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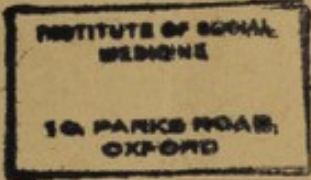


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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

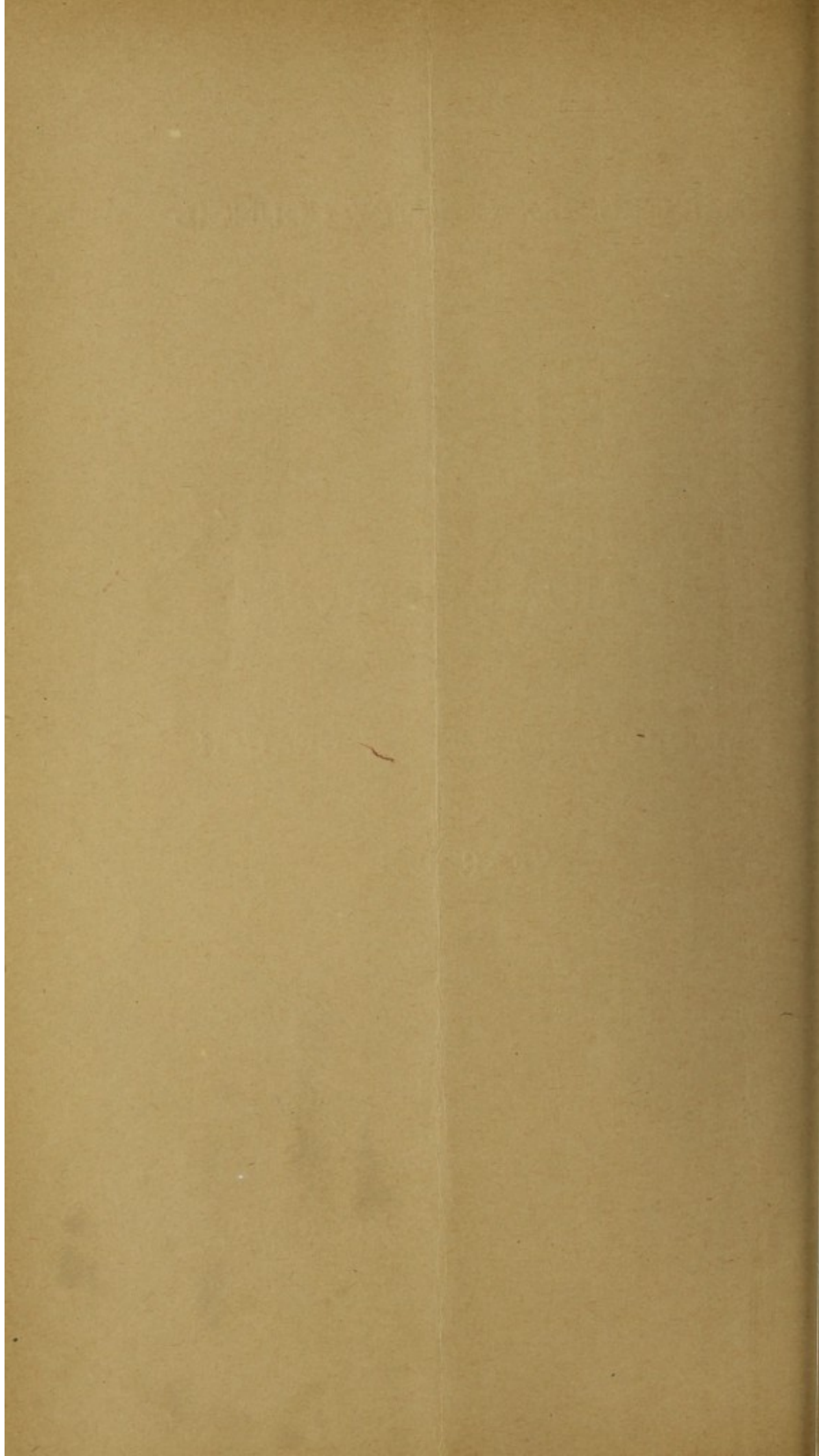
FOR THE

YEAR 1951

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

The health of the community was good during the year, in spite of the enormous increase in the number of cases of certain infectious diseases. Whooping cough cases totalled 1,804 and measles 4,948, in both instances the highest figure recorded since the diseases became notifiable in 1940; but in the total of 6,752 patients only five deaths occurred, one being over 75 years of age. Acute poliomyelitis, unfortunately, is still with us, though fewer cases occurred (16, with one death). Reference to the section dealing with infectious diseases will show that no other important variations have occurred.

Turning to more general considerations, there can be no doubt in the mind of any observer of the general public as it goes about its daily affairs that, taking the broad view, the well-being of the populace is on a much surer basis than was the case in the last generation. Infants and school children are in amazingly good condition, young and old have clothing which is both smart and suitable, and it is rare to see anyone in obvious physical distress. True enough, there is a substantial amount of grumbling about the difficulties of modern life and how hard the breadwinner has to pull to make both ends meet, but the finest members of the community have to admit, if only to themselves, that these difficulties are increased by more luxurious standards of living. Although, for example, the meat ration is small, many married couples think nothing of spending two or three pounds a week on cigarettes, buying a television set for £60 or £80, visiting the cinema regularly twice a week, and so on. Those who are more willing to cut their coats according to the cloth available find that the essentials of existence are more certainly available than ever before, including medical and ancillary treatment, which up till a few years ago were obtainable only to an uncertain extent. Although the National Health Service Acts are often criticised in detail, their effect, on balance, has been an enormous benefit to the population at large.

In making up this report a return has been made to the pre-war practice of including a list of members of committees and of officers of the department, and in future an economy will be secured by printing Dr. N. E. Chadwick's report to the Hove and Portslade Subcommittee in the same form as the main report, so that it may be assembled without reprinting.

During the year Mr. Arnold Court, who had been a Dental Surgeon in the Council's Dental Service since June, 1920, and took a large part in its initial organisation, retired after a long illness and he passed away in December. In the same month Mr. Mainwaring, who was a Dental Surgeon working in the Bexhill area, died suddenly while on leave. He and Mr. Court are greatly missed.

Mr. Harry Jessop, who was appointed as County Health Inspector in June, 1930, reached the age of retirement in 1951 and has taken his pension. From the very first Mr. Jessop set a high standard, from which he never lapsed, and showed a combination of technical knowledge, thoroughness in detail and assiduity in office which is seldom met with. For many years, until in 1949 the County Council was relieved of the responsibility, he

advised on the work necessary to bring cowsheds and dairy premises up to "designated" standards, and the many excellent premises to be found throughout the County are evidence of his thoroughness. The good wishes of all follow him in his well-earned retirement.

I would like to take this opportunity of thanking the voluntary organisations and members of the Hospital Car Service for their excellent work and support given during the year and I feel that I can depend on them for their future co-operation.

My thanks are offered to all who have assisted me in the department's work during the year and have helped in the preparation of this report.

I have the honour to be,

Your obedient servant,

F. LANGFORD,

*County Medical Officer of Health
and School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL, LEWES.

June, 1952.

MEMBERS OF COMMITTEES.

PUBLIC HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1951).

Mr. T. Benson.	Lt.-Col. H. M. Leapman.
Miss M. Blount, M.B.E.	Mr. W. Lindsay.
The Hon. Ruth Buckley.	Mrs. S. M. Looker, O.B.E.
Mr. J. H. Nelson Curtis.	Mrs. C. I. Meads, M.B.E.
Mrs. O. M. M. Dingwall.	Mr. F. H. Nias (Chairman).
Comdr. H. S. Egerton, D.S.C.	Mr. H. F. Parker.
Mr. G. H. Goodwin.	Major H. D. Ryder, M.C.
Major E. F. Holland.	Miss H. Trouton.
Miss F. Kenyon-Stowe.	

HEALTH COMMITTEE

(as at 31st December, 1951).

Chairman: Mr. F. H. Nias.

Members of the Public Health and Housing Committee, with the addition of the following:—

Dr. A. W. Gardner.	Dr. J. A. Smart.
Miss K. Kingsbury, M.B.E.	Miss Rita Watson.
Major G. H. Powell-Edwards, M.C.	

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT

(including the School Health Service).

County Medical Officer of Health and School Medical Officer	Frank Langford, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.
Deputy County Medical Officer of Health and Deputy School Medical Officer	R. G. Brims Young, M.B., Ch.B., D.P.H.
Divisional Medical Officer (a) (c)	N. E. Chadwick, M.A., M.D., D.P.H.
Assistant (Administrative) Medical Officer	Ilma B. S. Bingeman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officers	J. Caldwell, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (appointed September, 1951).
	(a) L. A. Collins, M.B., Ch.B., D.P.M., D.P.H.
	E. Margaret Douglas, M.B., B.S., M.R.C.S., L.R.C.P.
	(c) Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S. (Ed.), D.P.H.
	(a) G. M. D. S. B. Lobban, M.B., Ch.B., D.P.H.
	(c) Mary McEwan, M.R.C.S., L.R.C.P.
	(c) M. Newman, M.B., Ch.B., D.P.H.
	(a) J. Petrie, M.B., Ch.B., D.P.H.
	(a) M. I. Silverton, T.D., M.R.C.S., L.R.C.P., D.P.H.
	(b) R. A. Stenhouse, L.M.S.S.A., C.P.H.
	(a) W. B. Stott, L.R.C.P. & S., D.P.H.
	(a) R. J. Toleman, M.B.E., M.B., B.S., D.P.H.
Senior Dental Officer	P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.
Dental Officers	E. S. Butt, L.D.S., U. Liverpool.
	A. Court, L.D.S., R.C.S. (retired March, 1951).
	(c) P. L. Ealand, L.D.S., R.C.S. (part-time).
	W. Eddings, L.D.S., R.C.S.
	J. V. Goldie, L.D.S., R.C.S.
	R. H. Hamlyn, L.D.S., R.C.S.
	C. E. Mainwaring, L.D.S. (deceased December, 1951).
	(c) Frances D. Morris, L.D.S., R.C.S. (part-time).
	R. C. Virgo, L.D.S., R.C.S.
Dental Anaesthetists	Vivienne M. Eggo, M.R.C.S., L.R.C.P. (part-time).
	Josephine Terry, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (part-time).
Psychiatrists	Lamorna Hingston, M.B.E., M.R.C.S., L.R.C.P., D.P.H. (part-time).
	Sigrid Pribram, M.D., L.R.C.P., D.P.M. (part-time).
	Doris K. Small, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.M.

