Seaford	1953	13490	227	16.82	1	.07	4.38	4	17.62	147	10.89
Eastbourne	1027	4398	69	15.68	2	.45	28.16	0	00.00	66	15.00
Eastbourne	4274	10260	114	11.11	2	.19	17.24	2	17.54	144	14.03
TOTALS	21562	71180	1080	15.17	18	.25	16.39	22	20.37	924	12.98
Rural Districts.											
Weymouth	117053	30130	432	14.33	5	.16	11.44	4	9.25	434	14.40
Weymouth	66038	20480	297	14.50	4	.19	13.28	14	47.13	248	12.10
Weymouth	74335	28850	424	14.69	8	.27	18.51	10	23.58	371	12.85
Weymouth	94629	36470	527	14.45	9	.24	16.79	8	15.18	447	12.25
Weymouth	112096	41370	573	13.85	13	.31	22.18	16	27.92	525	12.69
TOTALS	464151	157300	2253	14.32	39	.24	17.01	52	23.08	2025	12.87
County	499647	336240	4643	13.80	82	.24	17.35	98	21.10	4675	13.90

TABLE III.

Number of deaths at different periods of life in the Administrative County during the year 1949.

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.
Male	1156	29	12	4	62	243	806	968	21	3	6	59	187	692
Female	1494	17	4	5	48	238	1182	1057	31	6	5	45	179	791
TOTALS	2650	46	16	9	110	481	1988	2025	52	9	11	104	366	1483

TABLE IV.
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1949.
 (Not including cases of Tuberculosis, details of which are given on Page 6.)

	Total for Administrative County.	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT.															
		Boroughs.					Urban Districts.						Rural District.				
		Hove.	Bexhill.	Lewes.	Rye.	Totals.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portslade-by-Sea.	Seaford.	Totals.	Battle.	Chailoy.	Cuckfield.	Hailsham.
Scarlet Fever	341	56	16	7	4	83	—	51	34	—	38	6	129	32	19	29	23
Whooping Cough	365	46	31	25	—	102	3	8	3	10	18	14	56	42	45	15	71
Acute Poliomyelitis	40	—	2	—	—	2	2	3	—	7	—	2	14	—	5	10	3
Acute Polio-encephalitis	4	1	1	—	—	2	—	—	—	—	—	—	—	1	—	—	1
Measles	3506	248	130	295	30	703	121	244	170	112	87	229	963	422	299	253	328
Diphtheria	6	—	—	4	—	4	—	1	—	—	1	—	2	—	—	—	—
Acute Pneumonia	219	47	8	8	13	76	12	5	9	2	23	4	55	23	8	14	25
Dysentery	10	—	—	3	—	3	—	7	—	—	—	—	7	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid Fevers	3	—	—	—	—	—	—	2	—	—	—	—	2	—	1	—	—
Erysipelas	59	15	6	3	5	29	1	3	2	—	6	1	13	6	3	3	5
Cerebro-spinal Fever	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	26	4	4	1	—	9	—	10	—	—	1	—	11	1	1	2	1
Ophthalmia Neonatorum	8	2	—	—	—	2	—	5	—	—	—	—	5	—	—	—	1
Malaria	4	2	—	—	—	2	—	—	—	—	1	—	1	—	—	—	—
Chicken Pox	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Food Poisoning	17	—	3	—	—	3	7	—	—	—	—	—	7	—	1	—	4
Totals	4612	421	201	347	52	1021	146	339	218	131	175	256	1265	527	383	326	463

