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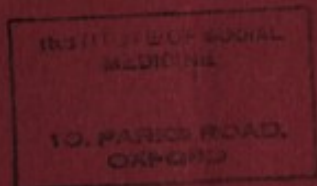
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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1950

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

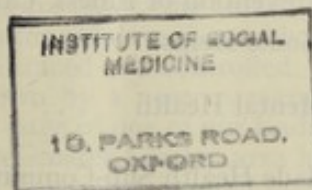
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EAST SUSSEX COUNTY COUNCIL.

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

The state of the public health continues to be satisfactory in spite of the increasing gap, first noted in the Annual Report for 1949, between the birth rate (12.79 in 1950) and the death rate (13.93 in 1950).

The maternal mortality, 0.9, is very low (1.05 in 1949) and is occasioned by only four maternal deaths, reference to which is made in the body of the Report. The infant mortality rate at 20.01 per 1,000 live births is again the lowest on record, the figure for last year being 21.1.

Both measles and whooping cough have occurred in large numbers, but have been astonishingly mild: no death was caused by either disease, nor has any evidence been obtained of serious after-effects. With the exception of these diseases and acute poliomyelitis, there have been no material variations in the incidence of infectious disease.

During the year there were 38 cases of poliomyelitis scattered more or less all over the county, although Cuckfield Urban District and Burgess Hill Urban District escaped entirely. There were three deaths.

There was only one case of diphtheria, no death from this disease having occurred for years; and it will be noted from the table that typhoid and paratyphoid fevers together totalled only seven cases. The benefits are now being gained from the work of our Sanitary and Public Health predecessors, who in the old days showed how (for instance) typhoid fever, once the bane of large towns, could be traced and controlled. An interesting, and in a way amusing, light on this point was thrown by a news paragraph which had the honour of being placed in the centre of the front page of one of our leading daily newspapers not long ago: it stated that two persons in the Greater London area had typhoid fever. Not many years since a far larger number would have been ignored or relegated to a back page. So rapidly are raised standards taken for granted.

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.

August, 1951.

GENERAL STATISTICS.

The **Estimated Population** increased from 336,240 in 1949 to 339,760 in 1950.

The **Birth Rate** for the county was 12.79 per thousand of the estimated population (1.01 per thousand less than in 1949), as compared with 15.8 for England and Wales. The live births in 1950 totalled 4,347, a reduction of 296 as compared with 4,643 in 1949. The number of illegitimate live births in East Sussex was 239, or 5.49 per cent. of the total.

The general uncorrected **Death Rate** was 13.9 per thousand in 1950, the same as in 1949. The rate for England and Wales in 1950 was 11.6.

The **Infant Mortality Rate** was 20.01 per thousand live births in 1950, as compared with 21.1 in 1949. This is the lowest figure ever recorded in the county. The illegitimate death rate was 33.46 per thousand illegitimate live births, as compared with 40.69 in 1949.

The **Maternal Mortality Rate** was .9 per thousand live and still births, as compared with 1.05 in 1949. There were only 4 maternal deaths during the year contributing to this figure. Particulars of each case are set out in the midwifery section.

SANITARY CIRCUMSTANCES.

Rivers Pollution (Prevention). The River Boards Act, 1948, provided for the establishment of River Boards and for transferring to such Boards the functions relating to river pollution which were the responsibility of the County Council and Local Authorities.

During the year three river board areas were defined by Orders covering between the practically the whole of the County, and the following River Boards were constituted and assumed statutory responsibility within the respective areas for the control of river pollution and such other functions as were conferred upon them by the Act of 1948.

Kent River Board, as from 1st April, 1950.

East Sussex River Board, as from 1st October, 1950.

West Sussex River Board, as from 1st October, 1950.

As from the dates in question all outstanding matters of river pollution were transferred to the appropriate Board.

Prior to the date of transfer, routine investigation of rivers and streams continued and samples of stream waters, sewage and trade effluents were obtained where necessary and submitted for analysis. Although these duties have been transferred to the respective Boards, the County Council are still concerned with any factors which although outside the scope of the Boards contribute to conditions with which they have to deal; and a easy working co-operation has already been established between their officers and ours.

Rural Water Supplies and Sewerage Act, 1944. Contemplated schemes in respect of water, sewerage and sewage disposal were examined and reported upon in respect of the following:—

Battle Rural District.

Parishes of Fairlight, Guestling,
Pett, Westfield and Peas-
marsh

Provision of water supplies.

Parishes of Playden (part), Bur-
wash (village), Peasmarsh,
Guestling (Green) Ickle-
sham and Northiam ..

Provision of sewerage and sewage disposal.

Chailey Rural District.

Parish of Hamsey

Provision of service reservoir, 500,000 gallons, at Offham Hill.

District Water Undertaking ..

Provision of a bulk supply from Newhaven and Seaford Water Co., and trunk distribution main.

Parishes of Piddinghoe, Chailey (South Street) and West Firle (Stamford Buildings)	Provision of sewerage and sewage disposal.
<i>Cuckfield Rural District.</i>	
Parish of Slaugham (Handcross and Pease Pottage) ..	Provision of sewerage and sewage disposal.
<i>Hailsham Rural District.</i>	
District Water Undertaking ..	Provision of supply from the Eastbourne Water Co., and trunk distribution mains.
<i>Uckfield Rural District.</i>	
Parishes of Framfield (part), Little Horsted (part) and Fletching (part)	Provision of water supply.
Parishes of Forest Row and Danehill	Provision of bulk supply and trunk mains.
Uckfield Water Undertaking ..	Development of Hempstead Mill source and service reservoir Hilbre Mount.
Parishes of Fletching, Fairwarp and Wadhurst (Best Beech Hill)	Provision of sewerage and sewage disposal.

INSPECTION AND SUPERVISION OF MILK AND OTHER FOODS.

Public Health (Preservatives, etc., in Food) Regulations, 1925-48. One hundred and twenty-one samples of food were examined under the Regulations during the year :—

Condiments, Sauces and Pickles	61
Coffee and Chicory Essences	14
Confectionery and Cordials	9
Fish Cakes and Pastes	5
Gelatine, Jellies and Preserves	10
Glacé and Prepared Cherries	3
Meat Products	19
	<hr/>
	121

The above samples were found to be satisfactory, with the exception of a class of "prepared cherry" for use in confectionery sold under a proprietary name. As the article in question is not scheduled in the Regulations as one which is permitted to contain benzoic acid as a preservative, nor are any of the constituents so mentioned, proceedings were instituted and a penalty was imposed.

Food and Drugs Act and Milk and Dairies Regulations. Administration of the County Council's duties under the various Milk Regulations and the Food and Drugs Act, has been made easier by the County Medical Officer being a member of the Milk Sub-Committee of the Agricultural Committee. Acknowledgment should be made also of the great help given by the officers of the Ministry of Agriculture and of the co-operation of the officers of the Sanitary Districts, whose responsibilities are so closely related to those of the County Council.

Notification of Tubercle Infected Milk. Notifications were received from Medical Officers of Local Authorities concerning six cases of tubercle infected milk supplies; also one case was brought to light as the result of departmental activities.

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 three cows were slaughtered under the provisions of the Tuberculosis Order, 1938, and post-mortem examination revealed lesions present in the udders or infection of the milk was confirmed.

In addition, four cows were found to have been removed to knackers for slaughter. There is reason to believe that these were possible sources of infection.

Local Authorities also forwarded information concerning 17 cows, heifers and steers and six calves which, on slaughter at central slaughtering establishments, were found to be suffering from tuberculosis. In respect of the notified calves, investigations at the farm sources resulted in four of the dams being identified with symptoms of tuberculosis, and these were dealt with under the Tuberculosis Order, 1938.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949. On 1st January, 1950, seven establishments held licences for the pasteurisation of milk. In addition, three licences were issued during the year. The following table shows the number of samples taken from all types of processing establishment plants:—

Class of Milk.	No. of Samples.	Appropriate Tests.	No. of Samples.		
			Passed.	Failed.	Invalid.
Tuberculin Tested Milk (Pasteurised) ..	78	Phosphatase	77	1	—
		Methylene Blue	78	—	—
Pasteurised	201	Phosphatase	199	2	—
		Methylene Blue	177	3	1
Heat-treated (Non-designated) ..	62	Phosphatase	59	3	—
		Methylene Blue	58	4	—

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.

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles, samples have been obtained from the various establishments and submitted for bacteriological examination. A minimum of six bottles per plant was submitted from eight bottling establishments. The methods adopted in six dairies indicated very satisfactory results, whilst two were doubtful.

" *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 209 schools participating, all were receiving milk from designated or heat-treated sources, with the exception of two. Eighty samples were taken from the school premises and submitted for laboratory examination.

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

INFECTIOUS DISEASES.

Table V in the Appendix sets out the number of notified cases of the diseases listed.

Measles decreased in numbers from 3,506 last year to 1,731. 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.

Although whooping cough and measles may in some children leave permanent lung damage, their severity in general has been very slight, and it is again gratifying to note that among the 2,792 patients recorded as contracting whooping cough or measles during the year no deaths occurred.

Scarlet fever has risen from 341 to 435, and whooping cough has also risen from 25 last year to 1,061 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. There has, however, been little, if any, evidence of such sequelae in recent years.

Reference is made under Diphtheria Immunisation to the alleged positive correlation between injections for immunisation against diphtheria, etc., and the subsequent development of poliomyelitis in the child, especially in the limb in which the injection was given.

In 1950 the incidence of poliomyelitis started to rise sooner than in any recent year, as it did in the country in general; but the rise culminated in a sharp peak in the last week of August, the subsequent fairly sharp decline being associated, chronologically at least, with cool damp weather. The total number of confirmed cases was 38, scattered more or less all over the county, though Burgess Hill Urban District and Cuckfield Urban District escaped entirely. There were three deaths, a woman aged 18 and men aged 41 and 25 respectively.

The age incidence continues to make the older term "infantile paralysis" a misnomer, all but seven being over the age of five years: the ages of these were 5, 4, 4, 3½, 2⅞, 2 and 1 respectively. The average age of the confirmed cases was 15 years.

TUBERCULOSIS.

There were 225 notifications of pulmonary tuberculosis in 1950, of which 155 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis numbered 77, of which 45 were under 15 years of age. The number of notified cases in the registers of the district sanitary authorities at the end of the year was 2,255 (1,612 pulmonary and 643 non-pulmonary).

It will be noted that the number of notified pulmonary cases on the registers has risen from 1,415 in 1949 to 1,612, i.e., the number per thousand of the population has risen from 4.2 to 4.7. This increase is due to better ascertainment. The deaths from pulmonary disease, however, have dropped from 97 in 1949 to 63, which, taking into account the increased population, shows an appreciable reduction in the mortality rate.