Educational Psychologist	Miss M. Garson, M.A.
Social Workers (Child Guidance)	Mrs. N. Dickson. Miss J. W. Hasler. H. P. Henry. Miss P. Lomax.
Speech Therapists	Miss R. B. Adams, L.C.S.T. Mrs. K. G. Hansford, L.C.S.T. (part-time). Miss I. A. Scott, L.C.S.T.
County Health Inspector	H. Jessop (retired September, 1951). T. F. Ayrton (appointed October, 1951).
Assistant County Health Inspectors	J. H. F. Butler. G. B. Crowther.
County Nursing Superintendent	Miss G. M. Hughes, S.R.N., S.C.M., H.V. CERT.
Deputy County Nursing Superintendent	Miss G. I. Jess, S.R.N., S.C.M., H.V. CERT.
Assistant County Nursing Superintendents	Miss A. M. Borchard, S.R.N., S.C.M., H.V. CERT. Miss E. M. Hollands, S.R.N., S.C.M., H.V. CERT. Miss E. M. Pinyon, S.R.N., S.C.M., H.V. CERT. Miss G. M. Turner, S.R.N., S.C.M., H.V. CERT.
(Midwifery Tutor)	Miss E. E. Paul, S.R.N., S.C.M., H.V. CERT., M.T.D.
Area Nursing Superintendent	(c) Miss I. O. Linton, S.R.N., S.C.M., H.V. CERT.
Care Almoner	Miss G. M. Turner, A.M.I.A.
County Ambulance Officer	J. W. Limb.
Home Help Organiser	Mrs. I. M. Fouldes.
Assistant Home Help Organiser	(c) Mrs. F. E. Dibb.
Duly Authorised Officers	(d) Mrs. V. M. Martin. (d) A. S. Phillips. (d) A. E. Smith. M. G. W. Ternouth. (d) T. E. Wilson.
Home Visitor for Mental Defectives	Miss H. K. Draper.
Home Visitor for Handicapped Children	Mrs. G. F. Ayshford Ayre (part-time).
Matron, Day Nursery, Burgess Hill	Mrs. E. G. Buchanan-Jackson.
Matron, Day Nursery, Hove	(c) Mrs. M. M. Walters.
Chief Clerk	G. F. Akehurst.

(a) Also District Medical Officer of Health. (b) Also Deputy Port Medical Officer.
(c) Hove and Portslade Division. (d) Also Home Visitor for Mental Defectives.

GENERAL STATISTICS.

The **Estimated Population** increased from 339,760 in 1950 to 341,200 in 1951.

The **Birth Rate** for the county was 12.11 per thousand of the estimated population (58 per thousand less than in 1950), as compared with 15.5 for England and Wales. The live births in 1951 totalled 4,133, a reduction of 214 as compared with 4,347 in 1950. The number of illegitimate live births in East Sussex was 215, or 5.2 per cent. of the total.

The general uncorrected **Death Rate** was 14.3 per thousand in 1951, as compared with 13.93 in 1950. The rate for England and Wales in 1951 was 12.5.

The **Infant Mortality Rate** was 24.67 per thousand live births in 1951, as compared with 20.01 in 1950 (the lowest figure ever recorded in the county). The illegitimate death rate was 37.20 per thousand illegitimate live births, as compared with 33.46 in 1950.

The **Maternal Mortality Rate** was .4 per thousand live and still births, as compared with 1.0 in 1950. There were only 2 maternal deaths during the year contributing to this figure. Particulars of each case are set out in the midwifery section.

SANITARY CIRCUMSTANCES.

As indicated in the Annual Report for 1950, the Kent, East Sussex and West Sussex River Boards have been constituted and their respective land areas have been defined; the only remaining portion of the county is a small area in the north, which, as it drains northwards into the Thames, is the responsibility of the Thames Conservancy Board.

Rural Water Supplies and Sewerage Acts, 1944-51. Contemplated schemes for water supplies, sewerage and sewage disposal were examined and reported upon in respect of the following:—

Battle Rural District.

Parishes of Burwash, Guestling,
Peasmarsh

Provision of sewerage. Revised schemes.

Chailey Rural District.

District Water Undertaking

Revised scheme for provision of trunk distribution mains.

Parishes of Beddingham, Plump-
ton, Rodmell

Provision of sewerage and sewage disposal.

Cuckfield Rural District.

Parish of Worth (Three Bridges)

Extension of sewerage.

Hailsham Rural District.

Parish of Hailsham

Extension of water mains.

Uckfield Rural District.

Parishes of Danehill, Fletching,
Maresfield, Little Horsted,
Isfield

Extension of water mains.

Parishes of Hartfield and

Withyham

Provision of sewerage and sewage disposal.

INSPECTION AND SUPERVISION OF MILK AND OTHER FOODS.

Public Health (Preservatives, etc., in Food) Regulations, 1925-48. During the year 49 samples of food, as listed below, were examined under the Regulations and all were found to be satisfactory:—

Butter	1
Coffee and Chicory Essences	3
Cream and Ice Cream	2
Glacé and Prepared Cherries	8
Jellies, Fruits and Cordials	7
Meat and Fish Products and Pastes	15
Mincemeat	1
Molasses	1
Sauces and Condiments	9
Soups	1
Vegetables	1

Food and Drugs Acts and Milk and Dairies Regulations. As from the 1st April, 1951, facilities were made available at the Public Health Laboratory, Brighton, for routine biological examination of milk samples.

The establishment of this service enabled sampling of raw milks to be undertaken on more comprehensive lines, effecting a valuable contribution towards the safeguarding of supplies and eradication of diseased animals.

Reports received in respect of infection by tubercle bacilli and *Brucella* organisms were forwarded, in each case, to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries and to the Medical Officers of the districts concerned. Where necessary, arrangements were made for the heat-treatment of the milk pending investigations.

During the period 198 samples were submitted, involving 103 sources of supply, and the presence of tubercle bacilli was reported in seven cases.

Investigations were conducted at the farms concerned by the Divisional Veterinary Officer and this department and, as a result, in three cases cows were slaughtered under the Tuberculosis Order, 1938, and four cows were found to have been removed for slaughter at knackers' premises.

Notifications received from other authorities included ten cases of tubercle-infected milk supplies. Subsequent investigations resulted in eight cows being dealt with under the Tuberculosis Order and two cows were found to have been slaughtered by knackers.

Reports were also received in respect of three calves, which on slaughter at abattoirs were found to be affected with congenital tuberculosis. Investigations at the farms resulted in the dams being identified and dealt with under the Tuberculosis Order. In each case infection was confirmed on post-mortem examination.

Administration in all sections of this work has been facilitated by the support received from interested authorities, the Animal Health Section of the Ministry of Agriculture and Fisheries, the Ministry of Food, the Milk Marketing Board, and local authorities concerned, whose continued co-operation has contributed towards satisfactory working arrangements.

Part VII of the Milk and Dairies Regulations, 1949 (Regulations 18, 19 and 20), deals with infection of milk and related matters and the action which may be taken in various sets of circumstances. In each case the action must be taken specifically by the medical officer of health of a district, and it will be appreciated that, in this county where the majority of the medical officers of county districts have no appointed deputies, difficulty might arise if the medical officer is not available owing, say, to being absent on leave.

During 1951 discussions took place about how this point might be met. (Section 47 of the National Assistance Act, 1948, similarly empowers the medical officer of health of a sanitary district to issue a certificate which will enable his authority to take action in the case of certain persons living in insanitary conditions.)

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949-50 On the 1st January, 1951, ten establishments held licences for the pasteurisation of milk and during the year two additional licences were issued.

Routine inspections of plants and dairy operations have been maintained. Of the twelve plants, three are H.T.S.T. and nine are Holder types.

The following table shows the results of tests of samples taken from all types of pasteurising establishment plants:—

Class of Milk.	No. of Samples.	Appropriate Tests.	No. of Samples.		
			Passed.	Failed.	Invalid.
Tuberculin Tested Milk (Pasteurised) ..	73	Phosphatase	73	—	—
		Methylene Blue	73	—	—
Pasteurised	241	Phosphatase	241	—	—
		Methylene Blue	239	—	2

" *Milk-in-Schools* " Scheme. Supervision of supplies provided under the scheme was continued and during the year 122 samples were taken for examination. In general, the results were satisfactory with one exception where biological examination revealed tubercle infection in a raw milk supply, involving two schools, and this was replaced by a heat-treated supply.

By the end of the year all schools (210 departments) were receiving milk from designated or heat-treated sources.

INFECTIOUS DISEASES.

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

As stated in the introductory letter, measles increased in numbers during 1951 to 1,948 (1,731 in 1950) and whooping cough to 1,804 (1,061 in 1950), both numbers being the highest recorded, the previous highest numbers being 4,091 cases of measles in 1943 and 1,159 cases of whooping cough in 1944. In spite of this heavy incidence, both diseases have remained of a very mild character and the deaths have been amazingly few—one aged woman died of measles and four children under the age of five years died of whooping cough. Moreover, although both diseases have a bad name for initiating diseases of or damage to lungs and bronchi, enquiries among general medical practitioners have failed to show that important complications have in fact occurred. This may be partly at any rate due to the main force of the attack being felt in spring and summer rather than the winter.

The pre-war rhythmic pattern so well shown by measles has been completely disrupted certainly in this county and, it is believed, elsewhere.

No cases of diphtheria occurred during the year; in 1942 there were 39 cases with 4 deaths.