TABLE V (a).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1949 IN THE URBAN 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.	BOROUGHES.						
							Bexhill.	Hove.	Lewes.	Rye.	Burgess Hill.	Cuckfield.	East Grinstead.
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	51	—	—	—	26	13	6	25	4	1	1	1	3
7. Other Forms of Tuberculosis	4	—	—	—	—	3	1	2	—	—	1	—	—
8. Syphilitic Diseases	10	1	—	—	—	4	—	6	—	—	—	2	—
9. Influenza	22	—	1	—	—	2	1	13	—	—	—	2	3
10. Measles	1	—	1	—	—	—	—	1	—	—	—	—	—
11. Acute Poliomyelitis & Polio-encephalitis	4	—	—	—	4	—	1	—	—	—	1	—	—
12. Acute Infectious Encephalitis	1	—	—	—	—	—	—	1	—	—	—	—	—
13. Cancer of Mouth, Throat and Uterus	46	—	—	—	3	15	8	19	2	1	3	1	2
14. Cancer of Stomach and Duodenum	59	—	—	—	4	12	8	28	6	1	2	5	1
15. Cancer of Breast	53	—	—	—	7	17	10	25	2	2	3	2	1
16. Cancer of all other sites	301	—	2	2	10	105	42	133	25	7	10	15	28
17. Diabetes	16	—	—	—	—	4	2	4	—	1	—	2	1
18. Intra Cranial Vascular Lesions	339	—	—	—	2	46	55	148	29	3	12	27	21
19. Heart Disease	900	—	—	1	8	117	138	394	49	25	43	68	49
20. Other Diseases of Circulatory System	113	—	—	—	3	18	18	53	4	4	4	8	7
21. Bronchitis	80	—	—	—	2	8	6	33	6	2	1	14	4
22. Pneumonia	93	9	1	—	1	11	12	45	4	2	3	18	4
23. Other Respiratory Diseases	34	—	—	—	2	6	2	17	4	1	2	2	3
24. Ulcer of Stomach or Duodenum	26	—	—	—	1	12	4	16	—	—	1	3	1
25. Diarrhoea, etc. (under 2 years)	4	2	2	—	—	—	1	—	—	1	—	2	—
26. Appendicitis	5	—	—	1	1	3	—	—	—	—	2	—	—
27. Other Digestive Diseases	59	1	—	—	3	13	7	26	5	—	2	3	7
28. Nephritis	90	—	1	1	2	19	14	36	4	4	5	7	10
29. Puerperal and Post Abortion Sepsis	1	—	—	—	1	—	1	—	—	—	—	—	—
30. Other Maternal Causes	2	—	—	—	2	—	—	—	—	1	—	—	—
31. Premature Birth	7	7	—	—	—	—	—	1	—	—	2	1	2
32. Congenital Malformations, Birth Injury, Infantile Disease, etc.	26	19	2	—	2	—	—	12	4	—	—	2	—
33. Suicide	36	—	—	—	8	17	4	17	6	1	3	—	2
34. Road Traffic Accidents	16	—	1	2	5	4	1	8	—	2	1	1	2
35. Other Violent Causes	43	4	1	2	6	5	5	16	5	1	2	3	—
36. All other Causes	207	3	3	—	7	28	27	93	19	6	1	10	19
All Causes	2650	46	16	9	110	481	376	1172	178	66	105	200	170

Deaths of Infants under 1 year { Total 46
 Illegitimate 4

TABLE V (b).