The deaths from tuberculosis in 1950 were as follows :—

Pulmonary Tuberculosis :—								Deaths.
Urban Districts	..	..	..	..	..	..	..	45
Rural Districts	..	..	..	..	..	..	..	18
Other forms of Tuberculosis :—								
Urban Districts	..	..	..	..	..	..	..	8
Rural Districts	..	..	..	..	..	..	..	9
Total								80

In 1949 the 97 deaths from pulmonary disease included 39 cases (40.2%) which had not been notified, and of the eight deaths from non-pulmonary conditions three (37.5%) had not been notified. There has been a marked improvement in this respect in 1950, as there were only eight (12.7%) cases out of 63 deaths from pulmonary tuberculosis and three (7.6%) cases out of 17 deaths from non-pulmonary conditions which had not been notified in this county before death. The percentage of non-notified cases (11) to the total deaths (80) from all forms of tuberculosis was 13.7%, which, though an improvement, is still far from satisfactory.

Tuberculosis Care and After-Care. The arrangement (described in last year's report) whereby the chest physicians in this area devote part of their time to tuberculosis care and after-care is working remarkably well, and this opportunity is taken to thank them for their friendly co-operation. As previously stated, the present organisation gives a better service than was possible before 1948.

The above remarks include, of course, the Mass Radiography Unit, based on an office at Brighton, which started work in 1950; during that year, in which one or two "trial runs" were done before the organisation got into full swing, 11,729 persons were X-rayed. As the Unit detects a certain number of cases of active tuberculosis, it stands to reason

that it secures early attention to the proportion of those cases which would otherwise have continued to deteriorate, and to produce infectious sputum, for months or years before coming under observation. The immediate effect statistically is to increase the number of notifications, not only of the actual persons found by mass radiography, but of the other infected persons found by the survey of contacts which always takes place. It may be accepted with confidence, therefore, that the work of a Mass Radiography Unit has a constant and increasing effect in preventing the spread of tuberculosis.

It is of little use, however, discovering more treatable cases if shortage of suitable beds causes serious delay in treatment. Although by the end of the year chest physicians could not always secure prompt admission of patients, the position was steadily improving and it is probable that in the Report for 1951 it will be possible to record a still better state of affairs.

Of the surveys carried out in 1950 by the Mass Radiography Unit, the following were in the administrative county :—

					X-rayed.
Laughton Lodge (a mental defective colony)	..	..	..	..	202
Lewes County Grammar School for Boys	..	..	..	..	529
Cuckfield Hospital (including mental defectives)	..	..	..	..	194
Portslade Gas Works	..	..	..	..	459

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.

The Care Almoner found herself fully extended during the year in carrying out both liaison work and the actual service to individuals needing assistance, over 780 persons coming under her care at one time or another. Without such an officer it would be impossible to carry on a reasonably satisfactory tuberculosis care scheme.

During 1950, at the request of the Hospital Management Committee concerned, an end was made of the old arrangement whereby sleeping shelters for tuberculosis patients were stored and repaired at Darvell Hall Sanatorium. Since April, 1950, this work has been done by a firm in Lewes and good service is given; moreover, transport of shelters is rather easier to arrange to and from Lewes.

At the end of 1950 there were 23 shelters in use, 11 being in store or under repair.

NATIONAL HEALTH SERVICE ACTS, 1946 to 1949.

HEALTH CENTRES (SECTION 21).

There has been no alteration during the year in the general restriction placed on Health Centre planning, with the exception that in the Crawley New Town the possibility has had to be considered of establishing a Health Centre in that part of the New Town which is, as yet, in East Sussex. Crawley is unique among "new towns" in that its area covers parts of three administrative counties, three Local Executive Councils, and two Regional Hospital Boards, a geographical accident which does nothing to simplify planning. From the Health Centre point of view, moreover, Crawley New Town is not by any means entirely new, there already being a substantial nucleus of long-established building and several general medical practitioners who have adequate surgery accommodation conveniently near their patients. It is likely to be several years before the population overtakes the services now available from the doctors already in practice; during that time, it is hoped, many of the uncertainties and variable factors related to the Health Centre concept may be resolved. It seems more than likely that real progress in this matter will only be made by establishing one or two trial Health Centres on strictly "no prejudice" lines, the loss (if any should result) being regarded as money properly spent on research. This might be regarded as so important as to warrant a higher rate of grant from central funds to the Health Authority making the experiment.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22).

(Excluding Hove and Portslade Sub-Committee area.)

As previously indicated, 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 continues to give good results, largely owing to the assistance given by the voluntary bodies immediately concerned. These are the County Nursing Association with its constituent District Nursing Associations, the Hove and Portslade District Nursing Association, and the many committees of Welfare Centres.

The number of District Nursing Associations in the County is 54. Of these, 35 serve single districts, each nurse carrying out generalised duties, i.e. midwifery and general nursing in the home, infant health visiting and school nursing work. Eight are double districts, the work being divided between two nurses in each district. The remaining 11 districts comprise the larger urban areas; in these 14 whole-time health visitors and school nurses are employed. The total number of nurses employed by the County Nursing Association on 31st December, 1950, was 108, engaged as follows:—

72	on generalised duties.
19	on combined duties.
14	on health visiting and school work.
2	on home nursing only.
1	on home nursing and school work.

Ante-Natal Services. At the end of the year there were only two local authority Ante-Natal Clinics remaining, one at Bexhill and the other at Newhaven. Three had been closed during the year owing to small attendances.

Of the 30 Ante-Natal Clinics provided by voluntary organisations at 31st December, 1949, 18 were still functioning on 31st December, 1950, although in several instances the numbers attending were very small.

Altogether 198 women attended the County Clinics and 236 the voluntary Clinics.

In response to an informal suggestion made by the doctors at Newhaven who were on the Obstetric List, that they should do their ante-natal work at the County Clinic (thereby overcoming some of the then existing difficulties and being more in conformity with the idea envisaged by the National Health Service Act, 1946), it was arranged that one afternoon session per month at the Clinic should be allotted to each doctor. The new arrangement came into operation on 1st May, 1950, and has proved a great success. At each session the doctor is attended by the health visitor and the midwife concerned, and their working together in this way enables the expectant mother to be given full care with a minimum of difficulty.

Early in the year steps were taken to join in the inquiry that is being guided on the statistical side by the Registrar-General into the occurrence and possible effects on the unborn child of virus diseases in pregnant women. This work, which consists of recording particulars of all mothers who contract certain virus diseases for the first time during pregnancy (together with unaffected controls) and of the children subsequently born, continues, a great deal of help being given by staff of the Regional Hospital Board.

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 1,406 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, from providing the standard of supervision and treatment it is willing and anxious to give.

Report of the Senior Dental Officer.

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 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, including the supply of dentures, where this was found to be necessary.

X-rays and hospital treatment, when recommended by the Dental Officers, have been readily made available by the hospitals in the various districts. General anaesthetics were administered at the main treatment centres when required and I am grateful to the staff of the County Nursing Association for the assistance they give, particularly on these occasions.

Statistics for the year are given in the table below.

(a) *Numbers provided with dental care:*

	Examined.	Needing Treatment.	Treated.	Completed.
Expectant and Nursing Mothers	206	197	193	166
Children under five	440	365	324	304

(b) *Forms of dental treatment provided:*

	Extractions.	General Anaesthetics.	Fillings.	Scalings.	Other operations.	Radio-graphs.	Dentures provided	
							Complete.	Partial.
Expectant and Nursing Mothers	686	126	216	78	595	7	47	70
Children under five	699	250	208	—	234	—	—	—

Following the general trend since the introduction of the National Health Service Act, the number of expectant and nursing mothers applying for treatment under the County Council Scheme continued to decrease during the year, but the number of children under five remained at approximately the same level. For an optimum result, dental inspection of the pre-school child should be frequent and treatment

given in the early stages as the need for it arises, but with the present staffing position and other commitments this ideal is not possible and treatment has to be more radical than would otherwise be the case.

It is most desirable that expectant mothers should receive any necessary treatment as early in pregnancy as possible. While more now realise and act upon this than in past years, there is still too big a proportion who do not seek advice and treatment until late in pregnancy or after confinement. A dental inspection should form a part of the general inspection on the first visit of the expectant mother to the Ante-Natal Clinic, but this is not generally possible owing to accommodation and staffing difficulties.

The staff position remained the same as last year, i.e. we have two Dental Officers below the authorised establishment, but the effective strength was further reduced for the greater part of the year by the prolonged illness, and subsequent retirement, of Mr. A. Court, L.D.S., the longest serving member on the dental staff, who came to the county as its first Dental Officer in 1920.

P. S. P. JENKINS,
Senior Dental Officer.

Infant Welfare Centres. As in the case of Ante-Natal Clinics, there has been a fall in attendances at some Infant Welfare Centres since the National Health Service Act came into operation. Two Centres have been closed and another has been amalgamated with an adjoining Centre because the low attendances did not justify its separate existence. In several other instances the number of sessions per month has been reduced. The following figures indicate the trend :—

	No. of Centres.	No. of children in attendance at end of year.	Total attendances during year.
1949	71	1,814 under 1 year of age. 4,812 1—5 years	19,499 under 1 year of age. 18,323 1—5 years.
1950	70	1,632 under 1 year of age. 4,500 1—5 years.	16,900 under 1 year of age. 17,958 1—5 years.

On the other hand, it will be seen that the actual number of Centres is only one less than in 1949, two new Centres having been established during the year.

Several places in the county (Lewes, Seaford, Battle, Hailsham, Rye, and Hangleton and Portslade in the Hove and Portslade Division) are still without their own County Clinics, although some were planned before the last war. Present economic and building trends do not encourage much hope that any will be provided for some time ; meanwhile the work continues in very inadequate hired premises.

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 care 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 213 notified premature births ; 152 were born in hospital or maternity home and 61 at home. 194 of the 213 infants survived the age of one month.

Care of Illegitimate Children. Special attention to the care of illegitimate children was continued ; 26 unmarried mothers were admitted to hostels during the year, an increase of 7.

Contraceptive Advice. Contraceptive advice was given during the year to 64 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 of expectant or nursing mothers or their children so requires.

Rest and Holiday Homes. During the year 1 mother with her child was provided with recuperative spell.

Day Nurseries. At 31st December the position regarding the two Day Nurseries was as follows :—

(i) *Burgess Hill*. This Nursery moved into its new premises on 3rd May, 1950. It was approved by the Ministry of Health as a Training Nursery in September, 1950, in the first place for 3 students, later for 6.

(ii) *East Grinstead*. After much deliberation the County Council decided that this Nursery should close, the date fixed being 31st December, 1951. This was later brought forward to 30th June, 1951. Final Ministry of Health approval was not received until 1951.

(iii) *Parents' Contributions*. The Ministry of Health in Circular 26/50 approved the inclusion of the cost of preparation and cooking in arriving at the charges to parents for food. As a result the charge for meals at the Day Nurseries was increased from 1s. to 1s. 10d. per day, taking effect as from 3rd April, 1950.

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.

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 185. At the end of the year there were 151 certified midwives on the register; 11 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 76 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, and all 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.

At the beginning of 1950 there were 13 pupils in training, and during the year 29 others were received. The examination results were as follows:—30 passes (4 being second attempts) and 2 failures. 14 pupils were still in training on 31st December.

All the pupils were successful in the Gas and Air Proficiency Test.