Dysentery of mild type accounted for 97 cases, compared with 7 in 1950, and there were 12 cases of enteric; all but one of the latter were among patients of a mental hospital, where the control of disease, though successfully secured, presented exceptional difficulties.

Poliomyelitis. In 1951 this disease maintained the altered pattern by starting early in the year (the first three cases were in January, February and May), but the last case was in the first week in October. The total number of cases was 16, including one death; of the remainder a substantial proportion were non-paralytic cases which, in earlier non-epidemic years, might well have escaped special notice.

The age distribution tended as before to spare the first few years of life: only five cases were under the age of 14 years, while the oldest was aged 51 years.

Geographically, the cases were almost confined to the western third of the county, including three in Hove Borough and six in Cuckfield U.D. or close to it.

TUBERCULOSIS.

There were 258 notifications of pulmonary tuberculosis in 1951 of which 162 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis numbered 44, of which 25 were under 15 years of age. The number of notified cases on the registers of the district sanitary authorities at the end of the year was 2,347 (1,727 pulmonary and 620 non-pulmonary).

The number of notified pulmonary cases on the registers has risen from 1,612 in 1950 to 1,727, i.e. the number per thousand of the population has risen from 4.7 to 5.06. This increase is due to better ascertainment. The deaths from pulmonary disease, however, have dropped from 63 in 1950 to 51 which, taking into account the increased population, shows an appreciable reduction in the mortality rate.

The deaths from tuberculosis in 1951 were as follows:—

Pulmonary Tuberculosis:—								Deaths.
Urban Districts	..	..	..	..	..	..	..	28
Rural Districts	..	..	..	..	..	..	..	23
Other forms of Tuberculosis:—								
Urban Districts	..	..	..	..	..	..	..	4
Rural Districts	..	..	..	..	..	..	..	4
								59

The active steps taken by the South East Metropolitan Regional Hospital Board to increase the number of beds effectively available for the investigation and treatment of early cases and of suspected cases have been of great benefit, as by the end of the year it could be said that such patients need not wait for admission. To bring about an improvement so substantial in a matter of less than four years must have needed continued drive and hard work.

After the smallpox outbreak in the early part of the year, Bevendean Hospital was closed for adaptations and so forth and was opened in March primarily as a diagnostic unit for the assessment and initial treatment of early cases of tuberculosis. This, of course, has helped materially to reduce the waiting lists and so enable patients to secure proper treatment at the earliest possible moment, especially as there has been an appropriate increase in the medical staffing locally.

The next improvement needed, and of this it is clear the Board are well aware, is to reduce the waiting time for those patients who perhaps have extensive disease, but in whose cases considerable benefit might result from active operative treatment, not only to the patient himself, but to the public at large. Merely as an example, a man with considerable disease mainly on one side might have a relapse and develop a cavity and sputum containing tubercle bacilli. Surgical treatment in many such cases succeeds in closing the cavity, returning the man to work and (the most important point to those interested in prevention) cuts short the risk to others in contact with the patient.

In 1951 the 51 deaths from respiratory tuberculosis in the administrative county included eight (say 16%) which had not been notified, and out of eight deaths from non-respiratory disease one (12.5%) also had not been notified. In total, nine cases out of 59 deaths had not been notified (say 15%). While such figures expressed as percentages are not very satisfactory, the total number of such failed notifications is very much smaller owing to the continued, almost dramatic, drop in the number of deaths, as shown in the following table:—

	Population.	Deaths from Respiratory Tuberculosis.	Deaths from Non-respiratory Tuberculosis.	Total.
1948	332,430	111	13	124
1949	336,240	97	8	105
1950	339,760	63	17	80
1951	341,200	51	8	59

Unfortunately (from the point of view of county records), hardly any chest clinic in or serving the county area is confined to East Sussex patients; certainly every Chest Physician works in at least two Health Authority areas. It has not so far been practicable to extract from their clinic records statistics relating only to East Sussex patients; statistical tables relating to clinical work are not included in this year's report.

Tuberculosis Care and After-Care. The Chest Physicians in the area continue to serve the county, part time, for the purposes of tuberculosis care and after-care; indeed, as they themselves point out, the clinical and social aspects of any given patient's illness are inseparable that a competent clinician cannot deal with one without taking the other fully into account. Discussions take place not only with the Chest Physicians as a group, but with individuals, concerning procedure, principles or individual cases, and these have been found of great value. The friendly co-operation of the Chest Physicians and the workers in sanatoria and hospitals is gratefully acknowledged.

The Sussex Rural Community Council carry on a care and after-care scheme through the six Area Care Committees (including one in Hove and Portslade). The regular meetings of these Care Committees are attended by one or other Chest Physician, the Health Visitor and the Care Almoner, whose duties include general guidance to and liaison among the committees and the sanatoria. Such a post has attached to it a great deal of work as well as much travelling.

The Mass Radiography Unit stationed at Brighton (Director, Dr. B. G. Rigden) has continued to carry out surveys in and near the county. In addition, it has been extremely useful as a means of securing X-ray examination of staff in close contact with organised groups of children, such as nurses, workers in children's homes, and the like, and the ready co-operation of all concerned from the Director downwards is highly appreciated.

Open-air sleeping shelters continue to be repaired and stored in Lewes and at the end of 1951 21 shelters were in use and 13 in hand.

Under the arrangements for providing rehabilitation and training the following action was taken in 1951:—

- Two patients completed training and obtained positions near to training centre.
- One was transferred to a Government training centre.
- One discharged himself at his own request after a stay of about three months.
- One was still under training at the end of the year.

B.C.G. vaccination was introduced in 1950 as part of the Health Authority's arrangements for the prevention of tuberculosis and by the end of 1951 the Chest Physicians had vaccinated 214 persons in East Sussex. During the year discussions took place as to the advisability of introducing B.C.G. vaccination of school leavers; these talks had not reached the next stage of active planning by the end of the year.

NATIONAL HEALTH SERVICE ACTS, 1946 to 1949.

HEALTH CENTRES (SECTION 21).

No action has been taken during the year, beyond "reserving" or attempting to retain sites for future building. It is increasingly difficult, however, to maintain a claim to a site against other comers who are able to show a genuine need, as there seems no measurable prospect that any Health Centre as at present understood will be erected in this county, especially when there is nothing to stop general practitioners building individual premises to suit their own needs.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

(excluding Hove and Portslade Sub-Committee area).

The system of "generalised nursing" is adopted 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, 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 Hospitals 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, 34 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. Nine are double districts, the work being divided between two nurses in each district. The remaining 11 districts comprise the larger urban areas; in these, 15 whole-time health visitors and school nurses are employed. The total number of nurses employed by the County Nursing Association on 31st December, 1951, was 108, engaged as follows:—

69	on generalised duties.
22	on combined duties.
15	on health visiting and school work.
2	on home nursing only.

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. Arrangements, however, are being made for Ante-Natal Clinics to be opened in five areas on the same pattern as that which is working so successfully in Newhaven. Under this arrangement the local doctors who are on the obstetric list do their ante-natal work at the County Clinic, 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.

Of the 18 Ante-Natal Clinics provided by voluntary organisations at 31st December, 1950, 12 were still functioning on 31st December, 1951, although in several instances the numbers attending were very small.

Altogether 104 women attended the County Clinics and 139 the voluntary clinics.

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 1,266 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:—

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. The scheme is co-ordinated with the dental scheme for school children and treatment is carried out at County Clinics or hired premises and occasionally at Voluntary Infant Welfare Centres. By the co-operation of the doctors, health visitors, nurses and midwives these priority classes were able to apply for dental treatment under the County Council scheme and appointments were then made by the Dental Officers for their examination and treatment, where this was found to be necessary.

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. In this connection the gas and oxygen apparatus which were installed at most of the centres during the year have been a success, though the portable types are still giving good service where the permanent machines are not yet practicable. Willing and much appreciated help has been given by the staff of the County Nursing Association, as in previous years. Dentures were provided for the patients needing them, the construction being carried out by firms of dental technicians.

Statistics for the year are given in the table below:—

(a) Numbers provided with dental care:

	Examined.	Needing Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	204	194	181	159
Children under five	553	474	446	458

(b) Forms of dental treatment provided:

	Extractions.	Local Anaesthetics.	General Anaesthetics.	Fillings.	Scaling or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Radio-graphs.	Dentures Provided.	
									Complete.	Partial.
Expectant and Nursing Mothers	640	76	125	170	84	6	27	6	43	40
Children under five	897	38	341	236	—	200	58	1	—	—

Last year's report indicated that the number of expectant and nursing mothers applying for treatment under the County Council scheme showed a steady decline since the introduction of the National Health Service Act. For 1951, however, the number of mothers examined (204) is almost identical with that (206) for 1950. It is possible that the number may next year begin to rise again owing to the introduction of part payment for dentures under the National Health Service, whereas under the county scheme they are still free. Present indications at the time of writing are that this will be the case.

As with the number examined, the slight decrease in the other figures for 1951, compared with 1950, is much less than that shown previously.

The number of children under five, on the other hand, continues to increase. In 1951 the number examined was 553, compared with 440 in 1950, and the number treated was 446, compared with 324. It is most unfortunate that the increasing interest in the dental health of young children reflected in these figures cannot be adequately stimulated owing to the continued staff shortage. For the same reason the treatment that can be given is not as comprehensive as could be wished. Since the scheme has the same Dental Officers as that for school children, the inability to implement the personnel of the School Dental Service affects the amount of treatment that can be carried out under the scheme.

It was not possible to appoint any new Dental Officers during the year, nor could a replacement be obtained for one who retired early in the year. This was a great disappointment following the hopes that had been entertained of a greatly increased recruitment after the Whitley Council award. This award, however, was not sufficiently attractive to induce dental surgeons to join the Local Government Service rather than practise under the National Health Service.

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 one new Centre opened. In several other instances the number of sessions per month has been reduced. The following figures show the numbers of children attending, with the 1950 figures for comparison:—

Year.	Number of Centres.	Number of children in attendance at end of year.	Total attendances during year.
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.
1951	69	1,548 under 1 year of age. 4,095 1—5 years.	15,201 under 1 year of age. 16,582 1—5 years.