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1949 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.
Typhoid and Paratyphoid Fevers ..	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ..	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ..	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the Respiratory System ..	46	—	—	—	22	17	7	14	10	6	6	10
Other forms of Tuberculosis ..	4	—	—	1	2	1	—	1	2	1	—	—
Syphilitic Diseases ..	4	1	—	—	—	—	3	1	—	2	—	1
Influenza ..	14	—	—	—	4	2	8	2	3	3	1	5
Measles ..	1	—	—	1	—	—	—	—	1	—	—	—
Acute Poliomyelitis and Polio-encephalitis ..	1	—	—	—	—	1	—	—	—	—	—	1
Acute Infectious Encephalitis ..	4	—	—	—	1	2	1	1	—	—	2	1
Cancer of Mouth, Throat and Uterus ..	31	—	—	—	1	14	16	2	5	8	9	7
Cancer of Stomach and Duodenum ..	50	—	—	—	—	13	37	9	5	10	11	15
Cancer of Breast ..	42	—	—	—	2	11	29	7	4	8	14	9
Cancer of all other sites ..	186	—	1	2	10	49	124	46	22	38	35	45
Diabetes ..	8	—	—	—	1	1	6	2	3	—	2	1
Intra Cranial Vascular Lesions ..	245	—	—	—	2	32	211	52	31	44	54	64
Heart Disease ..	680	—	—	1	11	83	585	152	76	109	166	177
Other Diseases of Circulatory System ..	81	—	—	—	2	11	68	10	10	16	25	20
Tronchitis ..	91	—	1	—	2	12	76	14	9	19	20	29
Pneumonia ..	86	1	3	—	5	10	67	16	9	23	15	23
Other Respiratory Diseases ..	43	—	1	—	4	13	25	12	3	6	12	10
Ulcer of Stomach or Duodenum ..	15	—	—	—	2	9	4	6	1	3	1	4
Diarrhoea, etc. (under 2 years) ..	1	1	—	—	—	—	—	—	1	—	—	—
Appendicitis ..	2	—	1	—	—	—	1	—	—	1	1	—
Other Digestive Diseases ..	36	—	—	—	1	11	24	10	5	5	6	10
Nephritis ..	57	—	—	1	3	15	38	10	4	10	16	17
Septicæmia and Post Abortion Sepsis ..	—	—	—	—	—	—	—	—	—	—	—	—
Other Maternal Causes ..	2	—	—	—	2	—	—	—	1	—	1	—
Premature Birth ..	6	6	—	—	—	—	—	2	—	1	2	1
Congenital Malformations, Birth Injury, Infantile Disease, etc. ..	34	31	—	1	1	1	—	2	7	7	6	12
Suicide ..	23	—	—	—	4	12	7	9	1	4	4	5
Road Traffic Accidents ..	17	—	—	—	10	2	5	5	1	8	2	1
Other Violent Causes ..	43	5	2	—	4	10	22	8	5	9	10	11
All other Causes ..	172	7	—	4	8	34	119	41	29	30	26	46
All Causes ..	2025	52	9	11	104	366	1483	434	248	371	447	525

Deaths of Infants under 1 year { Total .. 52
 Illegitimate .. 6

TABLE VI.
VACCINATION.

Number of Persons Vaccinated (or Revaccinated) during the year 1949.

District.	Age under 1 year.		Age 1 to 4 years.		Age 5 to 14 years.		Age over 15 years.		Totals all Ages.	
	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.
Totals	1,341	26	550	57	94	146	109	590	2,094	819
Battle.	106	—	52	1	7	24	20	64	185	89
Chailey.	242	1	128	15	11	14	24	147	405	177
Cuckfield.	41	—	25	1	4	1	2	30	72	32
Hailsham.	16	—	16	—	1	1	—	3	33	4
Uckfield.	—	—	—	—	—	—	—	—	—	—
Other Districts	45	—	23	—	6	1	1	16	75	17
Other Districts	59	5	16	5	5	4	1	33	81	47
Other Districts	108	6	9	1	2	2	7	18	126	27
Other Districts	4	—	7	—	—	—	2	1	13	1
Other Districts	63	—	38	—	2	—	4	12	107	12
Other Districts	27	—	23	6	4	28	8	46	62	80
Other Districts	110	—	86	8	4	9	6	60	206	77
Other Districts	62	—	35	3	3	23	3	17	103	43
Other Districts	149	8	26	7	17	17	10	42	202	74
Other Districts	73	—	54	4	7	11	7	45	141	60
Other Districts	236	6	12	6	21	11	14	56	283	79

TABLE VII.
DIPHTHERIA IMMUNISATION.
Summary of Returns for the year ended 31st December, 1949.