Medical aid was summoned under the rules of the Central Midwives Board in 52 cases (454 to mothers and 67 to infants), 379 of these being in respect of patients confined at home and 142 of patients in hospitals and nursing homes. The main reasons for which medical assistance was needed for the mothers were as follows:—

Ruptured perineum	125
Abnormal conditions during pregnancy	54
Abortions and miscarriages	35
Prolonged labour	70
Other complications at delivery	79
Post-natal complications	69

The calls during the past three years are as set out below:—

1948	658 calls, 25% of 2618 births.
1949	402 „ 15½% of 2549 „
1950	521 „ 20½% of 2520 „

Of 67 calls to infants, 31 were for discharging or "sticky" eyes.

Eleven 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). During 1950, as it happened, all the cases of ophthalmia neonatorum occurred in hospital practice.

Twenty-six cases of puerperal pyrexia were notified, 17 in hospital and 9 in their own homes or private nursing homes. Of these 9, one was removed to hospital for treatment.

Maternal Deaths. The following are particulars of the four maternal deaths recorded as such by the Registrar-General and also of one (v) not so recorded :—

(i) This patient, a widow, did not consult anyone until seven months gone, when she visited her own doctor and expressed surprise that she was pregnant. Ante-natal care was started, but within a few days the patient, who did not wish her condition to become known locally, moved to a northern town where she had relatives who expected to adopt the child. There was no break in continuity of care, which was provided by the private doctor, the midwife and the municipal clinic. After a normal delivery there was severe haemorrhage, followed so rapidly by profound shock that the patient died before the "Flying Squad," which had been called in, could carry out a blood transfusion.

There is no reason to doubt that this unfortunate woman received all the care that was possible during the limited period imposed by her. We shall never know how heavily the social implications of her condition had weighed on her and so contributed to the fatal outcome, but her case has some resemblance to a few others in which repressed maternal anxiety and tension appeared to play a prominent part.

(ii) In this case a young married woman in her second pregnancy had a threatened abortion at about the third month, a few days after her doctor had confirmed that she was pregnant. (The first pregnancy ended four months previously with an incomplete abortion which was dealt with in hospital.)

Two days after admission to hospital, where she was being treated on expectant lines she died suddenly as a result of the lodgment of a large embolus in the pulmonary artery.

One is not in a position to offer any comments on this other than to confirm that the care given was of the highest standard throughout.

(iii) In this instance a failure of intelligent co-operation on the part of the patient and her relatives was the determining factor. Although the doctor who was booked had known she was deceased for some years, she was not told by her or the relatives that two years ago she had had an attack of acute nephritis, had refused to be treated in hospital, and had been told by the doctor then in attendance that she should avoid pregnancy.

Although she started in pregnancy as a grossly obese woman, there was nothing found during the ante-natal care, which was carefully carried out, to suggest pre-existing disease or the likelihood of toxæmia, and all was well until the thirty-fifth week. At her last ante-natal visit she was very well and no abnormality was detected, but shortly afterwards the patient had malaise and "indigestion," refusing, however, to seek advice ; 13 days after her last ante-natal visit she was admitted to hospital after a day of symptoms suggesting acute toxæmia and was found to be *in extremis*. She died within five hours. The immediate cause of death was a large cerebral haemorrhage.

(iv) This patient, an "unmarried wife" who had already had seven children, presented herself to the midwife for the first time at 8½ months. The midwife noted she looked ill and sent her to hospital at once, following up later to make sure she had followed instructions.

In hospital she was found to be toxaemic; and she died suddenly, acutely shocked, soon after a natural delivery of a breech presentation with extended legs. The shock appears to have been associated with, if not entirely due to, haemorrhage externally and into the broad ligament. Not only did the patient fail to do anything for herself till the last fortnight, but she was so very stout that the midwife would not have noticed the pregnancy even if she met her.

(v) This death was not classed as a maternal death due to puerperal causes, but it is described as it was associated with pregnancy and illustrates the difficulty in which an obstetrician may be placed when considering the welfare of both his patients—the expectant mother and the as yet unborn child.

The mother was a diabetic in whom the disease was very unstable, largely owing to her incomplete co-operation; she had, indeed, been admitted to hospital in coma on more than one occasion. During this pregnancy, which was supervised throughout by a general practitioner and two consultants, all of the highest level of skill, she was admitted to hospital at three and a half months, again in coma, and was admitted to the Maternity Unit at the eighth month. During this last month the diabetes was sufficiently controllable, but only at a level of blood pressure and other factors which, in the experience of the consultants in charge, was associated with a substantial mortality in children delivered at term *per vias naturales*. In the interests of the child, therefore, a Caesarean section was performed shortly before time and a living infant was secured. The result, as far as the mother was concerned, was most successful until on the eleventh day (by which time she was already up) the patient suddenly died from an embolism of the pulmonary artery.

Maternity Hospital Provision. 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 other than medical grounds and which have been referred to them. 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 totalled 408.

It is pleasant to be able to say that the period of adjustment between general medical practitioners and midwives dealing with domiciliary work has led to very general and satisfactory co-operation. It is unfortunate that the difficulties previously referred to in the booking of maternity patients by hospitals have not been so well resolved; indeed, with the exception of one or two maternity units where personal intervention had secured satisfactory co-operation, the hospitals in general were still, at the end of the year, doing much as they wished as regards admissions. While it is impossible to be statistically accurate where full data are not available, one can be quite certain from existing information that some hospitals "take all comers" without any reference to social needs and therefore without any regard to whether much-needed hospital beds could be used for more urgent purposes. As an example, in one good-sized maternity unit, where it is known that the Board's instructions are carefully and honestly followed, 50.6% of the patients were admitted on social grounds during 1950, and all of these had been referred to the Health Authority for enquiry. In another, doing a similar type of work, only 2.9% had been so screened, and it is common talk among mothers that it is easy to gain admission without enquiries being made. It can hardly be considered too soon, after nearly two and a half years, to expect some evidence of active planning by the South-East Metropolitan Regional Hospital Board and the production of a policy governing maternity bed accommodation, especially as the birth rate is dropping and other hospital needs are acute; but if there be active planning, remarkably little evidence has filtered through to the modest twilight occupied by those who have to see to the needs of people in their own homes. It is small consolation that the position in other parts of the country seems to be equally unsatisfactory.

Those providing maternity hospital accommodation are, of course, subject to constant pressure from expectant mothers who know that if admitted to hospital they are looked after for 10 to 14 days at no cost to the family budget—even the transport to the hospital is provided in most cases—whereas a home confinement is more trouble and costs the family

more. No doubt those in the Ministry of Health dealing with these matters are already considering whether it is possible to do anything to reduce this pressure by reducing the cost of home confinement.

As a contrast to the above protest it is pleasant to be able to record that the arrangements in force for securing consultant advice appear now to be working smoothly and satisfactorily.

Compensation of Midwives. One practising midwife engaged on duties for the Health Authority developed a skin condition in 1949 which was considered to have resulted from contact with disinfectants used in her work. This condition showed a marked tendency to recur, causing risk of infection, and as the disability appeared to be permanent the Health Authority, in pursuance of their powers under the Midwives and Maternity Homes Act, 1926, decided in 1950 to pay the midwife an annual sum related to the net loss of income caused by giving up midwifery. The midwife concerned takes work other than midwifery from time to time.

Use of Pethidine by Midwives. This drug has proved extremely useful in midwifery and its use during recent years has increased considerably; many midwives have become familiar with its use and dosage through working with doctors, though since 1st January, 1947, they have not been authorised to be in possession of, or to administer, this drug. On 1st April, 1950, the Dangerous Drugs Regulations, 1950 (prepared, apparently, without consultation with the Central Midwives Board), came into force and permitted midwives under conditions laid down to obtain, hold and administer pethidine. The necessary steps were taken to acquaint all midwives of the conditions laid down and to arrange that those not previously instructed in its use and familiar with its dosage and methods of administration should be sent to various hospitals for this purpose. The assistance given by these hospitals is gratefully acknowledged.

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.

In the rural areas where generalised nursing is in force, health visiting is carried out by district nurse-midwives, there being 73 engaged in generalised duties. In addition, there are in the more urban areas 14 whole-time health visitors who also act as school nurses. Of the 87 nurses who undertake infant health visiting, 50 hold the Health Visitor's Certificate.

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.

In this area we are fortunate in that a training course for health visitors is conducted in the adjacent County Borough of Brighton; places for pupils are obtained from time to time, members of our medical and nursing staff give lectures, and the pupils observe the work in the county as part of their training.

HOME NURSING (SECTION 25).

(Excluding Hove and Portslade Sub-Committee Area.)

This service 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. The difficulty in providing suitable housing is much greater when appointing male nurses, who are usually married, than in the case of female nurses and (contrary to our general experience with female nurses) it is by no means easy to secure candidates for posts.

During the year 140,921 visits were paid to 10,141 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.

Only one notified case of diphtheria occurred during the year. This was a young woman of 18 years of age employed as a maid at an orphanage home at Bexhill. She was removed to hospital and recovered and was able to resume her occupation. It is understood that she is now serving in the W.A.A.F. She had been immunised in 1948.

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 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 population less than in the current year. One may be thankful that, in this part of England at least, diphtheria has become a curiosity.

During the year a good deal of anxiety was felt throughout the country as a result of the suggestion, backed by statistical evidence, that in an appreciable proportion of cases children developed poliomyelitis within a short time after being immunised against diphtheria and whooping cough or both, and that in a significant proportion of such cases the disease affected the limb which was the site of injection. A very large amount of correspondence and discussion has taken place, but, in spite of the fact that Dr. Guy Bousfield has pointed out that in a series the only cases of the kind were children whose injections were given intramuscularly rather than subcutaneously, this important difference appears to have escaped general notice. In this county, at any rate, enquiry by the Medical Officers of county districts has failed to disclose any evidence whatever that immunisation injections had any relation to the subsequent development or site of attack of poliomyelitis.

Vaccination. The numbers vaccinated during the year (see Table VI in the Appendix for particulars) were appreciably increased owing to the outbreak of smallpox in the Brighton area at the end of the year.

The outbreak of smallpox started in November, 1950, in Brighton (with one case in Portslade-by-Sea, in the administrative county) and, although most cases occurred in 1951, it is thought better to refer to the matter in this year's Report while the facts are relatively fresh in the minds of all concerned.

The disease was brought to Brighton County Borough from India by a highly vaccinated Air Force officer, who appears to have had a mild and short attack of smallpox just at the time he reached a Brighton household where he lodged. His illness passed undiagnosed and so did that of the daughter of this house, who later was admitted to Isolation Hospital.

with pyrexia and a rash. When her father was admitted nine days later intensely ill with haemorrhagic smallpox the Medical Officer of Health was called in and the illness was diagnosed, but by that time the infection had already reached the staff of the Isolation Hospital, the workers in a telephone exchange, and a laundry closely linked with several other laundries.

It will be clear that, owing to the long delay between the arrival of the infection and the first opportunity afforded to the Public Health services of taking steps to prevent spread of the disease, the position was potentially a very serious one, and from the first evening, when the Deputy County Medical Officer and three Sanitary Inspectors were seconded full time to Brighton, all concerned (whether in Brighton, the Hove and Portslade Division, or the remainder of the county) worked at full pressure until the outbreak was considered to be ended some time in February. On these occasions there are no administrative boundaries and, although by good fortune only one case occurred outside Brighton, the matter concerned all areas equally.