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 217 notified premature births; 165 were born in hospital or maternity home and 52 at home; 182 of the 217 infants survived the age of one month.

Care of Illegitimate Children. Special attention to the care of illegitimate children was continued; 23 unmarried mothers were admitted to hostels during the year, a decrease of 3

Contraceptive Advice. Contraceptive advice was given during the year to 35 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 four children were provided with a recuperative spell.

Day Nurseries. The East Grinstead Day Nursery was closed in June, 1951. There remains only one at Burgess Hill. This is a training nursery taking six students and has accommodation for 49 children between the ages 0 to 5 years. This (with residential nurseries conducted by the Children's Committee) is associated with the Training Scheme for Nursery Nurses at Brighton.

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. No need has yet been shown for a short-stay nursery to be provided by the health authority.

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 123 certified midwives on the register; 16 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 83 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 1951 there were 14 pupils in training and during the year 25 others were received. The examination results were as follows:—25 passes (one being a second attempt) and one failure. Eleven pupils were still in training on 31st December. Two pupils discontinued training owing to illness.

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 391 cases (341 to mothers and 50 to infants), 309 of these being in respect of patients confined at home and 82 of patients in hospitals and nursing homes. The main reasons for which medical assistance was needed for the mothers were as follows:—

Ruptured perineum	94
Abnormal conditions during pregnancy	36
Abortions and miscarriages	18
Prolonged labour	47
Other complications at delivery	74
Post-natal complications	47

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

1948	658 calls, 25% of 2,618 births.
1949	402 .. 15½% of 2,549 ..
1950	521 .. 20½% of 2,520 ..
1951	391 .. 18% of 2,127 ..

Of 50 calls to infants, 27 were for discharging or "sticky" eyes.

Eight 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 1951, as it happened, all but one of the cases of ophthalmia neonatorum occurred in hospital practice.)

Seventeen cases of puerperal pyrexia were notified, six in hospital and 11 in their own homes or private nursing homes. Of these 11, one was removed to hospital for treatment.

Maternal Deaths. The following are particulars of the two maternal deaths recorded as such by the Registrar-General:—

(i) A woman had had phlebitis previously and showed varicose veins in this pregnancy, during which full ante-natal care was given by doctor and midwife. Normal confinement took place at full time, a small area of phlebitis developing in one leg on the second day. On the fourteenth day the patient suddenly collapsed and died, death being due to pulmonary embolism.

(ii) Here again the patient, a multipara, was given ante-natal care by both doctor and midwife. At the eighth month the midwife was called on account of a moderate ante-partum haemorrhage. In hospital (where she was at once sent, though rather against her wishes) a classical Caesarean operation was performed, partly because of increasing foetal distress. At operation a living child was secured and a marginal placenta praevia with "concealed" haemorrhage was discovered.

On the second day there was evidence of chest trouble associated with paralytic ileus which responded to treatment, but on the thirteenth day the patient collapsed and died. At post mortem she was found to have pneumonia, general peritonitis and ileus, though the uterine wound was healing normally. The origin of the abdominal infection was never traced.

Maternity Hospital Provision. In the report for 1950, at page 14, there was some plain speaking regarding what is considered to be (in present circumstances) unnecessarily free admission to maternity hospitals and units. During 1951 further negotiations took place with the hospital authority, mainly on officer level, and there is good reason to believe that improved procedure will be introduced during the coming year. The need for this is emphasised by the dropping birth rate.

During the year 60% of the notified births took place in hospital (or nursing home).

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 69 engaged in generalised duties. In addition there are in the more urban areas 15 whole-time health visitors who also act as school nurses. Of the 84 nurses who undertake infant health visiting, 56 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 offer.

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 take part in 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, but an attempt to obtain one for a town in this area has been unsuccessful. 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 147,759 home-nursing visits were paid to 10,675 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.

Vaccination. The numbers vaccinated in the year (see Table VI in the Appendix for particulars) were enormously increased owing to the outbreak of smallpox in the Brighton area in the early weeks of the year. Altogether, during 1951, 121,969 persons were vaccinated or re-vaccinated, not only in the Sub-Committee area of Hove and Portslade (30,183) but throughout the remainder of the county. Many of these were dealt with by their own doctors, the remainder going to special vaccination centres set up by this authority at the request of the general practitioners, who during the time in question were dealing with a widespread though mild outbreak of influenza.

The special centres (apart from Brighton C.B.) were at Hove, Lewes and Crowborough, where thousands of applicants were dealt with either by medical staff of the county or by general practitioners on a sessional basis.

Vaccination and subsequent inspection of such large numbers taught valuable lessons regarding technique and interpretation of results. Using the excellent fresh lymph provided by the Public Health Laboratory Service (the supply of which never failed) results were so certain that it could be said that with proper technique a successful result could be obtained in every primary vaccination, even in the rushed conditions of the time. A "take" was obtained by any method (even, in a number of cases, where a drop of lymph was accidentally dropped on otherwise untouched skin), but those who used it found that the multiple-pressure technique was the best in that it secured a "take" with the least possible local trauma. One or two women subjects even commented on the relative elegance of the resulting papule.

The well-marked, even severe, local reactions experienced by adults who had never been vaccinated or had not been vaccinated for many years emphasised the desirability of primary vaccination in infancy and where practicable at intervals subsequently. In addition to local reactions, there were eight cases of generalised vaccinia and three persons whose general reaction was severe enough to class as post-vaccinal encephalitis. These all made a satisfactory recovery.

As indicated in last year's report, "mass vaccination" can hardly be refused in practice under modern conditions, however sound may be the policy of confining vaccination mainly to the immediate contacts of each case as it occurs. But in an outbreak of this kind, who can say who the immediate—or any other—contacts are? Here, as in many outbreaks in the past which have been equally successfully controlled, one is left with a feeling of startled amazement that more cases did not occur, and one cannot rule out the probability that among the many people vaccinated were unknown contacts who would otherwise have developed the disease.

Surmise takes us not very far, but we know that at least one-third of the county's population have been successfully vaccinated quite recently and that the mothers in the county so far remain more aware than before of the advantage of infant vaccination.

In August, 1951, the Society of Medical Officers of Health issued a statement recommending, *inter alia*, primary vaccination during the first six months of life and re-vaccination between the ages of ten and leaving school.

Some medical officers go further and advocate re-vaccination at intervals during adult life and this difference in viewpoint causes some embarrassment where, as in this county, such a medical officer of a district acts also for the county in conducting vaccination. What is his position when, as district medical officer, he believes in vaccination in infancy, at 10 to 15 years, and at regular intervals in adult life, while the county policy does not accept any routine re-vaccination as advice to be advocated? The district medical officer has, as such, a duty to prevent the spread of infection in his area, but vaccination is a matter

which he can only deal with in another capacity. The courtesy and forbearance of district officers who have found themselves in this painful state of dichotomy is very much appreciated.

AMBULANCE SERVICE (SECTION 27)

(excluding Hove and Portslade Sub-Committee area).

The Ambulance Service, which includes the Hospital Car Service, is still carrying out its functions satisfactorily.

There are now 13 ambulance stations operating within the authority's area, five conducted by the British Red Cross Society, five by the St. John Ambulance Brigade, one by the Newhaven Nursing Association and two directly operated at Seaford and Hove, with a total of 29 ambulances and one "sitter" car.

Two new Bedford-Lomas ambulances have been purchased during the year and allocated to Bexhill and Rye to replace the old Vauxhall and Austin ambulances respectively.

During the period under review the Heathfield and the Mid-Sussex Isolation Hospital Ambulance Stations were closed down; in the former case, the Committee of the Heathfield and Waldron Ambulance Service gave notice to terminate their agreement with the County Council as from the 31st March, 1951. A slight adjustment of the area covered by the other ambulance stations was made, and adequate cover was given for this area without replacing the Heathfield station. Repeated representations have been made by people in the Heathfield and Waldron area that the new arrangements are inadequate and that the health authority ought to take over and reinstate as part of the service the ambulance previously used, but so far no evidence has been available to justify the authority in incurring the considerable expense which would be involved. Suitable arrangements have also been provided for the transport of infectious patients to isolation hospitals, and the revised arrangements are working smoothly.

The National Health Service (Amendment) Act, 1949, Section 24, makes provisions for local authorities to claim on each other for the cost of the conveyance of patients and throughout the year records have been kept of all ambulance journeys in respect of patients discharged from hospitals in order that this Authority may claim reimbursement for the cost of certain journeys from other local health authorities, although this has meant a considerable increase in administrative work. The flat rate of 2s. per mile for ambulances and 6d. per mile for "sitting" case cars which is chargeable between authorities was still in operation at the end of the year. Railway train journeys are operated as far as possible for long-distance travel, and during the year 94 patients were sent long distances by train.

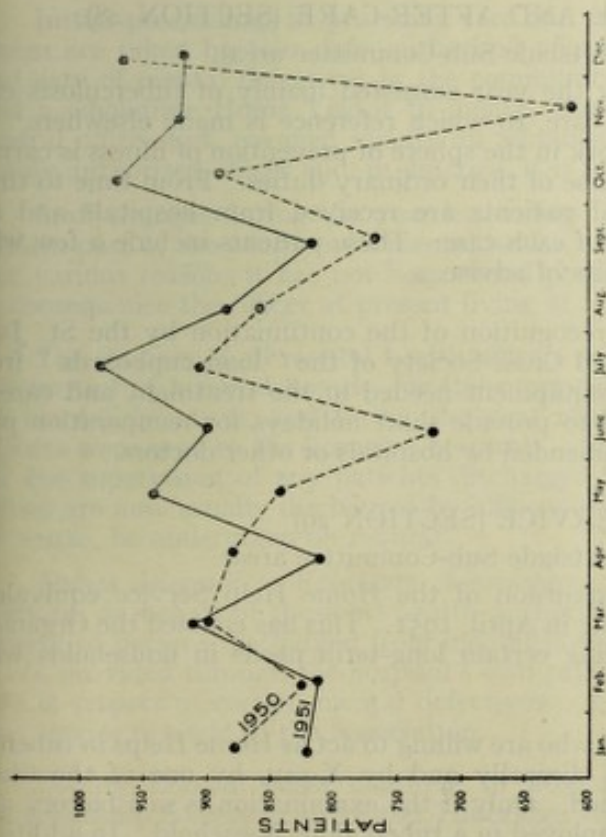
In connection with Civil Defence, arrangements have been made to expand the peacetime Ambulance Service to meet emergencies, and the training of volunteers for the Ambulance Section is proceeding. Most of the volunteers have taken the Basic Civil Defence and first aid courses and the majority have also taken the full first aid course. It is intended that the training of drivers and attendants in depot routine duties should commence as soon as possible, and the detailed planning and training for the expanded service is well in hand and there is close liaison between the Civil Defence and County District Authorities. Assistance has also been given to the Civil Defence Department in the staging of incidents.