(a) **IMMUNISATION IN RELATION TO CHILD POPULATION.**

District.	Number of Children (in age groups as given) who at 31st December, 1949, had completed a course of Immunisation at any time since 1st January, 1935.							Total Number of Children under 15 Immunised.	Estimated Mid-Year Child Population, 1949.		Total Estimated Mid-Year Child Population 1949.
	Under 1 Born 1949.	1 Born 1948.	2 Born 1947.	3 Born 1946.	4 Born 1945.	5-9 Born 1940-44.	10-14 Born 1935-39.		Children Under 5.	Children 5-14.	
<i>Boroughs</i>											
Bexhill	23	208	304	280	228	1,262	1,204	3,509	1,803	3,795	5,598
Hove	8	467	593	590	545	2,589	1,420	6,212	4,131	6,523	10,654
Lewes	9	187	225	156	136	743	824	2,280	1,044	1,697	2,741
Rye	4	59	77	61	51	328	234	814	382	575	957
<i>Urban Districts</i>											
Burgess Hill ..	17	114	149	122	122	675	595	1,794	652	1,101	1,753
Cuckfield	32	202	264	247	175	1,179	1,164	3,263	1,233	2,354	3,587
East Grinstead ..	23	164	208	206	151	697	980	2,438	947	1,631	2,578
Newhaven	11	134	161	139	107	478	408	1,438	696	931	1,627
Portslade	4	111	151	139	80	785	376	1,646	1,145	1,971	3,116
Seaford	9	129	141	143	126	588	729	1,865	667	1,942	2,609
<i>Rural Districts</i>											
Battle	33	330	411	356	257	1,871	1,622	4,880	2,342	3,957	6,299
Chailey	15	204	233	212	168	953	1,142	2,927	1,074	2,807	3,881
Cuckfield	57	337	451	389	326	1,829	1,859	5,248	2,257	4,446	6,703
Hailsham	18	270	411	400	317	2,266	2,194	5,876	2,761	4,538	7,300
Uckfield	72	529	579	550	412	2,644	2,777	7,563	3,156	5,302	8,460
Totals	335	3,445	4,358	3,990	3,201	18,887	17,537	51,753	24,890	43,570	68,460

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1949.

Age at final injection:—

Under 5 years	4,138
Five to 14 years	942

(c) Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to a full course) in the Administrative County Area in 1949

HOVE AND PORTSLADE SUB-COMMITTEE AREA.

Births.

Number of births notified in the Authority's area during 1949, under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, as adjusted by any transferred notifications :—

Live births, 1,020 ; Still births, 18. Total, 1,038.

Care of Premature Infants.

i.e., Babies weighing 5½lbs. or less at birth, irrespective of period of gestation. Stillbirths should be excluded.

- (a) The number of premature babies notified during 1949, whose mother is normally resident in the Authority's area 75
- (b) The total number of premature babies notified during 1949 who were born :
 (i) At home 11
 (ii) In Hospital or Nursing Home 64
- (c) The number of those born at home who were nursed entirely at home .. . 9
- (d) The number of those born at home and nursed entirely at home :
 (i) Who died during the first 24 hours .. . 1
 (ii) Who survived at the end of one month .. . 8
- (e) The number of those born in Nursing Homes :
 (i) Who died during the first 24 hours .. . —
 (ii) Who survived at the end of one month .. . 6

Ante-Natal and Post-Natal Clinics.

(1)	Number of Clinics provided at end of 1949 (whether held at Infant Welfare Centres or other Premises)	Number of sessions now held <i>per month</i> at clinics included in Col. (2)	Number of Women in Attendance.		Total number of attendances made by women included in Col. (4) during 1949
			Number of Women who attended during 1949	Number of Women included in Col. (4) who had <i>not</i> previously attended an Ante-Natal Clinic during current pregnancy or a Post-Natal Clinic after last confinement	
(1)	(2)	(3)	(4)	(5)	(6)
Clinics provided by Voluntary Organisations :—					
Ante-Natal Clinics	1	2	125	96	278
Post-Natal Clinics	—	—	(20)	(20)	(20)

Women examined post-natally at Ante-Natal Clinics are included in Columns 4, 5 and 6 and also shown in brackets.

Infant Welfare Centres.

(1)	Number of Centres provided at end of 1949	Number of Infant Welfare Sessions now held <i>per month</i> at Centres in Col. (2)	Number of Children who attended Centres in Col. (2) during 1949	Number of Children who first attended the Centres during 1949 and who on the date of their first attendance were :—		Number of Children in attendance at the end of 1949 who were then :—		Total Number of Attendances made by Children included in Col. (4) during 1949	
				Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Local Health Authority Centres	3	36	3,285	812	61	720	2,565	12,067	8,486

Health Visiting.

	Number of Health Visitors Employed at end of 1949		Equivalent of Whole-Time Health Visitor Services provided under Col. (3) (All Classes, including Attendance at Child Welfare Centres)	Number of Visits paid by Health Visitors included in columns (2) and (3) during 1949							
	Whole-Time on Health Visiting	Part-Time on Health Visiting		Expectant Mothers		Children under 1 year of age		Children between the ages of 1 and 5		Other Cases	
				First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Local Health Authority	—	9	5.8/11	130	217	1,027	7,065	81	8,430	225	480

Maternity Cases Attended.