Of the 29 confirmed cases 10 died. Of these only three had previously been vaccinated each in infancy 53 years previously. On the other hand, only one patient not previously vaccinated survived, while no person recently vaccinated *before* exposure to contact developed the disease at all, although this outbreak was due to the true virulent tropical variola. Moreover, several nurses and others vaccinated up to five days *after* contact had comparatively mild attacks.

It was most unfortunate that of those in the hospital 13 persons, including nine nurses, contracted the disease, of whom six, including three nurses, died. Probably the vaccinal state of the hospital staff was comparable with that of many others in being far from complete, but those concerned have taken a wise step in making vaccination and re-vaccination a condition of employment when engaging staff in future.

There was widespread public demand for vaccination, not only in Brighton, but throughout the county. In Brighton itself nearly 90,000 persons were vaccinated by general practitioners or in special clinics; in Hove and Portslade about 43,100, and in the rest of the county a total of about 74,000. At the same time, it was particularly noticeable that in the centre of the trouble there were no signs of general panic or even serious anxiety; indeed, for this one had to observe individuals many miles away, the anxiety being roughly proportional to the distance from Brighton. The steady demeanour of the actual contacts kept under daily observation (any of whom might have developed the disease and some of whom, indeed, actually did) was a wonderful example of courage, showing as a very pleasant contrast to a very few "weak vessels." Maintenance of morale was substantially aided by the restrained and sensible attitude of the public Press in general, who, by a wrong handling of reports, might have caused widespread fear.

In addition to further proof of the efficacy of recent vaccination in protecting the individual this outbreak seems to have taught some other useful lessons.

(i) The importance of maintaining full protection of all hospital staff (not only nurses) by successful vaccination at intervals of not longer than, say, three years.

(ii) The importance of hospitals reporting to their local Health Departments, without delay, the admission of doubtful and suspicious cases with undetermined rashes.

(iii) The desirability of appointing at the very beginning one responsible person to act as "Incident Officer," especially if, as in this instance, the outbreak appears to involve more than one administrative area. It is extremely difficult for a man deep in the intense pressure of work of following contacts, and so on, to keep a clear general picture of what is going on, and, what is very important, to pass all necessary information to others concerned, including the Press.

(iv) However gloomy the prospect may be at first, in every such outbreak the Public Health Authorities have been powerfully helped by a combination of good fortune and the apparently proved fact that smallpox is not infectious unless *and until*

there is a rash, which occurs at two periods of the disease. One is during the short course of the prodromal rash which occurs in some cases; the other, of course, is when the typical rash is well developed, especially when crusting shows. This accounts, *inter alia*, for the very serious risk to unvaccinated persons handling the laundry of patients and, *per contra*, for the way that a man developing the disease, but as yet having no rash, may meet hundreds of people without infecting them.

(v) Under modern conditions, where every member of the public may sign on with a "Part IV" doctor and may apply to him for vaccination, it is virtually impossible to avoid something in the nature of mass vaccination when an outbreak becomes known. Even if the Health Authority resist pressure it becomes necessary to open vaccination centres in order to relieve the pressure on the general practitioners.

AMBULANCE SERVICE (SECTION 27).

(Excluding Hove and Portslade Sub-Committee Area.)

As indicated in the report for 1949, 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.

During the year three of the St. John Ambulance Brigade vehicles were replaced by new ambulances.

The demands on the service, especially for sitting-case cars, continued to increase during the year, though the curves as far as both ambulance and hospital car journeys were concerned showed a distinct tendency to flatten. Without making any attempt at statistical accuracy it can be said that the increase in the demand has been about 10% during the year. In the case of ambulances, the curves for the county as a whole, and for Hove and Portslade alone, running remarkably near to parallel; the demands do not vary much from month to month. The mileage travelled by sitting cars fluctuates very markedly from month to month, the variations corresponding, though only in a general way, to the variations in the demand for ambulances. Unjustifiable demands, although still occasionally made, are very few and far between, and in almost all cases are detected before a journey is made. In all such cases the individual at fault is approached and the position is made clear. It is sometimes not very easy to refuse transport for what one might term "boundary line" journeys, especially if the transport in one direction has already been provided by another Health Authority; but these cases are rare, and when they occur the fact of and reason for refusal are made clear to all concerned.

It is very satisfactory to be able to report that having regard to the large numbers of patients carried and the enormous mileage covered complaints reflecting in any way on the standard of service provided are extremely few.

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.

HOME HELP SERVICE (SECTION 29).

(Excluding Hove and Portslade Sub-Committee Area.)

In the Report for 1949, reference was made to the great demands on the Home Help service and the probability that more Home Helps would be required. By the end of 1950 the need had become so clear that provision was made in the estimates for a substantial increase should this be agreed by the Health Authority on consideration of the matter. Certainly by the end of the year the demands for help in deserving cases had become so great that the utmost difficulty was being experienced in keeping the work done within the money available.

During the year 1961 households were served as follows :—

(a) Maternity cases including expectant mothers	446
(b) Tuberculosis cases	46
(c) General	569

By the end of 1950, the following Home Helps were employed each week :—

Whole time	10
Part time	127

All those applying to have the services of a Home Help are assessed to pay what they can afford towards the cost according to the scale in force. Owing, no doubt, to the contrast which charges make with the free accommodation and treatment provided by the Regional Hospital Boards, we are experiencing increasing pressure from householders who claim that the assessments (in the case of home confinements) are too severe. Examination of each case does not confirm these claims, which are perhaps natural in the circumstances.

A less satisfactory observation is that a certain number of wage earners have stated their weekly incomes at figures appreciably below what was correct, usually by the omission of payments for overtime; it has therefore been found necessary to check the information in every case.

One assessment difficulty, which may concern households where a home confinement takes place or where there is some other reason why a Home Help is needed, is that assessments may be made by different departments of the same administrative authority using different scales of assessment. A householder may be pardoned for wondering why he is assessed to pay nothing, for example, for a Home Help provided by the Health Committee, while at the same time he is required to pay a sum for the maintenance of children in a children's Home. Steps have been taken during the year to obviate this difficulty.

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 carry out the duties in respect of the Lunacy and Mental Treatment Acts, 1890-1930. The Sub-Committee, consisting of six 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 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. The East Sussex Association for Mental Welfare, on behalf of the Local Health Authority, continue to carry out after-care work in respect of persons discharged from Mental Hospitals, who require help and after-care which is not provided through the hospital's own psychiatric workers or mental treatment clinics and in respect of certain mental defectives. A County Council grant to cover the cost of this service is made to the Association.

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

The County Council are still responsible for providing monetary assistance where necessary, to help parents and guardians who maintain mental defectives under the age of 16 years. The needs of unemployable adult defectives living in the community are met by the National Assistance Board irrespective of whether or not they are under Order and payments are also made to supplement earnings gained by part-time employment. In a number of cases requiring extra supervision and care, supplementary grants of a few shillings per week are made from county funds to augment the amounts received by foster mothers from the National Assistance Board, which, of course, are intended to cover maintenance, clothing, rent element and pocket money only. Twenty-eight defectives are still wholly or partially maintained by the County Council.

The Board of Control put forward the suggestion that where Orders were originally obtained 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 is borne in mind when Orders are due for reconsideration by the Visiting Justices, but it is not one which can be adopted without considerable care in considering the implications in each particular case.

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; and the most urgent requirement is provision for children, who at the end of the year formed the greater proportion of cases on the waiting lists. The South-East Metropolitan Regional Hospital Board do not yet administer any institution for mental defectives under the age of 16 years.

Twenty-four cases were awaiting vacancies at the end of the year.

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

Care of Mental Defectives. At the end of the year there were 959 known East Sussex cases, including those in Institutional Care, as compared with 942 mentally defective persons on the County Register at the end of 1949. Under present social conditions, when there is a tendency for care of all kinds to be given less and less by individuals or the family and more by official agencies, ascertainment is likely to be made at an earlier average age than in past years.

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)	154	166	320
Under Guardianship (and on licence from Guardianship) ..	81	89	170
In "Places of Safety"	2	—	2
Under Statutory Supervision	213	169	382
Action pending	31	18	49
<i>Cases not at present "subject to be dealt with" but over whom some form of voluntary supervision is maintained</i>	21	15	36
	<hr/> 502	<hr/> 457	<hr/> 959

At the end of the year seven defectives under 16 years of age were attending the Brighton Junior Occupation Centre and eighteen over that age the Adult Occupation Centres. The Health Authority have not yet formulated a training scheme for the rural areas in the County, other than the instruction given by the Mental Health Workers in the course of their visits.

During the year a total of 2,069 supervision visits were paid to defectives in community care in the County area.

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

Lunacy Act, 1890.

Urgency Orders	31
Summary Reception Orders	96
Transfers between Mental Hospitals	—
Three Day Orders	180

Mental Treatment Act, 1930.

Cases admitted for six months as " Temporary Cases "	2
Voluntary Cases	39
Advice and Assistance only	82
Miscellaneous Visits of enquiry	363

**REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE
AREA HEALTH SUB-COMMITTEE
DURING THE YEAR 1950.**

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

Since its inception in July, 1948, it has been my practice to submit annually to the Health Sub-Committee a report on the work carried out during the previous year and to review the development of the services for which it is responsible. By this yearly stocktaking as it were, the members gain an overall appreciation of the measures taken both to safeguard the community from some of the risks inherent in life on this planet and to assist it to lead as healthy an existence there as present circumstances allow. In last year's report I explained that as it was the first which dealt with a full year's experience of the Act, any opinions and conclusions arrived at were bound to be tentative, but by the end of 1950 it is possible to see more clearly to what extent the Act is fulfilling its claim to provide a Health, as distinct from a Medical, service for the nation and to what degree it is meeting the claims of those who run it and the requirements of those who benefit from it. It is, therefore, something of a disappointment to those imbued with ideas of preventive medicine to realise how much of the total expenditure is devoted to the curative side. In the 1950-51 Ministry of Health estimates, grants to Local Health Authorities amount to £37,000,000, out of which less than £2 millions are allocated to prevention, including after-care while Hospital Boards secure £273 millions and the Executive Councils responsible for the General Practitioner Service, some £45 millions. Another disturbing feature is the way in which at least two out of the three controlling bodies are tending to develop in isolation—the third, the Local Health Authorities is under an obligation to publicise its proposals under Part III of the Act but no such duty is laid upon either Executive Councils or Hospital Boards. There is no lack of goodwill on the part of those administering these various services and, therefore, the removal of these barriers can best be secured not by the establishment of another Committee but by the holding of frequent and regular meetings of the principal officers at which points of contact can be discussed and information of possible developments made available. There are many responsibilities which are shared by at least two and sometimes by all three of the controlling bodies—midwifery, the care of old people and the control of infectious disease including tuberculosis, and it would be disastrous if this present principle of separatism became too firmly established.

Maternity Services.