The Police and Fire Services have given valuable assistance in the use of their service intercommunication systems, especially for emergency calls where the ambulance for any particular area is already out on call and the next nearest ambulance has immediately been called in. Per contra, the Ambulance Service have been happy to include their vehicles and staff in demonstrations and displays organised by their colleagues in the Police and Fire Services.

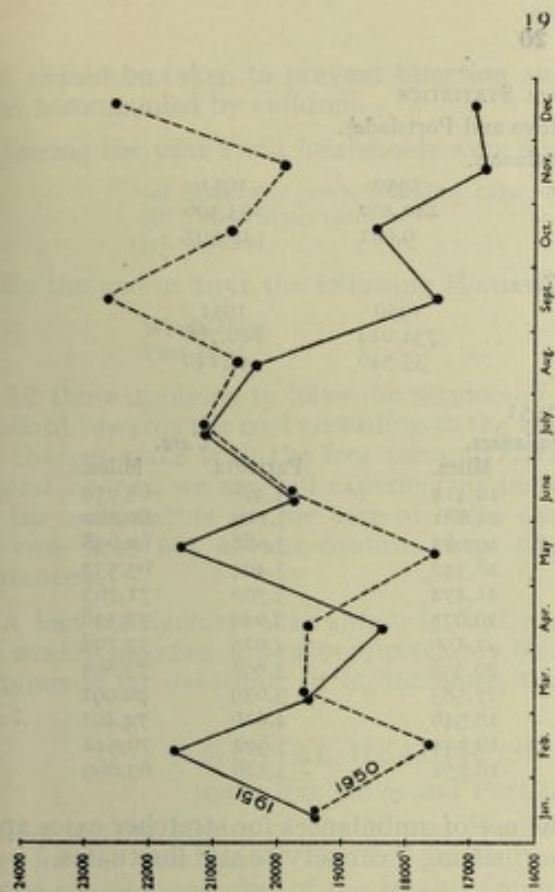
During the year consideration was given to the possibility of fitting some or all of the ambulances with two-way radio, but the advantages of such equipment in a mainly country service are so doubtful that the matter was not taken further.

The following graphs and figures show the mileage and number of patients carried by ambulances and sitting case cars during the year. Information for 1950 is given for purposes of comparison.

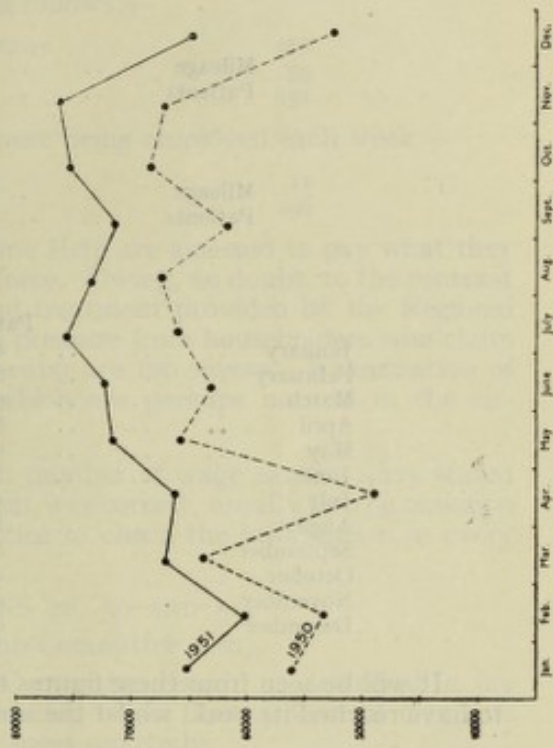
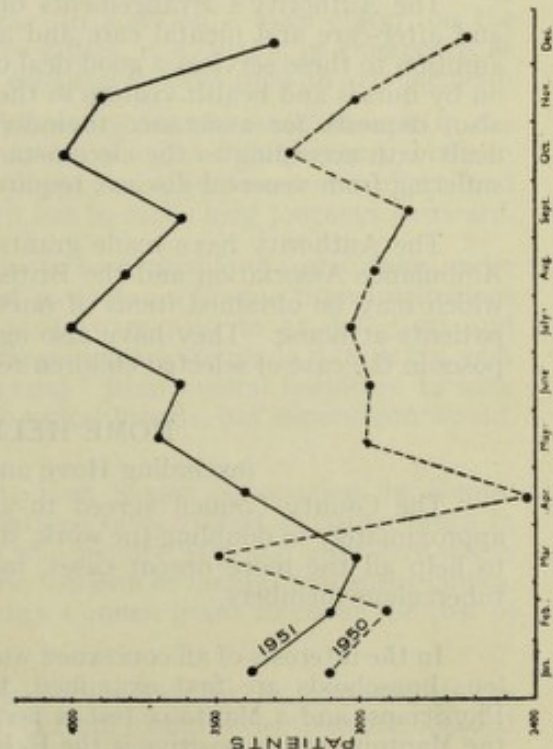
PATIENTS.



MILEAGE.



SITTING CASE CARS.



OPERATIONAL STATISTICS
(not including Hove and Portslade).

<i>Ambulances.</i>					1950	1951
Mileage	..	..	..	..	240,407	233,506
Patients	..	..	..	..	9,921	10,597

<i>Cars.</i>					1950	1951
Mileage	..	..	..	..	734,014	840,766
Patients	..	..	..	..	35,546	43,140

1951							
Ambulances.				Cars.			
Patients.				Miles.	Patients.		Miles.
January	..	..	817	19,414	3,398	65,759
February	..	..	804	21,681	3,110	60,860
March	..	..	902	19,663	3,088	66,538
April	..	..	806	18,342	3,404	65,537
May	..	..	937	21,472	3,700	71,763
June	..	..	896	19,675	3,644	72,348
July	..	..	962	21,196	4,015	77,795
August	..	..	876	20,338	3,808	73,863
September	..	..	815	17,583	3,639	70,991
October	..	..	965	18,546	4,016	74,401
November	..	..	912	16,844	3,992	76,942
December	..	..	905	18,752	3,326	63,869

It will be seen from these figures that the use of ambulances for stretcher cases appears to have reached its peak, whilst the use of the "sitting" car service still fluctuates.

The number of patients carried shows an increase; this is due to the variance in procedure advised by the Ministry, whereby if one patient is taken to hospital by ambulance transport and is returned home on the same ambulance journey this is deemed to count as one journey and two patients, etc.

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).

The County Council agreed to an expansion of the Home Help Service equivalent approximately to doubling the work, starting in April, 1951. This has enabled the Organiser to help all the more urgent cases, including certain long-term needs in households with tuberculous members.

In the interests of all concerned women who are willing to act as Home Helps in tuberculous households are first examined, both clinically and by X-ray, by one of the Chest Physicians, and a Mantoux test is performed. Only if the examination is satisfactory and the Mantoux test is positive is the Help employed in a tuberculous household. In addition such Helps are advised by the Area Nursing Superintendents of the simple precautions

which should be taken to prevent infection and it is a strictly applied rule that they shall not be accompanied by children.

During the year 1,084 households were served as follows:—

(a) Maternity cases, including expectant mothers	380
(b) Tuberculosis cases	53
(c) General	651

By the end of 1951 the following Home Helps were being employed each week:—

Whole time	11
Part time	196

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 such charges make with the free accommodation and treatment provided by the Regional Hospital Boards, we are still 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 always 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 is, therefore, the practice to check the information in every case.

MENTAL HEALTH (SECTIONS 28, 50 AND 51)

(including Hove and Portslade Sub-Committee area).

The responsibilities of the Mental Health Sub-Committee remain as described in my report for the year 1948. 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 two assistant medical officers, specially experienced, who devote a considerable proportion of their time to mental health matters.

Initial proceedings in providing care and treatment for persons suffering from mental illness are taken by four duly authorised officers, one of whom is a woman. Supervision and care of mental defectives in the community are carried out by the same four officers and a wholtime Home Visitor to mental defectives. In addition a male officer, on the central office staff, engaged mainly on administrative duties, is available in emergency as a duly authorised officer and, in practice, it is found essential to have such an arrangement.

Staff changes during the year have shown the necessity for the establishment in the eastern part of the county of a mental health officer to act also as a duly authorised officer. For various reasons it has not been found possible to put this adjustment into effect, and in consequence the officer at present living at Seaford has to make long journeys eastward.

The services of all mental health officers continue to be available to institutions under the control of hospital boards, for the supervision of patients on licence from institutions for mental defectives, and during the year routine visits were paid to 31 defectives and reports were sent to the licensing hospitals. No arrangements were made during the year for the supervision of any patients discharged "on trial" from mental hospitals, as such duties are now usually discharged by officers of the hospital boards, but supervision would, of course, be undertaken on request.

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.

County Council cases continue to attend Occupation Centres maintained by the Guardianship Society in Hove and Tunbridge Wells. Certain mental defectives are boarded out in the neighbourhoods of the centres to enable them to attend.

Training of Mental Health Workers. When the opportunity arises, the officers engaged in mental health will attend recognised courses of instruction.

Care of Mental Defectives. At the end of the year, for the first time there were over a thousand known mental defectives on the county register (actually 1,004), including those in institutional care, as compared with 959 at the end of 1950. The ascertainment rate is now greater than in former years. The majority of new cases are those notified in accordance with the provisions of the Education Act, 1944.