Number of Maternity Cases in the Area of the Local Supervising Authority attended by Midwives during 1949.

	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
	(1)	(2)	(3)	(4)	(5)	(6)
1. Midwives employed by the Authority	—	—	—	—	—	—
2. Midwives employed by Voluntary Organisations :—						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	49	25	—	—	49	25
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act, 1946)	—	—	—	—	—	—
3. Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	74	13	58	—	132	13
4. Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	8	18	—	107	8	125
TOTALS	131	56	58	107	189	163

Midwives.

Number of Midwives practising at the end of 1949 in the area of the Local Supervising Authority who were :—

(a) Employed by Voluntary Organisations under arrangements made with the Health Authority under Section 23 of the National Health Service Act 3

(b) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—

(i) Domiciliary 2
(ii) Midwives in Institutions 1 } Total 3

(c) In private practice as :—

(i) Domiciliary Midwives 4
(ii) Midwives in Institutions (i.e., Nursing Homes) 6 } Total 10

Medical Aid under Section 14 (1) of the Midwives' Act, 1918.

Number of cases in which medical aid was summoned during 1949 under Section 14 (1) of the Midwives' Act, 1918, by a Midwife :—

(a) For Domiciliary Cases :—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service..	—	} Total	.. 32
(ii) Others	32		

(b) For cases in Institutions 1

Administration of Analgesics.

(a) Number of Domiciliary Midwives in practice in the area at the end of 1949, who were qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board :—

(i) Employed by Voluntary Associations	3	} Total	6
(ii) Employed by Hospital Management Committees	2		
(iii) In Private Practice	1		

(b) (1) Are facilities provided to enable Domiciliary Midwives practising in the area to attend courses of instruction in the administration of Analgesics in Institutions approved by the Central Midwives' Board for the purpose ? Yes

(2) Are facilities provided to enable Domiciliary Midwives practising in the area to attend courses of instruction in the administration of Analgesics on the district under schemes approved by the Central Midwives' Board ? Yes

(3) Number of Domiciliary Midwives who received instruction under (2) above during 1949 1

(c) Number of sets of apparatus for the administration of Analgesics in use by Domiciliary Midwives employed by the Authority, or employed by Voluntary Organisations in the Authority's area 3

(d) Number of cases in which Analgesics were administered by Midwives in domiciliary practice during 1949 102

Home Nursing.

(1)	Number of Home Nurses employed at 31st December, 1949		Equivalent Whole-Time Home Nursing Services provided in Col. (3)	Number of Cases attended by Home Nurses during 1949	Number of visits paid by Home Nurses during 1949
	Whole-Time on Home Nursing (2)	Part-Time on Home Nursing (3)			
Local Health Authority	—	—	—	—	—
Voluntary Organisations by Agreement with the Authority	11	11	6.5/14	2,042	49,494

Day Nurseries.

As at 31st December, 1949.

(1)	Number (2)	Number of approved places.		Number of children on the register at the end of 1949		Average daily attendance during 1949	
		0—2 (3)	2—5 (4)	0—2 (5)	2—5 (6)	0—2 (7)	2—5 (8)
Nurseries Maintained by the Council	2	25	50	24	60	23.5	51.75

Home Help Service.

(i) Number of Home Helps employed at 31st December, 1949 :—

(a) Whole-time	..	..	..	..	..	..	..	..	6
(b) Part-time	..	..	..	..	..	..	..	..	11

(ii) Home Helps were provided during the year for 263 cases.

Vaccination.**Number of Persons Vaccinated or Re-vaccinated during 1949.**

Age at 31st December, 1949 i.e., born in years	Under 1 1949	1 to 4 1945-1948	5 to 14 1935-1944	15 or over before 1935	Total
Number Vaccinated	305	166	13	28	512
Number Re-Vaccinated	1	15	14	159	189

Diphtheria Immunisation.**Immunisation in Relation to Child Population.**

Number of children at 31st December, 1949, who had completed a course of Immunisation at any time before that date, i.e., at any time since 1st January, 1935.