The general arrangements for the Domiciliary Midwifery Service in the area have not been altered since last year and are shared between a Maternity Hospital with an anxious eye on the adequacy of the training material for its pupil midwives and a District Nursing Association with a long tradition of experienced service to its mothers. Reference was made last year to the predilection of the mother for hospital rather than home confinement and the figures for the year show that there has been no significant diminution in that respect. Of the total of 341 deliveries carried out by midwives or maternity nurses in the area, no less than 163 occurred in the Portland Road Branch of the Sussex Maternity Hospital or in private nursing homes. In some areas it had been thought that midwives were in danger of losing their practice to doctors, but here it cannot be said that in strict domiciliary practice there has been very much alteration—the Queen's Nurses have done rather less cases with a doctor in attendance and the Portland Road staff rather more. At the Ante-Natal and Post-Natal Clinic held in connection with the Portslade Queen's Nurses there has been a 40% reduction in both the number of new cases and the total attendances—a result due in all probability to the inclination of more private doctors to undertake their own ante-natal supervision, to the fall in the birth rate and to a new method of record-taking.

Prematurity.

There was a reduction coincidental with the fall in the birth rate, in the number of premature infants delivered, and of the 50 notified, 45 were born in hospital or nursing home and only five at home, but the latter all survived for at least one month. It is evident that hospital admission is neither necessary nor desirable in every case of prematurity.

Administration of Analgesia.

The number of midwives qualified to administer analgesia by means of the gas and air apparatus in 1950 remained at six and out of 122 confinements, 89 received it. The Central Midwives Board gave permission under stringent safeguards for midwives to administer pethidine, an hypnotic drug, to mother in their confinements and all the domiciliary midwifery staff received instruction in its use before the end of the year.

Contraceptive Clinic.

In all, 46 mothers were referred either by our medical staff or through general practitioners to the Brighton Contraceptive Clinic. Last year I referred to the possibility of establishing a clinic of our own but a further examination of the project has revealed certain difficulties in the way of premises and I doubt whether the numbers attending would justify the expense.

Infant Welfare Centres.

The number of centres now provided is five—the negotiations referred to in last year's report with the authorities at the Portslade Congregational Church and the Hove Presbyterian Church being

successfully concluded during the year. The number of sessions per month rose to 40, but the total number of individual children and the total attendances remained approximately the same except for the under 1's, where there was a small reduction. The broad effect therefore of the establishment of the new centres has been to redistribute the existing mothers rather than attract new ones, but the full effect cannot be gauged until these have been running at least a year and it has meant already less overcrowding at the Clarendon Villas Centre. No consent has yet been received from the Ministry of Health to the erection of the new Infant Welfare Centre at Hangleton, but it is hoped that if approval is granted, building can be commenced during the present financial year.

The great assistance rendered by the voluntary workers has continued and their regular attendance at the sessions for record taking has contributed greatly to their efficiency, particularly when the numbers have been rather excessive.

Dental Treatment.

The full complement of Dental Surgeons needed to provide for both adequate dental care of mothers and children under the National Health Act and the Education Act is three, towards which we have at present one practically whole-time and one part-time, but the attainment of that complement is not in the least likely to be realised until the present salary awards to schools' dentists of £800-£1,250 per annum is raised to something more approaching what their colleague can earn in private practice. In any case, should the unlikely happen and an additional dentist be secured, premises at which he can work until the new centre at Hangleton is built will be a difficulty, since at none of the existing clinics is it possible for two dentists to work together continuously throughout the whole week.

The demands of the school children and illness among the staff led to a reduction in the extent of treatment which could be provided for both mothers, and children under 5, but it is hoped that the situation will improve in 1951.

Health Visiting.

The establishment of the new Infant Welfare Centres and the demands of the School Health Service have made further inroads into the proportion of time which the nine Health Visitors can allocate to home visiting, but, nevertheless, they were able to keep up their standard of visits to new babies and children under one year. As the child grows older, particularly when he reaches the toddler stage, there is a tendency for his attendances at the Centre to diminish or become sporadic and it is, therefore, gratifying to note that this age group is kept under supervision until it passes into the care of the School Health Service. It is perhaps worth noting that the Health Visitor has no right of entry, but in practice it is seldom that she does not receive a ready welcome in the homes of all social classes and it seems unfortunate, therefore, that she could not undertake some of the visiting carried out by other agencies. In special cases reports to the hospital almoners on home conditions are made and help to strengthen the link between the preventive and curative services.

Nurseries and Child-Minders Regulation Act, 1948.

This is probably one of the most difficult Acts to understand and it is always with a sense of apprehension that I receive an application from a potential child-minder since it usually involves a prolonged and detailed study of its clauses. Fortunately, none were received during the year.

Ambulance Service.

In every report which I have written since the inception of the National Health Act, I have had to preface my remarks on the Ambulance Service by the statement that the demands have not yet reached their peak and in that respect 1950 was no exception. By December 31st the total number of journeys had risen by 2,300, the total number of patients nearly doubled and the total mileage exceeded by 15,000 miles that of the previous year. The number of accident and emergency cases only represents about 12% of the total—the other 88% includes conveyance to and from hospitals and homes for treatment. A very close eye has been kept on the necessity for all these journeys, particularly in respect of conveyance to home after treatment in hospital, but except that in some instances an ambulance has been ordered where a smaller vehicle—a car—would have met the need, no abuse has been detected. The delivery of the two small Bedford ambulances capable of accommodating sitting cases will reduce the calls on the taxi service.

The total number of vehicles is now seven—to be increased to eight by the delivery of a second small Bedford ambulance during the present year. The old 1932 Bedford ambulance will have to be replaced in the near future and it is proposed to order a higher horse-power vehicle capable of greater speeds on long runs, but at the same time suitable for local journeys, with a smoother ride for the patient and better seating for the accompanying passenger. When this is completed there will be seven first line vehicles all in good order and two second line, which should meet our requirements until further replacements are required.

The garage arrangements are still unsatisfactory; three vehicles are kept at the Corporation Yard—two only under cover—and the other four at garages some 1½ miles away. A proposal has now been put forward that as part of a scheme for extending the accommodation for the Hove Corporation vehicles, additional garages will be built and leased to the County Council. If this is acceptable it will mean that the whole ambulance fleet can be housed in the depot and considerable financial economy and a reduction in unproductive mileage effected.

In connection with the Civil Defence ambulance provision it has been decided that the requirements will be met by an expansion of the present peace-time ambulance service and a start has already been made with the enrolment and training of part-time volunteers, mainly women, for this purpose. The service will function principally in the area of Hove and Portslade under the control of the Sub-Committee, but vehicles will be made available to Sub-Controllers through the Medical Officer or his representative.

Diphtheria Immunisation.

The general arrangements for providing immunisation facilities against diphtheria remain as originally planned—a combination of sessions at the Authority's Clinics with individual attendances at the general practitioners' surgeries. Unfortunately, as recently broadcast by the Ministry of Health, there has been a nation-wide diminution in the number of children, particularly those under one year of age, who have received this form of protection. In Hove and Portslade there was a decrease of nearly 33% in the number of children under the age of five who received a primary course during 1950 and 30% in those receiving boosting doses at the later ages. In part this is due to a lesser number of births and the publicity given to a possible connection between inoculation and the subsequent development of poliomyelitis, but I believe it also indicates an increasing *laissez faire* attitude of mothers who, in the absence of diphtheria in the district, fail to see the necessity of adopting precautions against its introduction. The full effect of this decrease, if it continues, will not be felt for some years and up to the end of 1950 some 50% of the children under the age of 5 and 70% of those between that age and 15 had at one time or another been immunised, but unfortunately that fairly satisfactory total includes an unknown proportion whose immunity must have diminished very greatly with the passage of years.

Vaccination.

The figures for comparison purposes in 1950 are to a considerable extent vitiated by the effect of the small-pox outbreak in the closing days of the year, but at the earlier ages up to 5, the yearly totals for primary vaccination remained at about the same level, i.e., 30% of infants born.

Although the small-pox outbreak lasted well into February, 1951, it is convenient in this report to refer to that aspect of its control which is the responsibility of the Sub-Committee, i.e., the arrangements for vaccination. It became quite obvious within 24 hours of the news of the first case that the public would demand facilities for vaccination or re-vaccination and a clinic for that purpose was opened at the Public Health Department, Hove, on Sunday, 30th December. This was a week later transferred to the main Town Hall, kindly offered by the Hove Town Council, where the accommodation was very much more spacious so that even on the busiest day—Saturday, 13th January (1932 vaccinations)—the general public was not kept waiting unduly. In all the number of vaccinations carried out there during the epidemic was 19,848, and general practitioners performed a further 23,256 in their own surgeries. The credit for the smooth running of these sessions—three a day, including Sundays, for five weeks—is due to the staff of the Public Health Department, the Health Visitors and to a band of volunteers who assisted in very many ways, not the least important being the ladies who made themselves entirely responsible for cutting out and keeping pace with the rising demand for dressings, for against the official advice of the Ministry of Health, experience showed that the vaccination site should be covered. It was to be expected that with vaccination on such mass lines, a certain number of complications should have arisen, but the number of serious ones was surprisingly low. Among the older people and those who had never been vaccinated or only at a very distant date, there were arms which must have given a considerable amount of discomfort—the moral of which is to have primary vaccination carried out in infancy and re-vaccination at intervals afterwards. In addition, there were seven cases where there was a general as well as a local skin reaction and one case of encephalitis which happily made a good recovery.

Immunisation against Whooping Cough.

Although the Ministry of Health's investigation into the most suitable whooping cough vaccine has not yet been completed and results are, therefore, not yet to hand, the previous practice of offering facilities for such protection as at present available has been continued and some 364 mothers accepted. It is perhaps not always appreciated that whooping cough is the second on the list of the killing diseases in children under the age of 1 year and, therefore, the solution of this problem of prevention is most pressing. In view of the possible connection between injection of the vaccine either alone or in combination with diphtheria immunisation in inducing poliomyelitis in the injected limb, it was decided to suspend these injections during the summer months of 1950, but recently it has been suggested that a subcutaneous in place of an intramuscular injection is safe and this method is being considered for the present year in order to avoid breaking the continuity. The explanation of this connection, if it exists, is uncertain and the whole matter is the subject of a complete investigation by the Ministry of Health at the present time.

Day Nursery.

As in 1949, the high average of attendances was maintained—21 out of 25 places amongst the babies, 51 out of 60 with the older children, being filled daily, and the total attendances amongst the first group was 5,454 and the second 14,045—an increase of 508 over last year.

Every now and again the controversy as to the place of the Nursery in a Welfare Scheme is raised and it is unlikely the partisans will reconcile their respective views. To my mind there will always be a need in the interests of the child for those mothers who through sheer economic circumstances must go out to work and the argument that it would be cheaper to pay them to remain at home in idleness is to my mind fallacious—in many cases the home conditions are unfavourable to the child's proper development

and the necessity of having to work in order to support the child in the right type of mother acts as a valuable incentive. There is, however, an increasing class who find the husband's earnings are not sufficient to keep pace with the rising cost of living without a lowering of the standard of life to which they have been accustomed and others who feel that by virtue of their training and experience prior to marriage, they have a contribution to make to the community by using that talent after marriage, and there is still a further class who prefer to go out to work rather than stay at home to look after the baby even if it means paying somebody to do so. There is little difference of opinion about the claims of the first class, but so far as the Nursery is concerned, priority is always given to those who must work in order to support their child and for the few places left after their needs have been met the absolute criterion is the welfare of the child and not the desires of the mother.