Institutional Care. The number of places available for mental defectives below the age of 16 years remains completely inadequate, and there seems little prospect of any substantial improvement in the near future. There are 15 cases in urgent need of institutional care, and for a much larger number such care would be greatly preferable to continued residence in the community.

Community Care. Under care in the community are 169 mental defectives under guardianship and 382 under statutory supervision, the supervision being mainly provided by home visitors. A small number attend Occupation Centres in Brighton, Eastbourne, Hastings and Tunbridge Wells, but there is as yet no Occupation Centre in the county area. A home teacher for mental defectives would do much to mitigate this deficiency, but unfortunately it is not financially possible to provide one. Visitors made 2,136 supervision visits during the year.

Detailed Mental Deficiency statistics for the year:—

	During 1951.				Total as at 1st January, 1952.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1951:								
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):								
(i) Under Section 57 (3)	10	3	—	—	—	—	—	—
(ii) Under Section 57 (5):								
On leaving special schools	1	—	—	—	—	—	—	—
On leaving ordinary schools	10	5	—	—	—	—	—	—
(b) Cases referred by the police or by the Courts under Section 8 (1) (a) (or as a result of other action by the Courts)	—	—	—	—	—	—	—	—
(c) Other defectives reported during 1951:								
(i) Found "subject to be dealt with"	5	16	8	10	—	—	—	—
(ii) Not at present "subject to be dealt with"	4	1	17	9	—	—	—	—
Total number of cases reported during the year	30	25	25	19	—	—	—	—
2. Disposal of cases:								
(a) Those found "subject to be dealt with":								
(i) Placed under Statutory Supervision	18	8	3	8	42	38	164	138
(ii) Placed under Guardianship	1	1	—	—	19	4	63	83
(iii) Taken to "Places of Safety"	—	1	—	—	—	1	1	1
(iv) Admitted to Institutions	2	11	3	2	13	23	143	156
(v) Died or removed from area	—	1	—	—	—	—	—	—
(vi) Action not yet taken	5	2	—	—	10	14	—	—
(b) Those not at present "subject to be dealt with":								
(i) Placed under Voluntary Supervision	1	—	4	1	23	12	33	23
(ii) Later found not to be defective	1	—	3	2	—	—	—	—
(iii) Died or removed from area	—	—	1	—	—	—	—	—
(iv) Action unnecessary	1	—	1	2	—	—	—	—
(v) Action not yet taken	1	1	10	4	—	—	—	—
Total of item 2	30	25	25	19	107	92	404	401
3. Classification of defectives in the community on 1st January, 1952:								
(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care:								
(1) In urgent need of institutional care:								
(i) Cot and chair cases	—	—	—	—	1	3	—	—
(ii) Ambulant low-grade cases	—	—	—	—	7	2	—	1
(iii) Medium-grade cases	—	—	—	—	—	—	—	—
(iv) High-grade cases	—	—	—	—	—	—	—	1
(2) Not in urgent need of institutional care:								
(i) Cot and chair cases	—	—	—	—	—	2	—	1
(ii) Ambulant low-grade cases	—	—	—	—	4	1	—	—
(iii) Medium-grade cases	—	—	—	—	1	3	5	—
(iv) High-grade cases	—	—	—	—	3	—	—	1
Total of item 3(a)	—	—	—	—	16	11	5	4
(b) Of the cases included in item 3 (a), number in need of institutional care only because of poor environment:								
(i) Medium-grade cases	—	—	—	—	—	1	—	—
(ii) High-grade cases	—	—	—	—	—	—	—	—
Total of item 3 (b)	—	—	—	—	—	1	—	—

3. Classification of defectives in the community on 1st January, 1952 (continued):

(c) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i), number considered suitable for:

(i) Occupation centre .. .. .	..	..	..	..	..	..	..
(ii) Industrial centre .. .. .	..	..	..	..	..	..	..
(iii) Home training .. .. .	..	..	..	..	..	..	..

Total of item 3 (c)

(d) Number of cases receiving training on January 1st, 1952:

(i) In occupation centre .. .. .	..	..	..	..	..	..	..
(ii) In industrial centre .. .. .	..	..	..	..	..	..	..
(iii) At home .. .. .	..	..	..	..	..	..	..

Total of item 3 (d)

During 1951.				Total as at 1st January, 1952.			
Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
M.	F.	M.	F.	M.	F.	M.	F.
—	—	—	—	24	16	13	16
—	—	—	—	—	—	33	12
—	—	—	—	14	5	7	—
—	—	—	—	38	21	53	28
—	—	—	—	8	5	4	13
—	—	—	—	1	—	—	—
—	—	—	—	9	5	4	13

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care during 1951:

	M.	F.	T.
(a) Ceased to be under	7	5	12
(b) Died, removed from area, or lost sight of	15	7	22
TOTAL	22	12	34

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care:

(a) Number who have given birth to children while unmarried during 1951	1
(b) Number who have married during 1951	Nil

Lunacy and Mental Treatment Acts, 1890-1930. There is still a steady increase in the number of cases dealt with under the Lunacy and Mental Treatment Acts. The grand totals of urgency, summary reception and three-day orders for the years 1949 and 1950 were 240 and 307 respectively, as compared with 322 in 1951.

The duly authorised officers are always willing to give advice and assistance in the admission of voluntary cases to hospital, and their help was requested in 50 cases during 1951, as compared with 39 the year before.

All the officers performing mental health work are concerned at the number of old people referred for consideration under the Lunacy and Mental Treatment Acts. Accommodation for senile patients often cannot be secured by other means, although all are agreed that Regional Hospital Board accommodation in chronic wards would meet the needs of such cases. There seems no hope of increasing the number of beds in the near future.

The year's work can be summarised as follows:—

Lunacy Act, 1890.

Urgency Orders	18
Summary Reception Orders	130
Transfers between Mental Hospitals	—
Three Day Orders	174
	322

Mental Treatment Act, 1930.

Cases admitted for six months as "Temporary Cases"	1
Voluntary Cases	50
Advice and Assistance only	79
Miscellaneous Visits of enquiry	161

HOVE AND PORTSLADE SUB-COMMITTEE AREA.

Midwives.

Number of Midwives practising at the end of 1951 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	4
(b) Employed by Hospital Management Committees:—	
(i) Domiciliary	4
(ii) In Institutions	1
(c) In private practice as:—	
(i) Domiciliary Midwives	3
(ii) In Institutions (i.e. Nursing Homes)	3

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

There were 53 cases in which medical aid was summoned by domiciliary midwives during 1951 under Section 14 (1) of the Midwives' Act, 1918. There were no cases in which medical aid was summoned for patients 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	36	10	—	—	36	10
(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	44	36	91	—	135	36
4. Midwives in private practice (including midwives employed in Nursing Homes) ..	—	7	8	103	8	110
5. Number of cases (included in Cols 3 or 4) attended by domiciliary midwives after discharge from the hospital or institution before the 14th day	153	—	—	—	153	—
TOTALS	233	53	99	103	332	156

Ante-Natal and Post-Natal Clinics.

(1)	Number of Clinics provided at end of 1951 (2)	Number of sessions now held per month (3)	Number of women in Attendance.		Total number of attendances made by women included in Col. (4) during 1951 (6)
			Number of women who attended during 1951 (4)	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 (5)	
Clinics provided by Voluntary Organisations:—					
Ante-Natal Clinics	1	2	62 (21)	35 (20)	171 (21)
Post-Natal Clinics	—	—	—	—	—

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

Births.

The number of births notified in the area of the Hove and Portslade Sub-Committee during 1951 under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications was 902, 763 of these occurring in Institutions; 21 were stillbirths.

Premature Births

(i.e., 5½ lb. or less at birth irrespective of period of gestation).

The number of premature live infants born at home was five, one of which died in the first 24 hours. Twelve were born in private nursing homes and all survived at the end of one month.

Administration of Analgesics.

- (a) Number of domiciliary midwives in practice in the area at the end of 1951 who were qualified to administer analgesics in accordance with the requirements of the Central Midwives Board:—
- | | | | |
|---|---|---------|---|
| (i) Employed by Voluntary Associations | 4 | } Total | 8 |
| (ii) Employed by Hospital Management Committees | 2 | | |
| (iii) In private practice | 2 | | |
- (b) Number of sets of apparatus for the administration of gas and air in use by domiciliary midwives at the end of the year 2
- (c) Number of cases in which gas and air were administered by midwives in domiciliary practice during 1951 when acting as midwives or maternity nurses 79
- (d) Number of cases in which pethidine was administered by midwives in domiciliary practice during 1951 when acting as midwives or maternity nurses 49

Infant Welfare Centres.

	Number of Centres provided at end of 1951	Number of Infant Welfare sessions now held per month	Number of children who attended Centres	Number of Children who first attended the Centres during 1951 and who on the date of their first attendance were:—		Number of Children in attendance at the end of 1951 who were then:—		Total number of attendances made by children during 1951	
				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
Local Health Authority Centres	5	40	2,924	702	49	632	2,292	12,271	8,224

Cases referred to Dental Clinic from Infant Welfare Centres, 1951.

	Children under five years.				Expectant and nursing mothers.	
Number examined	127				3	
Needing treatment	114				3	
Treated	105				3	
Completed	88				—	
Number of extractions	121				6	
Fillings	163				1	
General anaesthetics	56				2	
Local anaesthetics	15				—	
Dressings	58				—	
Scalings	—				2	

Health Visiting.

	Number of Health Visitors employed at end of 1951		Equivalent of whole-time Health Visitor services provided	Number of visits paid by Health Visitors during 1951							
	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
Local Health Authority	—	9	5½	74	103	870	5,812	79	7,292	442	901

Nurseries and Child Minders (Regulation) Act, 1948.

Number of daily minders registered at end of year	..	..	..	..	..	5
Number of children provided for	..	..	..	..	..	31

Home Nursing.