Age at 31st December, 1949 i.e., born in year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5 to 9 1940-44	10 to 14 1935-39	Total Under 15
Number immunised	12	578	744	729	625	3,374	1,796	7,858
Estimated mid-year child population 1949	Children under five 5,276					Children 5-14 8,494		13,770

Number of children who completed a full course of primary immunisation during 1949.**Number of reinforcing injections given.**

	Aged under 5 years	Aged 5-14 years	Total	Total
Hove	655	79	734	895
Portslade	180	100	280	337
	835	179	1,014	1,232

Ambulance Services.

(1)		Number of Vehicles at 31st Dec., 1949	Total No. of Journeys during 1949	Total No. of Patients carried during 1949	Number of Accident and other Emergency journeys included in Col. (3) during 1949	Total Mileage 1949	Number of Paid Whole-time staff at 31st Dec., 1949
	(2)	(3)	(4)	(5)	(6)	(7)	
Directly Provided	Ambulances	4	4,045	3,993	661	41,651	13
Service	Cars ..	—	—	—	—	—	—

**Sussex Rural Community Council.
Hove and Portslade Division.**

**Tuberculosis Care Service.
Report in respect of the Financial Year 1949-50.**

(1) Cases within care during the year numbered some 59 in all as compared with 36 at 31st March, 1949.

(2) Help given included milk, Home Helps, convalescence, materials for Recreational Therapy and special grants. In general, the maintenance allowance for tuberculous patients is sufficient for their basic needs. It does not allow for more than the minimum of clothing or of household needs of fuel, etc., nor indeed for any extras, and it is these needs of the invalid that the Care Committee supplies and in respect of which the patients know that in the local visitor they have a friend to whom they can apply for help in need.

(3) The Rural Community Council Area Committee for the Hove-Portslade Division consists of :—

Mrs. Mathie (Chairman and Area Organiser), 44 St. Keyna Avenue, Hove, 3.

Miss C. M. Bigwood (Honorary Treasurer), 68 Dyke Road, Brighton.

Miss J. Biddle, " Little Hayes," Burgess Hill.

Mrs. Kenward, 24 Southview Road, Southwick.

Mrs. Neville Cox, " Varndean Holt," Surrenden Road, Brighton, 6.

Ex-officio :—

Dr. A. Macfarlane, Hove Chest Clinic, 33 Clarendon Villas, Hove, 3.

J. Newton, Esq., Area Officer, National Assistance Board, Royal Pavilion, Brighton.

Miss I. M. Perrin, Public Health Department, Third Avenue, Hove.

Miss P. Turner, T.B. Care Almoner, County Hall, Lewes.

Major G. H. Powell-Edwards, Director, Sussex Rural Community Council.

Mrs. Lucas, Care Secretary, Sussex Rural Community Council.

The Committee meets quarterly, usually at 42 Wilbury Villas, Hove, by kind invitation of the British Red Cross Headquarters. The Chairman of the Committee and Miss Biddle and Mrs. Kenward are the Committee's members of the Sussex Rural Community Council's Central Health Committee which itself meets quarterly and brings together, for the sharing of information and experience, representatives of each of the Area Committees of the Council. Members of that Committee include the Deputy Medical Officer of Health, the Chest Physician and the County Almoner.

That Committee is responsible also for the Child Care Service of the Sussex Rural Community Council and Health Education Service. In the latter (Mr. Frank Buckler, Organiser) there was during 1949-50 dissemination of " Better Health," the monthly publication to doctors, members of the National Health Service Executive Committee, school teachers, Welfare Centres, Medical Officer of Health and District Nurses in the Hove-Portslade area and health talks with discussion at the Women's Co-operative Guild, Hove; Southdown Coach Depot, Portslade; District Trades Council, Hove; C.A.V. Ltd., Hove; Transport and General Workers' Union, Portslade; Women's Co-operative Guild, Portslade; Community Centre Youth Organisation, Portslade; Green & Co., Ltd., Portslade; Messrs. T. Harrington, Ltd., Hove; Ronuk Manufacturing Co., Portslade.

The practical and prompt help which the Committee has been able to give to patients during the past year is clearly shown in the many expressions of thanks which have been received. This help is directed towards needs disclosed by Chest Physician and Almoner reports and ensures a provision necessary to care and recovery, beyond and additional to what can be obtained from " statutory " resources.