At long last the future of the Nursery has been assured and the Ministry of Health has now agreed to the purchase of both sets of premises and the expenditure of some £3,500 on repairs and improvements, but legal difficulties have so far postponed the actual transfer. When they have been overcome and the necessary work carried out, both Nurseries will not only become brighter and healthier places but easier to run.

In January, 1950, Mrs. Waters replaced Miss Norris as Matron and Miss Gillan, Sister-in-Charge of 12 Goldstone Villas, was raised to the status of additional Deputy Matron—a tribute to her efficient conduct of the baby nursery.

Once again all our students passed the examination for the Nursery Nurses' Certificate, which speaks well for their own application and the instruction, both theoretical and practical, they receive during their training. When the time comes for a modification of the syllabus more time might be allowed for the practical training in the care of infants, and the inclusion of a practical examination is clearly desirable.

Among the clauses concerned in the National Health Amendment Act, 1949, was one empowering the authority to take into account the expense involved in the preparation and cooking of the meals provided, whereas previously only the actual cost of food could be reckoned in arriving at the standard charge. As a result this was raised from 1s. a day to 1s. 10d., but to guard against any hardship a scale of assessment is applied which allows of a reduction in individual cases.

Prevention and After-Care.

The scheme outlined in last year's report has been continued and the scope of this service has been confined mostly to cases of tuberculosis although arrangements have been made for convalescent treatment for a few patients, adult and children, suffering from other illnesses. This after-care work is in the hands of the Sussex Rural Community Council and I attach a report on the work they have carried out during the year, kindly supplied by Major Powell Edwards. Close relationships are maintained with the Chest Physician either directly or through the Tuberculosis Health Visitor and every effort is made to supplement his efforts by providing shelters and recommending cases to the Housing Committee for re-housing. In last year's report I referred to the start which had been made in immunising child contacts with B.C.G., a harmless live vaccine, and at the end of the year 20 children had been treated—11 boys, 9 girls. This procedure will not solve the tuberculosis problem, but it is a valuable adjunct to our weapons for controlling its spread in the family.

Home Nursing.

With the signing of the agreement between the East Sussex County Council and the Hove and Portslade District Nursing Association in March, 1950, the informal arrangements which had been in force since the Act came into operation were given legal definition and the powers and responsibilities of both parties formulated. A Finance Sub-Committee of the Executive Committee was set up in June to supervise expenditure and pass accounts and the scheme for improving the accommodation at the Hove Nurses' Home at 9 Sackville Road was carried through during the last quarter of the year. This provided for well-appointed and better-furnished bed-sitting rooms with adequate dining and recreational accommodation for the resident staff and a greatly improved district room. These alterations, while not perhaps rivalling in popularity the Portslade flat conversion scheme of the previous year, have made a much more comfortable home for the present nurses with a better prospect, we hope, of attracting new recruits. In December, 1950, the total equivalent whole-time nursing staff at both homes was 16, who between them attended 2,359 cases and paid 56,872 visits, an increase of 7,500 over last year. Whilst we are indebted to, and in fact rely on the part-time staff, they cannot really replace the whole-time, and in order to cope with the ever-rising demand, it is more than ever necessary to reach the approved establishment of 22 full-time nurses, all, if possible, with Queen's Training. One innovation which has proved a great success was the appointment of a male Queen's Nurse in September. Male nurses have been employed for many years in our hospitals to deal largely with the chronic male cases, but it is something of a novelty to introduce one into a Home Nursing Service. It is obvious that they are just as much required there, particularly as assistance in dealing with heavy cases is not so easily obtained.

Before the war a scheme was envisaged and a certain amount of money collected for removing the present Hove Nurses' Home further inland where it could more efficiently deal with the development going on even in those days in the northern part of the Borough. The events of the past ten years effectively prevented any such transfer, but the Executive Committee are considering the erection of a small sub-home, probably to accommodate two or three nurses in flats on the Portslade design. Such a

home would certainly improve the facilities available, provide a better service in that area and save a considerable amount of the time at present spent in travelling.

I should like to record my thanks to the Chairman and members of the Executive Committee for the cordial relationship which has always existed between us and for the readiness with which they have always received my advice and suggestions.

Home Help Service.

One of the benefits which the inhabitants of Hove and Portslade have enjoyed as a direct result of the National Health Act has been a greatly improved Home Help Service and although this does not solve all the problems associated with illness or confinement at home, it contributes materially to recovery by relieving the wife and mother of her anxiety for the welfare of the rest of the family. As I have remarked previously, one of the greatest difficulties is to know how and to what extent to meet the numerous demands for assistance to old people living alone who, whilst not capable of conducting unaided their domestic affairs, are for various reasons not infirm enough for hospital admission. Whilst it is difficult to refuse these applications it is also realised that once assistance is granted it is practically impossible to withdraw it entirely. The scheme which I had in mind last year was held up for lack of the special type of help required for these cases, but is now working—three whole-time helps are allocated to the care of old people and each attending 6-8 cases a week, giving each a variable number of hours according to circumstances. As the opportunity offers and so long as the funds are available, this humanitarian provision will be extended.

The whole number of Helps enrolled varies according to the requirements of the moment, but on 31st December there were nine whole-time and 12 part-time who dealt between them with 363 cases during the year—100 more than in 1949. For the old people and for confinement cases it is necessary to employ whole-time staff, but for the others it has proved more satisfactory and economical to employ part-timers whose services can be dispensed with when the particular case they are dealing with comes to an end. Problem homes are found in this service as in others, where the home conditions are so impossible or co-operation so lacking that no Help can be expected to attend. There is also occasionally the other type who look on the Home Help Service as a source of ordinary domestic labour or a method of avoiding the family responsibilities to aged parents. These, however, are very much the exception and the great majority are very genuine cases who are grateful for the assistance they receive and readily pay up the assessed contributions.

Experience has abundantly shown once again this year that in this area an efficient and economical service cannot be run without a whole-time organiser able to investigate promptly the requests and to supervise the Helps, particularly when as now there are so many on the part-time staff. Every case is investigated before a Help is allocated and frequent visits paid to ensure that there is no abuse of the service and the Help is not retained for an unnecessarily long period.

Children Act, 1948.

Co-operation and liaison with the Children's Department has been well maintained throughout the year and on several occasions our special knowledge has been made available to the Children's Office in cases where the medical aspects were clearly an important factor. In July a Joint Circular, 78/49, from the Home Office, Ministry of Health and Ministry of Education, suggested measures for dealing with the children neglected or ill-treated in their own homes by enlisting the co-operation of all agencies—statutory and voluntary, concerned with the welfare of children. It further recommended that one of the existing officials should be designated as a liaison officer with all the other agencies, and hold regular meetings to which significant cases of child neglect would be referred for discussion and agreement on treatment. My own opinion, which I expressed to the Sub-Committee, was that in this area at least there was no necessity to appoint a special officer and that the measures outlined above would be cumbersome and would be more likely to lead to delay than speed in dealing with the case. This view was accepted both by the Sub-Committee and the Health Committee, who were satisfied with the present system by which the official who discovers the case in the first instance deals with it in his own way and is free to call in assistance from any other Department or voluntary body as he feels necessary.

General Observations.

Once again I have to record my gratitude to my medical colleagues, the Nursing Officer and Health Visitors who have always supported me to the utmost of their ability and with complete disregard of their own convenience, particularly during the small-pox outbreak. To the clerical staff, most of whom are shared with the Hove Borough Council, I am indebted for the conscientious performance of their duties and a due appreciation of their responsibilities to both Authorities. My relationship with the County Council Staff, particularly Dr. Langford, has always been cordial and they have always been willing to instruct me in differences of procedure between County and Borough Administration. Finally, I am, as always, very conscious of the help and encouragement I have once again received from the Chairman and Members of the Sub-Committee.

N. E. CHADWICK,

Divisional Medical Officer.

ADMINISTRATIVE COUNTY OF EAST SUSSEX.

CHIEF VITAL STATISTICS FOR THE YEAR 1950.

TABLE I.

Group.	Population estimated by Registrar General 1950.	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.		Total.
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.
3 Large Towns	108710	1183	10.88	1773	16.30	20	16.90	677	6.22	27	.24	5	.04	130	1.19	321
7 other Urban Districts	72340	1003	13.86	880	12.16	20	19.94	316	4.36	18	.24	3	.04	74	1.02	156
5 Rural Districts	158710	2161	13.61	2081	13.11	47	21.74	773	4.87	18	.11	9	.05	137	.86	314
Whole County	339760	4347	12.79	4734	13.93	87	20.01	1766	5.19	63	.18	17	.05	341	1.00	791

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

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

TABLE II.

DISTRICT.	Area in statute acres (land and inland water).	Population, esti- mated by Regis- trar General, 1950.	Live Births.		Stillbirths.			Deaths under 1 year of age.		Deaths at all Ages belonging to the District.
			Number.	Rate per 1,000 population.	Number	Rate per 1,000 population.	Rate per 1,000 Total Births.	Number.	Rate per 1,000 Live Births Registered.	
<i>Three Large Towns.</i>										
Bexhill	7993	26540	289	10.88	7	.26	23.64	4	13.84	421
Hove	3953	69470	724	10.42	10	.14	13.62	12	16.57	1177
Lewes	1988	12700	170	13.38	5	.38	28.57	4	23.52	175
TOTALS ..	13934	108710	1183	10.88	22	.20	18.25	20	16.90	1773
<i>Seven other Urban Districts.</i>										
Burgess Hill	2024	8224	144	17.50	1	.12	6.89	2	13.88	105
Cuckfield	3912	16776	202	12.04	3	.17	14.63	3	14.85	207
East Grinstead	6600	11060	170	15.37	3	.27	17.34	3	17.64	127
Newhaven	1772	7774	131	16.85	5	.64	30.76	4	30.53	94
Portslade-by-Sea	1953	13570	183	13.48	3	.22	16.12	5	27.32	161
Rye	1027	4506	79	17.53	1	.22	12.50	—	—	59
Seaford	4274	10430	94	9.01	1	.09	10.52	3	31.91	127
TOTALS ..	21562	72340	1003	13.86	17	.23	16.66	20	19.94	880
<i>Five Rural Districts.</i>										
Battle	117053	29910	411	13.74	8	.26	19.09	13	31.63	428
Chailey	66038	20340	285	14.01	7	.34	23.97	5	17.54	243
Cuckfield	74335	29390	413	14.05	7	.23	16.66	8	19.37	376
Hailsham	94629	36840	477	12.94	4	.10	8.31	8	16.77	495
Uckfield	112096	42230	575	13.61	8	.18	13.72	13	22.60	539
TOTALS ..	464151	158710	2161	13.61	34	.21	15.48	47	21.74	2081
Whole County	499647	339760	4347	12.79	73	.21	16.51	87	20.01	4734

TABLE III.

Number of deaths at different periods of life in the Administrative County during the year 1950.