(1)	Number of Home Nurses employed at end of year		Equivalent whole-time Home Nursing service provided in column (3)	Number of cases attended by Home Nurses during the year	Number of visits paid by Home Nurses during the year
	Whole-time on Home Nursing (2)	Part-time on Home Nursing (3)			
Voluntary organisations by agreement with the Authority	9	10	5½	2,613	54,160

Domestic Helps.

(a) Number of domestic helps employed at end of year:—	
(i) Whole-time	(ii) Part-time 23
(b) Number of cases where domestic help was provided during the year:—	
(i) Maternity (including expectant mothers)	62
(ii) Tuberculosis	7
(iii) Others	410
(c) Number of domestic help organisers employed	1

Day Nurseries (including 24 hour Nurseries) as at end of year.

Number	Number of approved places		Number of children on the register at the end of year		Average daily attendance during the year	
	0—2	2—5	0—2	2—5	0—2	2—5
2	25	50	21	59	19	49

Ambulance Services.

Directly provided service	Number of vehicles at 31st Dec., 1951	Total No. of journeys during 1951	Total No. of patients carried during 1951	Number of accident and other emergency journeys included in Col. (3) during 1951	Total mileage 1951	Number of paid whole-time staff at 31st Dec., 1951
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Ambulances	8	8,585	8,544	925	76,059	15

Whooping Cough Immunisation, Year 1951.

Age at date of immunisation:			
Under 1 yr.	1—4 yrs.	5—14 yrs.	Total
111	246	8	367

SUSSEX RURAL COMMUNITY COUNCIL.

Hove and Portslade Division.

Tuberculosis Care Service.

Report in respect of the Year 1951.

The delegation of Care Duties to the Sussex Rural Community Council has continued throughout the period with Quarterly Committee Meetings well attended, held at 10 Brunswick Square, Hove, by kind invitation of Mrs. Dingwall as Chairman. The cases dealt with at each Committee meeting have averaged some 50 and the total number of patients within Care during the year was 90. Help has again ranged over the whole of widely varying needs (including extra nourishment and milk, wireless repairs, loans, fuel, boarding-out of child contacts, relatives' journeys, clothing, bedding, handicraft materials, etc.).

The R.C.C.'s contribution towards expenditure in this area during the year was some £200 from Seal Sale Funds.

Summer Outing. For the first time in the Hove-Portslade area a summer outing, much enjoyed, was arranged for patients and proved a great success, some 30 patients travelling by motor-coach from Hove and Portslade to Easebourne Priory near Midhurst.

The Committee has been greatly assisted by the Chest Physician, Almoner and Health Visitor at Hove with much help and co-operation during the year, and by its own Voluntary Area Organiser, Miss O'Brien, and the Treasurer, Miss Bigwood.

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

At the end of the year one nursery and three daily minders had been registered, providing for 33 children. This small number is partly because there is little factory work in the county and partly owing to the very desirable arrangement in the Act whereby overlapping of supervision is prevented; where a given establishment is within the scope of this Act and also the child life provisions of the Children Act it is supervised by only one set of officials and dealt with by one committee only, that concerned with the larger number of children present.

It is fortunate that the number of applications to be dealt with is small, as the Act is quite surprisingly involved and difficult to interpret in any given case.

REGISTRATION OF NURSING HOMES.

Two Homes were registered for the first time during the year. Six Homes were closed voluntarily and, at the end of the year, there were 35 registered Nursing Homes in the authority's area (i.e. outside Hove). The Borough of Hove retain the duties in this respect delegated to them in 1928.

The Nursing Homes in the county (with very few exceptions) have been found at inspections to be efficiently conducted.

ADMINISTRATIVE COUNTY OF EAST SUSSEX.

CHIEF VITAL STATISTICS FOR THE YEAR 1951.

TABLE I.

Group.	Population estimated by Registrar General 1951.	Live Births.		Deaths.		Infant Deaths (under 1 year).		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis.		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases, not including Influenza.		Deaths from Causes other than above.
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	
3 Large Towns	108750	1146	10.53	1828	16.80	32	27.92	695	6.39	22	.20	—	—	128	1.17	315
7 Other Urban Districts	72550	962	13.25	940	12.95	20	20.79	350	4.82	6	.08	4	.05	65	.89	159
5 Rural Districts	159900	2025	12.66	2128	13.30	50	24.69	782	4.89	23	.14	4	.02	153	.95	324
Whole County	341200	4133	12.11	4896	14.34	102	24.67	1827	5.35	51	.14	8	0.2	346	1.01	798

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

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

TABLE II.

DISTRICT.	Area in statute acres (land and inland water).	Population estimated by Registrar General, 1951.	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 Live Births Registered.	
<i>Three Large Towns.</i>										
Bexhill	7993	26030	274	10.52	5	.19	17.92	8	29.19	455
Hove	3953	69780	688	9.85	12	.17	17.14	18	26.16	1212
Lewes	1988	12940	184	14.21	1	.07	5.40	6	32.60	161
TOTALS ..	13934	108750	1146	10.53	18	.16	15.46	32	27.92	1828
<i>Seven other Urban Districts.</i>										
Burgess Hill	2024	8685	113	13.01	2	.23	17.39	3	26.54	126
Cuckfield	3912	16830	201	11.94	6	.35	28.98	5	24.87	224
East Grinstead	6600	11170	144	12.89	1	.08	6.89	4	27.77	150
Newhaven	1772	7803	123	15.76	1	.12	8.06	2	16.26	100
Portslade-by-sea	1953	13510	179	13.24	9	.66	47.87	3	16.75	154
Rye	1027	4442	102	22.96	2	.45	19.23	1	9.80	51
Seaford	4274	10110	100	9.89	3	.29	29.12	2	20.00	135
TOTALS ..	21562	72550	962	13.25	24	.33	24.34	20	20.79	940
<i>Five Rural Districts.</i>										
Battle	117053	29960	391	13.05	9	.30	22.50	12	30.69	435
Chailley	66038	20510	270	13.16	4	.19	14.59	6	22.22	276
Cuckfield	74335	29280	324	11.06	9	.30	27.02	12	37.03	367
Hailsham	94629	36400	464	12.74	10	.27	21.09	11	23.70	480
Uckfield	112096	43750	576	13.16	9	.20	15.38	9	15.62	570
TOTALS ..	464151	159900	2025	12.66	41	.25	19.84	50	24.69	2128
Whole County	499647	341200	4133	12.11	83	.24	19.68	102	24.67	4896

TABLE III.

Number of deaths at different periods of life in the Administrative County during the year 1951.

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	
Males	1169	30	8	1	6	35	258	335	496	1034	24	7	12	14	36	201	288	
Females	1599	22	6	3	9	42	261	364	892	1094	26	4	5	4	39	163	296	
Totals ..	2768	52	14	4	15	77	519	699	1388	2128	50	11	17	18	75	364	584	

TABLE IV (a).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1951 IN THE URBAN DISTRICTS.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.								Deaths in or belonging to each District at all ages.										
	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 ..	—	—	—	—	12	11	3	2	28	6	14	2	1	1	—	—	—	3	1
tuberculosis, other ..	—	1	—	—	1	1	—	—	4	—	—	—	—	1	—	1	—	2	—
syphilitic Disease ..	—	—	—	—	—	2	1	—	7	1	2	—	1	2	—	—	—	—	1
diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
whooping Cough ..	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—
meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
other Infective and Parasitic Diseases ..	—	1	—	—	—	2	1	3	7	2	4	—	—	—	—	1	—	—	—
fatal Neoplasm, Stomach ..	—	—	—	—	—	13	26	25	64	13	28	2	2	5	7	2	2	2	1
fatal Neoplasm, Lung, Bronchus ..	—	—	—	—	—	42	23	7	72	13	31	5	—	2	3	7	2	6	3
fatal Neoplasm, Breast ..	—	—	—	—	3	30	19	13	65	10	30	5	—	4	8	2	1	3	2
fatal Neoplasm, Uterus ..	—	—	—	—	1	14	6	5	26	3	10	2	—	2	3	1	2	3	—
other Malignant and Lymphatic Neoplasms ..	—	—	—	2	10	62	70	103	247	43	110	10	5	12	19	6	11	14	17
leukaemia, Aleukaemia ..	—	2	—	—	—	4	5	—	11	2	3	1	1	—	3	1	—	—	—
diabetes ..	—	—	—	—	—	3	7	7	17	3	8	—	—	1	2	2	—	1	—
vascular Lesions of Nervous System ..	—	—	1	—	3	65	94	238	401	59	175	24	4	16	40	23	11	24	25
coronary Disease, Angina ..	—	—	—	—	2	70	113	130	315	61	136	16	7	14	25	19	9	14	14
hypertension with Heart Disease ..	—	—	—	—	—	15	31	52	98	19	54	3	3	2	1	8	3	3	2
other Heart Disease ..	—	—	—	—	6	40	120	466	632	101	265	40	15	33	50	29	27	48	24
other Circulatory Disease ..	—	—	—	3	1	12	18	50	84	12	32	3	3	5	8	10	6	2	3
influenza ..	—	—	1	1	1	9	13	27	52	5	29	6	—	1	3	3	5	—	—
pneumonia ..	4	1	—	—	2	9	19	46	81	22	34	2	2	2	6	2	—	4	7
bronchitis ..	2	—	—	—	2	19	24	50	97	7	52	1	—	10	5	4	3	11	4
other Diseases of Respiratory System ..	—	—	1	1	1	8	2	2	15	3	6	1	1	1	1	—	1	—	1
Ulcer of Stomach and Duodenum ..	—	—	—	—	2	10	7	9	28	5	11	2	1	1	1	1	2	3	1
Gastritis, Enteritis and Diarrhoea ..	4	—	—	—	1	4	6	2	17	1	12	—	—	2	—	—	—	—	2
Nephritis and Nephrosis ..	—	—	—	—	3	7	10	12	32	3	12	2	—	2	4	4	2	—	3
Hyperplasia of Prostate ..	—	—	—	—	—	—	7	11	18	2	7	3	1	2	—	—	1	1	1
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
congenital Malformations ..	10	—	—	—	1	7	—	1	19	3	10	1	—	—	1	—	1	1	2
other Defined and Ill-Defined Diseases ..	28	7	1	3	9	43	62	94	247	45	107	23	3	4	22	17	7	4	15
Motor Vehicle Accidents ..	—	—	—	3	2	1	1	9	16	1	7	2	—	—	4	1	1	—	—
All Other Accidents ..	4	1	—	1	9	2	4	15	36	5	13	2	1	—	4	4	1	3	3
suicide ..	—	—	—	1	5	13	6	5	30	5	10	3	—	1	3	2	2	1	3
Homicide and Operations of War ..	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—
All Causes ..	52	14	4	15	77	519	699	1388	2768	455	1212	161	51	126	224	150	100	154	135

of Infants under 1 year

Total 52

Illegitimate 5

TABLE IV (b),
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1951 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	—	—	—	—	6	10	6	1	23	2	4	3	—	
2. Tuberculosis, Other	—	2	—	—	1	—	1	—	4	—	—	1	—	
3. Syphilitic Disease	—	—	—	—	—	1	1	—	2	1	—	—	—	
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough	1	2	—	—	—	—	—	—	3	—	—	1	—	
6. Meningococcal Infections	—	—	—	—	—	1	1	—	2	2	—	—	—	
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles	—	—	—	—	—	—	—	1	1	1	—	—	—	
9. Other Infective and Parasitic Diseases	—	—	—	—	3	2	2	—	7	1	—	1	—	
10. Malignant Neoplasm, Stomach	—	—	—	—	1	12	21	19	53	7	8	7	1	
11. Malignant Neoplasm, Lung, Bronchus	—	—	—	—	1	18	12	4	35	7	6	5	—	
12. Malignant Neoplasm, Breast	—	—	—	—	2	17	6	7	32	6	3	7	—	
13. Malignant Neoplasm, Uterus	—	—	—	—	2	4	6	5	17	1	2	5	—	
14. Other Malignant and Lymphatic Neoplasms	—	1	—	2	6	46	69	63	187	40	25	28	4	
15. Leukaemia, Aleukaemia	—	1	3	1	1	6	1	1	14	3	1	3	—	
16. Diabetes	—	—	—	—	1	4	5	7	17	3	4	5	—	
17. Vascular Lesions of Nervous System	—	—	—	—	4	50	115	163	332	59	39	53	8	
18. Coronary Disease, Angina	—	—	—	—	1	46	94	106	247	39	36	48	6	
19. Hypertension with Heart Disease	—	—	—	—	1	8	14	30	53	18	10	2	1	
20. Other Heart Disease	—	—	1	—	6	35	101	339	482	108	60	94	9	
21. Other Circulatory Disease	—	—	—	—	1	13	24	43	81	12	9	15	1	
22. Influenza	—	—	—	1	1	2	11	19	34	10	1	4	—	
23. Pneumonia	6	1	2	—	1	9	15	39	73	12	10	13	1	
24. Bronchitis	—	2	—	—	2	8	12	37	61	15	11	10	1	
25. Other Diseases of Respiratory System	1	—	—	—	—	3	7	8	19	6	2	3	—	
26. Ulcer of Stomach and Duodenum	—	—	—	—	2	6	6	7	21	6	1	2	—	
27. Gastritis, Enteritis and Diarrhoea	1	1	—	1	1	—	—	5	9	1	2	2	—	
28. Nephritis and Nephrosis	—	—	—	—	4	3	5	10	22	7	5	4	—	
29. Hyperplasia of Prostate	—	—	—	—	—	1	7	11	19	4	3	3	—	
30. Pregnancy, Childbirth, Abortion	—	—	—	—	2	—	—	—	2	—	—	—	—	
31. Congenital Malformations	6	—	—	3	—	5	1	1	16	5	1	7	—	
32. Other Defined and Ill-Defined Diseases	33	—	5	4	19	30	32	59	182	38	25	32	2	
33. Motor Vehicle Accidents	—	—	4	—	2	8	1	1	16	3	2	—	—	
34. All Other Accidents	2	1	2	5	4	5	4	22	45	14	5	6	—	
35. Suicide	—	—	—	1	—	11	3	1	16	4	1	2	—	
36. Homicide and Operations of War	—	—	—	—	—	—	1	—	1	—	—	1	—	
All Causes	50	11	17	18	75	364	584	1009	2128	435	276	367	48	
Deaths of Infants under 1 year	50	Total 50												
Illegitimate	3	Total 3												

Deaths of Infants under 1 year

Total 50

Illegitimate 3

TABLE V.
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1951.
(Not including cases of Tuberculosis, details of which are given on Page 9.)

	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.	Chailey.	Cuckfield.
Scarlet Fever	341	69	40	3	10	122	5	3	5	72	5	95	22	7	24
Whooping Cough	1804	164	108	21	54	347	155	55	124	77	55	497	251	89	195
Acute Poliomyelitis	16	3	—	1	2	6	2	2	1	—	—	5	—	3	—
Measles	4948	885	351	360	116	1712	194	96	283	13	241	50	877	411	451
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia	198	32	10	10	12	64	3	10	5	4	13	4	39	25	4
Dysentery	97	23	—	1	—	24	19	—	—	4	—	23	1	27	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	12	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Paratyphoid Fevers	3	1	—	—	—	1	1	—	—	—	—	1	—	—	—
Erysipelas	40	9	3	3	3	18	1	3	—	2	5	11	2	1	3
Meningococcal Infection	4	3	—	—	—	3	—	—	—	—	—	—	1	—	—
Puerperal Pyrexia	19	—	3	—	1	4	—	5	—	—	—	5	2	1	2
Ophthalmia Neonatorum	8	—	—	—	—	—	8	—	—	—	—	8	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	19	4	4	1	—	9	5	—	—	—	—	5	5	—	—
Totals	7507	1193	519	400	198	2316	380	187	413	99	387	95	1566	720	583

TABLE VI.
VACCINATION.

Number of Persons Vaccinated (or Revaccinated) during the year 1951.

District.	Age under 1 year.		Age 1 year.		Age 2 to 4 years.		Age 5 to 14 years.		Age 15 years or over.		Totals all Ages.	
	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.	Vaccinated.	Revaccinated.
Highgate												
Highgate ..	227	—	31	—	59	44	385	617	478	1,635	1,180	2,296
.. ..	556	12	194	30	787	602	2,781	2,907	5,172	22,731	9,490	26,282
.. ..	63	—	49	11	138	66	756	687	1,194	2,824	2,200	3,588
.. ..	46	—	—	—	11	2	27	18	7	76	91	96
North Districts												
North Hill ..	47	—	65	—	90	52	349	576	547	2,307	1,098	2,935
Northfield ..	69	—	83	5	131	86	574	950	900	3,886	1,757	4,927
Grinstead ..	140	3	73	5	7	20	388	580	613	1,625	1,221	2,233
Grinstead ..	66	—	50	1	141	15	717	167	734	739	1,708	922
Grinstead ..	100	—	61	2	163	119	971	569	1,262	3,211	2,560	3,901
Grinstead ..	56	—	41	3	88	31	547	777	579	2,099	1,311	2,910
South Districts												
South ..	245	—	11	—	98	32	312	499	445	1,324	1,111	1,855
South ..	70	—	80	10	119	142	804	1,702	952	3,561	2,025	5,415
Southfield ..	116	—	195	16	200	4	825	1,738	1,335	6,274	2,671	8,032
Sham ..	100	1	188	1	375	59	1,277	903	1,844	3,679	3,784	4,643
Southfield ..	504	27	72	89	425	200	1,933	2,440	3,452	10,585	6,386	13,341
Totals	2,405	43	1,193	173	2,832	1,474	12,649	15,130	19,514	66,556	38,593	83,376

TABLE VII.
DIPHTHERIA IMMUNISATION.

Summary of Returns for the year ended 31st December, 1951.

(a) IMMUNISATION IN RELATION TO CHILD POPULATION.

District.	Number of Children (in age groups as given) who at 31st December, 1951, had completed a course of Immunisation at any time since 1st January, 1936.							Total Number of Children under 15 Immunised.	Estimated Mid-Year Child Population, 1951.		Total Estimated Mid-Year Child Population 1951.
	Under 1 Born 1951.	1 Born 1950.	2 Born 1949.	3 Born 1948.	4 Born 1947.	5-9 Born 1942-46.	10-14 Born 1937-41.		Children Under 5.	Children 5-14.	
Highgate											
Highgate ..	22	204	228	235	310	1,582	1,509	4,090	1,631	3,580	5,211
.. ..	19	399	447	510	646	3,457	2,072	7,550	4,094	7,018	11,112
.. ..	8	111	151	188	217	591	721	1,987	1,027	1,785	2,812
.. ..	6	60	62	71	86	316	279	880	420	610	1,030
North Districts											
North Hill ..	22	143	134	136	148	719	621	1,923	755	1,370	2,125
Northfield ..	18	177	217	235	281	1,223	1,168	3,319	1,157	2,352	3,509
Grinstead ..	30	143	158	174	255	790	721	2,271	944	1,535	2,479
Grinstead ..	12	120	132	152	176	482	402	1,476	748	1,007	1,755
Grinstead ..	3	70	111	117	150	1,050	730	2,231	1,066	1,939	3,005
Grinstead ..	10	65	116	125	75	122	500	1,073	718	1,988	2,706
South Districts											
South ..	26	283	371	382	444	2,092	1,823	5,421	2,289	4,202	6,491
South ..	27	140	207	231	261	800	528	2,194	1,626	2,840	4,466
Southfield ..	22	357	390	374	462	2,089	2,168	5,862	2,193	4,407	6,600
Sham ..	18	234	323	402	445	2,339	2,376	6,137	2,769	4,673	7,442
Southfield ..	91	463	493	533	769	3,147	2,909	8,405	3,203	6,540	9,743
Totals	334	2,969	3,540	3,865	4,725	20,799	18,587	54,819	24,640	45,846	70,486

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1951.

Age at final injection:—

Under 5 years	.. .. .	3,371
Five to 14 years	.. .. .	518
		3,889

(c) Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to a full course) in the Administrative County Area in 1951

4,104

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