Urban Districts.										Rural Districts.									
Sex.	All ages.	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over.	All ages.	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over.	All ages.
Males	1166	21	12	3	8	51	245	332	494	1027	23	4	9	9	39	195	284	409	1908
Females	1487	19	3	2	9	42	239	377	796	1054	24	5	5	7	30	183	269	409	1908
Totals ..	2653	40	15	5	17	93	484	709	1290	2081	47	9	14	16	69	378	553	818	3816

TABLE IV (a).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1950 IN THE URBAN DISTRICTS.

USES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.								Deaths in or belonging to each District at all ages.										
	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and over.	Totals.	BOROUGHES.									
										Bexhill.	Hove.	Lewes.	Rye.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portlady-by-Sea.	Seaford.
Tuberculosis, Respiratory ..	—	—	—	2	17	17	5	4	45	1	23	3	1	3	3	5	1	—	5
Tuberculosis, other ..	—	2	2	—	2	2	—	—	8	4	1	—	—	—	—	1	1	1	—
Diphtheria ..	—	—	—	—	—	1	4	3	8	2	1	1	—	—	1	1	1	—	1
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Streptococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ..	—	—	—	1	1	—	—	—	2	1	1	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	—	1	—	1	—	—	—	1	3	1	1	—	—	—	1	—	—	—	—
Malignant Neoplasm, Stomach ..	—	—	—	—	1	20	25	22	68	12	26	5	4	5	6	3	1	2	4
Malignant Neoplasm, Lung, Bronchus ..	—	—	—	—	2	36	16	8	62	8	29	4	1	2	4	2	3	6	3
Malignant Neoplasm, Breast ..	—	—	—	—	4	22	19	9	54	10	27	1	1	2	5	2	2	3	1
Malignant Neoplasm, Uterus ..	—	—	—	—	4	7	13	5	29	8	14	2	—	—	2	1	2	—	—
Other Malignant and Lymphatic Neoplasms ..	—	—	—	1	8	69	96	90	264	46	116	13	3	7	25	15	10	20	9
Leukaemia, Aleukaemia ..	—	1	—	1	3	3	—	2	10	3	4	—	—	1	1	—	—	1	—
Other ..	—	—	—	—	2	2	6	9	19	1	11	3	—	1	2	—	—	1	—
Cerebral Lesions of Nervous System ..	—	—	—	—	2	51	109	184	346	62	158	22	12	15	20	16	6	18	17
Coronary Disease, Angina ..	—	—	—	—	3	59	107	135	304	54	153	14	5	13	18	12	12	14	9
Hypertension with Heart Disease ..	—	—	—	—	1	9	29	40	79	9	46	4	4	1	4	—	2	1	8
Other Heart Disease ..	—	—	—	1	3	53	111	442	610	110	246	41	19	22	55	30	21	43	23
Other Circulatory Disease ..	—	—	—	—	2	10	31	50	93	10	41	8	3	4	6	9	5	4	3
Influenza ..	—	—	—	—	—	1	4	8	13	1	4	5	—	—	1	1	1	—	—
Pneumonia ..	1	3	—	1	8	11	21	49	94	14	40	5	3	4	10	5	3	6	4
Scarlet Fever ..	2	1	—	1	18	29	39	90	179	7	46	3	1	6	6	7	3	6	5
Other Diseases of Respiratory System ..	—	—	—	—	3	3	5	9	20	3	10	2	—	1	1	1	1	1	—
Diseases of Stomach and Duodenum ..	—	—	—	—	1	7	8	10	26	8	11	2	—	1	2	—	—	2	—
Enteritis, Enteritis and Enterocolitis ..	—	—	—	—	—	5	2	3	16	—	6	—	—	1	3	1	—	2	3
Chronic Nephritis and Nephrosis ..	—	—	—	—	3	2	6	15	26	5	13	1	—	1	2	1	1	1	1
Hyperplasia of Prostate ..	—	—	—	—	—	—	5	19	24	2	10	3	—	1	4	—	—	3	1
Pregnancy, Childbirth, Abortion ..	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Genital Malformations ..	6	—	—	1	5	5	3	—	20	2	10	1	—	—	—	—	4	1	2
Other Defined and Ill-Defined Diseases ..	24	3	2	3	8	42	46	111	239	30	87	26	2	11	24	9	8	18	24
Other Vehicle Accidents ..	—	1	1	2	1	2	—	3	10	1	5	—	—	—	—	2	2	—	—
Other Accidents ..	3	2	—	1	5	7	4	17	39	5	22	2	—	3	—	2	—	2	3
Self-Harm ..	—	—	—	1	1	20	5	3	30	1	14	4	—	—	1	1	4	4	1
War ..	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—
All Causes ..	40	15	5	17	93	484	709	1290	2653	421	1177	175	59	105	207	127	94	161	127

Infants under 1 year Total 40 Illegitimate 4

TABLE IV (b).

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1950 IN THE RURAL DISTRICTS.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.								Deaths in or belonging each District, at ages				
	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and over.	Totals.	Battle.	Chailey.	Cuckfield.	Hailsham.
1. Tuberculosis, Respiratory	—	—	—	—	5	5	7	1	18	5	5	1	—
2. Tuberculosis, Other	—	—	2	—	2	5	—	—	9	2	1	1	—
3. Syphilitic Disease	1	—	—	—	—	—	2	—	3	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	1	—	—	—	1	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	1	1	—	—	1	2	1	1	7	3	1	—	—
10. Malignant Neoplasm, Stomach	—	—	—	—	1	11	11	14	37	8	7	1	1
11. Malignant Neoplasm, Lung, Bronchus	—	—	—	—	3	19	15	6	43	9	8	8	—
12. Malignant Neoplasm, Breast	—	—	—	—	1	19	5	6	31	8	1	5	—
13. Malignant Neoplasm, Uterus	—	—	—	—	1	7	6	1	15	4	2	2	—
14. Other Malignant and Lymphatic Neoplasms	—	—	1	—	11	42	70	64	188	40	18	40	4
15. Leukaemia, Aleukaemia	1	—	—	—	1	2	2	1	7	1	1	1	—
16. Diabetes	—	—	—	—	2	3	3	6	14	3	1	4	—
17. Vascular Lesions of Nervous System	—	—	—	1	—	49	101	183	334	64	40	44	7
18. Coronary Disease, Angina	—	—	—	—	4	47	74	106	231	42	30	37	5
19. Hypertension with Heart Disease	—	—	—	—	1	16	22	25	64	14	8	13	1
20. Other Heart Disease	—	—	—	—	2	34	105	337	478	114	42	94	13
21. Other Circulatory Disease	—	—	—	—	—	10	22	45	77	9	10	17	1
22. Influenza	—	—	—	2	—	5	3	9	19	2	3	2	—
23. Pneumonia	—	—	—	—	3	13	15	32	63	13	8	14	1
24. Bronchitis	—	—	2	—	1	7	15	35	60	7	6	11	1
25. Other Diseases of Respiratory System	—	—	1	1	2	1	3	6	14	2	1	4	—
26. Ulcer of Stomach and Duodenum	—	—	—	—	—	6	10	5	21	4	2	6	—
27. Gastritis, Enteritis and Diarrhoea	4	—	—	—	2	—	1	5	12	1	3	4	—
28. Nephritis and Nephrosis	—	—	—	—	3	12	7	9	31	11	3	7	—
29. Hyperplasia of Prostate	—	—	—	—	—	5	6	19	30	4	3	5	—
30. Pregnancy, Childbirth, Abortion	—	—	—	2	1	—	—	—	3	1	—	1	—
31. Congenital Malformations	13	1	1	—	2	1	—	1	19	5	4	2	—
32. Other Defined and Ill-Defined Diseases	27	3	2	3	8	30	39	61	173	35	23	31	3
33. Motor Vehicle Accidents	—	2	2	4	4	8	1	1	22	3	1	5	—
34. All Other Accidents	—	2	3	1	4	6	5	13	34	9	2	11	—
35. Suicide	—	—	—	1	3	12	2	3	21	5	2	4	—
36. Homicide and Operations of War	—	—	—	1	—	1	—	—	2	—	1	1	—
All Causes	47	9	14	16	69	378	553	995	2081	428	243	376	49
Deaths of Infants under 1 year	Total 47												
Deaths of Infants under 1 year	Illegitimate 4												

Deaths of Infants under 1 year Total 47

Illegitimate 4

TABLE V.

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1950.

(Not including cases of Tuberculosis, details of which are given on Page 7.)

	Total for Administrative County.	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT.															
		Boroughs.					Urban Districts.						Rural Districts.				
		Hove.	Bexhill.	Lewes.	Rye.	Totals.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portsmouth-by-Sea.	Seaford.	Totals.	Battle.	Chailley.	Cuckfield.	Hailsham.
Scarlet Fever	435	91	16	6	13	126	—	37	30	3	31	4	105	35	27	51	54
Whooping Cough	1061	158	40	118	58	374	14	101	3	6	29	22	175	162	42	94	89
Acute Poliomyelitis	38	5	4	1	2	12	—	—	1	1	1	2	5	3	3	6	3
Measles	1731	341	385	5	—	731	5	183	19	7	232	33	479	69	35	248	71
Diphtheria	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia	174	23	17	4	3	47	6	2	4	1	16	5	34	23	2	10	29
Dysentery	7	4	—	—	—	4	—	1	—	—	—	—	1	—	1	1	—
Smallpox	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—
Acute Encephalitis	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	5	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	2
Paratyphoid Fevers	2	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Erysipelas	46	11	3	1	2	17	—	—	—	—	6	6	12	8	1	2	4
Meningococcal Infection	7	1	1	—	—	2	—	—	—	—	—	—	—	3	—	1	—
Puerperal Pyrexia	26	—	—	2	—	2	—	17	1	—	1	—	19	—	2	1	—
Ophthalmia Neonatorum	12	1	—	—	—	1	—	11	—	—	—	—	11	—	—	—	—
Malaria	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	16	1	—	1	—	2	—	1	—	—	—	2	3	1	1	8	1
Totals	3565	638	468	138	78	1322	25	353	58	18	317	74	845	304	114	423	254

TABLE VI.
VACCINATION.

Number of Persons Vaccinated (or Revaccinated) during the year 1950.

District.	Age under 1 year.		Age 1 to 4 years.		Age 5 to 14 years.		Age 15 years or over.		Totals all Ages.	
	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.	Vaccinated.	Re-vaccinated.
As ..	125	—	75	9	12	38	28	164	240	211
.. ..	253	3	131	25	107	86	228	811	719	925
.. ..	63	—	5	3	3	16	6	44	77	63
.. ..	57	—	5	1	4	2	4	8	70	11
Districts										
Hill ..	59	—	42	1	15	15	8	23	124	39
.. ..	68	—	71	4	10	18	8	52	157	74
instead ..	110	3	14	6	11	10	14	31	149	50
.. ..	31	—	8	1	1	5	3	10	43	16
.. ..	67	1	34	—	37	10	48	85	186	96
.. ..	19	—	7	1	1	5	5	21	32	27
Districts										
.. ..	253	1	35	5	27	20	16	135	331	161
.. ..	110	—	9	3	10	21	7	59	136	83
.. ..	132	—	115	5	22	17	17	106	286	128
.. ..	116	—	106	5	20	7	19	67	261	79
.. ..	342	18	32	15	43	42	46	176	463	251
Totals ..	1,805	26	689	84	323	312	457	1,792	3,274	2,214

TABLE VII.
DIPHTHERIA IMMUNISATION.

Summary of Returns for the year ended 31st December, 1950.

(a) IMMUNISATION IN RELATION TO CHILD POPULATION.

District.	Number of Children (in age groups as given) who at 31st December, 1950, 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, 1950.		Total Estimated Mid-Year Child Population 1950.
	Under 1 Born 1950.	1 Born 1949.	2 Born 1948.	3 Born 1947.	4 Born 1946.	5-9 Born 1941-45.	10-14 Born 1936-40.		Children Under 5.	Children 5-14.	
As ..	23	212	234	306	283	1,438	1,457	3,953	1,700	3,886	5,586
.. ..	5	369	479	606	613	2,942	1,704	6,718	4,176	6,771	10,947
.. ..	6	146	198	225	161	758	844	2,338	1,010	1,683	2,693
.. ..	6	51	68	83	60	327	265	860	402	609	1,011
Districts											
Hill ..	34	126	129	143	122	665	588	1,807	653	1,109	1,762
.. ..	34	200	229	283	251	1,209	1,217	3,423	1,246	2,383	3,629
instead ..	14	142	180	215	226	768	763	2,308	954	1,597	2,551
.. ..	4	122	150	165	140	472	415	1,468	721	968	1,689
.. ..	2	91	112	149	139	904	546	1,943	1,148	1,990	3,138
.. ..	4	98	135	146	124	598	746	1,851	670	2,114	2,784
Districts											
.. ..	21	326	373	430	358	1,891	1,612	5,011	2,315	4,184	6,499
.. ..	19	192	214	254	218	972	1,148	3,017	1,653	2,839	4,492
.. ..	51	357	361	472	386	1,965	2,024	5,616	2,264	4,473	6,737
.. ..	19	287	394	443	415	2,298	2,281	6,137	2,781	4,056	7,437
.. ..	76	429	532	617	570	2,851	2,993	8,068	3,107	5,538	8,645
Totals ..	318	3,148	3,788	4,537	4,066	20,058	18,603	54,518	24,800	44,800	69,600

Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1950.

Age at final injection:—

Under 5 years	3,430
Five to 14 years	521
	3,951

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 1950 4,647

HOVE AND PORTSLADE SUB-COMMITTEE AREA.

Midwives.

Number of Midwives practising at the end of 1950 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 5
- (ii) Midwives in Institutions (i.e. Nursing Homes) 3 } Total 8

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

Number of cases in which medical aid was summoned during 1950 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 —
- (ii) Others 36 } Total 36
- (b) For cases in Institutions —

Maternity Cases Attended.

	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives (1)	As Maternity Nurses (2)	As Midwives (3)	As Maternity Nurses (4)	As Midwives (5)	As Maternity Nurses (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	40	12	—	—	40	12
(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 ..	78	27	71	—	149	27
4. Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	4	17	—	92	4	109
TOTALS	122	56	71	92	193	148

Ante-Natal and Post-Natal Clinics.

(1)	Number of Clinics provided at end of 1950 (whether held at Infant Welfare Centres or other Premises)	Number of sessions now held per month at clinics included in Col. (2)	Number of Women in Attendance.		Total number of attendances made by women included in Col. (4) during 1950
			Number of Women who attended during 1950	Number of Women included in Col. (4) who had not 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	85	64	201
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

Births.

Number of births notified in the Authority's Area during 1950, under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications :—

Live births, 933 ; Still births, 15. Total, 948.

Care of Premature Infants.

i.e. Babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation. Stillbirths are excluded.

(a) The number of premature babies notified during 1950, whose mother is normally resident in the Authority's area	50
(b) The total number of premature babies notified during 1950 who were born :	
(i) At home	5
(ii) In Hospital or Nursing Home	45
(c) The number of those born at home who were nursed entirely at home	5
(d) The number of those born at home and nursed entirely at home :	
(i) Who died during the first 24 hours	—
(ii) Who survived at the end of one month	5
(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

Administration of Analgesics.

(a) Number of Domiciliary Midwives in practice in the area at the end of 1950, who were qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board :—	
(i) Employed by Voluntary Associations	3
(ii) Employed by Hospital Management Committees	2
(iii) In Private Practice	1
	Total 6
(b) (1) Facilities are 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.	
(2) Facilities are 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.	
(3) Number of Domiciliary Midwives who received instruction under (2) above during 1950	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	2
(d) Number of cases in which Analgesics were administered by Midwives in domiciliary practice during 1950	101

Infant Welfare Centres.

	Number of Centres provided at end of 1950	Number of Infant Welfare Sessions now held <i>per month</i> at Centres in Col. (2) during 1950	Number of Children who attended Centres in Col. (2) during 1950	Number of Children who first attended the Centres during 1950 and who on the date of their first attendance were :—		Number of Children in attendance at the end of 1950 who were then :—		Total Number of Attendances made by Children included in Col. (4) during 1950	
				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	5	40	3,208	676	61	619	2,589	12,445	8,029

Cases referred to Dental Clinic from Infant Welfare Centres, 1950.

					Children under 5 years.	Expectant Mothers.	Nursing Mothers.
Number examined..	..	..	..	..	48	7	1
Needing treatment	..	..	..	..	45	6	—
Treated ..	..	..	..	..	37 + 6*	5 + 3*	— + 2*
Attended ..	..	..	..	..	43 + 6*	5 + 3*	— + 2*
Absent ..	..	..	..	..	8	1	—
Completed ..	..	..	..	..	35	2 + 3*	— + 2*
Number of Extractions	..	..	..	..	27	— + 1*	—
Fillings ..	..	..	..	..	75	6 + 3*	— + 4*
General Anaesthetics	..	..	..	..	17	1 + 1*	—
Local Anaesthetics	..	..	..	..	—	—	—
Dressings ..	..	..	..	..	30	9 + 3*	— + 7*
Other operations ..	..	..	..	..	—	—	—
Scalings ..	..	..	..	..	—	—	—
Gum treatments ..	..	..	..	..	—	1	—
Silver nitrate treatments	..	..	..	..	—	—	—

* Carried over from 1949.

Health Visiting.

	Number of Health Visitors Employed at end of 1950		Equiva- lent 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 1950							
	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	5½	104	155	943	5,616	59	8,052	300	516

Ambulance Services.

(1)		Number of Vehicles at 31st Dec., 1950	Total No. of Journeys during 1950	Total No. of Patients carried during 1950	Number of Accident and other Emergency journeys included in Col. (3) during 1950	Total Mileage 1950	Number of Paid Whole-time staff at 31st Dec., 1950
		(2)	(3)	(4)	(5)	(6)	(7)
Directly Provided Service	Ambulances	7	6,385	6,347	757	56,473	15
	Cars ..	—	—	—	—	—	—

Number of Persons Vaccinated or Re-vaccinated during 1950.

Age at 31st December, 1950 i.e., born in years	Under 1 1950	1 to 4 1946-1949	5 to 14 1936-1945	15 or over before 1936	Total
Number Vaccinated	320	165	144	276	905
Number Re-Vaccinated	4	25	96	896	1,021

Vaccinations during Smallpox Outbreak, 1950-51.

Latest figures available 8.6.51 :	At Public Health Department	..	..	..	19848 cases.
	By Private Doctors	..	..	..	23256 ..
	Total .. ..	..	..	..	43104 ..

Diphtheria Immunisation in Relation to Child Population.

Number of children at 31st December, 1950, 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, 1950 i.e., born in year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5 to 9 1941-45	10 to 14 1936-40	Total Under 15
Number immunised	7	460	591	755	752	3,846	2,250	8,661
Estimated mid-year child population 1950	Children under five 5,324					Children 5-14 8,761		14,085

Number of children who completed a full course of primary immunisation during 1950.

	Aged under 5 years	Aged 5-14 years	Total
Hove	435	78	513
Portslade	105	79	184
	540	157	697

Number of reinforcing injections given.

Total

696

221

927

Whooping Cough Immunisation, Year 1950

Age at date of immunisation :	Under 1 yr.	1-4 yrs.	5-14 yrs.	Total.
Hove	76	211	1	288
Portslade	17	58	1	76
Totals	83	269	2	364

SUSSEX RURAL COMMUNITY COUNCIL.

Hove and Portslade Division.

Tuberculosis Care Service.

Report in respect of Financial Year 1950-51.

(1) In General this Sussex R.C.C. Service continued during the year of report on lines of the R.C.C. "memorandum of proposals" issued at 1st February, 1949, and approved as the basis. Those proposals continue to be based upon the values of the personal friendships established with the individual patients by the R.C.C. "area organiser," and the relief and encouragement obtainable from R.C.C. financial provision—the whole brought into relationship with the skill and knowledge and advice of the Chest Physician.

(2) *The Number of Patients and Needs.* Patients in care averaged some 50 for consideration at each quarterly meeting of the Committee. The needs ranged between those of additional nourishment, beds and bedding, clothing, fuel, debts relief, personal problems, therapy materials, domestic help, convalescence, holidays and outings, pocket money, laundry, rent-rates. The substantial provision made by the Authority in respect of milk, boarding-out, visits by relatives to sanatoria, was of immense assistance and enabled the greater part of the R.C.C. funds to be devoted to needs other than those.

(3) The R.C.C. provided some £303 for the year 1950-51 and has to date allocated a further £250 in respect of 1951-52. The R.C.C. also financed the Hove-Portslade needs during the periods pending receipt of Grant instalments.

(4) The Committee has continued to have the benefit of Chest Physician, County Almoner and Health Visitor membership, whose constant help and understanding guidance and interest have been invaluable and greatly appreciated. During the year Mrs. Dingwall accepted the chairmanship of the Committee, who were fortunate to obtain also the services of Miss O'Brien as area organiser, with nursing experience and the use of her own car. Mrs. Lucas has continued to be the R.C.C. Care Secretary, in constant touch with Miss Turner as County Almoner.

(5) For 1951-52 the Committee has been very glad to learn that the provision recommended by the Hove and Portslade Health Sub-Committee and approved by the County Council, will be (maxima) Milk £600, Boarding-out £200, Travel of Relatives £100, with £100 in respect of R.C.C. administrative expenses as previously. With the growing awareness of the advantages of mass-radiography and the benefits of B.C.G. "vaccination," the Committee looks forward to a year of continued usefulness for a still-growing number of people.

Number of children who completed a full course of primary immunization during 1955

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Age Group	Number of children who completed a full course of primary immunization during 1955	Number of children who completed a full course of primary immunization during 1955
1-4 years	1,234	1,234
5-9 years	567	567
10-14 years	345	345
15-19 years	210	210
20-24 years	123	123
25-29 years	89	89
30-34 years	56	56
35-39 years	34	34
40-44 years	21	21
45-49 years	12	12
50-54 years	8	8
55-59 years	5	5
60-64 years	3	3
65-69 years	2	2
70-74 years	1	1
75-79 years	1	1
80-84 years	1	1
85-89 years	1	1
90-94 years	1	1
95-99 years	1	1
100 years and over	1	1

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Report in respect of Financial Year 1955-56

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